

# ワークショップ

## T1-1

### The Latest Treatments and My Personal Approach to Treating Women with Hair Loss

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Past President, I.S.H.R.S.  
Cranston, Rhode Island U.S.A.



One out of every four women are affected with female pattern hair loss — an astounding number of hair loss sufferers. I use the term, “sufferers”, purposely because it can literally be devastating for women to lose their hair.

In the 24 years during which I have specialized in the field of hair restoration surgery, I have held women in a very special category of patients. This is because I know that, although men do not like to lose their hair, it is acceptable in society. However, it is not at all thought of as normal for women to lose their hair. I feel strongly that we, as hair loss specialists, need to aggressively treat our female patients with expertise and compassion.

I shall discuss the medical, laser, and surgical options for treating women with hair loss as well as my personal approach to these very special patients.

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**Robert T. Leonard, Jr., D.O., F.A.A.C.S.**

Dr. Robert Leonard has specialized in the field of hair restoration surgery for the last 24 years. He is a graduate of the University Of New England College Of Osteopathic Medicine and is a Diplomat of the American Board of hair Restoration Surgery.

He is the Founding Secretary of the International Society of Hair Restoration Surgery (ISHRS) and served as its President. He has remained active in the ISHRS serving in several capacities including the Chairman of the Bylaws and Ethics Committee, Chairman of the Media Relations Committee, Co-Chairman of the Live Surgery Workshop in Rome, Italy, and a member of the Board of Governors.

He has a busy hair restoration surgical practice in the states of Rhode Island, Massachusetts, and New Hampshire, USA. He lives with his wife, Dr. Kathyne Leonard, and his three children. He very much enjoys traveling, alpine skiing, and summer sports.

## T1-2

### “Needle and Slit method” solves the problem

Masahisa Nagai  
Past President of JSCHR  
Nagai Clinic, Fukuoka



In our country the word “hair transplantation” is coming to be recognized one of the popular treatments because it was certified as a class B treatment in the guideline of AGA. But as a fact there is a few facility or educational establishment where we can learn how the hair transplantation is and accumulate a certain amount of adequate experience. This is a serious problem not only for the physician but also for the patient because the result varies significant difference from physician to physician. In order to solve this, we explain acceptable procedures.

With donor stripping procedure, there are 2 methods. One is “NEEDLE method” in which we use hair transplant needle and the other is “SLIT method” in which we make slit as new pore using micro blade and put graft in it.

Although “NEEDLE method” is easy to perform, the result varies because of patient’s scalp condition in my experience.

By the way there are 3 keys in order to create undetectable hair design. That is to say : 1. correct direction, 2. satisfying survival rate and 3. sufficient density

At first we performed “Follicular Unit Transplantation” {FUT} with “NEEDLE method” and then we had satisfying effect on the direction and survival rate with ease.

But if we performed “NEEDLE method” in the narrow space, hair transplant needle had limitation of making sufficient density. Because its’ outer - diameter was a little bit of bigger than graft size.

With this, we changed our procedure from “Needle method” to “Slit method” in order to acquire better density and stable result.

In addition, we made not “Existing “ROUND-slit” procedure” but “LINE-slit”. It also helped to shorten the period of graft regrowth.

At every opportunity we advocated our method. Although we received a high reputation for technological excellence, at the same time most said that it was difficult to master from the point of technical complication and machine like precision.

So we found the answer to this solution.

This is called “NEEDLE and SLIT method” which earn good result with ease and precision.

We used a combination of the aforementioned techniques by making slit incisions and placing Fu with needle.

We could achieve successful results with good hair orientation and density. Propesia also helped the illusion of density.

This time I describe the principle and the method, also show some cases.

## T1-3

### Peri-Operative Considerations in Follicular Unit Extraction Procedures

Ken Anderson, M.D.  
Chief, Hair Restoration Surgery  
The Emory Clinic, Atlanta, GA, and Beverly Hills, CA.



Follicular unit extraction (FUE) is a relatively new technique for performing hair restoration. Using this technique, a small (~1mm) punch is used to extract a single follicle at a time from the donor area. No linear scar is created on the scalp, unlike when using the strip harvest technique. This method of hair restoration is growing in popularity in the United States, in part spurred by increased patient interest. However, many hair restoration surgeons today only occasionally perform this procedure, which is much different from the traditional strip harvest, both from a practical and technical standpoint. This presentation will outline peri-operative considerations for FUE cases, including specific patient counseling issues as well as surgical planning and marking of the donor area.

