

NHI Announces new Transplant Procedure

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Hair Transplant News

Exclusive interview with Dr. Rassman on a new technique that may revolutionize the way hair transplants are done. Exclusive interview with Dr. Rassman on a new technique that may revolutionize the way transplants are done...NHI has long been the only hair transplant organization out there which we at HairlossTalk have been comfortable promoting. The reasons for this are numerous, but are and always have been grounded in the fact that no other organization has had so many happy customers contact us with good reports, good results, and comments on an overall caring, and responsible experience.

Because of this, we are happy to announce a new technique that is entering the transplant world here in the United States via NHI, which, for qualified individuals will actually eliminate the threat of having to go through the painful and difficult process of strip incision in order to have a transplant done. Traditional Hair Transplants require a strip of hair-covered scalp to be extracted from the back of the head in order to provide the donor grafts for transplantation to the frontal balding areas of the scalp. NHI is about to introduce a way to avoid this permanently for qualified individuals.

Another doctor in Australia by the name of Dr. Woods has been performing an undocumented procedure of similar nature, and many are calling NHI's new technique a "copy" of it. We had the opportunity to speak directly with the Founder and Director of the New Hair Institute, Dr. William R. Rassman, MD about this new procedure, his thoughts on the Woods procedure, and a special look into his position on Dr. Gho and the reported Hair Multiplication technique he may be developing.

HairlossTalk: Word around town is that NHI has an "Enhanced Woods Technique" coming?

Dr. Rassman: I don't have any real idea as to what this Doctor does. When you talk to some of the doctors in Australia, they don't have many good things to say about what they have seen. They've have reported to me that they have seen a substantial number of failures related to the technique which he is performing, and the patients have been complaining about their results. I am sure he must have some good results, but as I never spoke to that doctor, or seen his work in person, I have no direct information about what he is doing. He is very secretive about it.

HairlossTalk: Could you explain for us exactly what NHI is introducing?

Dr. Rassman: NHI has a technique, which we are calling Follicular Unit Extractiontm (FUE). It involves the removal of individual follicular units from the back of the head without a linear incision. At this time we are doing about 3 of these procedures a week, and it is working out very well. This is a new technique that will have a limited application. It is a technique that only certain people can benefit from. We have compiled a list of prerequisites to determine who will benefit from such a procedure. These are posted on our web site.

HairlossTalk: What might disqualify a person for the Follicular Unit Extraction (FUE) technique?

Dr. Rassman: In our work performing follicular unit extraction over the past years we have encountered an unacceptably high rate of follicular transection. By way of background, a hair follicle is an organ. It has blood supply, nerves, muscle, glands, connective tissue in addition to

the actual hair producing section. A heart is an organ also. If I cut a heart into two pieces, it would die. So does a hair organ. Transection is cutting a living hair follicle into at least two parts, neither or which may live. We have noted that there a subset of patients in whom follicular unit extraction works very well, without causing transection, and many in whom it doesn't. We are now able to identify those patients in advance by performing a biopsy (FOXtm) test. Patients would be disqualified from the procedure if the test showed that their follicular units could not be removed without causing an unacceptable rate of transection. Patients who have significant baldness and want their restoration completed in 1-2 sessions are also not good candidates since we are only performing cases of up to 500-600 grafts at the present time.

HairlossTalk: Will that number go up as you improve the technique?

Dr. Rassman: With time, we may find that the numbers will climb just as it did when we pioneered the megasessions with Follicular Unit Transplantation. At this time we are confident in performing 500 to 600 during each procedure on those individuals who test FOXtm positive. In the future it is possible we may be able to perform 1,000 or more at a time.

HairlossTalk: Typical transplant procedures, though they make use of an incision in the scalp, tend to enable a much larger number of follicles for transplantation. Other than the lack of incision, why is this procedure unique?

Dr. Rassman: The lack of an incision allows people to engage in physical activities sooner and to wear their hair very short on the back and sides. In Follicular Unit Transplantation, the normal completion of 1-, 2-, 3- and 4-hair units are used in a proportion that exactly reflects the way hair grows in nature. Technically, in FUE we can select out only the larger follicular units from the donor area and use only those in a transplant. This might be particularly usefully in transplantation small areas such as in preparing scars or other local defects.

