

CONNECTICUT POST

VOL. 5, NO. 193 • B4 (YOUR HEALTH)

THURSDAY, JULY 11, 1996

50 CENTS

Even mom won't know!

Hair replacement has alternatives to the toupee

By PAMELA J. CLARK
Correspondent

When Chris Michaels, 38, of Norwalk decided he was tired of watching himself go bald, he said, "I looked at several options, from Rogaine (it didn't do much) to the Hair Club for Men (too artificial)." Michaels, "scared at first," decided on hair transplant surgery two years ago and says the results were so natural, "my own mother didn't even know!"

New techniques have replaced the plug procedure, which transplanted 15 or more hairs at a time and gave an unnatural "doll look." Minigrafting (three to eight hairs) and micrografting (one to three hairs) were developed in the 1980s, according to Dr. Ivan Cohen, a Fairfield doctor who reported a modification of these procedures in 1989.

Mark Kaplowe had his first transplant two years ago after considering his options for over a year. Kaplowe thought about hair prosthetics (weaves, toupees, etc.) but says he would "rather be bald than look stupid." He has had a total of four transplants, the most recent one last month. "To this day, people can't believe I've had a transplant," Kaplowe says.

Hair transplant surgery typically lasts between two and three hours, and is only slightly uncomfortable for the patient. According to Cohen, who has 20 years experience in hair transplant surgery, the procedure is as follows.

First, the patient's entire scalp is anesthetized with a xylocaine solution, which numbs the scalp and also helps stop the bleeding. A long, narrow (approximately 2 mm wide) strip of skin, containing numerous complete hairs with the shafts, roots, and follicles intact, is removed from the donor site, which is then sutured and bandaged. The resulting scar is concealed by the surrounding hair when healing is complete.

The donor graft is cut into small grafts and inserted into slits created by small blades or needles (depending on the size of the donor graft) in the

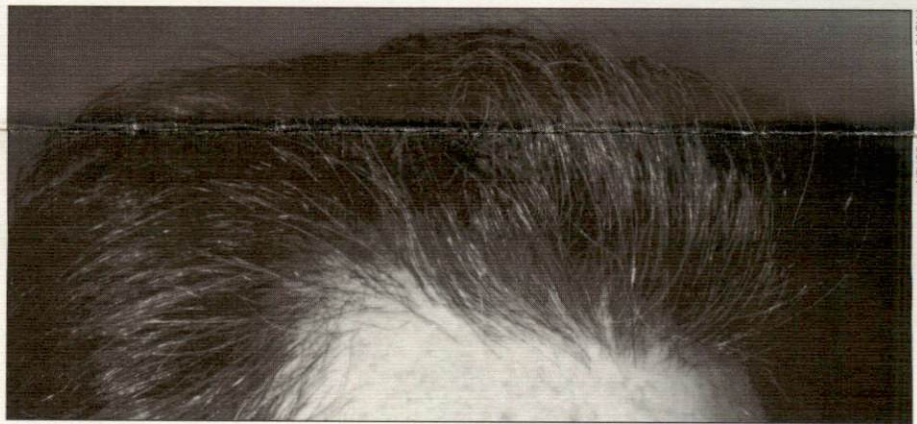


PHOTO COURTESY OF DR. COHEN

Virtually undetectable, transplanted hairline using micro- and minigrafts.

recipient area. As many as 1,000 hairs may be transplanted in one session. In addition to surgical skill, the surgeon must be able to gauge future hair loss to determine where each recipient site should be placed.

Once the grafts and bandages are in place, the patient returns home or to work with an over-the-counter pain-killer. If the surgeon is proficient with the procedure, side effects are rare but may include bleeding and swelling.

Women, who rarely go completely bald, are prone to hair thinning. They often exhibit diffuse hair loss throughout the head, making donor site collection more of a challenge.

The July/August, 1995 issue of *Men's Health* reports that if the surgeon is not proficient, all kinds of problems can result, from cobblestoning (irregular bumps on the head when the grafts aren't placed deeply enough) to severe scarring.

Post-operative procedures vary. Cohen has his patients return to the office the day after surgery for dressing removal, a check of the sites, and a shampoo. Generally, the stitches are removed from the donor site after one week and the recipient sites heal after the scabs fall off, within two weeks.

New growth won't be seen for about 12 weeks, after the transplanted hairs go into the resting phase and fall out. Hairs in the areas surrounding

both the donor and the recipient sites may also go into the resting phase, due to the trauma of the surgery. These hairs will grow back.

Patients typically must undergo further transplants to achieve a thicker appearance. Also, since balding in the recipient area (among nontransplanted hairs) continues, patients need to plan for future hair loss. Others use Rogaine, a topical hair loss prevention medicine, to keep the original hairs in place. Not everyone responds to Rogaine and those who do must use it every day or the hair loss continues. It became available by prescription in 1986 and is now an over-the-counter drug.

