



A New Hair Graft Implanter: The Hair Implanter Pen

by Pascal Boudjema, MD, Paris, France

Usually, the insertion of micrografts into slits or holes using small curved forceps is a long and painstaking operation and sometimes traumatizing for the often-crushed hair follicles. Some already described instruments have been developed in order to speed up the implantation time, but unfortunately these are not easy to use or often necessitate complex handling or implementation.

A new hair graft implanter, the Hair Implanter Pen, invented and patented by the author, allows, by means of a retractable needle, in a single movement, the picking up by suction and insertion of the graft into its recipient site at a good depth and at great speed as well as being totally nontraumatic to hair follicles.

Description

The instrument consists of a hand-piece taking the form of a pen connected by a flexible tubing to a surgical suction device. The instrument is extended in front by a small sheath, which serves as guide and as a cutaneous stop. When the instrument is being used, a very fine hollow implantation needle extends approximately 5 mm from the sheath. The tip of the implantation needle is provided with a suction hole for the purpose of attachment to the base of a graft. When the instrument is not in use, the needle is retracted within the sheath in its initial position. Operative and at-rest positions are controlled by the index finger of the hand, which opens or closes a small air intake hole situated in the front part of the instrument (Fig. 1.)

Implantation

The instrument is used after having carried out the usual procedure of cutting the grafts using a strip of scalp, and the preparation of the recipient area with slit incisions of approximately 1.5 mm in width.

Micrografts of approximately less than 1 mm in diameter are placed on the back of the hand, on a moist compress, or on the skin of the forehead.

The instrument is connected by means of a flexible tubing to a surgical suction device, which is continuously working. The instrument is then held like a pen.

In the resting position, the index finger of the hand is raised, thus

opening the air intake hole with the implantation needle being retracted within the sheath.

Blocking up the air intake hole by means of the index finger leads to the automatic and instantaneous ejection of the implantation needle to a distance of about 5 mm beyond its sheath.

The extremity of the implantation needle thus becomes a suction. It is carefully brought just into contact with the fatty layer located at the base of a graft, which results in it being

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Figure 1

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President's message

By Russell Knudsen, MBBS, Sydney, Australia



The Australian Society of Hair Transplant Surgeons was formed in 1983 and currently has 14 members. Membership is on 2 levels - full and associate. Full

members have to perform a minimum of 50 hair restoration procedures per year and be observed to be competent by one of the executives of the Society. Associate members have to perform at least 12 procedures per year (no observation/examination required). Our annual meeting took place recently, and certain proposals and suggestions made at this meeting set me thinking as to the respective roles of national, regional, and international societies. The following is a personal view of the respective roles and the issues with which they could deal.

National societies have been formed recently in Italy, Germany, Spain, United Kingdom, Japan, and the USA. Regional societies have also recently formed (Asian and European). This reflects both the exploding interest among physicians about hair restoration surgery and the desire of these physicians to assist the public development of knowledge regarding modern hair restoration surgery. The goals of the society should, in general, focus on two main areas - member benefits and public benefits.

Member benefits can include, first, the promotion of hair restoration surgery to both the public and to other physicians through media and peer review journals. Second, a society encourages increased communication between physician members. Third, a society promotes high standards of practice and competence, through continuing education via regular scientific meetings. Fourth, a society can represent member interests - e.g., medico-legal matters and communication with medical boards. Another benefit might

involve promotion to the public of the importance of membership in the society as a consideration in choice of surgeon. As well, a society may choose to develop and implement examinations of hair restoration physicians to determine competence and suitability for membership.

Public benefits are created by the provision of accurate information to the media regarding hair replacement surgery options and the positioning of hair loss as a medical problem requiring medical consultation and treatment. "Clinic" treatments of spurious value are then less likely to mislead the general public.

National societies are appropriate in countries with a sufficient number (perhaps greater than 10) hair restoration surgeons. They provide a home for physicians in this field, can coordinate media marketing (and advertising if allowed), may elect to provide credentialing of members (according to local requirements) and organize scientific meetings.

Regional societies provide much the same services, but allow surgeons with no national society the opportunity to communicate with other physicians, attend meetings and potentially be involved in

credentialing. The great advantage is that of proximity where relatively easy travel requirements encourage physicians to participate. The bigger size of the meetings allows a more significant educational experience with a widespread participation of speakers.

International societies such as ISHRS have as their goal the global promotion of hair restoration surgery, the facilitation of communication between physicians, provision of a home for physicians in this field, written (*Forum*) and electronic (Web site) educational support, as well as the provision of high-quality scientific meetings. I don't believe credentialing is appropriate at this level because of both logistic and legal problems.

