INTERNATIONAL SOCIETY OF HAIR SURGEONS

WORLD CONGRESS

Dallas 1993

Crystal Ballroom #4

— Friday, April 30, 1993 —

SPECIAL SESSION #1 (1,000 Grafts/Session)
Moderator: Dr. O'Tar Norwood

8:15 AM 1,000 Grafts/Session & Counting. The Punctiform Method of Micrografting - Dr. Carlos Uebel (Brazil)

8:30 Aspects of Artistic Craftsmanship When Performing a Hair Transplantation - Dr. Manfred Lucas (Germany)

8:45 Re-tooling the Transplant Room For Those 1,000 Graft Sessions - Dr. Dow Stough (USA)

9:00 Advanced Slit Grafting (1000 Grafts/Session) - Moser Clinic, presented by Claudia Prawetz (Austria)

9:15 Using Micrografts as a Total Approach to Male Pattern Alopecia - Dr. Bob Limmer (USA)

9:30 Routine Use of 500-1,000 Micrografts/Session, a Fast Track Approach - Dr. William R. Rassman (USA)

9:45 Panel Discussion

SPECIAL SESSION #2 (New Concepts)
Moderator: Dr. Russell Knudsen

10:00 Hair Transplantation From Down Under - Dr. Knudsen (Australia)

10:15 Hair Densitometry in the Diagnosis and Treatment of Hair Loss - Dr. Marc Pomerantz (USA)

10:30 The No Line Hair Line - Dr. O'Tar Norwood (USA)

10:45 In Pursuit of the Perfect Hairline - Dr. Kenneth Buchwach (USA)

11:00 Trends in Micrografting - Dr. Ed Griffin (USA)

11:15 What Your Patients Expect from Hair Transplants - Dr. Marcelo Gandelman (Brazil)

11:30 Panel Discussion

12:00 PM Lunch - Garden Room (First Floor)

SPECIAL SESSION #3 (Scalp Lifting)
Moderator: Dr. Dominic Brandy

1:00 An Overview of Scalp Lifting - Dr. Dominic Brandy (USA)

1:10 Important Anatomical Considerations of the Occipital and Temporal Vessels - Dr. Sajjad Khan (Pakistan)

1:25 Technical and Anatomical Considerations of Scalp Lifting - Dr. James Swinehart (USA)

1:40 Scalp Lifting in Combination With Superiorly Based Flap - Dr. Mario Marzola (Australia)

1:55 An Overview of Extensive Scalp Lift - Dr. David Zipfel (USA)

2:10 Tissue Expansion in the Scalp - Dr. Kridel (USA)

2:25 Panel Discussion / Break

SPECIAL SESSION #4 (Flaps)
Moderator: Dr. Sheldon Kabaker

2:45 PM Kabaker Modification of the Juri Flap - Dr. Sheldon Kabaker (USA)

3:00 The Expanded Bat Flat - Dr. Richard D. Anderson (USA)

3:15 The Immediate Rotation of the Angular Flap - Dr. Carlos Uebel (Brazil)

3:30 Which Flat, Where? - Dr. Dan Rousso (USA)

3:45 The Occipital Artery Free Flap - Dr. Hini Matlaub (USA)

4:00 Panel Discussion

5:30 ISHS Special Gala Party / Cocktails & Dinner (Coat & Tie / Spouses Included)

— Saturday, May 1, 1993 —

SPECIAL SESSION #5 (New Instrumentation)
Moderator: Dr. Emilio Bisaccia

8:00 AM Announcement of Future Meeting and Society Dues - Dr. Richard Shiell (Australia)

8:05 The Uses of the Multi-bladed Knife of Bisaccia/ Scarborough - Dr. Emilio Basiccia (USA)

8:20 Single and Bundle Hair Transplantation Using the Choi Hair Transplanter - Yung Chul Choi (Korea)

8:30 Single Hair-bearing Graft or Minigraft Transplantation and Their Histological Findings - Dr. Masumi Inaba (Japan)

8:40 The Nocor Needle for Transplantation of Single Hair Grafts - Dr. Michael Meshkin (USA)

8:50 Use of Adhesives in Hair Transplants - Dr. Robert True (USA)

9:00 Instrumentation Tricks - Dr. James Swinehart (USA)

9:15 Panel Discussion

SPECIAL SESSION #6 (New Techniques)
Moderator: Dr. Richard Shiell

9:30 How to Create a Virtually Undetectable Hairline Using the Latest Techniques - Dr. L. Lee Bosley (USA)

9:45 Linear Grafts with New High-tech Procedures - Dr. Blu Stough (USA)

10:00 Hair Survival & Minigrafts - Dr. Richard Shiell (Australia)

10:15 Laser Hair Transplants - Dr. Walter Unger (Canada)

10:30 Panel Discussion

Video Presentations: 8:00 AM - 10:00 PM

SPECIAL SESSION #7 (Pearls, Pearls, & More Pearls)
Moderator: Dr. Dow Stough

10:45 AM-12:10 PM — A trip around the globe. A new format of lectures in rapid succession. All speakers will be given five minutes. It is often the small things that make the most impact on progressing our techniques. This format was chosen to allow surgeons to hear a wide range of ideas with an international flavor.

Dr. Carl Shory, USA
Dr. D. Pathomvanich, Thailand
Dr. Dan Rousso, USA
Dr. Paul Straub, USA
Dr. Martin Unger, Canada
Dr. Patrick Frechet, Paris
Dr. Craig Schauder, USA
Dr. Henry Clamp, United Kingdom
Dr. John Randall, USA
Dr. Paul Cotterill, Canada
Dr. Sajjad Khan, Pakistan
Dr. Pat Quinlan, USA
Dr. Thomas Kohn, Canada
Dr. George Farber, USA
Dr. Wagner De Moraes, Brazil
Dr. Dominic Brandy, USA
Dr. Randolph Waldman, USA

12:10 Panel Discussion

12:30 Lunch - The Ranch Outdoor Dining - Texas Hospitality

SPECIAL SESSION #8 (Anesthesia)
Moderator: Dr. Bruce Fox

1:30 The Tumescent Technique of Anesthesia - Dr. William Coleman III (USA)

1:40 In Pursuit of the Dry Field, a New Epinephrine Concentration - Dr. O'Tar Norwood (USA)

1:50 Conscious Sedation for Outpatient Surgery - Dr. Scarborough (USA)

2:00 Doing It Safely, the Proper Equipment - Dr. Bruce Fox (Australia)

2:10 Painless Hair Transplants - Dr. David Seager (Canada)

2:20 Panel Discussion / Break

SPECIAL SESSION #9 (Scalp Reductions)
Moderator: Dr. Martin Unger

2:30 Scalp Extension With a New Tool, "The Extruder" - Dr. Patrick Frechet (France)

2:45 Stretchback After Scalp Reductions, True or False? - Dr. Martin Unger (Canada)

3:00 Combination Brow Lift and Scalp Reduction, a New Surgical Procedure - Dr. Paul Straub (USA)

3:15 Tension Clamping, an Alternative Method of Rapid, Intraoperative Tissue Expansion in Scalp Reductions - Dr. James Arnold (USA)

3:30 PM Tissue Expansion: Scientific Basis and Anecdotal Beliefs - Dr. James E. Vogel (USA)

3:45 Tissue Expansion-Assisted Scalp Reduction - Dr. Sheldon Kabaker (USA)

4:00 Curvilinear Scalp Reduction - Dr. Neil Sadick (USA)

4:10 Panel Discussion

6:00 Cocktail Reception - Le Cafe (Cocktails, Hors d'oeuvres & Reception / No Dinner Included)

8:00 Dance at "The Stampede" (Nightclub)

— Sunday, May 2, 1993 —
Moderator: Dr. Dan Rousso

8:00 AM Psychological Aspects of Hair Transplantation - Dr. Pierre Pouteaux (France)

8:15 The Long Term Effects of Rogaine, What We've Learned at the Baylor Hair Treatment and Research Center - Dr. David Whiting (USA)

8:30 Why Does Transplanted Hair Have a Different Quality? The Electron Microscope Gives the Answer - Dr. Dow Stough (USA)

8:35 Diagnosis and Hair Loss Treatment of 1,954 Patients Under the Age of 27 Years at Norwood's Second Grade. A Clinical Study at DHI Centers in London, Paris, Athens and Thessalonika - Dr. P. Sotirakos (London)

8:50 Sharpening Tips/Traps in Donor Site Assessment - Dr. Richard Shiell (Australia)

Panel Discussions
Moderator: Dr. W. Unger

9:00 Complications of Micrografting & Scalp Reduction - Drs. Quinlan, Shiell, Norwood, M. Unger, Straub, Clamp, Kabaker, Uebel, M. Lucas, Limmer & others to be announced

Round Table Discussion (Case Histories & Discussion). Participants are encouraged to bring slides of difficult cases.