Hair transplant surgery carries no warning labels, and Cohen advises prospective patients to "look at the credentials and the track record" of any surgeon they are considering. Not everyone with hair loss is a candidate for hair transplant surgery. Balding due to illness, injury or chemotherapy may be temporary in nature or correctable with medication. Patients need to be screened for any factors that may make a procedure inadvisable and to be sure their expectations are realistic.

For more information on hair transplant surgery, including a list of Connecticut surgeons, call the American Society for Dermatologic Surgery at (800) 441-2737.

YOUR HEALTH

Even mom won't know!

Hair replacement has alternatives to the toupee

By PAMELA J. CLARK
Correspondent

When Chris Michaels, 38, of Norwalk decided he was tired of watching himself go bald, he said, "I looked at several options, from Rogaine (it didn't do much) to the Hair Club for Men (too artificial)." Michaels, "scared at first," decided on hair transplant surgery two years ago and says the results were so natural, "my own mother didn't even know!"

New techniques have replaced the plug procedure, which transplanted 15 or more hairs at a time and gave an unnatural "doll look." Mini-grafting (three to eight hairs) and micrografting (one to three hairs) were developed in the 1980s, according to Dr. Ivan Cohen, a Fairfield doctor who reported a modification of these procedures in 1989.

Mark Kaplowe had his first transplant two years ago after considering his options for over a year. Kaplowe thought about hair prosthetics (weaves, toupees, etc.) but says he would "rather be bald than look stupid." He has had a total of four transplants, the most recent one last month. "To this day, people can't believe I've had a transplant," Kaplowe says.

Hair transplant surgery was developed in 1959 by Dr. Norman Orentreich of New York University. The procedure works because men (over 30 million in the United States) or women (much less commonly) with genetic baldness have some hair that is genetically programmed to fall out (recipient site) and some hair that is genetically programmed to keep growing (donor site).

This condition is exacerbated by the presence of the male hormones androgen and dihydrotestosterone (the active form of testosterone), according to Dr. Neil Sadick in "Your Hair. Helping to Keep It." (1991, Consumer Reports Books).

Orentreich proved that by grafting an entire hair and the follicle, from the donor site to the recipient site, the transplanted hair would continue to grow.

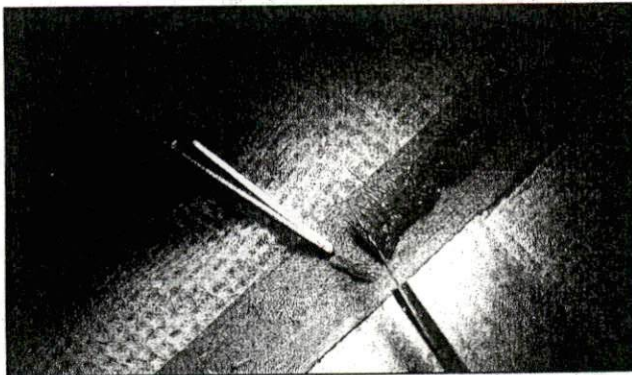
Hair transplant surgery typically lasts between two and three hours, and is only slightly uncomfortable for the patient. According to Cohen, who has 20 years experience in hair transplant surgery, and Dr. Saul Asken, who has a practice in Westport and 28 years experience, the procedure is as follows.

First, the patient's entire scalp is anesthetized with a xylocaine solution, which numbs the scalp and also helps stop the bleeding. A long, narrow (approximately 2 mm wide) strip of skin, containing numerous complete hairs with the shafts, roots, and follicles intact, is removed from the donor site, which is then sutured and bandaged. The resulting scar is concealed by the surrounding hair when healing is complete.

The donor graft is cut into small grafts and inserted into slits created by small blades or needles (depending on the size of the donor graft) in the recipient area. As many as 1,000 hairs may be transplanted in one session. In addition to surgical skill, the surgeon must be able to gauge future hair loss to determine where each recipient site should be placed.

Once the grafts and bandages are in place, the patient returns home or to work with an over-the-counter pain-killer. If the surgeon is proficient with the procedure, side effects are rare but may include bleeding and swelling, according to Sadick's book.

Women, who rarely go completely bald, are prone to hair thinning. They often



Connecticut Post/Phil Noel

The hair transplant technique is performed above and right by Dr. Ivan Cohen of Fairfield. Below, are before and after photos of one of his patients.



Before and after photos, courtesy Dr. Ivan Cohen.

exhibit diffuse hair loss throughout the head, making donor site collection more of a challenge. Asken says that "women are more prone to hair loss after menopause, due to the decreased amount of estrogen" in their system.

