



British Association of Hair Restoration Surgery

POSITION STATEMENT

HTS for MPHL / FPHL should not be considered cosmetic surgery

In the UK, hair transplant surgery (HTS) is currently not part of any medical undergraduate or postgraduate training curriculum but hair restoration is still an important element of the plastic surgery reconstructive ladder for secondary scarring alopecia from burns, trauma and surgery.

There are some congenital alopecias such as cutis aplasia where hair transplantation can be considered as reconstructive surgery and temporal triangular alopecia which can be considered a birth defect that can be treated by hair transplantation.

Primary scarring and non-scarring dermatological alopecias such as lichen planopilaris, frontal fibrosing alopecia, central centrifugal cicatricial alopecia and alopecia areata can be treated with hair transplant surgery in select cases and this should be considered as restorative.

When considering Male Pattern Hair Loss (MPHL) and Female Pattern Hair Loss (FPHL), WebMD states that androgenetic alopecia can affect both men and women and is a genetic condition <https://www.webmd.com/skin-problems-and-treatments/hair-loss/qa/what-is-androgenic-alopecia>

The British Association of Dermatologists confirms that MPHL (androgenetic alopecia) is caused by a combination of genetic and hormonal factors and that there is no cure <http://www.bad.org.uk/shared/get-file.ashx?id=3831&itemtype=document>

Whilst not generally performed a biopsy can be done to confirm androgenetic alopecia <https://emedicine.medscape.com/article/1070167-overview>

The International Statistical Classification of Diseases and Health Related Problems ICD-10 has a code for Androgenic Alopecia which is L64.9 <https://www.icd10data.com/ICD10CM/Codes/L00-L99/L60-L75/L64-/L64.9>

Whilst the incidence of MPHL increases with age, it is definitely not age dependent, as teenagers can have advanced balding whilst old men can have thick heads of hair, so hair transplant surgery for MPHL differs from many cosmetic surgery treatments that are aimed at rejuvenation.



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The cause of FPHL is less well understood than MPHL and whilst some cases, such as from polycystic ovarian syndrome, are definitely androgen driven, the majority of FPHL cases are likely due to female hormone imbalances. FPHL is also diagnosable by histological biopsy <https://www.sciencedirect.com/science/article/pii/S2352647518300224> and has a different pattern of distribution and progression from MPHL. Like MPHL, it is not age dependent. <https://www.bad.org.uk/shared/get-file.ashx?id=3830&itemtype=document>

There are effective pharmacological treatments for androgenetic alopecia. Topical minoxidil is licensed in the UK for treatment of both men and women. Oral finasteride is licensed in the UK for the treatment of men only.

Hair transplant surgery is not included with the cosmetic surgery procedures listed under the Royal College of Surgeons <https://www.rcseng.ac.uk/patient-care/cosmetic-surgery/about-your-procedure/>

Hair transplantation is not covered by the CEN European cosmetic surgical or non-surgical procedures standards (EN 16372 Aesthetic Surgery Services / EN 16844 Aesthetic medicine services - Non-surgical medical treatments)

Although hair transplant surgery sits under the Joint Council for Cosmetic Practitioners (JCCP) with the non-surgical cosmetic procedures it does so as a separate entity as the JCCP is the self regulating body for 'non-surgical cosmetic procedures AND hair restoration surgery' <https://www.jccp.org.uk/NewsEvent/press-release-10th-august-2017>.

There are some purely 'aesthetic' reasons for performing hair transplant surgery that should be considered cosmetic surgery. These include beard hypotrichosis, hairline advancement in congenital female high hairlines, congenital eyebrow hypotrichosis and overplucked eyebrows (although it could also be argued that this last indication is actually a restorative procedure).

Hair transplant surgery sits with the JCCP by default because it was considered to be an 'orphan' procedure with no other suitable organisation to oversee it. For this reason the standard was written by the Cosmetic Practice Standards Authority (CPSA) http://www.cosmeticstandards.org.uk/uploads/1/0/6/2/106271141/20180219_cpsa_hair_transplant_surgery_standards_final.pdf. Whilst in this document it is stated that hair transplant surgery satisfies the criteria for cosmetic surgery, this can be taken to refer only to the treatment of the indications above.



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NICE guidance advises NHS GPs on the management of Androgenetic Alopecia for men <https://cks.nice.org.uk/alopecia-androgenetic-male#!scenario> and women <https://cks.nice.org.uk/alopecia-androgenetic-female#!scenario> including for psychological complications, and indications for referral to a dermatologist. If counselling, pharmacological treatment and referral for a condition is not considered cosmetic then neither should the surgical treatment.

The NHS routinely treats conditions that impact appearance, such as acne, without considering this to be 'cosmetic' treatment ie treatment for acne is offered for medical reasons.

The Royal College of Surgeons defines cosmetic surgery on page 2 <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/standards-and-policy/service-standards/cosmetic-surgery/professional-standards-for-cosmetic-surgery-web.pdf> as 'the choice to undergo an operation, or invasive medical procedure, to alter one's physical appearance for aesthetic rather than medical reasons.'

Given all the above evidence, whilst operating on genetic male and female pattern hair loss certainly impacts appearance, the BAHRS is of the opinion that hair transplant surgery to address these two conditions should not be considered cosmetic surgery but a surgical treatment for a medical condition.

ENDS