

..... Hair Loss and Hair Restoration Therapy

By Dr. Eric Rosenberger



Hair loss is an unfortunate condition that we will all experience to varying degrees as we age. Many patients are distressed to learn that the human eye will not perceive thinning hair

until 50 percent of their original hair is no longer present!

While androgenic alopecia (male pattern baldness) receives the most press coverage, female pattern loss remains the most difficult to treat surgically due to the diffuse pattern of loss. Fortunately, hair restoration techniques, both medical and surgical, have undergone an exciting metamorphosis over the last twenty years.

MEDICATIONS

Medication is strongly advised for any person experiencing hair loss both before and after any surgical procedure is performed. Minoxidil (Rogaine) remains the only topical therapy with FDA approval for both men and women. Finasteride (Propecia), blocks conversion of testosterone to 5-DHT, a potent inducer of male pattern hair loss. This treatment is currently only FDA approved for men.

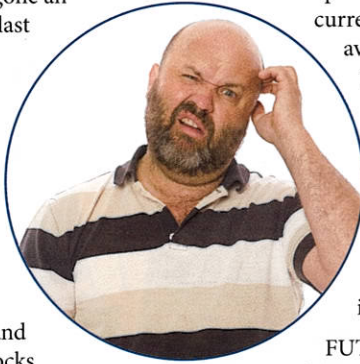
NON-SURGICAL OPTIONS

Non-surgical treatments of hair loss backed by evidence-based studies include low-level laser light therapy. These are often seen in the ads in the backs of airline magazines. These devices do offer benefit; however, they must be used daily.

Platelet rich plasma (PRP) and regenerative medicine techniques show promise for hair loss. However, studies do not yet clearly outline the concentration and number of treatments needed for consistent regrowth. Following two treatments (while concomitantly using medical therapy), 50 percent of patients experience subtle benefit, while 30 percent show more pronounced improvement. Many surgeons around the country perform PRP therapy at the same time as restoration procedures and strongly advocate this therapy.

WHEN SURGERY IS NECESSARY

When medical and non-surgical options are insufficient, surgical hair restoration offers a more permanent solution. There are currently two techniques widely available: follicular unit transplantation (FUT) and follicular unit extraction (FUE). Proponents of the newer technique, FUE, have promoted negative perceptions of FUT, but both methods can produce excellent results in the right patient.



FUT involves removing a strip of donor hair and sectioning it into individual follicular units of one to four hairs prior to implantation into the donor area. This method leaves a linear scar that is not perceptible as long as the donor hairstyle is long enough to cover it.

FUE involves individually extracting follicular units with an approximately 1mm or smaller punch. This can be performed manually or via an FDA-approved robot (ARTAS). It will



leave small punctate scars in the donor area but allows the hairstyle to be worn shorter without evidence of the procedure.

Each method involves a donor site scar. I advise every patient, if they ever want to shave their head, evidence of the procedure will be visible.

Finding the right solution for your hair loss should always involve a discussion with a physician to rule out medical causes. Early recognition and treatment is paramount to preventing irreversible loss. For questions or comments, email info@FacialFocusSurgery.com, or visit www.FFCSHairRestoration.com or www.FacialFocusSurgery.com.

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