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**Professional Director, Ken Anderson M.D. Hair Restoration, P.C.**

**Employment** The Emory Clinic, Atlanta, GA, and Beverly Hills, CA.

**Experience** Perform surgical procedures related to hair restoration and scalp surgery. Offer follicular

unit extraction (FUE), a method of obtaining grafts for transplantation without creating a linear scar. Also perform follicular unit surgical hair transplantation, tissue expansion for scar revision and coverage of large defects (e.g. : burn victims), and specialize in repair of “pluggy” hairlines and grafts that were created with the “punch graft” technique.

Offices in Atlanta (Sandy Springs area) and Beverly Hills, California. 2008-present

**Certification & Diplomate**, American Board of Facial Plastic and Reconstructive Surgery

**Licensure Diplomate**, American Board of Otolaryngology-Head and Neck Surgery

Medical License in good standing in California and Georgia

**Academic Hair Restoration Specialist**, Emory Facial Center, Department of Otolaryngology-Head and

**Appointments** Neck Surgery, Atlanta, GA

**& Affiliations** Train resident physicians in all techniques related to hair transplant surgery, including scar

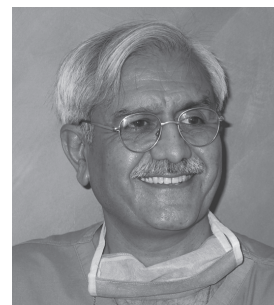
revision, tissue expansion, eyebrow and sideburn transplantation, and follicular unit extraction. Present Grand Rounds lectures to members of the department. 2008-present.

**Assistant Clinical Professor**, UCLA Medical Center, Department of General Surgery, Division of Otolaryngology-Head and Neck Surgery, Los Angeles, CA. 2007-present.

## T1-4

### The New Unique Universal Transplanter

Dr. Sanjiv Vasa M.B., F.R.C.S., F.R.C.S. (Edin).  
Ahmedabad, Gujarat State, India



In all the plantation techniques basic steps of the procedure include creating the ideal recipient site, keeping the site open and placement of graft into the cavity. Demand of meticulous plantation of hundreds of small delicate grafts in short time maintaining its integrity has been a real challenge. Many devices and methods for plantation have been used. In spite of all efforts they are not free from mechanical damage to the vital cells while holding, grabbing, pinching, dragging and pushing. Trying to insert graft into cavity can also produce crushing, squeezing, folding, distorting, jamming, distracting, bending and drying of grafts.

#### Objective :

The purpose of this study is to overcome as many problems as possible achieving plantation in one go at desired angle, direction, orientation and close proximity with higher speed maintaining integrity of grafts producing most natural results.

#### Conclusion :

The instrument has significant benefit over the traditional instruments and techniques. The improved device provides incisor, stopper, rotator, opener, separator and slider all in one. Learning curve is simple and fast for novice.

1. They stick to each other so difficult to keep them separate
  2. Have to maintain moist and cool
  3. During maneuver some may fall out from tube
  4. Loading time one graft in one needle or one in separate needles is more or less same
  5. Time taken to exchange needle between each graft plantation is same as separating it from a row or chain and sliding it down
  6. Grafts may move or flat out in saline from preloaded tubes
  7. Planting surface gets flooded with stored saline in the tube obstructing the view and delaying plantation
  8. Longer tubes are required to store more grafts, which make maneuver of instrument and handling of grafts difficult.
- The instrument has also an added advantage of being

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He has been active member of ISHRS for last 14 years. He is the Founder President of Association of Hair Restoration Surgeons of India and the Director of Vasa Hair Academy. Out of his 35 years of plastic and cosmetic surgery experience (10 years in U.K. and 25 years in India) Dr. Sanjiv Vasa has been exclusively practicing hair transplantation for last 15 years and has performed procedures in more than four figures. He has ownership of many intellectual property rights like patent, design registry and trademarks. He has also innovated unique comprehensive technician training programme on simulators.

