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# forum

HAIR TRANSPLANT  
INTERNATIONAL

## Ergonomics Applied to Hair Restoration

by Guillermo Blugerman, MD and Diego Schavelzon, MD, Buenos Aires, Argentina

**S**urgeries that restore hair through mini or micro grafts are in many cases long and tedious.

Trying to find a methodology to expedite surgery and make it more dynamic we approached its ergonomic and rational analysis.

Ergonomics or human engineering—a science that studies the application of biologic and technologic principles to problems posed by the adjustment of workers to working conditions—has contributed work organization-related basic principles which, applied to surgery, rationalize procedures, simplify tasks and save time and movements.

This is also the rationale for a work team where both surgeon and assistants treat patients together. Thus, available time is better employed as procedures are shortened, work is done in a more relaxed way and more treatments can be administered to a larger number of patients.

Rationalize means to apply a reforming action capable of substituting obsolete work methods by others based on a systematic reasoning, whose objective is to obtain greater productivity with less effort, the best quality at the lowest possible operational cost.

Top quality apparatus and instruments, an adequate operational environment and a high level of knowledge and expertise are not enough to ensure rational actions. Elements should be placed in a

position which does not require tasks to be interrupted in order to search for them.

Unnecessary maneuvers, incorrect movements, defective working positions, constant changes in sight fixation and in the lighting of the surgical field rapidly fatigue the surgeon.

Fatigue is the effect of work on an individual's mind and body, adversely influencing his capacity, and tending to decrease quality and/or quantity of the outcome with respect to optimum results. All aspects involved in our practice should be analyzed applying the following principles in order to simplify work.

Anything you can do to eliminate unnecessary equipment or maneuvers and yet achieve the same end product is recommended. Also, attempting to combine several functions into a single instrument is helpful and saves time.

### Classification of Movements

While performing his activities, every surgeon makes a series of movements that may be classified in six types (Kilpatrick):

- I Imply only finger movements
- II Involve fingers and wrist
- III Fingers, wrist, forearm and elbow
- IV Whole arm from the shoulder
- V Arm movement with body turn or rotation
- VI Momentary leave of the work place.

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# President's letter

by James E. Vogel, MD, Baltimore, Maryland, USA

**t**o my fellow members:

If one thinks of the year's activity for the Society beginning anew following the annual meeting, we are certainly already in the swing of things. There are several on-going projects about which I would like to bring you up to date.

First, the organization for the committee structure has now been finalized. This is the first year of real committees outside the Board of Governors. There will be 8 committees to help direct and peruse the Society's goals and interests. The enthusiasm from members to par-

ticipate on the committees has been overwhelming. In order to keep the committees manageable, they cannot be too large. By virtue of sheer numbers, not everyone who volunteered can receive their first



choice. In some cases, members may have to wait for a committee vacancy or a new committee to participate. The committees and assignments will be published in the near future.

Our commitment is to spread awareness of hair restoration surgery as a specialty. We feel the best option is to work with the help of our public relations firm. This month, I travelled with them to New York to present the topic to editors of selected publications. The ISHRS 800 number was given as a source for patient inquiry and physician names in a requested area will be provided upon request. We will do everything possible to inform you when articles will appear, so that you can pitch the topic locally as well.

The Barcelona conference planning is progressing on schedule, and this meeting promises to be as sensational as past meetings. The call for abstracts will be forthcoming, so start thinking of topics. Other items on the agenda include a new membership drive, and an Internet option for members through the Society. There is more, but I don't want to lose all my thunder! Stay tuned for the next Presidential Message for the latest developments!

Best Wishes for a Happy Holiday Season.