Moderator: Dr. Dow Stough

10:30 AM ~~Society By-Laws - Dr. Pomerantz (USA)~~
12:00 PM ~~Society Headquarters/Management - Dr. Paul Straub (USA)~~
~~Organizational Structure - Dr. Pat Quinlan (USA)~~
~~Society Finances - Dr. Dow Stough (USA)~~

12:00 Conclusion General discussion

International Society of Hair Surgeons

Course Directors
Dr. Dan Rousso
Dr. Dow Stough
Dr. Sheldon Kabaker
Dr. O'Tar Norwood

Video Director
Dr. Dominic Brandy

Exhibit Director
Dr. Bob Leonard

Crystal Ballroom #5

THE SURGICAL HAIR TRANSPLANTATION ASSISTANT SEMINAR

Moderator: Joe Greco

1:00 PM Introduction

I. The Etiology of Most Common Causes of Hair Loss & The Philosophy of Hair Replacement - Joe Greco

1:10 II. General Overview of Hair Restoration - Dr. Martin Unger

1:20 III. Preoperative Considerations - Dr. David Seager

1:30 IV. Osha Standards, Sterilization and Protecting Patients and Staff - Carol Rosanelli

1:40 V. Micrografting - How to Produce 1000 Grafts in 4 Hours - Dr. William Rassman

1:50 VI. Photography - Dr. Dow Stough

2:00 VII. Brief Anatomy Discussion
Basic Hair & Scalp Anatomy - Dr. Sajjad Kahn
Professor of Anatomy/Microvascular Surgeon

2:10 VIII. Question & Answer Session

2:20 IX. Description of Techniques

2:25 1) Graft Sectioning & Organizing and Planting - Pat Bailey, Brenda Parker, Betty Studier & Nancy Shelton

2:55 2) Staple Versus Suture Closure - Patrick Tafoya

3:00 3) Post Operative Care - Dr. Carl Shory

3:10 X. Instruments - Panel Discussion
Moderator Joe Greco

3:15 1) Latest Instruments

3:20 2) Suppliers

3:25 3) Care

3:30 4) Strip - 2 Bladed Knives - Joe Greco

3:35 5) 3 Bladed Knives - Dr. Pat Quinlan

3:45 "How We Do It" — An Open Forum By All Technicians On Sharing Their Pearls & Methods

4:00 Conclusion

SOCIAL EVENTS

Friday, April 30, 1993

12:00 Lunch - Garden Room (First Floor)

5:30 International Society of Hair Surgeons Special Gala Party - Crystal Ballroom Cocktails and Dinner
(Coat & Tie / Spouses Included)

Saturday, May 1, 1993

12:00 Lunch - The Ranch Outdoor Dining - Texas Hospitality

6:00 - 8:00 Cocktail Reception - Le Cafe
(Cocktails, Hors d'oeuvres and Reception/ No Dinner Included)

8:00 - 11:00 Country Dance at "The Stampede" (Nightclub)

VIDEO PRESENTATIONS

Crystal Ballroom #5

Video Director
Dr. Dominic Brandy

Friday, April 30, 1993

8:00 a.m. - 12:00 p.m.
5:00 p.m. - 11:00 p.m.

Saturday, May 1, 1993

7:00 a.m. - 5:00 p.m.

Sunday, May 2, 1993

7:30 a.m. - 12:00 p.m.

INTERNATIONAL SOCIETY OF HAIR SURGEONS

WORLD CONGRESS
DALLAS TEXAS

SPECIAL PEARL SESSION

MODERATOR
DR. DOW STOUGH

MAY 1, 1993

10:40 Dr. Carl Shory

Radiosurgical Donor Harvesting For Hair Transplantation

Occipital donor harvesting has been done in the past by punch grafting and more recently with single or multi-bladed scalpels. The radiosurgical technique uses a 2-wire electrode to make two simultaneous parallel cuts. No tension or pressure is necessary while cutting yielding fewer sheared follicles. The width of the donor strip and the depth of cut can be varied from patient to patient depending on scalp thickness and elasticity. Less bleeding is encountered because the electrode cauterizes while it cuts. Finally, a single-wire electrode can be used for harvesting grafts from between old donor punch graft scars.

10:45 Dr. Damkerng Pathomvanich

Hair Transplant In The Asian Patient: There Are Differences

The majority of my balding patients take minoxidil both orally and local applications at different strengths, and some use Foltene. These must be discontinued for several months prior to surgery to prevent bleeding and give us information of the minoxidil effect prior to hair transplantation. Infection occurs in about 1% of my practice despite aseptic techniques and antibiotics. The scar is more prominent than in a Caucasian patient. Mercedez scalp reductions do not look good. The hair density is low and the caliber is big, hair color is black and the skin color is light. The complexion does not look as good as the Caucasian patient. Finally, tattooing the scalp helps the cosmetic effect after hair transplantation and scalp reduction.

10:50 Dr. Dan Rousso

Micrografts - A Love/Hate Relationship

The use of micrografts adds an entirely new dimension to the field of hair replacement surgery. They require painstaking care and an entirely different philosophy from previous techniques. While they can be frustrating to the experienced as well as novice surgeon, there is no doubt that they achieve a degree of perfection that was previously unobtainable. Used exclusively, they can make a candidate of someone who was previously considered unacceptable for hair replacement surgery. I will share my indications and experience with micrografts and how they enhance my practice.

10:55 Dr. Paul Straub

A Study On The Relationship Between Buffered Topical Anesthesia and Post-Operative Edema

An extensive study was done in which every second patient was anesthetized with lidocaine buffered with sodium bicarbonate and non buffered lidocaine. Considerable more post-operative edema occurred with the buffered patients. The mechanism is thought to be the addition of Na^+ ions.

11:00 Dr. Martin Unger

An Overview of Hair Transplantation

This will be a general overview of my own approach to hair restoration in various individuals. This will include some of my own indications for tissue expansion, flaps, and the two more common procedures of hair transplantation and scalp reduction surgery. General comments will also be made with regard to strip grafts or the machine punch for the donor area, as well as some of the modifications that I have carried out in the receptor area in recent years.

11:05 Dr. Patrick Frechet

Correction of Scalp Reduction Scars

A new approach to correct the slot using three hair bearing transposition flaps will be presented. This will be compared to the previous two hair bearing and one non hair bearing flaps that have been described. The advantages will be discussed.

11:10 Dr. Craig Schauder

Modification Of The S Pattern To Maximize Alopecia Reduction

The modified S pattern for scalp reduction evolved from the paramedian and offers many additional advantages. Greater length of the incision allows the greater amount of alopecia removal. Undermining access and visibility is improved since both flaps can be easily elevated for visualization to the supra auricular areas. Less stretchback is seen due to the multidirectional tension vectors. Finally, the resulting scar is concealed in the hair fringe.

