OFFICIAL PUBLICATION OF THE ISHRS

INTERNATIONAL SOCIETY OF HAIR RESTORATION SURGERY

HAIR TRANSPLANT forum INTERNATIONAL

SEPT.–OCT., 1998

VOLUME 8, NUMBER 5

Donor Harvesting, a New Approach to Minimizing Transection of the Hair Follicle

by Damkerng Pathomvanich, MD, FACS, Bangkok, Thailand

There are many methods to harvest the donor area in hair transplantation — by using punch, single blade, multiblade, etc.... As we all know, the greater the number of blades used, the more the number of transections will occur. Even though we are aware that some of the transected follicles continue to grow, by the study of Kim et al[1] and Inaba et al[2], as a surgeon, I believe we should try to minimize such losses. Upon examination of the anatomy of the skull, the occiput is not flat and follicles are in fact random (see figure 1.) Furthermore not all follicles are in the same angle. A minimal change of angle either by the surgeon or group of follicles will result in injury to the follicle. When we harvest the strip using either single or multiblade, we attempt to make the blade parallel to the hair follicle. The attempt is in fact guessing the angle of the follicle in one dimension! Since the stump of the hair is short (2 mm), the blade is too large in comparison as the scalpel itself is six inches long, compared with the stump of the hair which averages 2 mm long. How can we make the knife parallel to the short stump of the hair shaft — we can guess with an error of 5 to 10% or even more. With each stroke using either the single or multiblade, we are not able to see the result until we have already cut and checked to see whether any transection has occurred; if it has, the angle of the blade has to be adjusted. If we harvest around the scar tissue from the previous surgery, the direction of the hair in the scars nearby are diverted resulting in more transections. Curly hair also results in more transections than straight hair.

Figure 1. Closeup of the hair follicle arranged in random.

Since early 1993, Dr. Dow Stough has asked me to see his multiblade technique and handle that he designed in his clinic. I greatly appreciate and honor his support in updating me on his latest developments. Even though I am trying to master the technique, I still have transected the hair follicle around 10% and it has prompted me to change to the single blade, which has led to less damage. However, I still have difficult times in keeping the blade parallel to the hair follicles.[3,4] For the past 14 months, I started to explore another alternative for donor harvesting to minimize injury to the hair follicle. I have coined the term "donor dissecting." After anaesthetizing the area with the tumescent fluid and drape, in prone position on pron pillow, I use the tip of a No. 15 blade to knick the skin between the follicle. As I am right-handed, I begin at the end of the left

continued on page 4

TABLE OF CONTENTS

FEATURES

ASSISTANTS' CORNER

president's message

By Russell Knudsen, MBBS, Sydney, Australia

Recently many colleagues have mentioned that "times are tough." By this they mean that numbers of patients (old and new) are down. Why is this so? After all, our results are better than ever. I believe that principally there are three challenges that are affecting our practices. First is the modern fashion of the short haircut. Many men now wear a "number 1" or "number 2" blade haircut. This has been popular for approximately 5 years but is increasingly soon today. Fashions come and go and this one will too, but there is no doubt it is impacting on the hair restoration market. Very short haircuts are advantageous to the balding male as it diminishes the contract between the normal density hairy scalp and the balding/thinning scalp. They look less bald. The desire or need to do something about hair-loss is thereby diminished. A common question during consultation today is "Can I still wear my hair this short after the transplant?" There is little that can be done about this until the fashion changes. We must be patient whilst educating the public about the natural-looking results that can be achieved with modern transplantation technique.

Second, there are an increasing number of practitioners in the field. There has been a worldwide boom in the number of physicians practicing in this field. Competition for patients has increased and some practitioners, used to being dominant in their market, have found their practices under pressure. In general, competition is good, as it increases standards. This is a boon as one bad transplant has more effect on the public perception than 100 good ones. We should not despair though because if you are an experienced, established practitioner, you will "weather this storm" more easily than someone trying to break into the field. Patients "shop around" more than ever before and if you honestly present your experience and results, you will survive. Many physicians have "played" at adding transplantation to their range of cosmetic procedures and they may lose enthusiasm for it if numbers decline. Be a "serious player" and be patient. In my view constantly cutting prices is not the solution because it diminishes the value you place on the service. Patients are usually more interested in knowing you are the "right" surgeon for them than whether you are the cheapest. A few practitioners have recently been "talking up" a projected huge increase in patient numbers. This seems to be awfully optimistic and the push to establish large chains of clinics may be more difficult to achieve than imagined.