Provision of credentials is, however, a topic that needs further attention at the national and perhaps regional level. In Australia, no credential exists at present, but the Australian Society has undertaken to develop a credential that will apply to full membership. The physician chief executive of a local medical-defense fund supports this move, even though the credential will not be recognized by the med-

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Washington, DC — Just a Few Clicks Away

If you're planning to attend the ISHRS meeting in Washington, DC, from September 16-20, you can plan your entire itinerary on-line. Just 30 minutes of research provided all sorts of tourist information, including maps, restaurant recommendations, local events of interest, climate, and other similar listings. Helpful Web sites include the following:

- www.washington.org (the convention and visitors' bureau site, and the official tourism Website)
- www.washdc.org
- www.senate.gov
- www.openworld.co.uk/cityguides/washington
- www.nasm.edu (National Air and Space Museum)

Some of these have links to museum sites that will provide complete information on all the tourist destinations in Washington. The *Washington Post*, the major newspaper, also has an interesting site, where you can keep up to date on what's going on in the city. During the ISHRS meeting, the following events may be of interest:

- Monet, Manet and the Gare Saint-Lazare, running through September 20, at the National Gallery of Art
- Masterpieces of Chinese Painting, at the Freer Gallery of Art (September 5–February 28)
- Friends of the National Zoo Wildlife Art Festival, at the National Zoo, September 18-20
- Beethoven Festival, at the Kennedy Center, September 10–19

(Information and telephone numbers for the above are on the www.washington.org site.) ■

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ical authorities. He believes it will be helpful in establishing competence in medico-legal cases. This may be relevant in many other countries, as our specialty is multidisciplinary, and "official" credentials may be difficult to achieve. The formation of the American Board of Hair Restoration Surgery with its recent first examinations is to be applauded, and hopefully will provide the stimulus for further national (and perhaps regional) efforts in this regard.

The key to success in any society is the amount of unity that is achieved. Unity creates strength. Societies need this strength if they are to achieve the goals that I have described. I believed that continued encouragement of society activity, at all levels, will benefit both our field and ourselves. ■



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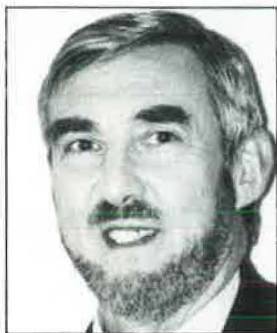
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Editor's notes

Microscope Matters

by Richard Shiell, MBBS, Melbourne, Australia



I am frequently asked by colleagues of long standing for my opinion about the merits of the microscope and its role in hair restoration

surgery. I am guarded in my reply as I still do not fully utilize the impressive looking array of instruments in my operating rooms. I have had ample time to experiment with the microscopes and compare results with alternate dissection methods. I have also had the pleasure of observing experts like Bob Limmer and his staff at work and viewing results from various experts. Here are my current views on the matter in a question and answer format.

1. In the hands of expert microscopists, under test conditions is there less transection of follicles and other types of graft damage?

Yes. Dr. Bernstein says 17% less damage. On the other hand we do not know what percentage of the damaged follicles eventually produce good hair growth. Dr. J.C. Kim suggests that at least 50% will do so, although it appears that this "re-growth hair" is of finer texture.

Two important questions which no one has cared to address to date are:

"Can microscopists maintain their concentration and superior quality for the long period they are required to spend at their instrument;" and

"Does the quality of dissection fall off to levels seen with other methods when the assistants start chatting and are not under trial conditions."

I am sure that fatigue is a problem with any method and in well-managed clinics steps are taken to minimize this

with staff rotation, rest periods, and quality control.

2. Will the saving of donor tissue make it obligatory to switch exclusively to the microscope for scalp dissection?

Yes, probably (assuming that the microscopists are well trained and fastidious.) As with Cadillacs and Rolls Royce cars, if you are a connoisseur with a large budget, then this is the way you may choose to go. Unfortunately very few of our clients fall into this "cost is of no concern" category. For the average balding man, the saving of donor tissue, decreased scarring, flatter scalp surface are all hypothetical, academic points as the differences between the two methods are seldom detectable to the casual observer. Generally he is interested in getting a relatively undetectable growth of hair for the least trouble, pain and expense. Carefully prepared minigrafts containing 1 or 2 follicular units are an economical alternative.