11:15 Dr. Henry Clamp

What of The Beginner In Hair Replacement Surgery

Experienced surgeons with fully trained staff can readily produce and transplant large numbers of mini/micro grafts, but what of the beginner . Even when the beginner has undergone a course of theoretical training, he still requires the backup of trained staff and practical experience. This practical experience is only attained after many cases and needs to be supported by a knowledge of how to deal with complications . My presentation will offer advice on the control of intraoperative bleeding, the use of a simple cost-effective dilator and cyano-acrylate tissue adhesives when starting mini/micro grafting.

11:20 Dr. John Randall

Moncryl - A Better Suture Material?

Moncryl is a new monofilament absorbable suture released by Ethicon, a Johnson & Johnson Company. This product seems to offer many advantages over existing similar suture materials for use in scalp reductions. Moncryl chemically is Poliglecaprone 25. Moncryl has better tensile strength yet dissolves slightly faster than PDS II. Yet in our experience to date, we have not had any of the chronic problems that we have had with PDS in the past such as discomfort from the knots, prolonged life of the suture and splitting. Other comparisons will be made in this 3 to 5 minute presentation.

11:25 Dr. Paul Cotterill

Helpful Aids For Anesthesia

A description of devices used to aid the surgeon in delivering local anesthetic, as well as mentioning the use of several medications aimed at making the injections more tolerable for the patient will be described.

11:30 Dr. Sajjad Khan

A Newly Modified Triple Bladed Knife To Control Depth

In this knife you can stagger the blades according to the direction of the hair, which avoids going unnecessarily deep as with ordinary triple bladed knives. In this blade you can adjust the width of the harvested strip according to the density of the patient. Additionally we have put a depth controller which avoids going unnecessarily deep and staying superficial in the donor area.

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11:35 Dr. Pat Quinlan

The Stockinette Dressing - A Better wrap

Traditional Dressings. Advantages of the Stockinette.

11:40 Dr. Thomas Kohn

Specia1 Application For The Use of Mini and Micro Grafts

The use of mini and micro grafts in face lift scars. Repair hair transplant sessions and pubic hair transplantation.

11:45 Dr. George Farber

Scarring Alopecias - Surgical Correction By Hair Transplant Procedures

There are multiple diseases which produce scarring alopecia as a major manifestation of that disease process. Included in the list of diseases which are amenable to correction by hair transplant surgery are: Discoid LE, Psuedo/Pelade of Brocq, Trauma Alopecias, Surgical Alopecias, Encoupe de Sabre form of scleraderma, Traction Alopecia (familial) and Post Pyoderma/Fungal Alopecias. Each of these disease processes are distinct and have a typical histopathologic pattern. Each of them produce dermofibrosis, loss of pilar structures, and one or more significant reasons why alopecia develops. Examples of successful hair transplant surgery along with indications, precautions, and patient selection aspects, will be discussed.

11:50 Dr. Wagner De Moraes

Best Moments, Best Surgeries, Best surgeons

11:55 Dr. Dominic Brandy

Simplifying Mini Grafts

A stencil has been developed that improves the accuracy, speed and aesthetic results of a systematic three step slit-minigrafting approach . The objective is to improve accuracy, speed and aesthetic results of the incisional slit-minigrafting technique. The areas to be incised are marked preoperatively, using a stencil, which develops a very precise pattern. The slits can then be made very quickly and accurately over these marks . Because bleeding does not obscure the markings, the speed, precision and results of the procedure are greatly enhanced. The use of stencil to mark out each step of a systematic three step slit-minigrafting approach improves the accuracy, speed and aesthetic results of the technique.

12:00 Dr. Bob Limmer

Survival of Micrograph - A Comparison Study

INTERNATIONAL SOCIETY OF HAIR SURGEONS

WORLD CONGRESS
DALLAS, TEXAS

COURSE DIRECTORS:

Sheldon S. Kabaker, M.D.
O'Tar T. Norwood, M.D.
Daniel E. Rousso, M.D.
Dowling B. Stough, M.D.

APRIL 30 - MAY 2, 1993

ACKNOWLEDGEMENTS:
The International Society of Hair Surgeons gratefully acknowledges the support of the UpJohn Company for providing an educational grant for this meeting .

SCIENTIFIC SESSIONS

FRIDAY, APRIL 30, 1993

Special Session #1 (1,000 Grafts/Session)

Moderator: Dr. O'Tar Norwood

8:15 1,000 GRAFTS/SESSION & COUNTING, THE PUNCTIFORM METHOD OF MICROGRAFTING DR. CARLOS OSCAR UEBEL (Brazil)

We described a few years ago a technique to treat Pattern Baldness with a micropunctiform procedure utilizing capillar bulbs obtained from the occipital region of the scalp. We got this idea from the work of Marritt and Nordstrom, that in the beginning of the eighties described for the first time the use of micrografts to hide the anterior hair line of the scalp flaps. We extended it to the entire superior baldness and introduced the Punctiform Technique. Under local anesthesia, we get a hair bearing ellipse from the occipital area, cut in several slices of 2-3mm thickness and separate the hair follicles in two groups - 1-2 bulbs called Micrografts and 3-4 bulbs called Minigrafts. The supraorbital branches are infiltrated with Bupivacain 0.5% with Epinephrine and the bald receiving area is massively infiltrated with Epinephrine 1:160.000 with Saline Solution to achieve ischemia and ballooning, important for the hair replacement procedure. With a microsurgical knife we perform a punctiform incision on the scalp 2-3 mm deep, not transfixing the galea aponeurotica and with the help of microsurgical forceps we introduce the micro and minigrafts keeping a final space with no less than 2-3 mm between them. After three months the follicles germinate and we can consider the final result only after eight months post-operative. After this time, we can propose a second replacement, important to achieve a good density and a definitively aesthetic result for the hair. Surgical details, complications and long-term results are presented.

8:30 ASPECTS OF ARTISTIC CRAFTSMANSHIP WHEN PERFORMING A HAIR TRANSPLANTATION DR. MANFRED LUCAS (Germany)

Mini and micrografts exclusively, this is the true craftsman's tool which, in our opinion, makes it possible to produce results that fulfill our aesthetic expectations. Seen from this aspect, the slits versus holes controversy is only of secondary significance as long as the final result satisfies the main objective. It is nonetheless not enough to completely master one's own personal technique. Just as a whole is more than mere summation of its parts, a truly aesthetic hair transplantation is more than just the skilled work of a hand. Without a certain artistic touch, our operations would be no more than piecework. Consequently, it should be a prime goal for any committed hair transplantation surgeon to constantly refine this artistic ability, within his profession and beyond.

8:45 RE-TOOLING THE TRANSPLANT ROOM FOR THOSE 1,000 GRAFT SESSIONS DR. DOWLING B . STOUGH (USA)

Hair transplant surgeons have now realized the importance of single hair grafting in the creation of a natural hairline. In appropriate candidates, the entire transplant procedure may be achieved using single-hair grafts. The traditional method of round punch harvesting of donor hair from the occipital region presents logistical problems when the goal is to obtain a large number of single-hair grafts. Removing hair in thin strips using new multi-bladed knives appears to be a superior method for obtaining single-hair grafts. The advantages of the strip removal method will be discussed along with new instrumentation necessary to expedite single hair grafting.

9:00 ADVANCED SLIT GRAFTING (1,000 GRAFTS/SESSION)

CLAUDIA PRAWETZ (~~Australia~~) Vienna, Austria

Our incisional slit grafting is an important modified method of the conventional incisional slit grafting. Because of a special incision technique of preparing the grafts and through the removal of an ellipse in the donor area, the grafts are small and elongated and nearly identical with the shape of the slit. For that reason, one can avoid pressure on the grafts which can arise from the conventional slit grafting technique with punch removal. Through the economical removal of an ellipse, it is possible to make more than 1000 grafts in one session. The narrow and elongated grafts have a very small surface through the removal of the epidermis. Each hair grows in a single row. The scarring and tufting appearance is minimized.