Thirdly, 1998 has seen the arrival of finasteride (Propecia). Its effect on the marketplace is beginning to be seen. As I have stated before, finasteride will be a boon to us but, in the short-term it may delay some patient making the decision to proceed with surgery. After a trial of finasteride, some patients will proceed to surgery and we should also remember that the tremendous publicity generated by its release has brought patients to our offices who would otherwise not be there. Some patients do not like the idea of taking tablets, or lifetime medication, and our alternatives might appeal. In the end we will have to get used to it as finasteride is only the first of a projected line of 5 alpha-reductase inhibitors that will be available in the next few years. Learn to incorporate these into your practice.

What else must we do to survive and prosper? We must assess the impact of our changing style of practice. The mega/maxi-session style of practice requires both a large number of adequately trained and experienced assistants as well as a large throughput of patients. This will not suit us all. In addition, those of us who practice in more than one location are finding it increasingly difficult to maintain the same style of practice unless we take our staff with us. This is both expensive and dependent on finding an amenable assistant (not to mention

continued on page 5

Hair Transplant Forum International Volume 8, Number 5

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: 847/330-1135.

President: Russell Knudsen, MBBS *Interim Executive Director:* Cheryl Nordstedt

Editor: Richard C. Shiell, MBBS

Production: Linda Campbell *Advertising Sales:* Gordon L. Deal 843/681-7825 Gordondl@aol.com

through microscope or transillumination.

Once the ellipse is completely dissected the incision is then closed in layers. All the strips are predictable with minimal transecting of the follicles, and there will be no further complaints from the technicians that you cut a bad strip. The bleeding is minimized by packing as the surgeon dissects! The disadvantage of the process is that it is time-consuming, it will take longer when you first get started, however with experience, a 10 cm ellipse can be removed in 10-15 minutes. In my experience of over 200 cases, I think that rather than speed surgical time to offset the loss of the hair follicle, it is worthwhile to spend the extra time to save 10% or more of the loss. ■

References

1. Choi YC, Kim JC. Hair follicle regeneration after horizontal resectioning. Implications for hair transplantation. Taegu, Korea: Kyung Pook National University.

2. Inaba M, Anthony J, Ezaki T, et al. Regeneration of axillary hair and related phenomena after removal of deep dermal and subcutaneous tissue by a special shaving technique. *J Dermatol Surg Oncol.* 1978: 4;921-25

3. Unger WP. *Hair transplantation.* Third edition, revised and expanded. 1995: 195-212

4. Stough DB, Haber RS. *Hair replacement surgical and medical.* 1996: 133-37

About Damkerng Pathomvanich, MD FACS

Damkerng Pathomvanich was born in Thailand, received his medical doctorate degree in 1970 from Siriraj Hospital, Mahidol University in Thailand. He then went to the United States for his internship at St. Mary of Nazareth Hospital in Chicago, and his five years surgical resident at Wyckoff Heights and King County Hospital, Brooklyn, New York. He spent one year as house surgeon at Hillcrest Hospital, Cleveland, Ohio, and returned to private practice in Kailua-Kona, Hawaii.

In 1989 he undertook one year Cosmetic Fellowship recognized by the American Academy of Cosmetic Surgery in Little Rock, Arkansas. During that year he spent time with the Stough Medical Associates learning hair transplantation and scalp reduction. After his fellowship he visited several cosmetic centers in the United States and then moved to set up his practice in Thailand. With the help of Dr. Dow Stough and his staff his clinic was established and dedicated to hair transplantation.

Dr. Pathomvanich frequently lectures at several institutions in Thailand, the Philippines, Taiwan, Hong Kong, and the United States. He publishes in several Thai medical journals, magazines and text books regarding hair restoration surgery.

Dr. Pathomvanich is certified and recertified by the American Board of Surgery, and is a Fellow of the American College of Surgeons, a member of the International Society of Hair Restoration Surgery, and a member of the American Academy of Cosmetic Surgery. ■

President's Message continued from page 2

an amenable wife!) With this in mind, we must assess the style of practice we offer with regard to the number of patients we see, and the number of experienced assistants we have. This will determine the number of grafts-per-session we offer. In other words, you should find a style of practice that fits the state of your practice.

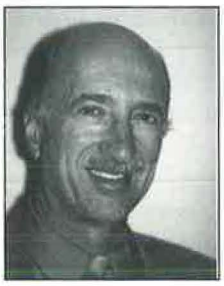
Creative thinking with possible sharing of casual assistants and sharing of offices, while seemingly difficult, is possible and may be of benefit. I have happily "shared" staff with other physicians (temporarily) in time of need based on the principle of "doing unto others as you would have them do unto you." A pool of experienced assistants "for hire" is a very valuable resource. This type of pool has been used for some years in Japan with Dr. Choi's assistants being used in other offices.

