



BHR CLINIC



BHT & REPAIR BODY HAIR TRANSPLANT (BHFUE)

Body hair transplant (BHFUE) uses the same principles of extraction as FUE, however hair is extracted from the body instead of the scalp. The procedure is recommended when there is insufficient scalp donor hair. The doctor who performs BHFUE must already be able to competently perform FUT / FUE surgery before performing BHFUE.

BHFUE is a relatively new form of hair replacement. Due to genetic variants, hair characteristics and growth rate, body hair will behave differently than scalp hair and yields a slower and lower growth rate.

Compatibility is also an important consideration. Studies show that body hair has a very short anagen phase and a very long telogen phase. As such, body hair needs a period of about six months to grow 1-2 inches. After that it remains at this length for years. BHFUE patients must therefore understand they can only cut their hair to the length of about two inches.

In addition, the colour and curl of body hair has to match the scalp hair to a satisfactory degree. Colour is less of a limitation but the curl can sometimes differ so we need to have a satisfactory level of curl compatibility before recommending BHFUE.

Depending on the specific case, BHR may advise a body- hair patch test prior to any extensive procedure. Once completed and assessed over a period of 6 months or longer, the results will determine whether to proceed to a larger session.

BHFUE can be the answer for restoring hair when the option of scalp hair transplantation is not available due to donor limitations.

REPAIR PROCEDURES

Repair procedures are medically difficult to perform and complications arise that don't exist with a virgin scalp. Patients also have high expectations and are often emotional about the process.

It needs to be clear that not all damage caused by previous procedures can be repaired. It may also take multiple surgeries to achieve desired results. As such, when assessing a repair, it is vital to focus on areas of greatest concern. Sometimes areas have to be avoided until a later procedure, but only when it may compromise the overall result. An honest and open dialogue between the doctor and the patient helps in setting clear goals and making the patient aware of any limitations.

Often it will be necessary to remove old grafts and redesign the hairline. This can be achieved with an FUE punch, but if the grafts are too big or placed close together a punch may not be possible and the area will need sutures. It may not be possible to remove all grafts and some may grow back. A future procedure may be necessary in this case.

Poorly placed or angled grafts can cause "pitting" at the graft or "ridges" around the graft. Pitting can be repaired after the graft is removed, and over time the skin should return to normal, but this can depend on the size of the graft and how difficult the removal is. Ridging, or cobblestoning, is less forgiving. Both pitting and ridging impair the placement of new grafts and can cause a lower yield than expected from a virgin scalp due to scarring. The latter can also affect density or thickness since the yield is lower or the number of grafts was lower to protect the yield.

The donor area is vital in repair operations and will greatly influence immediate and long-term results. Donor area compromise may be due to overharvesting with a large punch in an FUE procedure, incorrect positioning of the strip scar, or scar stretch back. When dealing with an old strip scar there are a couple of options: englobing the scar if the goal is to remove more grafts, revising the scar, or adding grafts to the scar to camouflage it.

Englobing or revising does not ensure a thinner scar than before. Until the incision is made it is impossible to know the depth of fibrosis beneath the skin or determine how the new scar will heal. The scar will not necessarily be smaller and it won't be invisible. Adding grafts into the scar can be a good option depending on the size of the scar and how well it has healed. The yield will be lower when placing in a scar line, however, so it is prudent to place a lower density initially and to then measure the yield before using too many precious grafts that may not grow.