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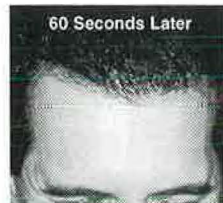
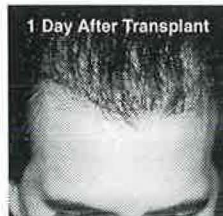
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**Press kits are available from the Society at no cost to members. The kits include a fill-in-the-blank press release to be used with the member's local media. Please send a self-addressed label to the ISHRS at 930 N. Meacham Rd., Schaumburg, IL 60173.**

# Editor's notes

by Richard C. Shiell, MB, BS, Melbourne, Australia

## The Unhappy Patient



When listening to the numerous speakers extolling their respective expertise at a Hair Restoration meeting, one frequently gains the impression that all their patients share their

enthusiasm for the procedure.

In the bars, late at night, after a few beers, a different story emerges. In strict confidence, most surgeons admit to a small percentage of unhappy patients. Some even confess to refunding fees to dissatisfied clients or, worse still, being on the receiving end of lawsuits.

It is impossible to get precise figures, but a discontent figure of 1-2% seems to be frequently mentioned. This checks out well with my own experience over a 30-year period in surgical hair restoration. In addition, most physicians seem to agree that the complaint rate is higher after reductions and flap surgery.

## The Non-Returners

In retrospect, it is remarkable that so many patients have been happy with their transplant results, as the standard of workmanship over the years has varied enormously whatever the technique in vogue. While perhaps only 2% return with a serious grumble, there is at least another 5-8% who never return at all and we seldom find out why.

In my own practice, I have occasionally run into these patients socially after a number of years and a variety of reasons may be given for failure to continue with the planned procedures. "Too painful," "too costly," "too busy" are but 3

of a spectrum of reasons put forward. I have no reason to doubt any of them, but one cannot help thinking that if the patient was truly "over the moon" about his result he would have been back for completion of the procedure.

Some of the patients do not return because they have switched surgeons. This may be due to a personality clash, but more likely due to geography, a cheaper quote, or because a friend has recommended his own "fantastic" surgeon.

## The Malcontents

Of those patients who are less than happy, about half say that they are discontented with the amount of hair cover after the first operation. Many of these patients are surprised and even embarrassed when they see their preoperative photographs and realize how much improvement they have obtained since the day of surgery. The remainder are impossible to placate with reason and photographs. Some of these patients may indeed have poor results, but often the results are average for the number of grafts performed or even better than average. In many cases, these patients remain discontented even after 1 or 2 additional sessions of free surgery.

The problem is usually due to a communication breakdown with a patient. He may not have comprehended what you are trying to achieve. Sometimes this is because he has a mental block to comprehension. He may be a pathologically unhappy person. Careful inquiry will often reveal broken relationships, unsuccessful business ventures and sometimes past psychiatric problems, chiefly depression. It is impractical to inquire into all these personal details in the preoperative interview as, in my experience, a patient will not reveal this type of information until you have gained his confidence during a number of visits.

## The Happy Chappie

Interestingly, the 1-2% of malcontents is balanced at the other end of the spectrum by another group who genuinely have terrible results but who are perfectly happy with their new hair, however skimpy it may seem to the examining physician.

I learned early never to speak too fast or too frankly in reply to the question, "How's she growing, Doc?" In cases where the growth is poor, it is better to turn the question subtly to the questioner, "How do YOU feel it is going, John?"

Even when you have a sinking feeling in your stomach, you may find that John is delighted with his new growth and would be shocked and disappointed to hear that you were not equally impressed.

## Why Attend Meetings

If a refractory 1% of patients are unhappy whatever the quality of work, why do we bother to go to the trouble and expense of attending surgical meetings? Indeed, many surgeons never attend and still make a good income. There are several good reasons in my opinion.

1. Surgical meetings boost one's flagging enthusiasm for this repetitive procedure.
2. One learns ways to achieve better results which, even if the patients do not always appreciate your effort, may be noted by staff, colleagues or observant hairdressers and some members of the public.
3. One is keeping up with progress and improving one's standards. If legal problems arise, you are more likely to be considered favorably by your peers. It is difficult to defend a colleague who never visits his peers or attends a meeting, and rarely attempts to upgrade his skills in such a rapidly changing field.