9:15 USING MICROGRAFTS AS A TOTAL APPROACH TO MALE PATTERN ALOPECIA
DR. B.L. LIMMER (USA)

The speaker will discuss Elliptical Donor, Stereoscopically Assisted Technique for the use of micrografting as a total approach to hair transplantation. The advantages and disadvantages of the donor technique, method of reduction through stereoscopes to micrografts, and the implantation techniques of small grafts bearing from 1-3 hair each will be discussed in detail. Representative examples of cases having had from 1-9 settings will be shown. The attendees should obtain a basic understanding of the technique and result achieved by this method.

9:30 ROUTINE USE OF 500-1,000 MICROGRAFTS/SESSION, A FAST TRACK APPROACH
DR. WILLIAM R. RASSMAN (USA)

Minigrafting is a distinctly different process from coventional hair grafting. It is an exacting, not a forgiving procedure. It is not sufficient for the practitioner to place a large number of small grafts without a thorough understanding of the techniques of Minigrafting and their nuances. Minigrafting can produce more natural results with a lesser number of procedures and in a shorter time frame than is possible with traditional transplants. Issues of social and clinical visibility - both in the end results and during the transition process while the hair is growing - are important to the patient, and therefore, they should be important to the practitioner. When each variable factor is understood and correctly addressed, hair density becomes the final measure that determines the quality of the result. The highest quality work will produce more hair, will have a more random distribution of that hair, will have more and smaller grafts, and most importantly, will meet a patient's reasonable objectives within his/her budget and time frame.

9:45 PANEL DISCUSSION

Special Session #2 (New Concepts)
Moderator: Dr. Russell Knudsen

10:00 HAIR TRANSPLANTATION FROM DOWN UNDER DR. RUSSELL KNUDSEN (Australia)

10:30

In Australia most grafting is now performed by minigrafting (3-6 hairs). This has confronted surgeons with new dilemmas:

1. More operations to achieve equivalent density (a prime concern in the young patient)
2. In the young patient with extensive early thinning (eventual Norwood 5 to 6) and using minigrafts to thicken, are we going to be able to achieve acceptable coverage as his thinning continues?
3. Should we excise areas that presumably will bald later but show no evidence now eg: Norwood 3 Vertex in a young patient?
4. Where should we place our anterior scars in the pre-temporal region if using lateral reductions?

This presentation will present a philosophical overview of the dilemmas that transplant surgeons currently face.

10:15 HAIR DENSITY IN THE DIAGNOSIS AND TREATMENT OF HAIR LOSS
DR. MARC A. POMERANTZ AND DR. WILLIAM R. RASSMAN (USA)

10:15

A hand held Hair Densitometer has been designed for the instant analysis of hair quantity and quality. This instrument should have significant value in those clinicians who are interested in the diagnosis and treatment of hair disorders, including those physicians who are focused upon refining the science for Hair Transplantation.

10:30 MALE PATTERN BALDNESS: UNDERSTANDING IT *BEFORE* WE TREAT IT
DR. EMANUEL MARRITT (USA)

no show

For many years the treatment of male pattern baldness was based on the implicit assumption that when a man reached his late thirties to mid-forties it was possible, with the careful inspection of dampened hair, to reasonably predict and determine the boundaries of this "final" pattern. Indeed, this tacit assumption is expressed in all the schematic diagrams seen in surgical texts in which the donor area is depicted as a single, immutable line.

But what would the treatment implications be if our assumptions and predictions were simply ... wrong? What if the "terminal" in "terminal hair" actually means "terminal: as in cancer", and not "terminal: as in permanent" (the healthy hair remaining on your head when you're terminal)?

What if your hair is terminal but you're not? What if some of our surgical assumptions are sometimes simply ... wrong?

10:45 THE NO LINE HAIR LINE DR. O ' TAR T . NORWOOD (USA)

11:10

It is virtually impossible to get rid of a line of minigrafts. Unlike a line of 3.0 to 4.0 grafts, a line of minigrafts has an unnatural appearance. I have had great success with what I call the "No Line" hairline. This consists of a frontal zone of mostly micrografts with minigrafts randomly scattered through this "zone", being careful to avoid any suggestions of a line.

The number of minigrafts in the "zone" depends on the color, density, texture, and curl of the hair. If the hair is dark, coarse, dense, and straight, the "zone" should consist mainly of micrografts. In patients with light or gray, fine and not very dense hair, more minigrafts can be placed in the "zone".

11:00 IN PURSUIT OF THE PERFECT HAIRLINE DR. KENNETH A. BUCHWACH (USA)

11:15

When we talk about creating the "perfect hairline", what we really mean is making it look natural and undetectable. This is an elusive goal whose success depends upon many factors. First, we must consider a number of patient-dependent factors such as hair color, texture, and density. Equally important is guessing (and it is sometimes only that) the long term degree of hair loss. The extent of baldness is crucial in designing the hairline and in judging the amount of available donor sites. Finally, we must have an aesthetic sense of what looks good. After all of this analysis, we then begin the tedious and arduous pursuit of this "perfect hairline" with multiple type grafts and multiple sessions.

11:15 TRENDS IN MICROGRAFTING DR. EDMOND I. GRIFFIN (USA)

11:45

Micrografting has evolved from just improving the hairline to 100% micrografting the entire scalp offering the patient overall better cosmetic results. Micrografting has also greatly benefited the female patient. With this technique no hair needs to be sacrificed. If there are completely bald areas, small grafts (1.5, 1.75, 2.0 and 2.25 mm) can be placed where needed. Incisional grafting may be appropriate in patients who are trying to increase density, particularly in fair-haired, fair-skinned individuals or those with gray hair. For the darker, coarser-haired individuals the smaller circular grafts (1.5, 1.75 mm) may be appropriate or the very small grafts containing two to three hairs which can be placed in a small incision. Women also need transplantation in eyebrows and in areas where cosmetic surgery has left its scars.

One of the most difficult problems in micrografting is delling. The grafts may slip down too deeply burying epidermis with the subsequent formation of a dell, a cyst or result in a compressed hair tuft. This can be prevented by appropriate sizing of grafts, by using the round circular openings, and also by the use of deepithelialized grafts. This particular technique will be demonstrated, and its benefits will be explained. A discussion of patients' hair characteristics including color, texture, curl and skin/hair contrast will be discussed so that the graft fits the selected opening without compression for the desired optimal results.

11:30 WHAT YOUR PATIENTS EXPECT FROM HAIR TRANSPLANTS
DR. MARCELO GANDELMAN (Brazil)

11:30

A twenty year review on Hair Transplants, introducing new refinements and recalling old procedures to fulfill patient expectations:

Scale slit use for Vertex treatment. Avoiding graft Pop-out when increasing slit proximity. Increasing minigraft hair density. Easy Intraoperative expansion. Temporal recession micrografting. Square grafts into round holes. Postoperative Minoxidil use. The Japanese micrograft needle revival on hair transplant, eyebrow and eyelashes reconstruction. Our good density results with the old faithful big punch.

12:00

11:45 PANEL DISCUSSION

Special Session #3 (Scalp Lifting)
Moderator: Dr. Dominic Brandy

1:00 AN OVERVIEW OF SCALP LIFTING DR. DOMINIC A . BRANDY (USA)

During the early development of the techniques, the most significant complication was necrosis at the nuchal ridge. Over the course of eight years, there have been several developments which have significantly reduced this complication. The most important finding is that vertical incision occipital artery ligations performed four weeks prior to the scalp-lift, build in a tremendous safety factor. Other important findings:

1. Only lateral lifts should be performed on patients with prior punch-grafting;
2. Frontoparietal advancement flaps should not be performed on patients with prior punch grafting;
3. Proper head position, accurate dissecting plane, and prior Dopplering of the temporal arteries are essential to obtaining an excellent result;
4. A delay procedure should be performed before frontoparietal advancement flaps.

