



2015 BAHRS MEMBERS COMMON PRACTICE

FOLLICULAR UNIT EXTRACTION (FUE)



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INTRODUCTION

The following summary of 2015 BAHRS Members 'Common Practice' was developed by Hair Transplant Surgeon members of the British Association of Hair Restoration Surgery (BAHRS) following the 7/2/15 meeting entitled "Follicular Unit Extraction (FUE) and the Psychology of Hair – Sharing Protocols and Establishing BAHRS Common Practice".

The items chosen for comparison in this second version represent a small cohort of questions regarding Hair Restoration Surgery Practice in the UK and are by no means exhaustive. Future versions will aim to widen the scope of coverage.

It should be specifically noted that being an 'outlier' from the 'Common Practice' does not necessarily imply poor or substandard practice. Indeed, there might be instances when the majority learn from the good practice of the minority and therefore the 'Common Practice' might evolve over time. However, documentation of 'Common Practice' allows Hair Transplant Surgeons in the UK (and around the world) to 'bench mark' themselves against the practice of the majority of BAHRS Hair Transplant Surgeon members.

WITH REGARDS TO FUE PRACTICE DEMOGRAPHICS

THE MAJORITY OF BAHRS MEMBERS

- Perform FUE
- Preferentially use motorised FUE (vs manual or robotic)
- Do not do FUE exclusively
- Who do both FUE and Strip FUT do more Strip FUT than FUE
- Who do both FUE and Strip FUT, do not do combined FUE/Strip FUT cases as a part of their hair transplant practice
- Who do combined FUE/Strip FUT do not do it as a regular part of their hair transplant practice ('regular' defined as more than 10% of their hair transplant practice)
- Harvest FUE grafts more often with the patient lying prone
- Do not regularly (defined as more than 10% of cases) utilise the 'no-shave' technique (defined here as cutting individual hairs short to extract)
- Use 0.8mm as the smallest internal diameter FUE punch in their practice
- Use 1.0mm as the largest internal diameter FUE punch in their practice
- Use only sharp punches (vs only dull punches or both sharp and dull punches)
- Would not harvest more than 2000 FUE grafts in one day
- Would not harvest more than 3000 FUE grafts in one multi-day 'session'

WITH REGARDS TO **GENERAL FUE PHILOSOPHY**

THE MAJORITY OF BAHRS MEMBERS

- Do not allow Hair Transplant Surgical Assistants to make FUE extraction incisions*
- Allow Hair Transplant Surgical Assistants to extract grafts made by FUE incisions
- Who use a robot for making FUE incisions ensure that a robot trained doctor is in charge of the robot and in the room with the robot at all times
- Routinely use tumescence prior to making FUE incisions
- Preferentially select single hair vs multi-hair FUs depending on the recipient site requirement eg if single hairs are required for the hairline vs not required for the crown
- When making FUE incisions, do not preferentially split FUs in situ to leave a hair to camouflage the donor scar
- Do not test FUE incisions and graft removal prior to the day of surgery to assess ease/difficulty
- Think 5-10% is an acceptable FUE transection rate (transection rate is defined here as percent of totally transected grafts, ie unusable, from retrieved grafts)
- Would abandon a procedure if the transection rate was greater than 30%
- Who do both FUE and Strip FUT, think Strip FUT grafts are generally better quality than FUE grafts
- Who do both FUE and Strip FUT, never do FUE for women
- Use the beard as an FUE donor site in <5% of cases (half of respondents never use the beard as an FUE donor site)
- Use non-beard body hair as an FUE donor site in <5% of cases (half of respondents never use the non-beard body hair as an FUE donor site)

*The BAHRS does not endorse Hair Transplant Surgical Assistants (HTSAs) making FUE incisions and no Hair Transplant Surgeon member allows their HTSAs to do this.

AMONGST BAHRS MEMBERS

- For those who do both FUE and Strip FUT, there was an evenly divided opinion regarding whether graft growth is as reliable with FUE as with Strip FUT

WITH REGARDS TO PRE-OP FUE PRACTICE

THE MAJORITY OF BAHRS MEMBERS

- Routinely shave the patient's head on the day rather than having the patient arrive with a shaved head
- Routinely mark the estimated 'safe' donor zone and limit their FUE extractions to within this area
- Who use non-beard body hair as an FUE donor site, do not routinely ask the patient to shave several days prior to the day of surgery to identify anagen hairs for extraction
- Do not routinely measure the diameter of the patient's hair to inform the punch size chosen

WITH REGARDS TO INTRA-OP FUE PRACTICE

THE MAJORITY OF BAHRS MEMBERS

- Do not routinely count the number of extraction incision attempts you make when doing manual or mechanised incisions
- Clean partially transected grafts (ie remove transected hairs leaving only intact hairs)
- Preferentially used forceps to implant grafts (vs implanters)
- Who use implanters make recipient site incisions before implanting
- Routinely try to orientate the direction of the hair curl
- Who do both FUE and Strip FUT store the grafts in the same way for both techniques after extraction