FUE is different in that the procedure can be repeated every 2 weeks, as healing is relatively complete at that point in time. I performed the procedure on a fellow three times, each procedure separated by 2-3 weeks. Approximately 500 grafts were performed in each procedure. Typical transplant procedures can only be done at the very most, once every 6 - 10 months due to the healing required in the donor area. There are exceptions to this rule, which are not easy to outline in a simple interview such as this. In FUE, we can continue this procedure every 2 weeks until the patient achieves the numbers he needs. I see no reason that 5,000 grafts cannot be done, except for the logistics involved. You must remember that these patients have lives of their own, and they must fit the procedure into their schedules. The FUE process would take only slightly longer than a typical transplant for the same number of grafts, but there would be no traditional incision which for individuals who are scar formers or who widen their scars, is a very big plus. The way we're doing it, the follicles are extracted, the skin surrounding the area heals within a day or two, and the patients tell us there is no pain. We have seen no scarring after the procedure. My own son was done 3 months ago and I would challenge anyone to find a scar in the donor area. He even shaved his head two months after the transplant.

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HairlossTalk: Can you explain exactly how the hair is obtained without an incision?

Dr. Rassman: We use a very small, sharp punch to take the follicular unit from the donor area. The wounds are left open to close on their own. We will be publishing further details.

HairlossTalk: Could you expound a little on who will and will not be eligible for a procedure

like this?

Dr. Rassman: We do a test we call the FOXtm test. The FOX test is a biopsy. Those that are what we call "Fox Positive" are the ideal candidates for the procedure. Once the test results are known, you can come back at any time in the future and have the Follicular Unit Extraction procedure done if you decide that's the route you'd like to take. It is important to acknowledge that the Follicular Unit Extraction procedure limits the numbers of grafts that can be transplanted in a single session, unlike our Fast Track procedure, which can transplant a few thousand grafts in a single session. The good thing, as mentioned before, is that we can keep repeating the procedure with some frequency every few weeks.

HairlossTalk: Could you give me your opinion on Hair Cloning, and Hair Multiplication, and all the talk going on surrounding Dr. Gho and his procedure?

Dr. Rassman: We have had a researcher on staff doing full time research on the technology for almost a year now. At this time nothing looks promising, and I think that all the talk going on is a lot of hype. There is no good practical, clinical research available to assess and no validation for most of the claims at this time. I personally think that certain people like to keep a mystique about the subject, moving in dark circles, and what happens is that everybody starts to think that they're some type of guru, working on some exclusive cure through either cloning or genetics that is just around the corner. They're trying to make an image for themselves and I do not feel that such secrecy benefits the profession, or the consumer for that matter. To me, some play on people's weaknesses and they pull in the more vulnerable patients with promises that are never fulfilled.

HairlossTalk: Would the hype going on surrounding the Dr. Gho from the Netherlands be an example of this?

Dr. Rassman: Yes. The Dr. Gho mystique has been propagated by some sources that are saying a lot of stuff that hasn't been validated, and without validation it's a lot of baloney. However, there are several other doctors who are doing similar things, and aren't worthy of mention either.

HairlossTalk: In defense of Dr. Gho, there is a valid school of thought that says: "Even though Gho and other doctors such as Woods have done little or nothing as far as ethical, standard, medical disclosure of their methods... Even though they've done nothing as far as attendance at seminars, publishing of their work in journals, etc. Maybe these physicians feel they have a corner on the market and they're protecting their trade secrets." What is your take on the opinion that even in light of the Hippocratic Oath, these physicians have the right to withhold information until they're ready to reveal it?

Dr. Rassman: Okay let's take Dr. Woods for example. People go to Australia to get their entire head shaved. I've seen one photograph provided by an Australian doctor of a Woods patient who is 3 to 4 days out of surgery. He had 600 grafts done at the time the photograph was taken. We have been able to accomplish the same goal without having to shave the entire head, and we did it in a way that is socially acceptable and allows people to have a life. If you have to shave the entire head, then you have a period of "downtime" there to deal with. Dr. Woods has people coming to Australia for, I am told, is something in the order of \$17,000 to perform a procedure that is not defined and that has no valid justification for it. I don't believe that these people know what they're buying. In California, the physician is required to give the patient a complete disclosure before any surgical procedure is performed. I must ask if that is happening.

HairlossTalk: Woods is a good example of a practice that is currently going on without any standard public information on it. Dr. Gho might be a better example for this question however, as he is yet to begin performing the technique. Would the concept of having the "corner on the market", and an "I've got something new, and I don't want to tell anyone about it because then I won't be the only one doing it" attitude be an acceptable attitude in the field of medicine?

Dr. Rassman: In medicine, we start off by saying, "Above all, do no harm". What assurance is there that the best interests of the patients are being addressed? My point is, just come clean. Talk about your procedure, talk about what you do. If you have a breakthrough, publish it and let the public benefit from the advance. This is what people in the legitimate medical community do.

HairlossTalk: How is NHI contributing to that mentality with their new procedure?

