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Barcelona Report – Part II

by James Arnold, MD - Reporter at Large

The 5th annual ISHRS meeting had begun with 2 days of presentations delivering instructive, innovative and controversial information (see Barcelona Report—Part I in the previous issue of the *Forum.*)

Day three of the conference featured an International Forum of speakers from around the world describing new technology and regional trends in hair replacement surgery.

There were a number of interesting highlights. From down-under, Russell Knudsen spoke of transplanting hair in graded areas of density, rather than broad areas of uniform density, to produce added naturalness in appearance. Richard Shiell described refined closure methods for donor sites. Mario Marzola, speaking on Megasessions Made Easy and Practical, has reached the conclusions of others. "From a few hundred to a few thousand, the micrograft pendulum has swung too far," stated Dr. Marzola. Sessions exceeding 1,000 grafts add complications, including possible poor growth, plus transplanting higher numbers requires increasing levels of complexity. The most important reason to limit a session to 1,000 grafts is because "it is safe" in the words of Dr. Marzola, especially in the need of "protecting the hair follicle along its entire journey from the donor area to recipient site."

Norman Orentreich, MD, Keynote Speaker

Patrick Rabineau served as moderator for several presentations on ideas emerging from France. A new classification of hair loss was described by Jean-Pierre Agara and Gerald Boutboul. Their classification is based on age of onset, family history, and the area of scalp with the earliest evidence of hair loss. The advantage of their classification is a more accurate long-term projection of future hair loss for the patient. Pierre Bouhanna described techniques for "transplanting blacks, Orientals, and females, each group having special needs." Richard Aziza, speaking of his experience with Marc Slarna and Phileppe Sellam of the Hotel-Dieu de Paris, explained the typical Frenchman with hair loss is interested in the greatest amount of hair restoration possible. Most commonly their patients are treated with anterior micro/minigrafts and the Frechet extender for posterior loss.

The difficulty in transplanting women with hair loss was clarified by the work of Frank Neidel and Th. Dirschka of Germany. The most important element for patient satisfaction is careful comparison of donor density and the density of hair in areas of loss. Adequate donor density is essential for a positive result.

Bessan and Nilda Farjo of Great

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president's message

by Russell Knudsen, MBBS, Sydney, Australia

Welcome to the first issue of *Forum* for 1998. The past year was another outstanding one for the newsletter due to the dedicated efforts of our tireless editor Richard Shiell and his helpers. Thanks also to the members who have contributed articles and letters to *Forum*. Your input has helped keep the *Forum* the influential voice it is in the affairs of our Society.

I feel privileged to take over the Presidency at this stage of our society's development. It has passed its infancy and is now, 5 years on, a very healthy and growing child. The recent, outstanding successful meeting in Barcelona is evidence of our maturity as an organization with the ability to take the meeting to Europe and still have close to 500 attendees. It is your Board of Governors' goal to continue the good work by providing successful meetings and other forums (e.g. the ISHRS web site) to promote education and fellowship amongst physicians in our field.

I hope to be able to share with you some thinking behind various issues that continue to exercise the Boards' attention. Many members have quizzed me over the years about various policy issues, which perhaps means that we can do a better job in communicating our thoughts to the membership.

First, I want to stress that the paramount issue by which all of our policies are judged is that we are an international society representing physicians and assistants in 37 countries. Our membership is somewhat dominated by North American members but we recognize that they have other societies and deal extensively in national issues. An example is the US Board of Hair Replacement Surgery whose goals we support (being education of physicians to a high standard) whilst not being involved in a financial or any other capacity. The talk given in Barcelona by Dr. Friedman about the goals of the US Board was a courtesy to members to let them know about this US Board.

Ethics continues to be an area of great interest but the issues here are complicated. Not only are 37 countries involved (with at minimum 37 different legal environments) but state regulations often vary markedly within the countries. Your society has taken the trouble to formulate an excellent Code of Ethics that we expect members to honor, but we understand that sometimes people fall short of the ideal. Interestingly, there have been occasions where merely pointing out to the member that his or her behavior could be seen to be at variance to our Code of Ethics has seen him or her apologize for the oversight. We believe that encouragement and counseling are effective tools to help raise standards.