1:15 TECHNICAL & ANATOMICAL CONSIDERATIONS OF SCALP LIFTING
DR. JAMES SWINEHART (USA)

The performance of extensive scalp lift surgery must be preceded by a thorough understanding of the specific goals, anatomic considerations, surgical techniques, and specific methods for successful completion of this operation. A knowledge of preoperative preparation, anesthesia, intraoperative methods, undermining, hemostasis, means of scalp advancement, and proper closure are essential for minimizing side effects and complications of this beneficial procedure. One must understand the dynamics of scalp stretching and lifting in order to achieve optimum removal of baldness and to successfully predict the outcome of the operation. Present and future advantages of scalp lifting over traditional scalp reduction will be enumerated and discussed.

1:30 SCALP LIFTING IN COMBINATION WITH SUPERIORLY BASED FLAP
DR. MARIO MARZOLA (Australia)

There is no better way to evenly distribute the available permanent hair than by extensively and evenly lifting the back and sides. The hair moves upwards and forwards, and in all but Norwood type 7 cases, can be made to cover all the scalp in an aesthetically pleasing way. There are many variations of the lateral Scalp Reduction which is the basis of extensive scalp lifting. However, the incision must always be lateral i.e. near the hair fringe to allow undermining past the galeal attachment under full view. All nerves and arteries are preserved, achieving the lift with maximum safety. The most commonly performed flaps today are variations of the Juri Flaps of which there are many. Fleming-Mayer, Kabaker, Stough, Nordstrom to name but a few. However, their flaps are inferiorly based and on transposition, produce hair growing backwards. Superiorly based flaps produce hair growing forward on at least across the forehead rather than backwards. To some patients this is very important. Latest techniques have made the circulation in these flaps predictable and at their best produce a much more natural hairline.

1:45 AN OVERVIEW OF EXTENSIVE SCALP-LIFT DR. DAVID ZIPFEL (USA)

This presentation deals with the evolution of extensive scalp-lift acknowledging the works of Marzola, Bradshaw, Brandy and others. The various types of "lifts" are defined including Bilateral Occipitoparietal, Bitemporal, Modified Bitemporal, Lateral occipitoparietal, and Frontoparietal (non-partside) Advancement Flap. Pre and post-op examples and usefulness of each of these procedures are elucidated. Rational for Bilateral Occipital Artery Ligation as a preliminary to extensive scalp-lifting in order to ensure adequate vascularization and eliminate risk is explained. Extensive scalp-lifting in conjunction with mini- and micrografting can convert type V and VI baldness into a "full head of hair" with consistent and predictable results.

2:00 TISSUE EXPANSION IN THE SCALP DR. RUSSELL W . H . KRIDEL (USA)

Initially, tissue expansion of the hair-bearing scalp was used primarily for the correction of post traumatic alopecia, obviating the need for multiple serial scalp scar excisions. Its use has evolved to include the treatment of male pattern alopecia, especially in salvage cases and in cases in which patients have had very tight scalps and scalp reduction would otherwise be almost impossible. The evolution of the use of expanders has included preparation of flaps for Juri flap transposition and for Brandi flap and Marzola flap advancements. A general discussion of scalp tissue expanders, indications, contraindications, methods of insertion, expansion and removal is followed by examples of specific expanders for specialized cases and flap surgery.

2:15 PANEL DISCUSSION

Special Session #4 (Flaps)
Moderator: Dr. Sheldon Kabaker

2:45 KABAKER MODIFICATION OF THE JURI FLAP DR. SHELDON S. KABAKER (USA)

The description of the temporal parieto-occipital flap procedure described by Dr. Jose Juri will be presented, emphasizing the soundness of the original technique and that few modifications have been devised since the mid 1970s. The emphasis on two delay procedures will be made. The flap has been modified by various surgeons in regard to size, shape, no delays, one delay, bridge delay, and use of the Juri flap with tissue expansion. There have been recent popular modifications of the flap involving a wavy hairline and scalp reductions prior to the actual flap procedure. Personal experience with this operation since 1975 has resulted in very slight modifications, but significant changes in the philosophy and indications for performing this operation. Also, the accepted standard of treatment of the dog-ear associated with the front-line Juri flap was a personal contribution of this author. The major modifications incorporated by this presenter are in performing a bridge type of delay to make the second delay a simpler procedure; to have a standardized dog-ear treatment protocol; and use of tissue expansion when the scalp is too tight. Philosophically, the flap is now recommended for only the highly selected patients and these indications will be presented. Lastly, a second Juri flap has its own individual indications, inherent potential problems, and modifications of technique when compared to the front-line (first) Juri flap.

3:00 THE EXPANDED BAT FLAP DR. RICHARD D. ANDERSON (USA)

3:40

Based on over 18 years of experience with all methods of surgical hair replacement, the author ranks scalp expansion as a most significant advance in the treatment of male pattern baldness. Initially, Dr. Anderson used scalp expanders for extensive scalp reduction procedures, then advanced to simultaneous bilateral expanded temporoparietal-occipital transpositions and later to transposition and advancement flap combinations. The expanded bilateral advancement transposition (BAT) flap is the latest and most effective flap refinement. Using one large U-shape expander the hair-bearing temporoparietal-occipital (TPO) fringe scalp is expanded. Bilateral posterior-superior based temporal transposition flaps are marked on the expanded scalp. These markings vary depending upon the planned hairline, the amount of expansion achieved, and the coverage needed. Bilateral advancement and transposition flaps are accomplished simultaneously. Representative cases will be presented with illustrations, preoperative, intraoperative, and postoperative photographs. The advantages of the Anderson BAT flap are numerous. These include excellent frontal coverage, a natural horizontal hairline, natural bilateral temporal recessions, ideal hair direction, no dog-ear deformity, ease of design, ease of re-expansion, and improved coverage of the vertex and crown regions. An additional advantage is the relatively rapid course to completion, especially when compared with multiple graft techniques.

3:15 THE IMMEDIATE ROTATION OF THE ANGULAR FLAP
DR. CARLOS OSCAR UEBEL (Brazil)

4:00

The temporal-parietal-occipital flap described in 1975 by Jose Juri greatly contributed to the surgical treatment of baldness. However, this technique shows some inconveniences, such as: (a) it requires two periods of delay, lengthening the treatment and increasing the medical and hospital cost; and (b) the quite visible previous cicatrix due to the arrangement of the implantation of the pileous follicles. To solve these problems a modified technique is created: a higher and angular flap is prepared with a randomized base, directed backward, taking the upper pileous edge of the parietal descending in right angle in the coronal regions and comprising the counter lateral implantation of the follicles of the posterior cervical region (neck). Thus we have a more versatile flap, that can be transferred easier, and more important, that carries in its frontage the direction of implantation of the follicles forward, thus disguising the anterior scar. The flap is transferred immediately in a single stage. The donor area is closed by detaching a cervical posterior flap. All details of the technique are shown as well as the post-operative results of patients operated.

3:30 WHICH FLAP, WHERE? DR. DANIEL E . ROUSSO (USA)

4:10

Multiple flaps have been proposed for the treatment of scalp alopecia. There are benefits and drawbacks to each technique. The author will discuss his use of both long and short flaps and their specific indications. The discussion will primarily involve the use of the temporo-parietal and temporo-parietal-occipital flaps for frontal alopecia. The philosophy of flaps versus transplants in light of progressive ongoing alopecia will be discussed. Various nuances regarding techniques that yield natural results will be reviewed. Also, micrografts can be a valuable asset in further refinement of the hairline in flap patients.

