

The JCCP is committed to raising public awareness of the risks associated with various non-surgical and hair restoration treatments. As part of this process the JCCP will publish regular ‘Information Sheets’ in key areas.

Hair Restoration Surgery

Hair Restoration Surgery replaces hair in hair bearing areas where it has been lost or never existed. For the purposes of the JCCP, it includes Hair Transplant Surgery and also Prosthetic Hair Fibre Implantation (the insertion of artificial hair fibres into the scalp) but not hair bearing flaps (surgery to move hair bearing skin from one location to another). Hair restoration surgery is defined as an invasive surgical procedure and, in the UK, it should only be performed by a doctor who is licenced to practice by the General Medical Council (GMC – the Statutory Regulator for Doctors/Medical Practitioners in the UK). It is usually performed under local anaesthetic with or without oral sedation.

Hair Transplant Surgery is one of the commonest male cosmetic procedures and is usually requested for genetic male pattern hair loss. It is also commonly requested by women with hair or eyebrow hair loss, by male to female transgender patients wanting to create a feminine hairline, and for other aesthetic/cosmetic indications. It can be used for reconstruction to restore hair to scars and for some dermatological conditions that cause alopecia (hair loss). There are two methods of harvesting donor hair – Follicular Unit Excision (FUE) and Strip Follicular Unit Transplantation (Strip FUT).

Treatment/Procedure

In the FUE method, individual follicular units are extracted using one of a variety of manual, motorised or robotic punch devices. The extraction sites leave small round scars and there is a reduction in donor zone hair density. Whilst the donor location is usually the scalp, in men, body hair can be extracted from the beard and chest.

In the Strip FUT method, a strip of skin is removed from the scalp and dissected into individual follicular (hair cell) units. This leaves a linear surgical scar, so the hair needs to be worn long enough to hide the scar. In general, more follicles can be harvested using the Strip FUT method, both in one procedure and over multiple procedures, so this technique might be more suitable for those patients with a low donor: recipient ratio.

In both methods, the harvested hair follicle grafts are then inserted in the recipient site. This can be done using sharp implanters where the incision in the skin is made and the graft inserted in one step or using dull implanters where the grafts are inserted into pre-made incisions. Insertion of grafts can also be done into pre-made incisions using forceps.

Hair Transplant Surgery should not be described as ‘painless’, ‘scarless’, ‘non-invasive’, ‘not requiring incisions’, ‘no cutting’, ‘no touch’, ‘hair multiplication’ or ‘eliminates the need for further procedures’ and is not without risk.

Side Effects

The general risks and complications of surgery are bleeding, infection and pain. Risks specific to the donor site for FUE include donor hair depletion, extensive punctate scarring and skin necrosis. Risks specific to the donor site for Strip FUT include wound healing problems, skin necrosis and widened unsightly scars. Risks related to the recipient site include incorrect hairline design, low density, suboptimal aesthetic appearance (hair direction/angle), and scalp pitting/cobble stoning.

Some Prosthetic Hair Fibres are legal in the UK and can be implanted to simulate real hair. However, they do not grow, are prone to getting infected, produce scarring, and implantation results in some lifestyle restriction. The long-term implications of implanting artificial hair have not been evaluated in the UK. The JCCP recommends that only Hair Transplant Surgeons implant prosthetic hair fibres.

Additionally, poor patient selection, failing to take into account on-going hair loss, can result in an unnatural appearance with transplanted hair isolated from receding hair especially in the hairline, temples and crown in men. As with any cosmetic procedure, failure to manage expectations can result in patient dissatisfaction.

Restrictions

Hair Transplant Surgeons are supported by Hair Transplant Surgical Assistants who prepare follicular unit grafts, place follicular unit grafts, and remove Follicular Unit Excision (FUE) grafts from the donor zone where the FUE incisions have been made by a doctor or doctor-run robotic device. These assistants may be nurses, but they may also come from backgrounds with no medical training. Assistants should not perform any of the surgical steps of a hair transplant procedure such as making FUE incisions or recipient site incisions, including those incisions made by sharp implanters. Patients should be clear to whom they have given consent to be operated on by, should ask who will be performing the various elements of their hair transplant surgery, and should be aware during the procedure of who is operating on the back of their head when they cannot see them.

Hair Restoration Surgery in England must be performed in a Care Quality Commission (CQC – the health and social care quality regulator in England) registered facility and the CQC licence should be clearly displayed for patients to see. In addition, all clinics advertising hair restoration surgery on their website should be CQC registered even if the surgery is performed in a separate location that is CQC registered.