BAHRS

BRITISH ASSOCIATION OF HAIR RESTORATION SURGERY

BAHRS MEMBERS COMMON PRACTICE

2014

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INTRODUCTION

The following summary of 2014 BAHRS Members 'Common Practice' was developed by Hair Transplant Surgeon members of the British Association of Hair Restoration Surgery (BAHRS) following the 26/1/14 meeting entitled "Optimising the Patient Experience and Graft Care – Sharing Protocols and Establishing UK Common Practice".

The items chosen for comparison in this first 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.

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WITH REGARDS TO **PRE-OPERATIVE PATIENT PREPARATION** THE MAJORITY OF BAHRS HAIR TRANSPLANT SURGEON MEMBERS:

- 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 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** THE MAJORITY OF BAHRS HAIR TRANSPLANT SURGEON MEMBERS:

- routinely use an antiseptic to wash their patients scalp/hair immediately pre-op (there was varied practice with respect to the type of antiseptic use ie chlorhexidine vs betadine)
- consider Hair Restoration Surgery to be a 'clean, non-sterile procedure' rather than a 'sterile procedure'
- routinely give their patient diazepam as an oral sedative as part of the procedure if the procedure is estimated to take longer than 4 hours (there was varied practice with respect to dose ie 5mg vs 10mg)
- do not routinely give their patient an intravenous sedative as part of the procedure
- routinely use a combination of lignocaine and bupivacaine as local anaesthetic to perform their hair transplant procedures (there was varied practice with respect to concentration and combination with adrenaline)

- routinely use syringes to deliver local anaesthetic (there was varied practice with respect to size ie 2ml to 10ml and dental vs non-dental syringes)
- routinely use hypodermic needles to deliver local anaesthetic (there was varied practice with respect to size ie 30 gauge to 23 gauge)
- routinely give their patients intraoperative analgesia (there was varied practice with regards to choice of analgesic)
- routinely give their patients refreshments at a set stage during the procedure (there was varied practice with respect to type of refreshment offered/provided)
- routinely provide their patient with audio-visual entertainment during the procedure
- routinely use sutures to close 'strip' surgery donor sites rather than staples (there was varied practice with respect to absorbable vs non-absorbable sutures and single layer vs double layer wound closure)
- use a trichophytic 'strip' donor wound closure if the wound is suitable for this technique
- clean their patients' hair at the end of a 'strip' procedure
- do not routinely apply a dressing at the end of the procedure
- monitor their patients' pulse, blood pressure and oxygen saturation during the procedure (there was varied practice with respect to recording of these parameters in the patients' medical records)
- routinely use tumescent fluid in the donor and recipient sites for 'strip' surgery (there was varied practice with respect to the type of tumescent fluid used)
- 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

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WITH REGARDS TO **POST-OPERATIVE PATIENT CARE** THE MAJORITY OF BAHRS HAIR TRANSPLANT SURGEON MEMBERS:

- supply their patients with analgesics post-operatively (there was varied practice with respect to type of analgesia given and duration of usage)
- supply their patients with a form of anti-inflammatory medication post-operatively (there was varied practice with respect to type of anti-inflammatory given and duration of usage)
- supply their patients with antibiotics postoperatively (there was varied practice with respect to type of antibiotic and duration of usage)
- advise their patients to wash their hair around the 'strip' donor site within 48 hours (there was varied practice with respect to washing at 24 hours vs 36 hours vs 48 hours)
- provide their patients with advice on post-operative Follicular Unit Extraction donor care (there was varied practice with respect to the use of topical moisturisers, the type of topical moisturiser and the duration of usage)
- provide their patients with advice on post-operative care of recipient site graft care (there was varied practice with respect to the use of moisturising sprays, and the frequency and duration of the use of moisturising sprays
- 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** THE MAJORITY OF BAHRS HAIR TRANSPLANT SURGEON MEMBERS:

- chill the follicular unit grafts during the procedure
- implant up to 4 hairs in one follicular unit/follicular family graft
- do not use Platelet Rich Plasma (PRP)injections in the recipient site or as a medical therapy for hair loss
- do not use thrombin in the recipient site

- do not use Adenosine Triphosphate (ATP) in holding solutions for follicular unit grafts, as a topical recipient site spray or injected in the recipient site
- do not use ACell in holding solutions for follicular unit grafts graft, in 'strip' donor wounds, or in FUE donor sites
- 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

WITH REGARDS TO **GRAFT CARE** THERE WAS VARIED PRACTICE AMONGST BAHRS HAIR TRANSPLANT SURGEONS

- with respect to whether or not FUE grafts are trimmed and if the grafts are trimmed whether 'skinny' or 'chubby'
- with respect to the holding solution they use for follicular unit grafts
- with respect to holding solutions that they have used in the past for follicular unit grafts

WITH REGARDS TO **PATIENT FOLLOW-UP** THE MAJORITY OF BAHRS HAIR TRANSPLANT SURGEON MEMBERS:

- 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 (there is varied practice with respect to how many follow-up visits are offered and at what time interval following the hair transplant procedure)
- take post-operative photographs to document the outcome of the hair transplant (there is varied practice with respect to when post-operative photographs are taken)
- do not routinely ask their patients for written feedback (Patient Experience Questionnaires) but do so for the purpose of audit/appraisal

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

- have one standard consent form for all procedures that covers risks and complications (rather than a variety of consent forms for different types of hair transplant procedures ie male pattern hair loss, female pattern hair loss, eyebrows, beard/moustache, scars, revision/reconstruction)
- 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

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APPENDIX 1

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

PRESENT:

Mabroor Bhatty
Edward Ball
Bessam Farjo
Nilofer Farjo
Harris Haseeb
Ganesh Krishnan
Shahab Mahdi
Hassan Nurein
Mark Tam
Greg Williams
Peter Williams

BY WRITTEN PROXY:

Harryono Judodihrdjo
Albena Kovacheva
Andrea Tchalakov

Only one response was given per Hair Restoration Clinic/Organisation. Of the 8 'respondees', two only performed Follicular Unit Extraction (FUE) whilst six performed the 'strip' procedure and FUE (there was varied practice with respect to the ratio of 'strip' to FUE but all six performed more 'strip' surgery than FUE)