



New Hair

Institute News



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New Instrument Revolutionizes Hair

Automated Device Available Soon

Doctors are finding the technical aspects of follicular unit transplantation more difficult to perform than traditional procedures. Significant skills are needed on the part of both the physician and the surgical team to maintain consistently good results. In addition, the preferred practice of transplanting large numbers of grafts in a single session has not been practical for the average cosmetic surgeon. Research and development

efforts for the Rapid Fire Hair Implanter Carousel were started in 1993 by NHI's founder William R. Rassman, M.D. to address problems associated with transplanting large numbers of very small, delicate follicular unit grafts. Once the engineering problems had been overcome, it became evident that the Carousel was able to shorten the time of the surgical procedure and eliminate many of the human variables in the trans-



Follicular Unit Transplantation

Follicular unit transplantation has received worldwide recognition as the gold standard. It is now the hair transplant procedure by which all others are judged. This technically sophisticated procedure is based upon the simple fact that hair grows in naturally occurring groups (called follicular units), comprised of 1 to 4 hairs. Using follicular units allows the surgeon to move hair the way it

grows in nature, producing the most aesthetically balanced results. The essence of follicular transplantation is that the anatomic features of the patient's hair, rather than the doctors, dictate the size of the implant. To produce the best cosmetic result, one should always follow the way hair grows in nature. The advantage of using follicular units is that they enable the surgeon to move the greatest

amount of hair with a minimum amount of skin. The extra skin between the naturally occurring groups is removed under microscopic dissection producing very small implants. These, in turn, can be inserted into very small sites. By keeping the recipient wounds very small, large numbers of implants can be safely moved in one session. At the New Hair Institute, where the

1998 Seminar and Open Houses Were Held in the Following Locations:

- Detroit, MI
- Atlanta, GA
- Phoenix, AZ
- Florida
- Denver, CO
- Stamford, CT
- Washington, DC
- San Francisco Bay, CA
- Dallas/Houston, TX
- New York/New Jersey
- Cincinnati, OH
- Kansas City, MO
- Sacramento, CA
- Manhattan, NY
- Nashville, TN
- Las Vegas, NV
- Westlake Vlg/Wld Hls, CA
- Boston, MA
- Seattle, WA
- Fort Lee, NJ
- LA/Newport Bch, CA
- Chicago, IL
- St. Louis, MO
- Philadelphia, PA

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NHI Trains Doctors From Around the World

NHI held its first course on hair transplantation with a fully subscribed physician attendance of 25 physicians. Slightly over half of the doctors came from outside of North America, two from Australia, three from Singapore and Taiwan, five from Central and South America and others from Eastern and Western Europe. Dr. Martinick (Australia) wrote a review of the course for the Hair Transplant Forum where she stated:

The breadth of experience of the attending doctors varied from nil to over 20 years of transplantation. Dr. Bernstein's careful, logical, step-by-step computer delivered didactic program was such that no matter what your experience, there were mountains of knowledge to be gained by

everyone. The main theme was follicular transplantation as practiced by the leaders in the industry. But it also covered patient selection (or rejection), patient communication, informed consent, avoiding problems, hair characteristics, hairline creations and innovations such as GraftCyte and Dr. Rassman's Carousel (seen in action). Staff relationships, education and marketing were also keenly discussed issues. I know that I speak for all the doctors who attended this comprehensive course, when I greatly thank Drs. Rassman and Bernstein. I would urge anyone whether beginning or advanced, to take advantage of this opportunity when it presents itself again.

The "How To" Course in Follicular Transplantation," co-directed by Drs. Bernstein and

Rassman, is approved for 22 Category I Credits of Continuing Medical Education by the American Academy of Dermatology and will continue to be offered to physicians on a year-round basis by the New Hair Institute.

The two and one-half day course covers basic and advanced concepts in Follicular Transplantation, and includes a hands-on training session for physicians in the latest surgical techniques. In the NHI tradition, quality assurance issues are covered in detail, and occupy a central position in all of the sessions. Techniques to repair older surgical results are also a core part of the curriculum, as there are so many patients in need of "corrective" hair restora-

tion surgery. For many doctors, gaining experience with the new automated Carousel was the highlight of the course. The last day was devoted to "The Art of Follicular Unit Transplantation" and NHI physicians shared some of the special skills and artistry that are the hallmark of their world-renowned procedures.

