



BAHRS HAIR RESTORATION SURGERY CLINICAL STANDARDS

V2
2015



UK HAIR RESTORATION SURGERY CLINICAL STANDARDS *(V2, 2015)*

INTRODUCTION

The following UK Hair Restoration Surgery Clinical Standards (Version 2, 2015) have been developed by the British Association of Hair Restoration Surgery (BAHRS) in conjunction with the BAHRS Professional Standards for Hair Transplant Surgeons and following the 26/1/14 BAHRS meeting entitled "Optimising the Patient Experience and Graft Care – Sharing Protocols and Establishing UK Common Practice", and the 7/2/15 meeting entitled "Follicular Unit Extraction (FUE) and the Psychology of Hair - Sharing Protocols and Establishing BAHRS Common Practice"

These UK Hair Restoration Surgery Clinical Standards (Version 2, 2015) represent recommendations only but patients can expect that all BAHRS Hair Transplant Surgeon members will follow these standards in principle unless there are individual circumstances when an alternative practice may be used. It is anticipated that further versions will be developed as other areas of BAHRS Common Practice are established.



GENERAL PRINCIPLES AND PRACTICE:

Patients undergoing Hair Restoration Surgery should expect a BAHRS Hair Transplant Surgeon member to abide by the principles found in:

- the General Medical Council's (GMC's) 2013 publication Good Medical Practice
http://www.gmc-uk.org/guidance/good_medical_practice.asp
- the Royal College of Surgeons of England's 2008 publication Good Surgical Practice
<http://www.rcseng.ac.uk/publications/docs/good-surgical-practice-1>
(and the future version currently under development in 2014)
- Consent: patients and doctors making decisions together - GMC Guidance, 2008
www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp
- A Clinician's Guide to Record Standards – Part 2: Standards for the structure and content of medical records and communications when patients are admitted to hospital - The Academy of Medical Royal Colleges, 2008
<http://www.rcplondon.ac.uk/resources/clinician%E2%80%99s-guide-record-standards-%E2%80%93-part-2-standards-structure-and-content-medical-record>

PRINCIPLES AND PRACTICE SPECIFIC TO HAIR RESTORATION SURGERY:

WITH REGARDS TO **PRE-OPERATIVE PATIENT PREPARATION**,
BAHRS HAIR TRANSPLANT SURGEON MEMBERS SHOULD:

- routinely send written clinical information to their patients before the day of surgery including general information about hair transplant surgery and the consent form for the planned surgery
- routinely send written instructions to their patients to stop doing or taking certain things the day of surgery (such as smoking, non-steroidal anti-inflammatory drugs NSAIDS including aspirin if more than 75mg, some vitamin supplements and some herbal remedies)
- routinely orally instruct their patients to do certain things (such as donor site scalp massage) or take certain things (such as minoxidil or finasteride) before the day of surgery but the specifics of the instructions may vary from patient to patient
- routinely photograph their patients before surgery using standardised lighting, positioning, views, and background

WITH REGARDS TO **INTRA-OPERATIVE PATIENT CARE,**
BAHRS HAIR TRANSPLANT SURGEON MEMBERS SHOULD:

- routinely use an antiseptic to wash their patients scalp/hair immediately pre-op
- not routinely give their patient an intravenous sedative as part of the procedure
- routinely use a combination of short acting and long acting local anaesthetic (LA) to perform their hair transplant procedures where the duration of the case is such that the short acting LA is likely to wear off before the end of the case
- routinely give their patients intraoperative analgesia
- routinely give their patients refreshments at a set stage during the procedure
- routinely provide their patient with audio-visual entertainment during the procedure
- routinely clean their patients' hair at the end of a 'strip' procedure
- routinely monitor their patients' pulse, blood pressure and oxygen saturation during the procedure
- routinely try to reduce the potential for swelling after the use of tumescent fluid - either pharmacological with for example oral prednisolone, physiological such as sleeping position advice or the use of topical ice packs

WITH REGARDS TO **POST-OPERATIVE PATIENT CARE,**
BAHRS HAIR TRANSPLANT SURGEON MEMBERS SHOULD:

- supply their patients with analgesic and /or anti-inflammatory medication post-operatively
- advise their patients to wash their hair around the 'strip' donor site within 48 hours
- provide their patients with advice on post-operative Follicular Unit Extraction donor care
- provide their patients with advice on post-operative recipient site graft care
- supply their patients with written post-op care instructions
- supply their patients with an out-of-hours emergency contact telephone number



WITH REGARDS TO **GRAFT CARE**,
BAHRS HAIR TRANSPLANT SURGEON MEMBERS SHOULD:

- chill the follicular unit grafts during the procedure
 - consider the maximum safe 'out of body' time for follicular unit grafts to be 8 hours but would routinely try to have follicular unit grafts implanted within 6 hours of extraction/removal
 - not allow Hair Transplant Surgical Assistants to make Follicular Unit Extraction (FUE) incisions
 - supervise Hair Transplant Surgical Assistants who extract FUE grafts
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WITH REGARDS TO **PATIENT FOLLOW-UP**,
BAHRS HAIR TRANSPLANT SURGEON MEMBERS SHOULD:

- routinely have their patients telephoned in the first week after surgery by a member of their team
- routinely see their patients at least once for follow up of the hair transplant result
- routinely take post-operative photographs to document the outcome of the hair transplant
- periodically ask their patients for written feedback (Patient Experience Questionnaires)

WITH REGARDS TO **RECORDING THE PATIENT EXPERIENCE - MEDICAL NOTES,**
BAHRS HAIR TRANSPLANT SURGEON MEMBERS SHOULD:

- have varied consent forms for different types of hair transplant procedures (ie scalp, eyebrows, beard/moustache, scars, revision/reconstruction etc) that cover risks and complications
- routinely record the hair transplant surgery start time and finish time
- routinely record volume/dosage of local anaesthetic used during the hair transplant procedure
- routinely record total number of follicular unit grafts transplanted and breakdown of follicular units with respect to number of hairs
- routinely tell their patients the number of grafts/hairs transplanted
- routinely record procedure complications or adverse events
- routinely offer to send a letter to their patients' General Practitioner regarding the hair transplant surgery

WITH REGARDS TO **FOLLICULAR UNIT EXTRACTION (FUE),**
BAHRS HAIR TRANSPLANT SURGEON MEMBERS SHOULD:

- routinely mark the estimated 'safe' donor zone and limit their FUE extractions to within this area
- not allow Hair Transplant Surgical Assistants to make FUE extraction incisions
- ensure if they are using a robot for any part of a hair transplant procedure including making FUE incisions, that they remain in charge of the robot at all times
- consider <10% as an acceptable transection rate (transection rate is defined here as percent of totally transected grafts, ie unusable, from retrieved grafts)
- consider abandoning a procedure if the transection rate is greater than 30%