## T1-5

### Eyelash transplantation

Gholamali Abbasi  
Dermatologist,  
American hair restoration surgery board certified  
Tehran, Iran



The eyelashes are thick, curved hairs and arranged in two or three row at the tarsal margin. The upper lid's lashes grow upward and lower lid's lashes grow downward and have curve shape, so that, they don't interlace while the eyelids are closed.

The eyelashes help to prevent the eye from trauma or foreign body particle by blink reflex and contribute to face and eye beauty.

The role of beauty of eyelash is very important for women during all history and nearly all women through their life has made the eyelash color or shape and cure by camouflage.

The earlier development of the eyelash occurs at about 9 weeks in region upper lid (1

The common causes of eyelash loss are : 1) Alopecia areata 2) Trichotillomania 3) Trauma 4) burn 5) strong steroid injection 6) Chronic plapharitis 7) Leprosy 8) Contact dermatitis induced by adhesive's artificial eyelash 9) permanent tattoo 10) congenital.

Treatment : it is depend to the primary cause of eyelash hair loss, for example, in Alopecia areata or trichotillomania, the steroid and psychotherapy are respectively in the first line of treatment, and who are suffered from short, thin and less number of eyelash, could encourage them to, color, make lash curve, make it thicker and darker by make up or using temporarily artificial eyelash, and the last treatment is EYELAS TRANSPLANT.

The indication for eyelash transplant are : Burn-Trauma-Congenital-Alopecia (Areata long duration). and the conter-indication are : 1) All eyelash loss secondary to other diseases 2) Dry eye (Syogren,s syndrome) 3) Gloucoma 4) Chronic Conjectivitis 5) Exophthalmos.

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Tehran, Iran, Islamic Republic of.

Ali Abbasi, M.D. is a board certified Dermatologist and American board hair restoration surgery certified, Member of 2009 annual scientific meeting committee of ISHRS, scientific member of Orlando live surgery workshop. Winner of the ISHRS Research Award 2007, Winner of the ISHRS for The best poster (tip and trick) of the 15th annual scientific meeting of the ISHRS, Las Vegas, USA

G. Abbasi : No Conflicts of Interest.

## T1-6

### “Transplanting the Crown – A Novel Approach : the “Barusco Crown Hatching Technique”

Marco N. Barusco, MD, ABHRS  
Tempus Hair Restoration, PA, USA



The objective of this session is to discuss a novel advanced technique for restoration of hair loss in the vertex area of the scalp (also known as “Crown”) named “Barusco Crown Hatching Technique”, which allows for increased appearance of coverage and density in this area without the need for more hair grafts.

Patient consultation, candidate selection, patient expectations, planning for future hair loss, contraindications for the procedure, normal anatomy and hair distribution of the vertex area, surgical planning and execution will be discussed in detail, giving the participants a complete overview of this useful technique to better restore this important cosmetic area.

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##### MARCO N. BARUSCO, MD

Dr. Barusco was born and raised in Brazil, where he trained in General and Cosmetic Surgery. Since 1998 Dr. Barusco has specialized in Hair Restoration Surgery, after relocating to the United States.

- Founder & Medical Director – Tempus Hair Restoration, PA
- Medical Director for Central Florida – Physician’s Laser Hair Group
- Former Hair Restoration Fellowship Co-Director – Medical Hair Restoration
- Diplomate – American Board of Hair Restoration Surgery (ABHRS) since 2001
- Examiner for the ABHRS
- Advisory Council - American Society of Hair Restoration Surgery (ASHRS)
- Live Workshop Committee – International Society of Hair Restoration Surgery (ISHRS)
- Chief Editor – Hair Restoration Section – American Journal of Cosmetic Surgery
- Expert Medical Advisor – REUTERS Insight
- Teaching Faculty – Expert2Expert Europe
- Scientific Co-Chair – Orlando Live Surgery Workshop of the ISHRS
- Program Co-Chair – 2011 Annual Meeting of the ASHRS
- Program Co-Chair – 2011 ASHRS Live Surgery Workshop
- Program Co-Chair – 2011 Meeting of the Brazilian Association of Hair Restoration - Surgery (ABCRC)
- Member of Operation Restore – charity chapter of the ISHRS
- Authored several chapters for medical textbooks in English and Portuguese and published several medical research articles.