3:45 THE OCCIPITAL ARTERY FREE FLAP DR. HINI MATLAUB (USA)

The posterior scalp has been investigated as a donor site for the free transfer of hair bearing tissue based on the occipital artery. *Materials and Methods*: In 10 fresh cadavers, the occipital artery was cannulated and injected with colored latex. The origin, diameter, course and distribution of the occipital arteries were recorded by drawings and photographs. In 3 additional cadavers, the territory of the occipital artery was evaluated by injection of methylene blue. Results: Three branches including a vertical, transverse and descending branch of the occipital artery were noted to be consistent in location and direction. The vascular connections of transverse branch across the midline reliably perfused the entire posterior scalp on one occipital artery. Clinical Application: The occipital free flap has been used in cases of male pattern baldness as well as defects secondary to burns or trauma. The variability of flap design is described and the technical considerations for a successful transfer is discussed.

4:00 PANEL DISCUSSION

SATURDAY, MAY 1, 1993

Special Session #5

Moderator: Dr. Emil Bisaccia

8:00 ANNOUNCEMENT OF FUTURE MEETINGS AND SOCIETY DUES
DR. RICHARD SHIELL (Australia)

8:05 THE USES OF THE MULTI-BLADED KNIFE OF BISACCCIA/SCARBOROUGH
DR. EMIL BISACCIA (USA)

This discussion will be centered around the versatility of incisional strip harvesting using a multi-bladed approach. The instruments and their varied applications will be discussed. This approach affords the hair transplant surgeon the ability to obtain varied size grafts for the enhancement of the aesthetic end points of hair transplant surgery.

8:20 SINGLE HAIR TRANSPLANT USING THE CHOI HAIR TRANSPLANT
DR. YUNG CHUL CHOI (Korea)

A new procedure for single hair transplantation using the Choi hair transplanter is presented. This operation provides obvious cosmetic advantages in hairline refinement and the reconstruction of eyebrows, eyelashes, beards, and pubic escutcheon. The surgical technique is described in detail.

8: 30 SINGLE HAIR-BEARING GRAFT OR MINIGRAFT TRANSPLANTATION AND THEIR HISTOLOGICAL FINDINGS DR. MASUMI INABA (Japan)

On performing a single hair-bearing graft or minigraft transplantation by the 1mm punch method, we found that in relation to the sebaceous gland, the upper Isthmal portion of the follicle holds the key to the survival of the transplanted grafts. Until now, no hair regrowth was presumed to occur when more than 1/3 of the lower follicle has been removed for transplantation. However, regrowth occurred immediately after the transplantation if the upper Isthmal portion, sebaceous gland and the connective tissue sheath surrounding it, had been left intact. Contrary to the conventional notion, the presence of fatty tissue around the follicle was found to inhibit hair growth.

8:40 THE NOCOR NEEDLE FOR TRANSPLANTATION OF SINGLE HAIR GRAFTS
DR. MICHAEL A. MESHKIN (USA)

Utilization of No-Kor needles was first suggested by Dr. Meshkin for development of 1-3 hair micrograft recipient sites. When compared to Bard Parker blades and hypodermic needles (with and without dilators), the No-Kor needles show less scarring, easier placement, less surgical time, less expense, and more precision.

8:50 USE OF ADHESIVES IN HAIR TRANSPLANTS DR. ROBERT H. TRUE (USA) AND DR. ROBERT M. ELLIOTT (USA)

9:05

Over recent years the authors have extensively used adhesive as an adjunct in their hair transplantation practice. As a result of this experience, they have identified the best adhesive materials and developed effective application techniques.

In this presentation, the critical aspects of adhesive use will be discussed. Questions to be addressed include:

1. What adhesive is best suited for hair transplantations?
2. What application devices work best?
3. In what situations is adhesive application a useful adjunct?
4. What are the benefits of adhesive use?
5. What are the complications of adhesive use?
6. What are the aftercare requirements with adhesive use?

This presentation is accomplished by a video tape of the application technique which will be shown in the video presentation section of the conference.

9:15

9:00 INSTRUMENTATION TRICKS DR. JAMES SWINEHART (USA)

9:15 PANEL DISCUSSION

Special Session #6 (New Techniques)
Moderator: Dr. Richard Shiell

9:30 HOW TO CREATE A VIRTUALLY UNDETECTABLE HAIRLINE USING THE LATEST TECHNIQUES DR. L . LEE BOSLEY (USA)

9:45

How to design and develop the hairline: correct location, artistic shape, and aesthetic quality. How to use Micrografts and Minigrafts to achieve superb aesthetic quality. When to use Micrografts and Minigrafts and when to use traditional larger grafts: a comparison of techniques. How to finally optimize the natural appearance of the new hairline, so that it becomes virtually undetectable.

9:45 LINEAR GRAFTS WITH NEW HIGH-TECH PROCEDURES
DR. D. BLUFORD STOUGH (USA)

10:00

Linear grafting is a new technique developed for hair transplantation we are not using for certain forms of hair loss. It evolved from an older procedure of strip grafting and the more recent technique of incisional slit grafting. With a specially designed three-bladed knife, we are capable of taking much thinner and more uniform strips of donor scalp. These are subsequently sectioned into various sized linear, mini and micro grafts. The linear grafts are then placed into recipient slits parallel to the hairline. These longer linear grafts are more uniform with increased hairline continuity while still maintaining a soft and natural hairline. Other advantages include preservation of existing hair, good graft yield and less scarring. Examples of different patterns utilizing various length linear grafts mixed with mini and micro grafts will be shown.

10:00 HAIR SURVIVAL & MINIGRAFTS DR. RICHARD SHIELL (Australia)

10:20

The hair yield from large grafts has been well documented in the past and it has been assumed that the yield from minigrafts is even better. The author points out that this is not always the case and gives some possible reasons for this. With the recent trend toward even larger sessions of minigrafts, there is an urgent need for re-assessment of the factors influencing hair growth in transplants.

10:15 LASER HAIR TRANSPLANTS DR. WALTER UNGER (Canada)

10:30

The pros and cons of utilizing an Ultra Pulse Co_2 laser in hair transplantation will be discussed. Initial studies have indicated that hair survival in grafts obtained from strips of hair bearing skin excised with the use of the Ultra Pulse Co2 laser was excellent. In addition, there were a number of advantages noted when the same laser was used to prepare **recipient sites.** In particular, as might be expected, there was less bleeding and therefore the procedure was carried out more rapidly and there was less post-operative crusting. In addition, graft elevation, graft depression, ingrown hairs and "compression" - a significant drawback of slit grafting in individuals with dark coarse and dense hair, was greatly minimized. Studies are continuing on the ideal settings of the Ultra Pulse Co2 laser to see if the theoretical improvements in results will materialize.

10:30 PANEL DISCUSSION

Special Session #7 (Pearls, Pearls, and more Pearls)
Moderator: Dr. Dow Stough

10:45 A Trip around the globe. A new format of lectures in rapid succession. All speakers will be given five minutes. It is often the small things that make the most impact on progressing our techniques. This format was chosen to allow surgeons to hear a wide range of ideas with an international flavor.

