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forum

Reflections on the 6th Annual ISHRS Meeting

by Jerzy Kolasinski MD, Poznan, Poland

This year 40 years will have passed since Norman Orentreich published his memorable paper, which is the cornerstone of modern hair transplantology. At the same time only two years separate us from the beginning of the new millennium. Will it bring the solution to alopecia treatment? Which direction will the search for an effective treatment of hair loss follow? Or perhaps hair on the head will lose its importance? Perhaps it will be regarded as redundant? Perhaps a change in fashion will occur?

These considerations found their reflection in the 6th Annual Meeting of ISHRS in Washington DC, in September last year. The participants focused their attention on several basic themes. Should skin for transplants be harvested in one ellipse, or rather should the multi-bladed technique be applied? Is loupe magnification sufficient for transplant cutting or should the microscope be the standard? What is the best method to place hair grafts: by making slit incisions using laser, by the Rassman carousel automated implanter, or by the Markman method?

Having attended scientific sessions as well as live surgery workshops I feel entitled to present several personal reflections. The issue of threat resulting from current trends in fashion and from application of new and more effective drugs, as mentioned by Russell Knudsen, is worth discussing. As we remember, the release of Minoxidil did not bring about diminished interest in surgical treatment. Therefore, we should not fear that finasteride, so much in vogue at present, might deprive us of our patients. As Knudsen

rightly observed, it will be for the doctors to decide whether to apply this therapy. In my opinion, patients who opt for surgical treatment choose it because they value the permanent effect, without the need for constant medication. Also, a mere mention of a possibility of reducing potency is for most men sufficient enough to ignore finasteride. As doctors, we cannot underestimate potential future consequences of hormone-modulating drug use, despite claims of its absolute safety. In the history of medicine there have been many "absolutely safe" drugs with observed after-effects many, many years later. We cannot keep these doubts from our patients, because it is we, the doctors, and not the drug manufacturers, who are ultimately responsible for prescribing it to our patients.

As for the close-crop fashion: it is mostly followed by young people who often are not completely emotionally mature. They constitute a patient group for whom it is advisable not to perform surgical procedures. This group is most likely to yield so-called "troublesome" patients, not satisfied with the final result. Why not let them then cut their hair short and be happy that they do not request surgery. When they "grow up" they will most likely let their hair grow a bit longer, and then seeing progressing baldness, will turn to us for help.

As for graft harvesting, it is my opinion that first and foremost it should be done well. The multiblade technique not only makes work easier for the technician, but it often carries with it follicular damage. If we employ well-trained technicians, they will be able to deal with multiple

strips of scalp as well as with a single ellipse.

After three days of the conference it seemed that using the microscope for graft cutting is becoming a generally accepted standard. However, the Sunday morning session, perhaps the most stimulating in the entire meeting, significantly shook this notion. It appears that in the material rejected during graft cutting, there are follicles in the telogen stage. Isn't it possible that excessive precision in cutting might be disadvantageous? Most likely, a well-trained technician

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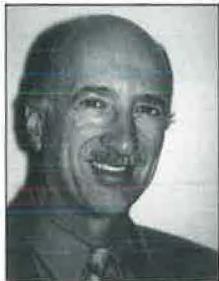
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President's Message

Committees: The Heart of a Growing Organization

by Sheldon Kabaker, MD, Oakland, California, USA



Our founders, a small group of hair surgeons, saw the need for an independent international society for hair restoration surgeons and established the International Society for Hair Restoration Surgery in 1992. Appointing a core of known experts and leaders in hair restoration surgery to the original Board of Governors and committee chairs allowed the ISHRS to instantly flourish and become the leading organization for hair restoration surgery. Within a few years, our membership was over 800, each year gaining and losing approximately 100 members. This change of membership is reflective of a liberal policy towards membership wherein totally inexperienced physicians can join. As interest and experience comes and goes, so does membership. While we may not need a significantly larger membership, we need a membership that maintains enthusiasm and excitement, and gives innovative input to the organization and its educational mission. We will need new leaders, and the role of committees is vital for policy, action, and leadership development.

The Constitution and Bylaws of our organization empowers the President to appoint committees and chairpersons. Up to this point, most of the existing committee work has been done by the original chairpersons with modest input from the committee members. However, with a growing organization, it is time for transition. For this transition to occur, we will need new committee chairmen. We must have active committees so that the committee members may gain the experience necessary for them to be considered for chairmanship.

For our next annual meeting I will be asking the chairpersons of the commit-

tees to assemble their committees to meet on the morning before the educational program so that the members can discuss issues of concern to those particular committees. Later that day, the chairpersons will report their findings to the Board of Governors.