It needs to be remembered against the backdrop of the international nature of our society that we don't require credentialling (or even experience) for membership. It is open to any licensed physician with a valid medical degree. While this may create angst with some members who query the worth of this type of membership it encourages participation by physicians who are either already in the field or intend to be. We have more chance to influence their training and behavior by being inclusive rather than exclusive. We do not attest to competence (or otherwise) of our members. Our goal is to provide an educational framework that allows members to develop or refine competence. The support of physicians from around the world, and the definite increase in international competence in ths field suggest (at least to me) that this poicy has been successful.

There are now a variety of meetings each year in our specialty. I believe that each can serve a different educational purpose and that all meetings don't necessarily have to compete with each other. The ISHRS meeting is certainly the largest, and has the most international participation but this can be a weakness if individual tuition is required. There is certainly an excitement at our large annual meeting that smaller meetings can't duplicate and it represents a tremendous opportunity to create friends and fellowship on an international scale. Friendship allows you the opportunity to visit colleagues' offices and this can be the best educational tool of all. Please take the opportunity to attend one of our meetings if you haven't already done so. ■

editor's notes

by Richard Shiell, MBBS, Melbourne, Australia

Well, the Barcelona meeting is now only a distant memory and we are turning our attention to a cluster of other meetings listed for 1998. Did you return home from Spain with a notebook full of techniques to try? Now, 3 months later almost nothing at your office has changed so you think "Why do I bother going to meetings?"

These thoughts occur to me after every meeting and, as a traveler from far-off Australia it is a most expensive undertaking involving 2 weeks loss of income on top of the other expenses. Why do we do it? Is it a form of masochism or are some of us just social butterflies.

The reason is that we get a lot more from a meeting than is immediately obvious. When you hear about new techniques you mentally divide them into those which seem worth trying immediately and those which are not. Of the former, only a very small percentage are pressed into permanent service while some of the remainder gradually sneak into your office routine in some modified form over the next year or two. Even some of the techniques which you initially reject may come back to grab you at later meetings when you belatedly recognize their value.

"I keep up with *Forum* and the journals so why do I need to go to meetings?" This seems a logical statement but for some strange reason a tip passed on in confidence over a drink or a meal has much more impact than a lecture or printed medical paper. I think it is the opportunity for dialogue with the speaker which makes the difference. You can quiz him at length about his methods and perhaps get yourself an invitation to watch him at work. If you make a list of the changes introduced in your practice in the last 5 years you will find that each was brought about by several influences, perhaps starting with the printed word, but the final conversion occurred over a drink at a meeting somewhere.

An added benefit from meetings is the contact you make with people of like mind, and the joy you experience in seeing these good folk again at the next gathering. More useful information is gained in the lobbies and bars than ever obtained from the podium and you are making lifelong friends at the same time. It is better than a class reunion because you have much more in common with fellow Hair Restoration Surgeons than with most old school chums. It is no wonder that some of us are "meeting junkies". ■

American Board of Hair Restoration Surgery – Update

The Directors of this newly formed Board held the first Review Course in Dallas on November 7-8. This was conducted under the supervision of Dr. Tom Haladyna who developed the format of the examination. Thirty seven candidates attended the course and the feedback was generally encouraging.

The examination for ABHRS certification took place on December 6th in Orlando, Florida, with 32 candidates presenting. The examination was in two parts, written and oral, with 13 of the Board of Directors conducting the orals. Dr. Friedman, the Board President, said that the consensus of opinion of the examiners and candidates was that the content of the examination was relevant to the specialty and that this initial examination was conducted in a highly professional manner. The results are to be announced at the end of January.

The status of such boards has been debated for some years and readers may be aware that the Licensing Division of the State of California Medical Board has rejected the petition for recognition by the American Board of Cosmetic Surgery. This means that diplomates of the ABCS or ABHRS are not able to advertise their hard-earned credentials in California (and perhaps many other states as well).

The ABCS has filed a mandamus action with the Superior Court of California in Sacramento requesting that this decision be set aside. The ABHRS will be watching the results with considerable interest. ■

ABHRS Results Announced

The first examination of candidates for the American Board of Hair Restoration Surgery, Inc., was held in Orlando, Florida, on December 6, 1997. Thirty-two candidates participated in the two-part, written and oral examination. Twenty-seven candidates passed both segments of the exam. One candidate failed both the written and oral components. Two candidates failed the oral component and two candidates failed the written component.

Examination for Board certification by the ABHRS will take place annually with the next examination scheduled to take place in Orlando, Florida, in December, 1998. ■