# Hair Transplantation: Interesting Sidelights*

HAROLD E. PIERCE, M.D.
*West Park Clinic,*
*Philadelphia, Pennsylvania*

HAIR transplantation is well established as the treatment of choice for patients concerned with the common problem of familial pattern baldness. Few, if any, major changes have taken place in this procedure since the development of this technique by Orentreich and his associates about ten years ago.[1] There have been certain minor modifications made by various individuals doing transplants which have apparently worked better in in the hands of those who developed them than in the hands of others.

For seven years now, I have used the Dermajet and a 2% Xylocaine (plain) solution to initiate the local anesthetic infiltration in the donor and recipient areas. We continue to use the Tubex cartridge-type administration of the anesthesia following the Dermajet. My experience in over 300 cases indicates better patient acceptance of the preanesthetic Dermajet technique than the former technique of using ethyl chloride or the Freon refrigerant. It has been my experience also, that postoperative healing is greatly enhanced probably due to the reduced inflammatory response sustained and a lessened tendency for the patient to develop infection at the operative sites. This, in turn, permits one to two, or possibly three procedures weekly on the transplant patient. Although I have done as high as one hundred transplants on a single patient at one time without encountering any difficulty, patient tolerance for the procedure seems to be directly proportional to the number of transplants being done and the time involved. In general, I recommend that each procedure be limited to 30, and certainly not more than 40 transplants, once or twice weekly depending on the areas to be operated.

Apprehensive patients are calmed by the use of oral Valmid. On the patient's first visit, a physical evaluation is made including blood pressure, urinalysis, hemoglobin, bleeding and clotting time and a base line electrocardiogram. With this evaluation the patient receives a maximum of five transplants on his first visit. This does much to allay anxiety and resolve the doubts and fears about pain in the prospective patient. Generally, the second visits are accompanied with greater facility if this five transplant limitation is maintained on the first visit. I generally will do 15 transplants on the second and third visits, which usually completes the hair-line, and then dividing the alopecic area into six or eight smaller areas, I proceed, moving 30 transplants into each area in an alternating manner.

I found that there exists in the scalp an elasticity difference between the posterior scalp and the recipient area. In order to take advantage of this elasticity, I generally use a 4 mm. Orentreich punch from the donor area and insert this a 3.5 mm. scalp aperture in the recipient area. I found that bleeding is thereby decreased, crust formation is minimal, and healing seems to take place at an accelerated rate, probably due to the snug fit of the graft. A Telfa micropore pressure dressing is then applied to the recipient area and the patient is free to go home with the usual post operative instructions. In my hands, local anesthetic infiltration with Carbocaine has produced systemic reactions of a syncopal nature. Bleeding, for the most part, has been controlled by pressure, and occasionally a black silk suture or two is cris-crossed closing a hole. Occasionally in the recipient area a donor plug, fitting snugly is tied down much in the manner utilized by the plastic surgeons to fix a skin graft in place. Excessive bleeders are placed on Synkavite 10 mg. QID for four days prior to contemplated surgery. This permits the patient to receive transplants and go home who would otherwise remain in the office with pressure dressings for hours after the operation. The majority of patients who develop periorbital edema following the transplantation of a hair line recover from the cosmetic disfigurement in surprisingly much less time when

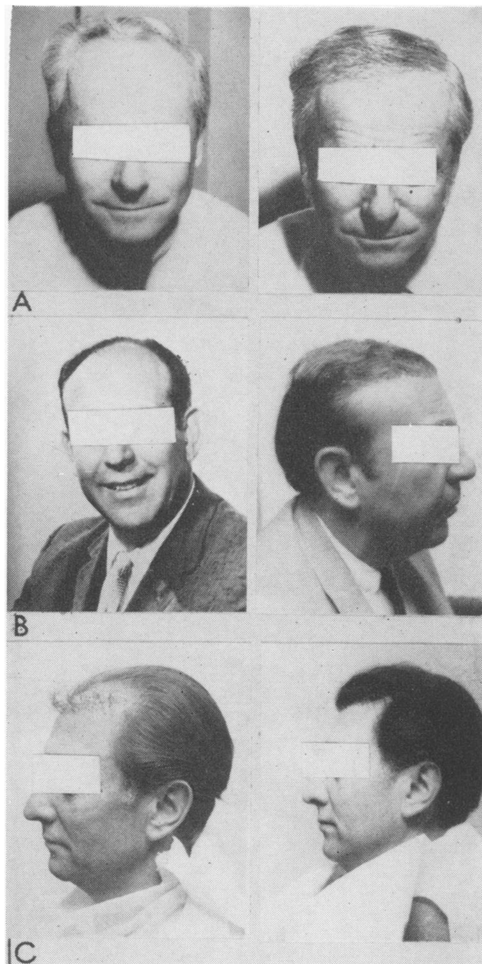
* Read at the 74th Annual Convention of the National Medical Association, San Francisco, Calif., August 10-14, 1969.

placed on Ananase, one tab. QID, for three to five days post-operatively. Not more than six of my patients have developed minor post-operative infection requiring the systemic use of antibiotics. In each of these cases, post-operative trauma was a factor; failure to remove the dressings at a designated time, and in three cases the patients were known diabetics. All these patients responded to therapy and resumed hair transplantation.

The selection of patients for hair transplantation is of some interest. Prior to first visit they have been everywhere and are "shoppers." Many of them have read everything about alopecia and are authorities on Lubowe's book entitled "Your Hair and You." They have run the gamut of every scalp lotion, ointment, hair restorer, potion and poison, internal and externally applied since the time of the Pharoahs. They have finally been disenchanted by having their hopes dashed to pieces after using testosterone locally for several years. They have an unusual affinity for the mirror and can point enthusiastically to six hairs on a bald pate that were not there six months ago, and to them this spells a degree of success.

