



JAN-FEB 1997

VOLUME 7, NUMBER 1

HAIR TRANSPLANT *f*orum INTERNATIONAL

***Dateline NBC* Segment Underscores Importance of Managing Patient Expectations**

On January 12, a US network television news magazine, *Dateline NBC*, aired a segment about hair restoration surgery, which featured a hidden-camera investigation of a US hair restoration clinic conducted last summer.

The story was prompted by allegations of a dissatisfied patient who claims that he was "deceived and disfigured" by clinic staff, because realistic results and the need to plan for future hair loss were not discussed with him. The patient was allegedly promised a thick and full head of hair after only 2 hair restoration procedures. After more than 7 years, 7 surgeries, and \$50,000, the patient remains dissatisfied, and hides the results of the surgeries under a hat.

A former clinic employee was also interviewed for the segment, and accused the clinic of misleading patients.

Dr. James Vogel, President of the International Society of Hair Restoration Surgery (ISHRS), says the segment demonstrates that doctors have an obligation to manage the expectations of their patients.

"In any form of medicine, whether it be open-heart surgery, setting a fracture, or cosmetic surgery, it is important that the expectations and goals of the patient are commensu-

rate with what the doctor can reliably predict," said Vogel. "If a discrepancy exists between a patient's expectations and the predicted result, the discrepancy should be addressed, because neither the doctor nor the patient will be satisfied with the results in the long run."

According to Dr. Vogel, some recommendations for managing the expectations of patients are: Explain that hair restoration is fundamentally a matter of supply and demand — a limited or decreasing supply exists in the face of increasing demand over time. Thus, it is important to develop a strategy or 'blueprint' of hair restoration based upon a prediction of future hair loss. This strategy must **STAND THE TEST OF TIME**. Work with the patient as a partner to achieve desired results. Adhere to the code of ethics established by the Society.

"In cosmetic surgery in particular, patients want to hear certain things that may or may not be realistic," Dr. Robert Leonard, immediate Past President of ISHRS, said. "The best guideline is to treat every patient as though they were a member of your own family."

The *Dateline NBC* anchor closed the segment by encouraging those interested in pursuing hair restoration surgery to be "good consumers"

and learn as much as possible before moving forward.

If you are a member of ISHRS and interested in receiving a transcript of the *Dateline NBC* story, please contact ISHRS at 800-444-2737. Members will be charged \$5 for shipping and handling. ■

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President's letter

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



The year is upon us, and the groundwork has been laid in the past several months for a most successful 1997. In November, I had the privilege to represent our Society in New York City. At that time, I was accompanied by our public relations firm, Dragonette, Inc., and met with several national publications to discuss the surgical options for hair restoration surgery and to promote the Society and provide them with our 800 number. Hopefully, you will be seeing the name of your Society in spring issues of such noteworthy publications

as *Parade*, *GQ*, *Men's Fitness*, and *American Health*. When these articles are published, you will be notified so you can contact your local media sources for a local tie-in story. In addition, we hope many readers will use our 800 number for a referral to members in their community.

We continue our exploration of establishing an ISHRS Web site. We hope to make individual listings of members available to our membership. Eventually, we hope to offer, at a substantial discount, the opportunity to members to develop individual home pages as well.

Planning continues for the 5th Annual Meeting in Barcelona. We will continue the single-session format that worked so well in Nashville, focusing on international trends in hair restoration surgery. Hopefully, live surgery and workshops will

also be a part of the meeting schedule.

The committee assignments for this coming year have been finalized, and will be included in the next issue of the *Forum*. It was extremely rewarding to see the large numbers of individuals who had volunteered to participate in our Society committees. Unfortunately, the enthusiasm of the group outweighed the number of positions available. In an attempt to maintain small and manageable committees, we have not been able to include everyone who volunteered. However, let me express my sincere appreciation to all of you who volunteered to serve on the committees, whether or not you were assigned.

I would like to extend my personal best wishes to you, your office staff, and families, for a healthy, prosperous, and happy 1997. ■

ISHRS Membership Directories Available

The new 1996/1997 ISHRS Membership Directories have been mailed to all members. Additional copies are available from the Society (800/444-2737) for \$25.

Please note that the name of Martin Unger, MD was inadvertently omitted from the list of Board of Governors on page three. We regret the error.