I have no doubt that the best of us will survive while others will not. This is as it should be. It has never been easy to get started in this field and only the most committed survive and prosper. Advertising alone will not do it for you. Let's embrace the challenge and move forward. ■

Vice president's message

The Challenge of Hair Transplantation in the Year 2000: Quality or Quantity, Density or Natural?

by Sheldon Kabaker, MD, Oakland, California, USA



The subject as entitled above was the theme of the Fourth International Meeting of the Italian Society of Hair Restoration which met in conjunction with the first meeting of the European Society of Hair Restoration Surgery, May 21-24, 1998, in Rome, Italy. This outstanding meeting, with live, televised surgery and simultaneous transition was a most enjoyable event. The details of the meeting are described on pages 19–20 of this edition of the *Forum*.

The subject to have been debated was quite thought-provoking. However, little debate actually occurred. Since I was assigned to discuss scalp reduction and how to minimize scars in the scalp, I did not get to address the issues of quantity or quality, density or the natural look.

In hair restoration surgery, quality and quantity are not mutually exclusive factors, nor are density and naturalness. These terms as a subject for potential debate stimulate some thoughts and I would like to share.

The "natural" result of our work has been the buzzword for the past two to three years as emphasized in most presentations and in marketing hair restoration surgery. There is, however, a trend appearing that defines a natural look as the result of one or two sessions of follicular unit transplants. This is promoted as being suitable for any patient requesting hair restoration surgery. While this approach should be highly considered in the middle-aged man with class 5 or 6 baldness, such a result would not be desired or acceptable by younger men or those with lesser degrees of baldness. In essence, you are trading a bald look for a balding look.

Then, there is the isolated frontal forelock, which does occur in nature and also is natural. However, it occurs in very few individuals and in my mind is not particularly enhancing to the appearance.

One of the most "natural"'situations in balding men is a balding or bald appearance, which requires no surgery. The most desired "natural" appearance is seen in those with no evidence of male pattern baldness who have thick, full dense heads of hair throughout their life. This is what every balding male patient is after. In the past ten years, it has become common knowledge and part of the educational process, that there is an ever-increasing demand for a diminishing supply of hair. Some of us have become disillusioned and disappointed in seeing some of our prime results look less attractive as years have gone by and baldness has progressed.

So what is the challenge of the year 2000? Quality or quantity, density or the natural look? Is it all these things. We want to achieve a high-quality result utilizing the optimal quantity of donor material and to create a natural look that is as dense as feasible for the particular patient. The point I am making is that the procedure and philosophy of hair restoration surgery has to vary with each patient. The result should improve the patient's appearance. What may be "natural" may not necessarily enhance the appearance and create a well-groomed, attractive look when compared to the alternatives that are offered. In many case, a well-trimmed fringe on a bald man will look more attractive than an isolated frontal forelock or a thinning, balding look as a result of follicular-unit grafting or micro-grafting. There is no quality versus density issue in general, but certainly in specific situations, great density would achieve the most "natural" look. The great density of flap or repeated graft sessions with dense packing of grafts may be the right thing for the patient with frontal baldness and thick hair behind it.

Since we have a greater understanding of male pattern baldness, and a variety of procedures, philosophies and techniques, the real challenge of hair restoration surgery past the year 2000, will be in educating our patients with our knowledge. The possibilities of finasteride or similar drugs in halting male pattern baldness and therefore, enhancing and maintaining our results will be known by then. If that is not the case, we definitely will be challenged to maintain satisfactory results with those patients we have worked on in the past. ■

editor's notes

by Richard Shiell, MBBS, Melbourne, Australia

"PRIDE IN A PRISTINE PATE" read the headline in one of our suburban newspapers, *Progress Press,* on June 8th this year. As I read through the half-page article, it confirmed the suspicion that had been growing in my mind over the past two years. This is the ever more obvious notion that the current worldwide decline in the number of hair transplant patients is a reflection of the trend to shorter hairstyles and a growing "bald is beautiful" philosophy.

Whenever I switch on my TV these days I see images of yuppie-share dealers "beavering" away on the floors of the world's stock markets. Whatever their race or nationality they all have short hair and a great many have plainly visible bald spots as well. Leading sportsmen proudly accept their winner's cheques and trophies with no sign of embarrassment at their receding hairlines and thinning pates. Indeed our gold medallist Australian swimmers and rowers have routinely shaved their heads as well as depillating every last body hair to reduce drag from wind or water. Male models on the fashion pages, while still hirsute of scalp, no longer have flowing locks like Robert Redford, but crew cuts like Arnold Schwartzenegger.

