



Consent to Operation

Micro incisional slit grafting is a surgical technique that redistributes permanent donor hair to a thinning or bald area. It can give excellent results but the prospective patient must understand the principles and limitations first. This form is here to help you with this.

The Principle

When a man starts to lose hair, he normally loses it in one of the forms of male pattern baldness (MPB). This means that he has inherited this tendency and the hair on the forehead and crown has been programmed to gradually stop growing. This eventually leads to baldness. Currently only Minoxidil and Finasteride have been shown to help slow this down.

However, even in a man who has experienced severe hair loss, he will still have a horseshoe pattern of remaining hair at the back of the head and just above the ears. This is the donor (permanent) hair growing area. This area is limited in size and density of hair and varies between individuals but will normally contain four to eight, 500 graft sessions.

These hairs can be transplanted over a number of sessions to the areas that need them, usually the forehead (forelock) and temporal areas. The crown can also be transplanted but we feel that for some men, this area may be better treated by scalp reduction techniques. This actually removes the bald skin and brings the hair bearing scalp together. This allows the donor area to be used more efficiently. Flap transplantation has also been used but is not suitable for everybody.

The actual pattern and speed of loss in any particular person is hard to predict. It is important to bear in mind that further hair loss is likely and so transplanting too much too soon will use up the limited donor area before your final pattern is established.

Initial.....

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It is also important to realise that there is a limit to how closely together each hair transplant may be placed per session. Further sessions can place more transplants between the original ones and build up the density. There will also be a maximum density possible by surgery. Most people will want 2 sessions or possibly more to achieve reasonable density, particularly for the frontal hairline, depending on individual hair loss patterns and hair type. This means that you are making a commitment to restoring your hair. There is also a limit to the number of sessions, usually no more than four per area. All results are individual depending on your personal hair characteristics and only the surgeon can say what he feels is possible. No conversations with personnel from this clinic or any other clinic nor pictures demonstrating previous patient results implies a guarantee that your result will be the same or similar.

The Procedure

Hair transplantation is a minor surgical procedure carried out under local anaesthetic. You will be perfectly awake and can chat to the surgeon during it. We do recommend that you eat and drink before the operation i.e. have breakfast or lunch.

Local anaesthetic is injected into the donor area of the scalp and then a strip of skin is removed. The anaesthetic does sting a little but is quite bearable and goes numb very quickly.

The donor strip is given to the nurse and technicians to cut into individual grafts whilst the surgeon stitches the incision. This should then leave a fine pale scar easily covered by your own hair so long as it isn't too short. Dissolvable sutures are used which are usually absorbed by 2-3 weeks, although we recommend removal of them between 8 and 12 days after surgery.

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The balding area is also anaesthetised and the graft incisions are made using a specially shaped micro needle. The grafts are then placed into these slits.

After the anaesthetic wears off at 3-4 hours the scalp will feel a bit tight and sore but this soon goes. Simple paracetamol or co-codamol will help. You will also get some forehead swelling and bruising, which lasts a few days and is perfectly normal.

You will also have crusting around the grafts. These must not be scratched as the grafts may be pulled out too. These crusts will quickly dissolve once you start getting your hair wet on day 2 after the operation. The grafted area of scalp will appear slightly pinker than usual for a few days but this soon passes.

The tiny hair that is transplanted in the grafts normally falls out within a week. This is normal and due to "thermal shock". The hair will then grow normally from the hair root and will be noticeable by approximately 3 months and carry on growing as fast and as long as your normal hair.

If the surgeon is transplanting into a thinning area, then this can occasionally cause temporary shedding of some existing nearby hair shafts. They then regrow. Unfortunately, any other hair loss is due to continuing male pattern baldness. It is important to realise that surgery does not stop further loss of non transplanted hair and it will take a number of sessions to replace all your thinning hair with grafts. You may also find that different hair styling may be beneficial.

Any surgery, however minor, can have side effects such as infection, bleeding, scarring or scalp numbness. These are uncommon in hair transplantation but may occur in up to 1% of patients.

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Finally, although **no surgeon** is able to **guarantee** the results of individual procedures of grafts due to patient differences, we want our patients to be pleased with their grafts. If less than 90% of the grafts grow, then we can offer to replace the difference at another sessions, for free. This is very unusual however as less than 1% of patients do not achieve satisfactory regrowth. However, this policy guarantee depends on you attending a 6 month post operative review to check growth compared to pre and post operative photos. It is important to realise that **you should not expect any regrowth before three months** at the earliest and the hair will start off like “stubble” before growing to normal length. After reading this and discussing any questions with your surgeon, then please fill in the form and sign below:

I understand the procedure of hair restoration surgery as outlined above and as discussed with the surgeon. I am happy that I have asked for the information I need and I have disclosed any information the surgeon may need.

Name : _____

Address: _____

Tel No: _____

Signed: Patient _____ **Date:** _____

Surgeon _____

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