

Clinical Management in Hair Transplant Industry

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Abstract

Medical ethics and hair restorative surgery, despite the fact hair transplantation has gained dramatic popularity during the last couple of years because of its natural esthetic results, unfortunately, however majority of patients got nothing but mere disappointment and frustration even after undergoing 2-3 so-called super mega sessions.

Keywords: Quality management; Hair transplant industry; Hair restorative surgery

Introduction

Factors responsible for bad hair transplant results

Despite the fact hair transplantation has made considerable advancement to gain dramatic popularity because of its remarkable esthetical results, unfortunately, however, still quite a number of patients not satisfied with their results even after undergoing 2-3, so called, mega sessions of hair transplant procedures [1-3].

There could be number of factors responsible for poor growth of transplanted hair, including patient's health issues, (hypertension, depression etc.), side effects of certain medicines, habit of smoking or narcotics and also post clinical issues, i.e. trauma and infections etc., most commonly discussed on this subject.

This article however, is focused to discuss various issues related to bad hair transplant results, particularly, due to negligence of clinical protocols during surgical hair restoration.

The Role of Physician and a Surgical Assistant

The role of physician in hair transplant procedure is usually limited and is confined to the removal of donor strip or extraction of follicular grafts (FUE), marking of hairline and creation of recipient sites only. While rest of the job, both for donor strip as well as FUE procedures; from preparation or isolation of grafts to placing of grafts is solely performed by surgical assistants which is highly sensitive and responsible part of procedure.

Unfortunately, however, it has been observed that at the time of dissection of the donor strip and also during follicular extraction (FUE), most of the grafts are likely to be transected (if done by unskilled hands) or die off due to mismanagement of vital conditions required for the survival of grafts, i.e. hydration, temperature control, timely & correctly placing and finally, handling of grafts when being placed into recipient sites may compromise quality results even before leaving the clinic. Such issues are now being discussed here with little detail as follows:

Hydration and starvation of grafts

To keep follicular grafts alive and potentially healthy, during and after dissection of the donor strip, or extraction in case of FUE, these must be immediately hydrated with saline solution at temperature, maintained at 4 degree Celsius, till placing of grafts is completed. Follicular grafts not being adequately moisturized, as may be practised at the time of dissection, causes 'drying' or "starvation of grafts" which may adversely affects the growth of transplanted hair (Figure 1).



Figure 1: Hydrated follicular grafts.

Swelling of grafts

Similarly, late placing of grafts is another serious issue which is often practiced, even at most clinics, especially, during mega sessions, where placing of grafts is awaited until dissection of donor strip is completed, or in case of, FUE, all the follicles are extracted.. Ideally, placing of follicular grafts must be started immediately after extraction or dissection of the donor strip, not later than 4 hours for absolute quality results. Delayed placing of grafts potentially affects the growth rate of transplanted hair. (Dr. Limmer and Dr. Shapiro's time check reports). Long hours of placing may cause swelling or damage to the cell wall of grafts.

Graft handling

Mishandling or crushing of grafts is also commonly practiced, especially, by trainee or unskilled surgical assistants, another vital aspect surprisingly overlooked, while using forceps or even implanters, during dissection, loading of implanters and at the time of placing of

grafts thus may contribute to poor hair transplant results because of injured or damaged grafts (Figure 2).

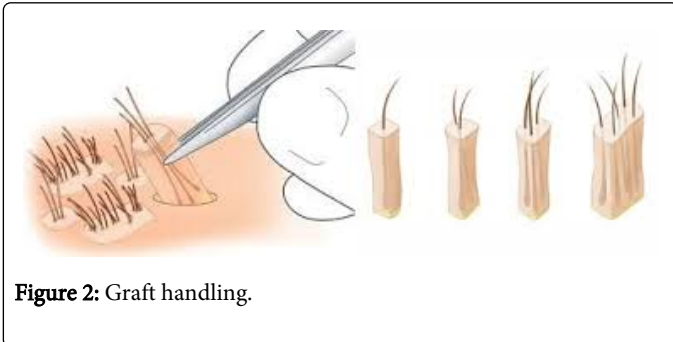


Figure 2: Graft handling.

Incorrect layout and placing of grafts

Another crucial factor to be strictly watched by the surgeon is; placing of grafts at correct angles by surgical assistants. Poor angle of implantation and poor layout of grafts as performed by 2-3 assistants from three different angles may cause serious aesthetic results. This phenomenon, particularly, becomes very obvious when grafts of temporal or hair line regions are placed at different angles, allowing hair, therefore, to grow in different directions to cause not only, aesthetically, bad looks but also troublesome management i.e., combing, dressing etc. by the patient rather permanently, in future (Figures 3 and 4).

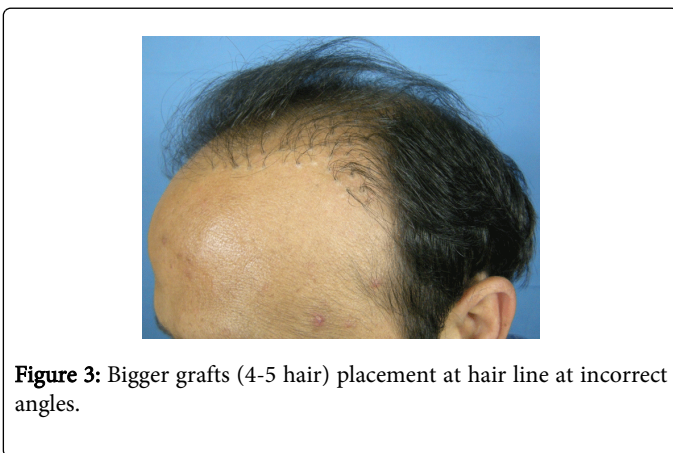


Figure 3: Bigger grafts (4-5 hair) placement at hair line at incorrect angles.

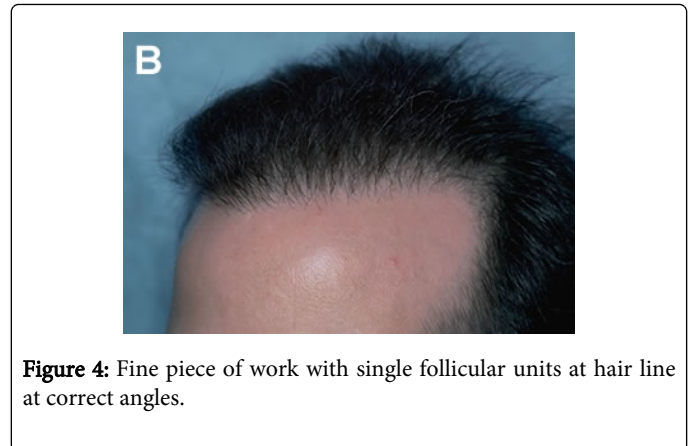


Figure 4: Fine piece of work with single follicular units at hair line at correct angles.

Conclusion

Role of technical assistants in hair transplant industry should be regarded as the base line for ultimate quality hair transplant results. Surgical assistants must be given proper training on the use of forceps, implanters, commonly used devices and also educational lectures on the anatomy of hair, scalp and follicular grafts along with other relevant technical skills, before allowing them to become a part of team.

References

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