10:55

DR. RANDOLPH WALDMAN—USA
DR. D. PATHOMVANICH—Thailand
DR. DANIEL E. ROUSSO—USA
DR. PATRICK FRECHET—France
DR. SAJJARD KHAN—Pakistan
DR. PAT QUINLAN—USA
DR. GARY MONHEIT—USA
DR. PAUL COTTERILL—Canadda
DR. HAROLD PIERCE—USA
DR. CRAIG SHAUDER—USA
DR. PAUL STRAUB—USA
DR. CARL SHORY—USA
DR. MARTIN UNGER—Canada
DR. O'TAR NORWOOD—USA
DR. WAGNER DE MORAES—Brazil
DR. RICHARD SHIELL—Australia
DR. HENRY CLAMP—United Kingdom
DR. GEORGE FARBER—USA
DR. BRUCE KATZ—USA
DR. DOW STOUGH & DR. BRUCE NELSON—(USA)

12:10 PANEL DISCUSSION

Randall
Limmer
Cohen
Brandy
Crissal

Special Session #8 (Anesthesia)
Moderator: Dr. Bruce Fox

2:10 - Clamp

1:30 THE TIMESCENT TECHNIQUE OF ANESTHESIA DR.WILLIAM P. COLEMAN, III (USA)

2:20

Regional anesthesia using the tumescent technique was originally developed in 1987 to minimize bleeding while providing excellent anesthesia for liposuction. Since that time, this technique has been adapted for numerous other surgical procedures of the skin. This technique has been particularly useful for hair transplantation and scalp reduction. Used in both the donor and recipient sites for hair transplantation, tumescent local anesthesia provides excellent vasoconstriction as well as reliable anesthesia. Additionally, the firming of the tissue facilitates punching, incising, and excising skin. For scalp reduction, the tumescent technique not only decreases bleeding and provides excellent anesthesia but it also results in intraoperative tissue expansion. This facilitates the reduction process.

1:40 IN PURSUIT OF THE DRY FIELD (SUPERJUICE), A NEW EPINEPHRINE CONCENTRATION DR . O ' TAR NORWOOD (USA)

2:25

Super juice is an adrenalin/saline mixture of 1:30,000 concentration. This is injected into the donor and recipient site immediately after Xylocaine and intermittently during surgery to reduce bleeding. It is made up by mixing 1 cc of 1:1,000 adrenalin in 30 cc of saline.

Minimal bleeding allows for much easier planting. I have been using this mixture for three months with no problems. Continuous monitoring with the pulse oximeter has shown no serious tachycardia.

1:50 CONSCIOUS SEDATION FOR OUTPATIENT SURGERY
DR. DWIGHT A. SCARBOROUGH (USA)

2:30

Hair transplant surgeons have long relied on the use of local anesthestic agents to provide sufficient out-patient anesthesia. The recent development of short-acting intravenous sedative agents have been instrumental in allowing more effective anesthesia during the more complex or lengthy scalp surgical procedures. We will discuss the use of Propofol, Midazolam, Breveital, and Fentanyl used for presedation in conjunction with local anesthesia for hair transplant surgery. Hair transplant surgery is best conducted in a well equipped out-patient surgical facility with the patient experiencing minimal pain and anxiety. Patient selection, the pharmacokinetics of the agents used in monitored anesthesia care and possible adverse reactions will be discussed, as will the need for state-of-the-art monitoring.

2:40 Unger

2:00 DOING IT SAFELY, THE PROPER EQUIPMENT DR. BRUCE FOX (Australia)

2:10 PAINLESS HAIR TRANSPLANTS DR. DAVID SEAGER (Canada)

2:55

The importance of adequate premedication and control of the patient's anxiety level thereby influencing their pain threshold will be discussed. Safe intravenous sedation will be briefly described. Uses and limitations of Emla and different types of needleless injectors will be described. How to most effectively infiltrate with local anesthesia and safe maximum total amount of local anesthesia will be described. Modifications of surgical techniques to reduce post-operative pain will be discussed. Do's and don'ts of post-operative analgesia will be mentioned.

3:05

2:20 PANEL DISCUSSION

Special Session #9 (Scalp Reduction)
Moderator: Dr. Martin Unger

2:30 SCALP EXTENSION WITH A NEW TOOL, "THE EXTRUDER"
DR. PATRICK FRECHET (France)

Presentation of a new technique and instrument to increase the hair bearing scalp surface in extensive alopecia by means of a thin sheet of elastic material stretched and affixed to the galea. Results of the first 40-50 cases will be presented. 7 to 11 cm wide baldness reduced in 40 days average and 12 to 15 cm in 80 days. No complications and no deformity have been noticed. This is very well accepted by patients going on with usual activities throughout treatment and is easy to perform. This technique will be compared with scalp reduction and scalp expansion.

2:45 STRETCHBACK AFTER SCALP REDUCTIONS, TRUE OR FALSE?

1:00

DR. MARTIN G . UNGER (Canada)

This will be a review of "stretch-back" literature and presentation of our own findings at the Unger Medical Centre. In addition, we will consider the various ways in which scalp reduction can prove extremely useful with regard to hair restoration.

3:00 COMBINATION BROW LIFT AND SCALP REDUCTION, A NEW SURGICAL PROCEDURE
DR. PAUL M . STRAUB (USA)

4:10

A new surgical procedure is described. When a scalp reduction is indicated prior to hair transplantation a brow lift can be carried out at the same time. The undermining of the scalp reduction is continued anteriorly to the superior orbital rim. A scalp reduction closure is described which pulls the lateral brows upward and joins in a sling on top of the head. The middle third of each brow and the glabella are then pulled upward and sutured to the sling. The result is an upper face lift.

3:15 TENSION CLAMPING, AN ALTERNATIVE METHOD OF RAPID, INTRAOPERATIVE TISSUE EXPANSION IN SCALP REDUCTIONS DR. JAMES ARNOLD (USA)

4:20

Tension clamping is an innovative technique that utilizes simple clamping devices to produce tension across the open incision during scalp reduction surgery. Moderate tension applied to the skin by these devices for short periods of time produces permanent additional stretching of the scalp, similar to the stretching obtained with other methods of tissue expansion. Application of this technique enables the surgeon to routinely remove an additional 20-25% of scalp tissue with each procedure. The technique is convenient and time efficient. By a series of slides, this lecturer will demonstrate how the tension clamps can be created and how the technique of tension clamping can be applied by the surgeon.

3:30 TISSUE EXPANSION: SCIENTIFIC BASIS AND ANECDOTAL BELIEFS
DR. JAMES E . VOGEL (USA)

4:35

Since the extent of surgical hair replacement is limited by the donor hair available, tissue expansion has been used as an increasingly frequent method to augment the available hair for replacement purposes. Using thymidine labeled keratinocytes as an investigative tool it is clear that a net increase in the number of cells occurs

EXHIBITORS

EXHIBIT DIRECTOR: Dr. Bob Leonard

Van Sickle Surgical Instrument Company
Mark Van Sickle
Surgical Instruments
P. O. Box 210-905
Bedford, TX 76095
800-829-0306
817-282-9808

George Tiemann & Company
Richard Moriarty
Surgical Instruments
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Robbins Instruments, Inc.
Chuck Ellis
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The UpJohn Company
Robert Kelly (Interim Contact Person)
Rogaine (Minoxidil)
10 Pequot Drive
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203-563-2588

Anthony Products, Inc.
Todd Petrucciani
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317-543-3289

Santangelo Hair Additions
Ralph Santangelo
Hair Additions
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716-681-1123

Padgett Instruments, Inc.
1730 Walnut Street
Kansas City, MO 64108-1384
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816-842-1011

Byron Medical
3280 East Hemisphere Loop, Ste. 100
Tucson, AZ 85706

during the traditional process of tissue expansion over time. Intraoperative tissue expansion has also been investigated, however, the true gain in tissue availability from this method is difficult to quantify. Augmentation of available tissue with intraoperative expansion is likely to represent a potentially temporary stretching of the skin or improved mobility because of extensive tissue undermining. As surgeons performing these techniques it is incumbent upon us to honestly review the data on tissue expansion and be fluent with it's scientific basis.