Hair Transplant Forum International Volume 7, Number 1

Hair Transplant Forum International is published bi-monthly by the International Society of Hair Restoration Surgery, 930 N. Meacham Rd., Schaumburg, IL 60173-4965. First class postage paid at Schaumburg, IL and additional mailing offices. POSTMASTER: Send address changes to *Hair Transplant Forum International*, International Society of Hair Restoration Surgery, Box 4014, Schaumburg, IL 60168-4014. Telephone: 847/330-9830 Fax: 847/330-1090.

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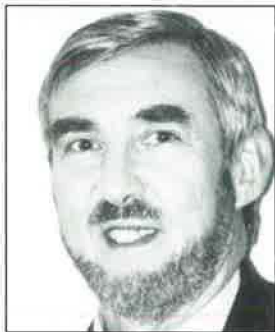
Advertising Sales: Gordon L. Deal 908/257-3695

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Editor's notes

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



This is the start of my second year as editor of *Hair Transplant Forum*. The past 12 months have been interesting, at times frustrating,

and sometimes frantic as we try to meet deadlines. Our first 9 months were beset with teething troubles. Hopefully, this is now behind us, and in the future, you will be seeing *Forum* arrive on your desk regularly every 2 months.

Hair replacement surgery made the news in a number of ways during 1996, not all of it welcome. In September, reports in

the Pittsburgh (Pennsylvania) *Post-Gazette* stated that a jury had awarded \$400,000 to a 33-year-old plaintiff for damages from a series of scalp reduction procedures. This judgment is being appealed, but this case has implications for all of us who perform alopecia reductions.

In October, 1996, the Bosley Medical Group settled a suit filed by the Los Angeles (California) District Attorney and the state Attorney General. While not admitting wrong-doing, Dr. Bosley agreed to warn consumers about potential pain and scarring associated with hair restoration, and that the surgery does not prevent ongoing hair loss.

The *Dateline NBC* program (see cover story) about hair transplant surgery has just aired. Programs such as this can be heavily biased by selecting

large clinics and focusing on 1 or 2 disgruntled patients. Most of us have poor results in at least 1% of our patients. Fortunately, most of these patients are happy enough with their hair growth, because we haven't made excessive claims at the initial consultation.

I would like to sincerely thank all the authors who submitted material during 1996. For those of you who have never contributed to *Forum*, perhaps you would like to try your hand during 1997. You may not have literary skills to match Shakespeare, but we would like to hear from you just the same. ■

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Letters to the editor

FAST TRACK TO WHERE?

Russell Knudsen, MD
Sydney, Australia

The "fast track" proposition that megasessions of follicular-units allow patients to be treated in 1-2 sessions has won wide publicity and many surgeon converts. It has become mantra to some. Additionally, from a marketing perspective, it appeals greatly to patients who like the "logic" of single hair grafting and also like the premise of doing as much as possible in a single session. But, on closer analysis, how many of our prospective patients are really suitable for this approach?

An ideal patient to "fast track" would be a middle-aged patient (40+ years) with long standing, relatively stable baldness. How many of these

do we actually see? Not many in my experience.

A non-ideal candidate is the younger patient (25-35 years) with continuing progressive thinning/baldness. How many of these do we see? A lot.

The general rule of thumb is that the younger the balding patient, the more unpredictable the final baldness pattern. Our best guess is likely to have underestimated rather than overestimated the likely eventual loss. After all, we try for both the patients' and our own sake to be upbeat and optimistic about outcomes. Given the likelihood of baldness extension in most, if not all, of our patients, the wisdom of promising a final, satisfactory result in 1-2 sessions must be questioned.

I recently asked Bob Bernstein, a fast-track disciple, about how he treated

continued from page 7

in hair transplantation, O'Tar Norwood found time to serve as President of the Oklahoma City Dermatologic Association, as well as the Oklahoma State Dermatological Association. He was also a founding member of the executive board of The American Society for Dermatologic Surgery. Dr. Norwood has taught at numerous scientific meetings. He has always been respected as a wonderful teacher who is able to impart information in a simple, straightforward manner that is easy to understand. He is also, by the way, a very nice man who has been a great source of inspiration to all of us who have known him. ■

Plan Now For
BARCELONA '97