AMONGST BAHRS MEMBERS

- There was an evenly divided opinion on whether to trim grafts (ie remove epidermal cap and excess dermis/fat)
- There was an evenly divided split amongst those who use an implanter in the use of Lion vs Choi implanter

WITH REGARDS TO POST-OP FUE PRACTICE

THE MAJORITY OF BAHRS MEMBERS

- Use a donor dressings post operatively for FUE cases
- Use a post op spray to the recipient area
- Who use a post op spray to the recipient area, use saline only
- Do not routinely see their patients the next day
- Have seen patients who have developed post op donor site folliculitis
- Who have seen patients with post op donor site folliculitis, see <5 patients with this complication per year
- Have seen patients who complain of donor site pain after 2 weeks post-op
- Who have seen patients that complain of donor site numbness or dyesthesias after 2 weeks post-op, see <5 patients with this complication per year

AMONGST BAHRS MEMBERS

- There was an evenly divided split of those who apply an ointment to FUE donor sites and those who do not
- Of those who use an ointment the majority choose an ointment that has an antibiotic in it

WITH REGARDS TO FUE PRACTICE EVALUATION**

THE MAJORITY OF BAHRS MEMBERS

- Do not routinely count the number of Extraction Incision attempts made when doing manual or mechanised incisions
- Do not routinely calculate Graft Transection Rate (GTR)
- Do not routinely calculate Completely Transected Graft Rate (Total Transection Rate - TTR)
- Do not routinely calculate the Partial Transection Rate (PTR)
- Do not routinely calculate the Follicle Transection Rate (FTR or TR)
- Do not routinely calculate Pared Follicle Rate (PFR)
- Do not routinely calculate the Donor Area Calculated Density (Hairs per Follicle Group)

AMONGST BAHRS MEMBERS

- There was an even split between those who routinely count the number of Missing Grafts (MG) and those who do not
- Of those who routinely count the number of Missing Grafts the majority calculate the Missing Graft Rate (MGR)

DESPITE THE ABOVE 'COMMON PRACTICE' IN FUE PRACTICE EVALUATION

THE MAJORITY OF BAHRS MEMBERS

- Think counting Extraction Incision Attempts is important
- Think counting Missing Grafts (MG) is important
- Think calculating Missing Graft Rate (MGR) is important
- Think calculating Graft Transection Rate (GTR) is important
- Think calculating Completely Transected Graft Rate (Total Transection Rate - TTR) is important

- Think calculating the Partial Transection Rate (PTR) is important
- Think calculating the Follicle Transection Rate (FTR or TR) is important
- Think calculating the Donor Area Calculated Density (Hairs per Follicle Group) is important

HOWEVER THE MAJORITY OF BAHRS MEMBERS

- Do not think calculating the Pared Follicle Rate (PFR) is important
- Think that the published definition of Calculated Follicles per Graft Expected (CFGE) does not make sense
- Think that the published definition of Calculated Follicles per Graft Achieved (CFGGA) does not make sense

****The terms used were taken from the ISHRS FUE Terminology Subcommittee publication in the May/June 2014 Issue of the Hair Transplant Forum International as defined below:**

Missing Grafts (MG) = total number of punch insertions – (grafts available for HT + graft unavailable for HT)

Missing Graft Rate (MGR) = [number of missing grafts / number of punch insertions] x 100

Graft Transection Rate (GTR) = [total number of transected grafts (partially + completely) / Total number of extracted grafts] x 100

Completely Transected Graft Rate (Total Transection Rate - TTR) = [total number of completely transected grafts / total number of extracted grafts] x 100

Partial Transection Rate (PTR) = [total number of partially transected grafts / total number of extracted grafts] x 100

Follicle Transection Rate (FTR) = [total number of transected follicles / total number of extracted follicles (intact + transected)] x 100

Calculated Follicles per Graft Expected (CFGE) = [intact follicles + transected follicles extracted / Total number of grafts available for transplant + completely transected grafts] x 100

Calculated Follicles per Graft Achieved (CFGGA) = intact follicles / total number of grafts available for transplant + completely transected grafts] x 100

Pared Follicle Rate (PFR) = [total number pared follicles / total number of extracted follicles (intact + transected)] x 100

Donor's Area Calculated Density (Hairs per Follicular Group) = number of follicles counted in the donor area / number of follicular units or follicular families counted in the same donor area (typically performed with a dermatoscope or trichoscope).



APPENDIX

The Working Group involved with compiling this version of BAHRS Members 'Common Practice' was comprised of the following:

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