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Small details can make a great difference

Antonio Ruston, MD *São Paulo, Brazil* tony@clinicaruston.com.br

> *"Discovery is seeing what everyone else saw and thinking what no one thought."*
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> *Albert von Szent-Györgyi (1893-1986, Hungary, Nobel Prize in Medicine in 1937 for his discoveries on cell respiration, vitamin C, and chemistry of muscle contraction)*

It is not my intention to teach you how to become "the best hair transplant surgeon," but rather to present some of the small details that I have collected over the years, some of which originated in our clinic and some that I learned from colleagues during my visits to their clinics. I have included the physician's name in parentheses following the pearl that I learned from them so that they are credited for their hard work. I can certainly say that in my visits I always learned some new detail to enhance my ability as a hair transplant surgeon.

Service Excellence

I remember once that I was in a very small hotel here in Brazil. I had arrived around 11 p.m. and went directly to bed. When I awoke the next morning, every employee at the hotel knew my name—at breakfast, at the pool, at the bar. Everyone addressed me saying, "How are you Mr. Antonio? How was last night? Are you enjoying your stay?" I was quite impressed. While the employee from reception might have seen my room number on the key so he would know the guest staying there is "Antonio," how did the others know my name? I also remember that when I was in the pool area or on the beach, they would bring me cold water with mint and lemon slices. The lesson here is that they did not wait until I made a request; they just observed and anticipated my need.

This is "Service Excellence," something so critical today that there is a 2-year MBA program just to teach it. To make an analogy, we are not "a big hotel corporation," but rather more like a bed and breakfast, and yet still I think we can provide this service excellence to our patients. In my clinic, this idea is promoted in the following ways:

1. Every member of my staff must know the patient's name. Before the surgery begins, all team members go to the pre-op room to introduce themselves and their function on the team. We also ask what name or nickname the patient prefers to be called.
2. It is important that we anticipate the patient's needs: Should we wait until a patient says that he is not comfortable during the procedure or until he says that his donor region is hurting? Or until he says that he is thirsty or experiencing neck discomfort? Wouldn't it be much better to ask him every 15 minutes or half hour if he is comfortable or if something might be bothering him? A patient might not complain until we ask him, but this same patient will relate this "check in on" positively when describing his hair transplant experience to others. For many years, we have been giving an evaluation form to all of our patients and I am always surprised by some of the comments and suggestions given. To get feedback, I suggest you do the same: provide a simple evaluation form with a space at the end where the patient can write additional comments.

Patient Consultation

When the patient is inside the consultation room we use a program that personalizes the institutional and educational video, beginning with "Good afternoon, Mr. Smith. Welcome to the Ruston Clinic." It

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may sound silly, but a patient wants to feel that he or she is unique and valued, so we try to treat each patient in a personalized manner.

The more informed the patient, the more realistic his or her expectations will be and therefore the higher the chance for satisfaction. We must educate our patients in respect to our techniques and to our limitations. When our patients are laymen, we must use laymen's vocabulary.

A short 3D animation may clarify a long explanation, in addition to better illustrating an idea that we are trying to convey. For example, I might use a 3D animation to try to encourage a patient to accept a design with a more accentuated temporal recession.

Another important detail during the evaluation is to show similar cases to the patient. For this reason, a database organized by density, hair type, etc., greatly facilitates locating similar cases.

During the microscopic analysis of the patient's scalp, permit the patient to interact, showing the difference in terms of hair thickness, the different follicular units, the miniaturization of the hairs, etc.

Take pictures from different angles to show your patients. They are always surprised by the extent of their baldness from the top view.

Pre-Operative

1. *Succinctness:* Too much information regarding pre-operative care may result in the patient not reading it or not paying attention to what is truly important. One suggestion is to be succinct regarding this care, calling your patient's attention only to those issues that are really important. In addition, telephone every patient one or two days prior to the procedure, asking if they have any concerns.
2. *Anxiety relief:* Every patient arrives to surgery feeling anxious so we provide anti-anxiety medication (alprazolam 1mg) for the patient to take on the eve of his surgery. This provides a peaceful night of sleep and reduces anxiety, thus minimizing the adrenaline charge and improving the bleeding during surgery. We also give alprazolam 1mg when the patient arrives for surgery.

Donor Area

Here are many details that we have adopted in regards to the donor area:

1. *Correct marking:* We make sure to mark not too high, and not too low, always thinking about future sessions.
2. *Laxity measurement:* It takes one minute and helps a lot in preventing excessive tissue removal, consequently creating tension when closing (sometimes using the Mayer–Pauls device)
3. *Massage:* I use a powerful massage device on the patient's back and shoulders during the donor anesthesia (see Figure 1). (Dr. Bernard Nusbaum)
4. *Trichophytic suture:* Another magnificent detail. We believe it is indisputable that the scar quality is much better and far less perceptible when we adopt this closure.

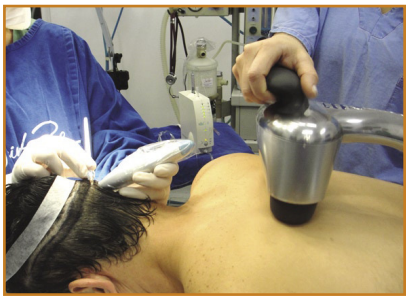

Figure 1. Massage in the back and neck regions during donor anesthesia

5. *Absorbable suture:* Eliminating suture removal is a great relief to the patient and one less follow-up visit for the doctor. We use it in primary cases, with no tension.
6. *Good night suture:* Inverting the knots reduces discomfort in the donor area. It can be done only if you use an absorbable suture. (Dr. Marcelo Pitchon)
7. *Shaved area:* Avoid shaving beyond the area that will be removed so that short hairs or the scar are not apparent after closing.

Pain Management

After visiting Dr. Bob True and seeing the effectiveness of The Wand®, we started to use it on the slow speed (on the high speed the pain is the same as with the insulin syringe). It takes time but is worth it. Additionally, for years we have used a vibrating massage device to reduce the pain and it has truly shown to be effective (Dr. Bill Parsley).

In the post-operative period, we know that pain occurs only in the donor area. After a brief survey that I did with several colleagues, I reached the conclusion that a combination of infiltration of bupivacaine at the end of the surgery, intramuscular toradol, and paracetamol with codeine in the first 48 to 72 hours is the most effective post-operative pain management. We also give an anti-anxiety pill to take on the first night following surgery.

Graft Placement

1. *Stick-and-place:* I believe that we should all practice the stick-and-place technique so that we are not so dependent on our surgical teams. Further, it significantly reduces the surgical time. I have been using a mixed technique: pre-made incisions in the frontal area and stick-and-place for the rest.
2 *Tattoo:* To make it easier for the assistants and to avoid confusion with the areas already transplanted, we mark the areas with a tattoo using green ink and a 1mm blade, to clarify this transition as well as the transition between the areas with 1 and 2 hairs. This greatly facilitates visualization and the tattoo fades by the end of the procedure or after the first wash.
3. *Gentian violet:* In the frontal area (pre-made incisions), we have been using gentian violet to tattoo. (Dr. Ron Shapiro) This greatly facilitates visualization at the time of placement and it is much easier to remove in comparison to methylene blue or similar (Figure 2).
4. *Comb:* We developed a comb that facilitates the manipulation of the hair and can be sterilized. It can be found at www.mediquipsurgical.com/shco.html.