3:45 TISSUE EXPANSION ASSISTED SCALP REDUCTION
DR. SHELDON S. KABAKER (USA)

Scalp reduction can be a useful tool in reducing the bald areas of the top of the scalp; however, its success is related to the inherent flexibility of the scalp. Even after multiple scalp reductions, little appreciable gain can be made in reducing a tight bald scalp. Utilizing bilateral tissue expanders under the lateral hairbearing scalp, complete or near complete reduction of the crown and mid-scalp baldness can be achieved. This process takes six to twelve weeks and has as its major drawbacks the significant deformity of the expanding scalp and significant discomfort for at least 50% of the patients. With the properly motivated patient, whose personal situation will allow the tissue expansion assisted scalp reduction, removal of baldness can be achieved in six to twelve weeks.

4:00 CURVILINEAR SCALP REDUCTION DR. NEIL SADICK (USA)

Initially described in 1989 curvilinear scalp reduction remains a valuable technique in scalp reduction surgery. The precision measurement of excision utilizing this technique takes into account individual differences in scalp elasticity yielding minimal stretch back due to alternating tension vectors along unequal sutures lines. This technique may incorporate intraperative tissue expansion. This may further increase the amoun t of balding scalp removwed during a single procedure. One may excise 40-50 cm^2 of scalp for a given procedure. Minimal blood losssecondary to achievement of hemostasis by suturing during scalp flap advancement is another advantage of this technique. Finally this technique produces excellent scar camouflage often obviating the need for further punch graft transplantation into these sites.

Curvilinear scalp reducrtion is an excellent technical modification of scalp reduction which can be mastered by all.

4:10 PANEL DISCUSSION

SUNDAY, MAY 2, 1993

Moderators: Drs. G. Monheit & W. Unger

8:00 PSYCHOLOGICAL ASPECTS OF HAIR TRANSPLANTATION
DR. PIERRE POUTEAUX (France)

To perform hair-transplantations requires a good technique as well as a solid sense of psychology. To know how to refuse, or at least postpone, the operation for patients who impute all their psychological problems to their baldness and will never be satisfied by surgery requires long experience. All the more so when some of them really will be improved if the hair-transplantation is done. Should a Telogen effluvium occur after surgery, the doctor will have to use all his moral authority to help his patients get through this intense emotional shock.

8:15 THE LONG TERM EFFECTS OF ROGAINE, WHAT WE'VE LEARNED AT THE BAYLOR HAIR TREATMENT AND RESEARCH CENTER DR. DAVID A WHITING (USA)

Topical minoxidil has been applied to the scalp to promote hair growth for the past decade. It has not matched the hypertrichotic effect of oral minoxidil. In general, slight to moderate hair regrowth is expected after one year of Rogaine treatment in approximately 1/3 of cases, male or female; reduced hair loss is the rule in some 90% of cases. The stabilization effect of Rogaine is more obvious over the posterior vertex than the frontal area, and is not noticeable in the temples.

Hair follicle counts in horizontal sections of scalp biopsies suggest that both moderate inflammation and reduced follicular numbers diminish the effect of Rogaine. Rogaine stabilization is maintained in some long term patients, but slowly progressive alopecia occurs in others. In summary, Rogaine is better in prevention than cure.

8:30 **CONTROVERSIES IN HAIR TRANSPLANTATION** DR. MONHEIT & PANEL

COMPLICATIONS OF MICROGRAFTING & SCALP REDUCTION DRS. QUINLAN, SHIELL, NORWOOD, M. UNGER, STRAUB, CLAMP, KABAKER, UEBEL, M. LUCAS, LIMMER, & OTHERS TO BE ANNOUNCED

ROUND TABLE DISCUSSION (CASE HISTORIES & DISCUSSION) PARTICIPANTS ARE ENCOURAGED TO BRING SLIDES OF DIFFICULT CASES

MODERATOR: DR. DOW STOUGH

10:30 **SOCIETY BY-LAWS** DR. POMERANTZ

SOCIETY HEADQUARTERS/MANAGEMENT DR. PAUL STRAUB

MEETING SCHEDULE

FELLOWSHIP ANNOUNCEMENTS

CONCLUSION

VIDEO PRESENTATIONS

VIDEO DIRECTOR: DR. DOMINIC BRANDY

Friday, April 30, 1993
8:15 a.m. - 9:45 a.m.
10:00 a.m. - 11:45 a.m.
1:00 p.m. - 2:15 p.m.
2:45 p.m. - 4:00 p.m.

Saturday, May 1, 1993
8:05 a.m. - 10:30 a.m.
10:45 a.m. -12:10 p.m.
1:30 p.m. - 2:20 p.m.
2:30 p.m. - 4:10 p.m.

Sunday, May 2, 1993
TO BE ANNOUNCED

FRIDAY, APRIL 30, 1993

THE SURGICAL HAIR TRANSPLANTATION ASSISTANT SEMINAR

Moderator: Joe Greco

1:00 PHILOSOPHY OF HAIR REPLACEMENT...THE ASSISTANTS VIEW—JOE GRECO
GENERAL OVERVIEW OF HAIR RESTORATION DR. MARTIN UNGER

BRIEF ANATOMY DISCUSSION DR. SAJJAD KHAN & JOE GRECO

PREOPERATIVE CONSIDERATIONS DR. DAVID SEAGER

DESCRIPTION OF TECHNIQUES
Strip- Two-bladed knives
Three-bladed knives
Graft Sectioning & Organizing

DOCTORS & ASSISTANTS:
Planting
Staple vs. Suture Closure
Post-Operative Care

2:00 QUESTION & ANSWER SESSION

2:30 MICROGRAFTING, HOW TO PRODUCE 1,000 GRAFTS IN FOUR HOURS
DR. WILLIAM RASSMAN

PHOTOGRAPHY DR. DOW STOUGH

THE LATEST INSTRUMENTS, SUPPLIERS, AND CARE

3:00 "HOW WE DO IT", AN OPEN FORUM DISCUSSION BY TECHNICIANS ON SHARING THEIR PEARLS AND METHODS

4:00 CONCLUSION

SOCIAL EVENTS

FRIDAY, APRIL 30, 1993

12:00 Lunch - Garden Room (First Floor)

5:30 International Society of Hair Surgeons Special Gala Party Cocktails & Dinner (Coat & Tie/Spouses included).

SATURDAY, MAY 1, 1993

12:30 Lunch - The Ranch Outdoor Dining - Texas Hospitality
6:00 Cocktail Reception - Le Cafe (Cocktails, Hors d'oeuvres, & Reception/No Dinner Included)

8:30 **CONTROVERSIES IN HAIR TRANSPLANTATION** DR. MONHEIT & PANEL

COMPLICATIONS OF MICROGRAFTING & SCALP REDUCTION DRS. QUINLAN, SHIELL, NORWOOD, M. UNGER, STRAUB, CLAMP, KABAKER, UEBEL, M. LUCAS, LIMMER, & OTHERS TO BE ANNOUNCED

ROUND TABLE DISCUSSION (CASE HISTORIES & DISCUSSION) PARTICIPANTS ARE ENCOURAGED TO BRING SLIDES OF DIFFICULT CASES

MODERATOR: DR. DOW STOUGH

10:30 **SOCIETY BY-LAWS** DR. POMERANTZ

SOCIETY HEADQUARTERS/MANAGEMENT DR. PAUL STRAUB

MEETING SCHEDULE

FELLOWSHIP ANNOUNCEMENTS

CONCLUSION

VIDEO PRESENTATIONS

VIDEO DIRECTOR: DR. DOMINIC BRANDY

Friday, April 30, 1993
8:15 a.m. - 9:45 a.m.
10:00 a.m. - 11:45 a.m.
1:00 p.m. - 2:15 p.m.
2:45 p.m. - 4:00 p.m.

Saturday, May 1, 1993
8:05 a.m. - 10:30 a.m.
10:45 a.m. -12:10 p.m.
1:30 p.m. - 2:20 p.m.
2:30 p.m. - 4:10 p.m.

Sunday, May 2, 1993
TO BE ANNOUNCED