Several years ago hair weaving became quite popular among the ladies. One Philadelphia operator with his secret formula, bilked several hundred thousand dollars out of an unsuspecting hair-hungry public by coating the remaining hair on women's heads with a gluey mess that turned out to be a rubber cement, toxic on absorption, but to which this operator adhered wefts of human hair which remained in place beautifully for sometimes as long as four to six weeks. Needless to say, the dermatoses elicited by this material plagued many of these women, who subsequently became patients of mine. Two years, many law-suits, and an injunction later caused this entrepreneur to slip quietly back into oblivion from whence he came.

One would have thought that the public might have learned something from this experience, but, as Barnum said, "There's one born every minute." It has been said that the man who develops a magic potion to restore another man's hair will become an instant millionaire. A rebirth of the hair weaving industry, this time directed at the male population, with multimillion dollar TV, radio and newspaper promotion and "guaranteed results," is now offered to an unwitting public as the solution to the problem of male pattern baldness. When the fire of publicity dies down the scoreboard will show the results. Already these males who have invested from $400 to as much as $1,000 for hair weaving are becoming disenchanted. The before and after pictures in the ads and on the commercials look attractive, but they soon find out that the after care associated with hair weaving is time consuming and expensive; and that one cannot really take a shower and go swimming as the ads indicate. Only a fisherman who has developed a "bird's nest" on his line can appreciate the feeling of futility as he looks at his tangled mess. So it is with hair weaving; many of these patients, having undergone this procedure, are now having their barbers cut off the remainder of their sad monetary misadventure and are seeking hair transplantation as the only effective and realistic




Before and after views of three hair transplant patients. A. October 2, 1967—August 15, 1968; B. May 1, 1967—October 16, 1967; C. November 10, 1967—July 25, 1968.

present day approach to their problem. Several dermatologists have already reported that hair weaving has contributed to a traction-type alopecia, or hair loss, further aggravating the preexisting male pattern baldness. One case of traction alopecia due to hair weaving was seen in a patient who had worn his prosthesis for nine weeks. It should be pointed out that the permanent alopecia produced by this type of traction alopecia precludes, in time, hair transplantation due to atrophy of the remaining follicles.

### WHO GETS TRANSPLANTS

In the past five years there have been over 500 inquiries about hair transplantation in my private office. Over 300 of these are in various stages of the transplant procedure. Some of these patients have received as few as five transplants and one patient has had over 900 transplants. I have selected 300 of these patients to determine certain vital statistics which I believe to be of interest to dermatologists.

Eleven, or 3 per cent, were under 20 years of age, while 14 (4 per cent) were 56 years of age or over. The greatest number of patients receiving transplants was in the 26 to 35 year age group, 91, or 31 per cent, and close behind the age group between 36 and 45 years, with 82, or 27 per cent. One hundred and forty-nine, or 49 per cent were married. One hundred and thirty or 44 per cent, single; 7, or 2-1/3 per cent, widowed, and 14 or four and two-thirds per cent were divorced.

Two hundred and sixty-two patients, 87 per cent, were white, and 38, 13 per cent, non-white. The majority of patients were referred by either other patients who have had transplants and been pleased with them, or their barber. Twenty-one, or 7 per cent, had incomes of less than $5,000. This group, for the most part, started transplants and for financial reasons had to discontinue this procedure. The largest number, however, were estimated to have incomes ranging from $5,000 to $10,000. This included 160 patients, 54 per cent. Only 18, 6 per cent, were estimated as having annual earnings over $30,000 per year. Sixty-one, 20 per cent, were self employed, while 239, 80 per cent, were predominantly self employed. It is interesting to note that 171, 57 per cent, resided within a 35 mile radius of my office, while 11, 3 per cent, travelled distances greater than 300 miles to have hair transplantation. One patient, a merchant seaman, resides in England. By sex, 288, or 96 per cent, of these transplant patients were male and the remaining 12, 4 per cent, were female.

Two hundred of these patients indicated that they had received previous scalp treatments for their alopecia from other physicians, their barber, or "scalp specialists." Eighty-four transplant patients had worn or were wearing at the time of their transplants, hairpieces. Many of them continued to wear their hairpieces while undergoing hair transplantation. Sixteen of these patients wore some type of hair prosthesis, either hair weave-in or hair extension, or, in one case, the patient used cuttings of his own hair from his barber which he very artistically managed to use with a lacquer-type hair spray to supplement his hair loss and achieve a fairly reasonable cosmetic result.

In conclusion, patients seen in my office over the past seven years who have undergone hair transplantation for familial pattern baldness have been chiefly white males, equally distributed with regard to marital status, predominantly between the ages of 20 and 55, who have been previously treated for this condition by various and sundry methods. The majority of these patients are employed and earn between $5 and $20,000 annually. The majority of these patients reside within a radius of one hundred miles from my office.

---

**NMA EDUCATION AND RESEARCH FOUNDATION**

$18,677,000.00 has been given through the Foundation as unrestricted Funds for Medical Schools. District of Columbia medical schools received $26,895.28 from AMA-ERF in 1968. George Washington University School of Medicine received $8,835.80; Georgetown University School of Medicine $13,981.68; and Howard University College of Medicine $4,077.80. The Institute for Biomedical Research has in three years of operation gained worldwide recognition as a center of excellence delving into basic processes.