The first committee that will see an increase in its activity will be the Constitution and Bylaws Committee chaired by Paul Straub. I will be asking for proposals from the membership to establish regulations for committees so that there is a mandatory turnover of chairpersons and committee members, with terms expiring within a certain date timeframe.

The Membership Committee, under the direction of Marc Pomerantz, will maintain significant activity, since we have to credential the constant turnover in membership. The duties and purposes of the Membership Committee are simple but demand thoroughness, time, and attention.

The Scientific and Educational Committee chaired by James Vogel is critical to the main mission of our Society. Grants and awards are an increasingly important ISHRS function. We need the wisdom and input of those members who

have vast experience in the field and those who have significant scientific and research backgrounds.

The Nominating Committee, chaired by Bob Leonard, will become the Past-Presidents' Committee, consisting of the five most recent presidents. This committee will give input to the Board of Governors regarding nominations for office, committee membership, chairmanships, and society policies. The past-presidents are allowed to have a nonvoting presence at the Board of Governors meeting. We greatly value the input of our most experienced past officers.

The Fellowship Training Committee, which has been relatively inactive, will become significant as training and its credentialing become increasingly important. Chairman Dow Stough has drafted fellowship training guidelines that will work on an international basis, so that graduates of training programs involving hair restoration surgery might qualify for a fellowship certificate awarded by ISHRS.

The Annual Meeting Committee, this year chaired by James Arnold, has the most important responsibilities within

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clínica Dr. Francisco Abril, PO de la Habana, 137, 28036 Madrid, Spain. Phone 34-1-359-1961 or fax 34-1-359-4731.

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our organization. The assumption of the awesome task of constructing and directing our meetings is directly proportional to leadership talents, as exhibited by past-chairmen: Cotterill, Haber, Knudsen, Vogel, Quinlan, and Stough. The Call for Abstracts was mailed the first week of February. If you do not receive an announcement for abstracts for the October, 1999, meeting in San Francisco, please let Dr. Arnold at ISHRS headquarters know of your intentions to present at the annual meeting. Also, we hope to expand our activities to include directing or cosponsoring an annual live surgery workshop in the Spring of each year.

For this year, I have appointed an Ad Hoc Committee on Patient Information headed by Paul Cotterill. The purpose of this committee is to develop a brochure that can be used by our members. The development of this brochure is supported by a grant from Merck and Co., Inc.

The International Advisory Committee, chaired this year by Russell Knudsen, is destined to become a most active and important part of our organization. This committee should act to preserve and promote the international aspects of our Society. We need input from an international point of view in matters of national representation, the need for simultaneous translation of meeting sessions into selected languages

and communication between ISHRS and other national hair restoration societies.

If your interests are in assuming a leadership position in the ISHRS, the best place to start is to be noticed for academic excellence. Presentation of innovative material in a well thought out, well-rehearsed presentation will attract notice of your peers and will entice an invitation to become a committee member. I am constantly amazed at the new ideas and studies I see each year brought on by relatively unknown members, whose brilliant ideas have changed the course of the way we do things. This type of technical talent often can be transposed into organizational endeavors that benefit the entire membership. ■

Reflections

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with carefully selected loupes should suffice to properly prepare the grafts. This must have been Walter Unger's intention when he asked on the first day how much tissue is rejected during graft cutting, but stated clearly on the last day that by rejecting tissue during graft cutting we deprive the patient of a portion of his telogenic follicles. So perhaps we should rename hair transplants as transplants of permanently hairy skin?

Many surgeons are looking for speedier graft placement methods. Following the presented papers on this subject, one might have an impression the new inventions (implanters) have really brought about certain progress. However, a closer look at the way these devices work cannot fail to raise questions. First, a graft is made up of very delicate tissue, which must not be excessively manipulated. James Arnold has written extensively about this. Moreover, even a lightning-fast placement of a hundred grafts in the skin (Markman method) is obtained at the price of time-consuming and traumatic placement of grafts in the cartridge. Also, a very important fact must not be overlooked: grafts should be handled with the utmost care not only at cutting; their placement in the skin should be equally careful, taking into account a changing angle of grafting, direction, and rotation for each. Devices constructed so far seem to ignore these considerations,

emphasizing the speed of grafting. But, the truth could not be more different. The total timespan of the whole procedure is not shorter, it is longer. Those present could see for themselves. A session of placement of 1000 grafts takes from five to seven hours!

