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Choosing a Physician

Choosing a hair restoration physician today is both easier than in the past, and, at the same time, more difficult. If your hair loss condition is caused by anything other than genetics, you should see a dermatologist for an examination and treatment. If your hair loss is genetic, you have a wider range of physicians to choose from.

From the 1960s through the 1980s almost all hair restoration surgical procedures and prescriptions for hair restoration medication were done by board certified dermatologists and cosmetic surgeons. Dermatologists typically performed hair transplants, scalp reductions, and prescribed medications, while cosmetic surgeons typically performed more elaborate scalp flap and scalp lift procedures. In the past, the physician selection process was fairly straightforward, and was a matter of learning about the experience and artistic abilities of the surgeon, or pharmaceutical expertise if medication was the hair restoration method desired. An initial consultation included an examination and an opportunity to see past patient photos, and ideally to meet with and examine real live past patients.

In the 1990s, a combination of two factors brought all kinds of medical doctors into the hair restoration field. The first factor was the refinement of the micrografting technique to the point where almost any physician could perform the procedure. Micrografting is considered by physicians to be a relatively simple surgical procedure that can be performed in the office. The procedure generally results

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in a very good to excellent outcome. Even more important, in comparison to all other forms of hair restoration surgery, micrografting has a lower risk of poor cosmetic results, as well as a low risk of medical complications. With a solid general medical training background and some specific training in micrografting techniques, micrografting made it possible for almost any medical doctor to become a hair restoration surgeon.

Also in the 1990s there was a national emphasis on cutting the cost of health care in the United States. Physicians were being financially squeezed by the cutbacks in health care, and they increasingly found their medical judgment questioned by insurance companies. Doctors and staff started spending less time with patients and more time filling out insurance forms. Some physicians believed that performing surgical procedures on patients who paid with credit cards, checks, or cash, and who really appreciated the work performed, seemed like a pleasant alternative to being questioned about tests and procedures by insurance companies and HMOs. Thousands of doctors trained in specialties ranging from heart surgery to urinary tract medicine and even pediatrics and psychiatry left those fields and entered the field of elective cosmetic surgery, including hair transplantation.

In the United States, any medical doctor can practice any type of medicine, regardless of the specific type of medical training they have had. Common sense, fear of malpractice lawsuits, and hospital qualification requirements prevent untrained doctors from performing major surgical procedures in hospital operating rooms. When a procedure is performed in the doctor's office, only common sense and fear of medical malpractice lawsuits restrict what surgical procedures are performed.

In the 1990s all areas of the elective cosmetic surgical business suddenly became much more marketing-driven than it ever had been in the past. Since the 1990s, we now have hair restoration clinics making bold advertising claims, presenting lengthy infomercials on late night cable TV, and using aggressive commission-compensated salespeople to "close deals."

Hair restoration surgery results are permanent. The hair follicles that are relocated will continue growing new hairs in the new

locations for as long as they would have where they were originally located. Because micrografting is a very forgiving surgical procedure, and even a surgeon with minimal training and limited artistic abilities can achieve reasonably good results, it has become easier today than in the past to select an adequate physician to perform transplant surgery.

On the other hand, with all of the advertising hype, partial truths, and occasional false claims, is harder than ever before to find the very best physician to perform your hair restoration surgery.

The vast majority of physicians who have recently entered the field of hair restoration surgery are well-educated doctors who are capable of performing excellent micrograft transplant procedures. Some are accomplished surgeons. Many doctors have taken several days of intensive micrografting training and have worked for weeks side by side with other experienced hair restoration surgeons to learn the subtle aspects of the micrografting technique. All of these doctors are potentially excellent hair restoration surgeons. But just as is the case in any occupation, there are always a few less capable people out there. That is why it is important to take care in physician selection.

The first step in physician selection is self-education. Do as much research as you can in advance. Read books such as this one, review Internet websites, and learn about alternative treatments that may work for you. When you request information from a doctor's office, or from a clinic, you will receive literature and probably videotapes to review. The clinics will send a lot of information and will probably phone you several times as well. After doing your research, if surgery or medication, or a combination of surgery and medication seem to be the best way to address your hair loss condition, then the next step would be visiting the doctor's office for an initial consultation. Usually there is no charge for an initial consultation for hair loss restoration caused by genetics.

If you feel your hair loss is not the results of genetics, and may instead be due to a disease condition, or from a medication you are taking, or from some other cause, and you have health insurance, then you should follow the procedures for scheduling an examination that your health insurance provider recommends. You may see a

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primary care physician first, and after that examination, you may be referred to a dermatologist or another specialist.