All this is sending both overt and subliminal messages to the men and women on this planet that a full head of hair is not essential to survival. Now we hair transplant surgeons have known this for a long time but we also know that a phobia about baldness in a small percentage of the population is essential to OUR survival. It is not so much their lack of hair which has sent so many to our doors in the past but their dislike of baldness. If this psychological urge diminishes then we are in trouble.

continued on page 8

continued from page 7

It is still fashionable to be thin (except at the bustline), and wrinkles never had anything to commend them, so the cosmetic surgeons are going nicely, thank you. Hair transplant surgeons, however, are utterly dependent on the fashion for hair and to the baldness phobia which afflicts some men.

Cosmetic surgery in general is going through a time of unprecedented growth, with new clinics springing up monthly in our city and advertisements for liposculpture, eye surgery, hair and wrinkle removal as common as those for panty-hose in the women's magazines. Hair transplantation is enjoying no such "boom." The increasing fashion for short hair has coincided with the downturn in new cases as well as with a decline in the number of old clients returning for "top-up" procedures. Some of our brethren are maintaining case numbers and even enjoying some growth but only after extensive advertising campaigns and most agree in private that the cost of obtaining each new case has escalated to the point where it is of debatable benefit.

I have been in hair transplant practice for 31 years and have careful statistics for all of these years. These figures show interesting ups and downs, with increase in my workload during times of economic recessions and declines as the economy recovered. The 1970's fad for long hair generated a boom for our industry and my greatest number of new patients in any year was achieved in 1991.

What can we do about this decline in business? I think we have to band together regionally and nationally and spend more on promotion of our industry. Whatever the fashion dictates for our country, there will always be a small number of men with a baldness phobia and we must make sure that they all keep up to date with what the current restoration techniques have to offer

Naturalness in Hair Restoration

Dr. Sheldon Kabaker, our ISHRS Vice President, in an article on page 6 of this issue of *Forum,* has pointed out that baldness is a "natural" condition and may result in a superior cosmetic appearance than that resulting from a bad hair transplant (or one which has been neglected.) Dr. Kabaker will be our first bald ISHRS President and obviously has no hang-up about his own lack of locks. His point is very valid when he states that we have to treat each case individually to achieve the optimum cosmetic result.

What he has not emphasized is that we have to LISTEN to our patient as well as observe before we advise or operate. It is not sufficient to give the patient the hair coverage WE think will look good but we must try to ascertain what the patient has in mind and at least arrive at some compromise position. When a patient states that he will only proceed with surgery if the results are "natural," we have to ascertain what the patient means by this word. This can be done by showing him a range of photographs and then making a judgment on whether his hair type and your skill can equate to his demands. If not, we would be wise to advise him against surgery or send him to someone with a superior technique.

There is too much discussion on the virtues of density. "Density" is a word often used by the patient because he thinks it equates with "naturalness." He is of course thinking of his teenage hairline, which was thick and natural. It is our task as hair restoration consultants to point out that thickness does not always equate with naturalness with the passage of the years and that a thick flap or graft can be a source of embarrassment in a 50 year-old. "Naturalness," like "beauty," is in the eye of the beholder, and can be a very subtle illusion indeed.

Finasteride

I wrote at least 10 prescriptions for finasteride on my last consulting day. Such is the power of the press and the Internet as almost all of these were at the request of the patients.

I have at least 60 patients on Proscar now, some for up to 12 months. I have seen no magical results, although some men have been self-medicating with up to 5 mg daily. Some have a little "fuzz" on the crown, which improves their appearance marginally. Many have noticed a reduction in the amount of hair on their towel and pillow. Interestingly, no one has complained of any diminution of their sex drive or performance. All the patients have been under 40, so I guess at that age they have lots of drive to spare. Whatever their results, all patients are terrified of stopping treatment in case the baldness process speeds up. Propecia now has Australian approval and has resulted in a price rise to A$4 per tablet, but a surge of new users.

Manufacturers M.S.D. certainly have a winner here but I am not so sure that all the patients will share in the bonanza!!

Graft Preparation

After many months of discussion about the microscopic dissection of minigrafts you may have thought that you have heard the last word on the subject of graft preparation. Nothing could be further from the truth, however, and in this edition we publish a paper on donor strip harvesting from Dr. D. Pathomvanich in Thailand and a number of papers about Tony Mangubat's Impulse Microtome (popularly known as the "Mangu-whacker" or "Mangublaster"). Hair restoration surgery techniques continue to evolve at a fast pace and much more will be heard on this subject I am sure. ■