



HAIR TRANSPLANT

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What Is Hair Transplant Surgery?

Hair transplant surgery is performed to restore hair to areas of the scalp that are bald or that have thinning hair. There are multiple types of hair replacement surgery. Most commonly, these involve hair transplantation, but flap surgery, tissue expansion of the scalp and scalp reduction surgery, are also methods used for hair replacement. Each of these types of surgeries can be used alone, or in combination, to provide the patient with the best possible outcome for hair replacement.

Hair transplantation involves removing small pieces of hair-bearing scalp from a donor site and using them as grafts to be relocated to a bald or thinning area of the scalp.

Types Of Hair Restoration

There are two main types of hair restoration procedures. In the follicular unit strip surgery (FUT) method, a strip of skin with hair follicles is removed from the back of the scalp. The hair follicles are then removed from the strip of skin and placed into the recipient site.

With the Follicular unit extraction (FUE) method, individual hair follicles are removed from the back of the scalp without removing a strip of skin. Similar to the other method, the hair follicles are then inserted into the recipient site.

Other Surgical Options

Tissue expansions allows the hair bearing scalp to be expanded to help cover areas of the scalp that have no hair.

Scalp reduction surgery involves surgically removing bald areas of the scalp and advancing, or bringing together, the hair bearing areas of the scalp.

The Truth About Hair Loss

Hair loss is primarily caused by a combination of:

- Aging
- A change in hormones
- A family history of baldness
- Diet
- Stress

As a rule, the earlier hair loss begins, the more severe the baldness will become.

Who Is A Good Candidate For Hair Transplant Surgery?

The ideal candidate for hair transplantation has a healthy scalp, good general overall health, good donor area hair, and reasonable expectations. The indications for hair transplantation are:

- Male and female pattern hair loss
- Traction alopecia
- Frontal fibrosing alopecia
- Lichen planopilaris
- Folliculitis decalvans
- Pubic, facial, and body hair placement for transgender patients

Facial hair restoration for eyebrows, beards, and sideburns after facial trauma or burns

What Hair Transplant Procedures Are Recommended For Women?

Women tend to experience a subtle thinning all over the scalp rather than losing hair in patches as is common in men. To correct the problem, some women choose to wear a wig or hair extensions. Hair transplant surgery may be the answer for those who feel uncomfortable with either of these options.

What Should I Expect During A Consultation For Hair Transplant Surgery?

Hair transplant surgery is an individualized treatment. To make sure that every surgical option is available to you, find a doctor who has experience performing all types of replacement techniques—flaps and tissue expansion as well as transplants.

In your initial consultation, your surgeon will evaluate your hair growth and loss, review your family history of hair loss and find out if you've had any previous hair transplant surgery. Your surgeon will also ask you about your lifestyle and discuss your expectations and goals for surgery.

What Questions Should I Ask My Plastic Surgeon About Hair Transplant Surgery?

Use this checklist as a guide during your **hair transplant consultation**:

- Am I a good candidate for this procedure?
- Where and how will you perform my procedure?
- What shape, size, surface texturing, incision site and placement site are recommended for me?
- How long of a recovery period can I expect, and what kind of help will I need during my recovery?
- What are the risks and complications associated with my procedure?
- Do you have before-and-after photos I can look at for each procedure and what results are reasonable for me?

Preoperative Testing

- Complete blood count, including platelets
- Prothrombin time (PT)
- Activated partial thromboplastin time (aPTT)
- Consider total iron and ferritin, thyroid function tests and thyroid-stimulating hormone, total and free testosterone, and dehydroepiandrosterone (DHEA) sulfate in female patients
- Fasting blood glucose and hemoglobin A1c in patients with diabetes
- Consider HIV, hepatitis B, and hepatitis C
- Scalp biopsy or KOH preparations if the clinician suspects an infectious or inflammatory cause of alopecia

Types Of Anesthesia

Hair transplant surgery, no matter what technique is used, is usually performed using a local anesthesia along with sedation to make you relaxed and comfortable.

What Are The Steps Of A Hair Transplant Procedure?

Currently, FUE represents the more common approach due to its potential advantages over FUT, which include:

- An increased number of harvestable grafts;
- Less apparent scarring;
- Donor site laxity and density are not a significant deterrent;
- Less postoperative pain;
- Decreased postoperative healing time;
- Allows targeting of follicular groups of a specific size or hairs with a specific diameter or pigmentation; and

The surgeon can target hairs outside the typical donor site, such as the parietal scalp, chest, back, beard, and pubis, if needed.

Fue Donor Site Harvest

- Shave the donor site to 2 mm to visualize the angle of the follicles;
- Place the patient in a prone position for ease of harvesting; and
- Inject local and tumescent anesthesia into the donor site.

Manual Follicular Unit Excision

- Orient a 0.8 to 1.2 mm sharp punch within the center of the hair follicle at the same angle and advance in an oscillating motion to a depth of 4 mm or less to prevent transection;
- Remove the FU using delicate forceps in an atraumatic fashion and place either directly onto the recipient site or a holding medium of chilled sterile saline;
- Transition the patient to a seated position in preparation for recipient site implantation.

Modifications of the manual sharp FUE technique are the manual dull punch technique, powered devices with oscillatory or rotating punches, or a vacuum apparatus to facilitate atraumatic extraction. A 5% transection rate is generally acceptable.

Recipient Site Creation And Implantation

- To avoid trauma, manipulate grafts using only the perifollicular tissue;
- Create recipient sites in a random and irregular pattern under magnification using either flat-edged blades or a combination of 19 gauge or 21 gauge needles, with care not to transect the native follicles;
- Place the graft gently into the recipient site, with light pressure applied for several seconds using a wet cotton-tip applicator to promote hemostasis and to avoid graft extrusion or “popping;” and
- Place an emollient or antibiotic ointment and a non-adhesive bandage across the donor sites.

Attention to the recipient's hair pattern is essential to promote a natural-looking result. For example, hair along the frontal scalp hairline points anteriorly at an angle of 15 to 20 degrees, while hair follicles in the temporal region are oriented inferiorly. The surgeon strives to recreate a sharp temporal recess in males and a rounded temporal recess in females. To create a natural result, follow the angles and spiraled orientation of the crown.

What Should I Expect During My Hair Transplant Recovery?

Adequate pain medication is appropriate, as patients often report mild harvest and recipient site pain for 1 to 2 days postoperatively. To minimize edema and ecchymosis, advise the patient to ice the forehead for 20 minutes every 2 to 3 hours, sleep with their head elevated for the first week, and avoid vigorous activity for 1 week. The patient may receive a low-dose corticosteroid taper to help lessen bruising and swelling, and postoperative antibiotics may be given to mitigate infection, though data supporting their routine use is limited.

To promote wound healing and avoid scabbing:

1. Instruct the patient to keep the affected areas moist by gently applying saline using a small spray bottle.
2. Apply emollient to the donor site for the first several days.
3. Wash the scalp with baby shampoo on postoperative day 3, though avoid direct contact with water from a high-pressure faucet or showerhead.
4. Return on postoperative day 7 for suture removal.

Patients may resume topical minoxidil on postoperative days 5 to 7. Continue oral finasteride and low-level light therapy throughout the perioperative period and indefinitely after to help maximize results.

Before & After Photo



Visual Animation



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FOR APPOINTMENT

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