3. Will the saving of donor tissue make it obligatory to switch exclusively to the microscope for scalp dissection?

Yes, in some patients this is the desirable option. If your patient is likely to develop type 6 baldness or worse and can maintain his enthusiasm for transplantation through the years, then he may eventually appreciate the extra 10-20% of follicles which are available due to this refined procedure. In my 30 years experience only about 2% of patients will EVER use all their available donor tissue, but the patient profile of other surgeons may differ in this matter.

4. Have you switched to full microscopic dissection technique?

No, because the factors mentioned above have not yet made this a viable proposition for me. In addition, there is the problem of training and then keeping busy, at least two extra assistants. New patient numbers have been dropping for

several years in my practice in spite of ever-improving results and a steep increase in advertising outlay. Clinic overheads have to be rationalized and major innovations which are disruptive without producing easily appreciated improvement must be deferred for the present.

5. Do you think that microscopic dissection will be the way of the future for all hair restoration surgeons?

It is possible, but I think it is also likely that other innovations will come along which may affect the way we perform hair restoration procedures. For instance a successful automatic dissection device would be a major step forward. There are a number of devices already in existence based on the multi-blade press principle. These are, at present, more wasteful of follicles than direct vision dissection, but when combined with automatic implanters the price of hair transplantation may be reduced still further.

It is possible that our profession may split into two camps — the "McTransplant" school with an acceptable and quite satisfactory product at a budget rate of \$2-\$3 per graft and the "Deluxe" microscopically dissected follicular unit at perhaps \$5-\$10 for the connoisseur. This has happened with meals, bicycles, automobiles, airplane seats, so why not with hair transplants.

A Plethora of Meetings

I wonder if there is a collective noun for surgical meetings? Anyway, since we last went to press there has been a lot of them. Rome, Italy; Los Angeles, California, and Phoenix, Arizona. We are attempting to include reports of all three in this edition, but it will be "touch and go" with the Rome meeting which falls after our *Forum* copy deadline, so please forgive us if it does not

appear in this edition. It will definitely be in the next.

The Orlando meeting reported in *Forum* #3 in June was obviously another triumph for Dr. Matt Leavitt and the WAHRS and a privileged learning experience for the 80 surgeons who were able to gain admittance. Get your application in early for 1999.

Board Certification

My certificate of membership in the new American Board of Hair Restoration Surgery is now framed and sits proudly on the wall of my office.

It has been pointed out that this Board has no legal status and we cannot even mention it on our letterhead in most states. Students of medical history have informed me that no specialty board has ever had immediate universal recognition when first set up. Recognition is

something that has to be earned. This will only come about by establishing high standards and maintaining them.

I accept that many who already possess specialist certification will regard the ABHRS as a "Mickey Mouse" board. I understand their scorn, but surely this is at least a start in gaining recognition for a specialty which has, for three decades, been looked down on by dermatologists and plastic surgeons alike. The ABHRS was never intended to replace the dermatology or surgery boards, but for those of you who wish to make a career from hair restoration surgery, it should be your goal.

Washington '98

By the time this edition reaches you it will be early July and only 3 months remain before "The Big One" — the ISHRS Washington meeting. It will be a

lot of fun as well as a great learning experience. I hope to see you there. For our academic members, do not forget the Intercontinental Meeting of the Hair Research Societies which is also in Washington, DC, two months later, November 5-7. ■

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Free Things to Do in Washington, DC:

- Be dazzled by the 45.5 carat Hope Diamond
- Visit the US House and Senate in session
- Be moved by the Hall of Remembrance at the US Holocaust Memorial Museum
- See money being printed at the Bureau of Engraving and Printing
- See the original Declaration of Independence at the National Archives
- Observe the Supreme Court in session
- Take a twilight walk to the top of the US Capitol steps for a fabulous view of the city
- Take a tour of the world's largest library, the Library of Congress
- Tour the White House
- Tour the US Capitol
- Visit the world's most-visited museum, the Air & Space Museum
- Pose for a picture at the Albert Einstein statue
- Jog on the National Mall
- See masterworks of Van Gogh at the National Gallery of Art

Did you know that Washington, DC, is second only to New York City in the number of theater seats?

Did you know the Smithsonian Institution is actually the largest cluster of museums in the world, each worth a day's visit?



TOP SIGHTS TO VISIT IN WASHINGTON, DC

- White House
- Capitol
- National Air and Space Museum
- Hirshhorn Museum and Sculpture Garden
- Holocaust Memorial Museum (advance tickets suggested)
- Arlington National Cemetery
- Lincoln Memorial
- Washington Monument
- Vietnam Veterans Memorial