The July/August, 1995 issue of *Men's Health* reports that if the surgeon is not proficient, all kinds of problems can result, from cobblestoning (irregular bumps on the head when the grafts aren't placed deeply enough) to severe scarring.

Post-operative procedures vary. Cohen has his patients return to the office the day after surgery for dressing removal, a check of the sites, and a shampoo. Generally, the

stitches are removed from the donor site after one week and the recipient sites heal after the scabs fall off, within two weeks.

New growth won't be seen for about 12 weeks, after the transplanted hairs go into the resting phase and fall out. Hairs in the areas surrounding both the donor and the recipient sites may also go into the resting phase, due to the trauma of the surgery. These hairs will grow back.

Patients typically must undergo further transplants to achieve a thicker appearance. Also, since balding in the recipient area (among nontransplanted hairs) continues, patients need to plan for future hair loss. Others use Rogaine, a



topical hair loss prevention medicine, to keep the original hairs in place. Not everyone responds to Rogaine and those who do must use it every day or the hair loss continues. It became available by prescription in 1986 and is now an over-the-counter drug.

Dr. Gary Hitzig, who has offices on Long Island and in New York City, believes that use of such a powerful drug should be monitored by a doctor.

Hair transplant surgery carries no warning labels, and Cohen advises prospective patients to "look at the credentials and the track record" of any surgeon they are considering. Not everyone with hair loss is a candidate for hair transplant surgery. Balding due to illness, injury or chemotherapy may be temporary in nature or correctable with medication. Patients need to be screened for any factors that may make a procedure inadvisable and to be sure their expectations are realistic.

New techniques in hair-loss prevent and reversal continue to develop. Hitzig who has been performing hair transplant surgery for 21 years, has created a new tool for the receptor sites, the "linear punch," to increase hair density (2,000-3,000 hairs) while retaining a natural look. The results of his study have been accepted for publication in *Dermatologic Surgery* and the *American Journal of Cosmetics Surgery*.

For more information on hair transplant surgery, including a list of Connecticut surgeons, call the American Society for Dermatologic Surgery at (844) 41-2737.

What types of treatments are now available?

1. BIOLOGICAL MODIFIERS

● Minoxidil (Rogaine)

Benefits: Approved by FDA. Good results in limited population for preventing further hair loss. Stimulated new growth in very small percentage of the population. Available over the counter.

Drawbacks: Does not work on everyone. Must be used every day or shedding resumes.

Possible Side Effects: Long-term side effects in population without physician's care are unknown. Research on dosage, efficacy and safety of the drug continues.

● Diazoxide, Viprostol, Retinoids, Cyclosporine

Benefits: Some promising data.

Drawbacks/Possible Side Effects: Mixed results. Still being investigated.

2. SURGICAL PROCEDURES

● Transplants

Benefits: Improved techniques allow for more natural look. Permanent. Uses person's own hair.

Drawbacks: Not everyone is eligible. More than one procedure is needed. Normal loss of nontransplanted hair requires repeated surgery or use of

Rogaine daily.

Possible Side effects: Bleeding, scarring, swelling, cobblestoning (bumps), exacerbation of existing skin problems, altered sensation, shedding, inadequate growth. Side effects may be rare, temporary or minimized with an experienced surgeon.

● Scalp Reduction

Benefits: Can be used with transplant to reduce balding zone without reducing sites.

Drawbacks: Not everyone is eligible. Unnecessary in many cases.

Possible Side Effects: Pain, infection, stretchback (tissue re-expansion), distortion, scarring. Side effects may be rare, temporary, or minimized with an experienced surgeon.

● Scalp Flaps

Benefits: Can be successful with certain balding patterns. Immediate results. Thicker hair than transplants. Only procedure for certain types of balding patterns.

Drawbacks: Controversial. Only used in small population. Much longer convalescence than transplant.

Possible Side Effects: Bleeding,

swelling, necrosis (tissue death), ulceration, scarring.

3. HAIR PROSTHETICS

● Wigs

Benefits: No surgery or medication

Drawbacks: Unnatural appearance

Possible Side Effects: Increased oil and sweat production by scalp, hair unwig can become oily and unkempt, inflammation of hair follicles, exacerbation of dandruff.

● Hair weaving

Benefits: No surgery or medication

Drawbacks: Periodic adjustments necessary. May become loose. Unnatural appearance.

Possible Side Effects: Hard to clean

● Implants
Benefits: Not recommended.
Drawbacks: Some surgery involve Cleanliness is a major issue. Not the person's own hair. Unnatural appearance

Possible Side Effects: Severe infections, foreign-body reactions, scarring.

— PAMELA J. CLARK

Source: "Your Hair. Helping to Keep It." Dr. Neil S. Sadick. 1991. Consumer Reports Books. Yonkers, New York

FAIRFIELD
COUNTY EDITION

The Newspaper with a Difference

CONNECTICUT POST