Dr. Rassman: First of all, we have over two dozen publications on Follicular Unit Transplantation, the procedure that has become synonymous with NHI. We published these over a period of 5 years. It is impossible to publish something the very second you have an idea, although that is what the public wants. The kinks need to be work out first and this cannot be accomplished in a public forum. As I mentioned earlier, with follicular unit extraction there have been many kinks, so many in fact that we have been working to solve them for over three years. Only recently have we been able to solve some of the problems with transection. We are presently preparing a paper on the subject. Follicular Unit Extraction will be discussed in a formal peer reviewed publication. Our experience will show patient results and discuss the pitfalls that we have seen, the limitation of the procedure and what doctor's must do to acquire the know-how to do it. Follicular Unit Extraction is going to be handled just like everything else NHI has ever done. It's going to be published for the whole world to see, and scrutinize, and it's going to be very clear as to what it involves.

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HairlossTalk: Someone recently commented on the Woods technique: "I've noticed that Wood's patients seem to have patchy growth. That is, grafts in some areas do not take. This is possibly due to the follicles being damaged in the extraction process." Is this something NHI is aware of, and something that has been addressed with the FUE technique?

Dr. Rassman: I have had the opportunity to look at Dr. Wood's site and read a commentary by one patient on the process they do. I understand that he takes 1-2 hours to extract the grafts and 5+ hours to place them. In our experience, if he was to use the technique we use, it would take us easily 2 hours or more to extract 600 Follicular Units. Rushing the extraction would cause damage. Performing the procedure on a FOX negative patient would cause significant damage to the Follicular Units. Any mishandling or drying of the grafts would cause damage, so handling the grafts are a critical issue. But as I don't know what he is doing in Australia, I have no way to comment on the exact question you asked. As we have pioneered larger sessions of Follicular Units, placing the grafts (in our hands) takes about 1 hour for 500-600 grafts. This is easily a quantum leap over the reports coming out of Australia. Clearly all of our years of experience (about 14,000 surgeries in 8,000 patients) in managing Follicular Unit Transplantation have given us a clear advantage to most physicians in this field. Our hair transplant procedures have averaged 1300 grafts each over the past half decade. I doubt that Dr. Woods, or for that matter most hair transplanters in the world, can match that experience. We clearly have an advantage over others and that is why we developed the Follicular Unit Extraction in the first place. Placing

grafts and avoiding damage to these grafts is an art we pioneered, one step at a time. There is no substitute for experience.

An Introduction to Follicular Unit Extraction

Scalp hair grows in naturally occurring groups called Follicular Units. Each follicular unit contains from 1 to 4 hairs. In Follicular Unit Transplantation, a single strip of skin is harvested from the scalp in the back of the head and then, using special microscopes, the strip is dissected into individual, naturally occurring follicular groups of 1-4 hairs. This technique, pioneered by the New Hair Institute, has many advantages, including completely natural results, no scarring in the recipient area, fast healing, and the ability to perform large sessions so that the restoration can be completed in a short time span. The disadvantage of this technique is that it produces a linear scar in the donor area, although the scar is generally very fine.

Follicular Unit Extraction (FUE)™, is a procedure that has been in development at NHI for over three years. In this technique, individual follicular units are extracted directly from the donor area without the traditional linear incision in the back of the scalp. The small wounds do not require suturing and heal within one week. Advantages of this technique are that it leaves a virtually imperceptible mark in the donor area, it is more comfortable during the healing period, and activities are not limited by the linear excision of traditional surgery. This procedure is called Follicular Unit Extraction.

A limitation of Follicular Unit Extraction is that it may cause transection (destruction of the follicles by severing them). This can potentially result in decreased growth in transplanted follicles and a decrease in overall yield from the procedure. We have been specifically interested in determining in which patients follicular units can be removed without damage.

A major breakthrough has been the development of a test, The FOX™ Test, that can identify, in advance, those individuals with the right hair and scalp characteristics for Follicular Unit Extraction. The FOX™ Test, involves tiny biopsies taken from the back of the scalp. The Fox Test is performed under local anesthesia and requires about 30 minutes. No sutures are needed. Patients who are FOX positive will be good candidates for this procedure. If the test is negative, conventional strip removal with microscopic dissection is the best option. As we are still evolving the technique, it is possible that over time, those individuals who are FOX negative, or equivocal, can still obtain the new procedure. Presently, we are limiting the procedures to only those who are FOX positive.

We are currently conducting research in Follicular Unit Extraction and will be presenting the details of the procedure and the results of the study in a formal medical publication as soon as the study is complete.

PRESENT INDICATIONS for FUE

- * People with limited hair loss or those who require small sessions
- * Limited cosmetic areas, such as eyebrow restoration
- * Those who wear their hair very short
- * Very low donor supply, a scarred donor area or very tight scalps
- * Selected repairs
- * Camouflaging scars
- * Athletes who must resume full activity soon after the procedure
- * Patients who tend to heal with wide scars

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