

Patient Satisfaction in Hair Transplant Surgery

Muhammad Ahmad

Plastic Surgeon,
Hair Transplant Institute,
Rawalpindi

Objective: To assess the pattern of satisfaction among patients undergoing hair transplant surgery

Study Design: Questionnaire Survey

Place : Hair Transplant Institute, Rawalpindi, Pakistan.

Materials and Methods: The study was carried out on 100 consecutive patients undergoing hair transplant surgery. All the patients were given a detailed preoperative consultation. Hair transplants were performed using local anaesthesia with adrenaline alongwith a mild oral sedative. The procedure was performed using clean conditions, sterile and disposable instruments and magnification. The donor strip was harvested with patient in prone position. The closure of donor area was done using a non-absorbable suture. Postoperatively, no bandages were applied and patients began shampooing after 48 hours. The stitches were removed after 10-12 days. To assess patient satisfaction, a questionnaire was filled about the important factors pertaining to the patient experience during and after hair transplantation.

Results: 98% of the patients rated the preoperative consultation as 'excellent to good', 2% as 'satisfactory', and none as 'unsatisfactory'. 60% of the patients were 'anxious' during strip harvesting and 24% felt 'normal'. 74% remained 'normal' on 1st postoperative night. 28% patients rated the overall experience as 'excellent', 38% as 'good'.

Conclusion: Patient satisfaction surveys should be performed on patients undergoing hair transplant surgery from time to time. This helps to identify factors which lead to satisfaction and hence help to improve the outcome of management.

Key Words: Follicular unit transplantation Patient satisfaction Male-pattern baldness Hair transplantation

Introduction

The first hair transplants were performed by Dieffenbach in 1822.¹ In the late 1950's, Orentreich's grafting techniques established the foundation on which modern hair transplant technique is based.² Technical advances have led to renewed enthusiasm for hair restorative surgery among patients and surgeons.

The use of single hair grafts was initially reported by Tamura.³ Nordstrom and Marritt introduced the use of single hair grafts to improve frontal hair line after hair grafts to improve frontal hair line after hair transplantation as an attempt to provide a natural appearance.^{4,5}

When patients have developed sufficient hair loss that they are prevented from styling their hair in a preferred manner, they are candidates for evaluation. As with all aesthetic surgery, realistic patient expectations are essential. The patients' expectations of density, the amount of preexisting hair in the recipient area and the

texture, colour, and caliber of donor hair can all influence the final result. The success of hair transplantation is strongly dependent on the expectations of the patient. To please the patient, both the surgical criteria and the aesthetic criteria must be met.⁶

The present study was undertaken to evaluate the patient's satisfaction after hair transplantation in our set up.

Materials and Methods

The study was carried out on 100 consecutive patients undergoing hair transplant surgery. A well designed questionnaire was employed that included the important factors pertaining to the patient's experience during and after hair transplantation. All the patients were given a detailed preoperative consultation. Hair transplants were performed using local anaesthesia with adrenaline alongwith a mild oral sedative.

The procedure was performed using clean conditions, sterile and disposable instruments and magnification. The donor strip was harvested with patient in prone position. The closure of donor area was done using a non-absorbable suture. Postoperatively, no bandages were applied and patients began shampooing after 48 hours. The stitches were removed after 10-12 days.

Results

98% of the patients rated the preoperative consultation as 'excellent to good', 2% as 'satisfactory', and none as 'unsatisfactory'. Peroperative experience during strip harvest is shown in Figure I. Experience at first postoperative night is shown in table I. Rating of the overall satisfaction is shown in table II.

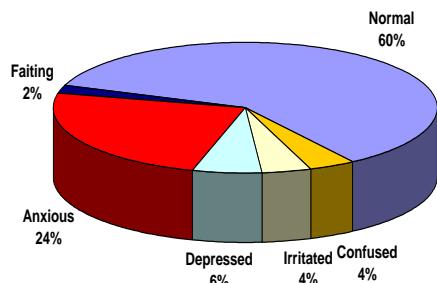


Figure I: Experience during strip harvesting. (n=100)

Table I: Experience at First Postoperative night (n=100)

Experience	Patients	%
Normal	74	74
Anxious	20	20
Irritated	6	6

Table II: Overall satisfaction (n=100)

	Patients	%
Excellent	56	56
Very good	30	30
Good	8	8
Fine	4	4
Satisfactory	2	2
poor	NIL	0

Discussion

The modern era in hair transplantation started in 1939 when Japanese dermatologist Okuda placed skin grafts containing hair follicles, by opening round holes on sacred areas of burn victims.^{7,8} Another Japanese dermatologist Tamura has restored hair in the female pubic area with grafts containing 1-2 hair roots.⁹ Orentreich, 1959, used the modern hair transplantation technique for male-pattern baldness, preferring 4mm punches.² The term 'follicular unit' was defined in 1984 by Headington.¹⁰ Follicular units are prepared by the isolation of natural hair clusters of one to three follicles, under magnification.

The evolution of hair transplantation has been guided by and described as the 'quest for achieving the greatest hair density while retaining complete undetectability and naturalness of appearance'.¹¹ Great advances towards this goal have been made, and the technique of follicular unit transplantation has played an integral role. If the grafts are obtained using the methodologies described and they are handled with the proper care and attention, the patient should receive the full benefits of this technique.

Application of the follicular unit technique (FUT) does not necessarily provide good results always. Placement of the follicular units without suitable planning may cause bad cosmetic results. While planning, we take into consideration the forehead structure of the patient, texture and status of the patient's existing hair, and the specifications of the patients. More importantly, the direction of slits at the recipient area is one of the most important point.

The patient expectations are also a key point in hair transplantation. Those patients with unreasonably high expectations should be excluded from surgery. The patient must also be informed that a 2nd session may be necessary based on the outcome of the first session and the progressiveness of baldness. If all these issues are taken into consideration, the patient satisfaction is greatly improved. Unfortunately, there are few studies which comment on patient satisfaction. Majority of the studies present the photographic data (before and after photographs). In the study by Baser et al¹² three questions were asked (i.e. anterior hairline, ii. direction of hair growth, iii. density). 81.1% of the patients rated the results as 'good' or 'very good', while 4.1% were not satisfied with the results.¹²

In present study, a variety of questions were asked and the overall satisfaction was 86% ('excellent' to 'very good'). More importantly, none pronounced as 'poor'. The reason for this could be the number of follicular unit. As in the study by Baser et al, minimum number was 1051 and maximum was 2150 follicular units whereas in the present study¹² the average number of follicular units was 2200. It is believed that

every surgeon performing hair transplantation should publish his patients satisfaction data from time to time, so that factors should be identified which can help improve the patients satisfaction. Importantly, good planning, carefully prepared follicular units, and careful placement of the grafts provide results that are satisfying for both the doctor and the patient.

Conclusion

Patient satisfaction surveys should be performed on patients undergoing hair transplant surgery from time to time. This helps to identify factors which lead to satisfaction and hence help to improve the outcome of management.

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