Regardless of whether the doctor has been medically trained specifically to treat conditions affecting the skin and hair, or whether he or she have been trained in another medical specialty area, the examination will include an assessment of your scalp condition, overall physical health, and emotional condition. You will be asked about any medications you are taking currently. You will be asked about any allergies to medications, such as the antibiotics and anesthetics used during surgery. It is rare that a patient comes in for hair transplants and has a health condition that would prohibit or delay surgery, but determining that possibility is one purpose of the initial exam. The doctor wants to be certain you are a qualified patient, both physically and also emotionally. A hair transplant procedure can significantly enhance your appearance, but it is not guaranteed to solve psychological problems, or make you successful in business or in relationships.

As part of the examination, your current hair loss pattern will be assessed and measured against standardized hair loss charts, such as the Hamilton/Norwood chart for men, or the Ludwig Scale for women. In addition to the pattern the character of your hair loss will also be evaluated. Is your hair thinning overall, or is it receding or forming bare bald patches? Are the remaining hairs on the top and front of your scalp very fine and short, or are they full-size and long growing? Is your hair straight or curly? Solidly colored, or salt-and-pepper? How about the donor area hairs? The character of your remaining hair, both on top and at the donor area, has a significant effect on the appearance of transplants.

The doctor will also evaluate your likely future pattern and degree of hair loss. This will be somewhat disturbing. You will face what your hair will look like decades in the future. Genetic hair loss is progressive, meaning that the degree of loss tends to increase over time. Some people lose their hair slowly, and others more rapidly, but without medical treatment, hair loss will continue year after year. The doctor will want to know about hair loss conditions of your close relatives, especially older brothers and sisters, your parents, and grandparents.

Predicting your future hair loss pattern and degree is critical not for how you will look right after transplant surgery, but rather for how you will look twenty, thirty, or forty years into the future. The most experienced and artistically capable hair restoration physicians plan their transplant procedures so that you will look natural decades into the future. This means a slightly conservative approach that includes placing some transplant grafts between existing hairs that are likely to become thin in the future, as well as avoiding a low hairline appropriate for a thirty-year old, but one that would look unnatural when the patient is in their fifties or sixties or seventies. This aspect of hair restoration surgery is more art than science, and experience counts.

Depending upon your age and current hair loss condition, the doctor may also recommend medical treatment to slow or stop your hair loss condition. A patient with a family history of extensive hair loss, who responds well to medication that stops the hair loss, is a better candidate than the same patient without the medication. Doctors who suggest medication want you to have the best possible appearance. The choice to take medication is up to you. Transplants will certainly enhance your appearance, and medication can help you keep more of the hair you have.

All of these aspects of an initial consultation and examination are reasons why it is important to meet with the doctor who will actually be doing the surgery. That is the whole point of the initial consultation. You want to be examined by the doctor who will be doing the work, and to have him or her answer your questions directly, and to allow you to answer his or her questions directly. The initial consultation is a two-way meeting, and the doctor will also ask you questions to qualify you as a patient. He or she knows what questions he or she wants answered. So be sure to get all your questions answered. Write them down, and bring them in.

Some doctors, and practically all clinics, have an “assistant” meet with you initially to determine your qualifications and to help answer some of your basic questions. These “assistants” may be medically trained personnel who also assist with the surgical procedures when not meeting prospective new patients; or they may just be salespeople. Beware of salespeople.

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You will probably be asked to view a short informative video about hair restoration in general and perhaps also how that office performs the procedure specifically. You will also be able to view before-and-after photos of past patients. While these photos are impressive, keep in mind that they are typically the best results achieved. And it is difficult for someone who is not an expert to assess the effectiveness of transplant procedures from photos alone. If possible, see if you can schedule your consultation at a time when you can also meet with a past patient, so you can see the results in person for yourself.

Consider the doctor's qualifications. Look at his or her web site, if you feel uncomfortable asking the doctor about this directly. What was his or her specific area of medical training? Some doctors prominently feature the qualification "Board Certified" in their advertisements. There is no "board certification" for hair transplants. Board Certified in what field? Dermatology? Cosmetic surgery? Or maybe cardiology or urology? How long have they been performing hair restoration surgery? How many procedures have they performed?

Does the doctor have an excellent record of patient satisfaction? Some doctors subscribe to a monitoring service that randomly contacts past patients to assure that the doctor continues to keep his or her patients happy. Check the local Better Business Bureau to see if there have been complaints registered against the doctor or the clinic. If there have been complaints, have they been resolved to the patient's satisfaction? Check the state medical board to see if complaints have been registered there as well.

Finally, consider the cost of the procedure. Micrograft surgery is expensive, but the results will last a lifetime. Price is not necessarily a good measure of quality. Some inexpensive transplant clinics produce excellent results, while others produce results that look cheap. And some clinics charge very high prices, but have inexperienced or recently-trained doctors performing the actual work. The best doctors tend to charge a fair price, and you get what you pay for.