Dear colleagues, hair restoration surgery is nothing like a factory assembly line. Hair transplantation is an art! And those who have decided to cultivate this art should not even peep at automatic performance. Even Leonardo da Vinci, the inventor of time-saving devices, did not use his inventions to paint his pictures for which we cannot be thankful enough!

The only way to fast and adequate grafting is constant improvement of technique, developing hand dexterity, with care taken to handle grafts delicately. Only then will it not be difficult to perform a complete procedure of placing 1000 grafts in two hours, or 1500 in under three hours, at the same time getting aesthetically pleasing hair re-growth.

A better grasp of the ideas presented in the session on philosophy of follicular transplantation, which have had a profound influence on me, will allow us to better understand the issues that we deal with in our daily practice. ■

Editor's comment (RK):

In my recent experience, men who are sufficiently motivated to seek surgery are also frequently sufficiently motivated to take finasteride to prevent

future hair loss. The risk of reduced potency is somewhat overstated. It is obviously true that we have no long-term studies yet on 1mg finasteride, but we can be somewhat reassured by the 10-year experience with 5 mg finasteride, which has been remarkably safe. It is worth remembering that the original work on 5-alpha reductase comes from a family in the Dominican Republic with congenital deficiency of 5-alpha reductase type 2. This "natural model" has shown no harmful effects in fully grown, normally functioning fertile males with no baldness, no prostate enlargement, and relatively sparse face and body hair. For many men, these might be desirable "side-effects"!

The issue of "empty" telogen follicles is currently a hot topic, and Walter Unger has written on this in this issue of Hair Transplant Forum International. The "jury" isn't in on automation yet, but hair direction is controllable, at least with the Rassman device. Trauma to the grafts relates to handling so this is a technical issue as is trauma to multi-bladed strips (which is a surgeon technical issue). Perhaps the hand that controls the technology is more important than the technology?



Editors' Message

New Editors' Welcome

"We, being human, can only approach perfection by concentrating or specializing."

*Richard C. Webster, M.D. **

In the last 10 years, we have witnessed a cooperative effort among hair restoration physicians to forge a new specialty. The rapid integration and exchange of new ideas has had a positive effect on our results and ultimately on



patient satisfaction. How should our new specialty progress? In the process of reading voluminous amounts of literature and attending countless

meetings, we are confronted with the task of "keeping up." We constantly ask ourselves which new ideas merit a change in our own technique. Controversial subjects, and their accompanying discussions, help us make these critical decisions. As co-editors of the FORUM, Dr. Knudsen and I are committed to embracing these controversies and presenting all aspects of the issues at hand. The American author, James Baldwin, once stated that "The price one pays for pursuing any profession or calling, is an intimate knowledge of its ugly side." In keeping with a philosophical decision made by previous editors, the FORUM will maintain its policy of encouraging discussions on all issues — the good, the bad, and the ugly. The FORUM is the heart and soul of the hair transplant community, the International Society for Hair Restoration Surgery, and a very important path to our future.

*Dow Stough, MD
Hot Springs, Arkansas USA*

*Webster RC. The hair transplant story. *Am J Cosmet Surg* 1994; 11(1):9.

The Forum has been in existence for only 8 years. It was the brainchild of its founding Editor, O'Tar T. Norwood whose wisdom and enthusiasm guided it to a pre-eminent place in educating physicians in hair replacement surgery. It is the "Bible" for experienced surgeons because of its unique role in facilitating the rapid exchange of views among physicians and assistants. Under the outstanding editorship of Richard



Shiell between 1995 and 1998, it rose to new heights with a noticeable lift in the standard of contributions from various authors who recognized the increasing importance of this "newsletter." Dr Stough and I hope to continue the task of providing a frank and varied discussion of all aspects of hair

replacement surgery. We understand the magnitude of the task and ask for your support. There are many surgeons with great experience who have not yet contributed their experiences, thoughts and questions to their colleagues (perhaps they have been nervous to do so). We need new input and different points of view. Nobody has a monopoly on wisdom, least of all your editors, and we look forward to your correspondence.

To facilitate the quick exchange of information, we ask that contributors use e-mail, if possible, to correspond to the editors. This will make our task easier. Computer literacy among physicians is increasing and is rapidly becoming indispensable in the orderly running of a medical practice. I urge you to make the effort to effectively utilize the new technology.

*Russell Knudsen, MB, BS,
Sydney, Australia*

To submit an article or letter to the *Forum* editor:

Electronic submissions (e-mail or 3-1/2" disk) are preferred. Or you can submit articles via hard copy original (faxed copies do not scan easily into the computer), double-space, and use type size 12.

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