Update on Propecia

Finasteride, an oral medication that blocks the conversion of testosterone to dihydrotestosterone (DHT), the form of the hormone that causes male pattern baldness, has been available as the prescription pill 'Propecia' since February 1998. Although the medicine has not been available long enough to assess its long-term effectiveness, our experience with Propecia thus far has shown it to be without significant side effects.

If it works the way it has been shown to function in clinical trials, Propecia can be expected to be useful in areas of thinning, but ineffective in restoring hair in areas that are bald. It should prove to be a useful adjunct to surgical hair restoration for a number of reasons.

- Propecia works best in the younger patient who may not yet be a candidate for hair transplantation.
- Propecia is less effective in the front part of the scalp, the area where surgical hair restoration can offer the greatest cosmetic improvement.
- Propecia can regrow, or stabilize hair loss, in the back part of the scalp where hair transplantation may not always be indicated.
- Although Propecia is of little use in patients who have extensive baldness, these patients are often ideal candidates for hair transplantation.
- If Propecia is shown to be safe and effective in the long-term, it will allow the hair restoration surgeon to create more density in the needed areas (such as the frontal hairline), since keeping reserves for future hair loss will be less of a concern.

It is important to understand that FDA approval of a medication does not mean that all the long-term risks and/or benefits are known. You should carefully review the information provided by NHI physicians, or other knowledgeable doctors, before using this medication.



NHI Physicians Keep Presenting and Publishing

Consistent with our goal to disseminate the latest advances in hair restoration, NHI physicians continue to give key presentations at national and international meetings and publish in the most prestigious medical journals. At the past International Society of Hair Restoration Surgery, 5th Annual Meeting, Barcelona, Spain, Dr. Rassman introduced his highly anticipated Rapid Fire Hair Implanter Carousel. This paper was subsequently published in the journal of "Dermatologic Surgery." Dr. Bernstein discussed how to achieve the best possible cosmetic results in his talk on "The Art of Follicular Transplantation," and both Drs. Rassman and Bernstein debated some prominent members of the "old guard" who surprisingly still prefer to use large grafts and per-

form scalp reductions.

Dr. Rassman lectured on automation technologies at the American Academy of Cosmetic Surgery in January and at the World Congress on Hair Transplantation in February where doctors were able to participate in "live-patient" workshops.

The American Academy of Dermatology has asked Dr. Bernstein to lead an annual focus session on Follicular Unit Transplantation. Dr. Bernstein will use this opportunity each year to introduce new concepts and techniques to the general dermatology community. Recently Dr. Bernstein flew to Portland, Oregon to present "The Follicular Unit The End of the Evolution?" at the 25th

Annual Clinical & Scientific Meeting of the American Society for Dermatologic Surgery. Dr. Bernstein and other prominent international hair restoration surgeons were selected by the Aesthetic Surgery Journal to discuss different Surgical Approaches to Hair Restoration. They presented a lively discourse on state-of-the-art techniques that were subsequently published in the journal.

At the upcoming 6th annual, International Society of Hair Restoration Surgery meeting in Washington, D.C., Dr. Bernstein will present the important study: "Dissecting Microscope vs. Magnifying Loops with Transillumination in the Preparation of Follicular Unit Grafts: A Bilateral Controlled Study." The paper, recently pub-

lished in 'Dermatologic Surgery', definitively proves the benefit of using the microscope in hair transplantation. Dr. Rassman will perform surgery using his new Rapid Fire Hair Implanter Carousel on closed circuit television before an estimated 800 physicians and medical personnel. During that presentation he will focus upon the "art" of the surgical technique, an emphasis often overpowered by technical aspects of the procedure.


Doctors Attempt Standardization in Hair Transplantation

Doctors Bernstein and Rassman recently organized an international group of twenty-one physicians that included some of the world's most prominent hair restoration surgeons in an attempt to "Standardize the Classification and Description of Follicular Unit Transplantation and Mini-Micrografting Techniques." This is much needed since the terms that are currently being used by hair transplant surgeons have not been well defined, and the details of many hair transplant

procedures are so poorly documented that different techniques can neither be compared nor communicated clearly to our patients. This project hopes to correct many of these problems and will be formalized in a paper that will also be presented at the 6th Annual International Society of Hair Restoration Surgery meeting in Washington, D.C. 1998.

NHI Keeps Fees Low

NHI's tradition of offering free consults and the lowest possible surgical fees will continue. This has been made possible because of the large referral base we have established. New technology, such as the Carousel, will also insure that the transplantation will be kept at affordable levels. Our popular Standby program will continue to be offered to those who have a flexible schedule and are available with one to two week's notice. Financing is also available for those who need assistance. We offer travel reimbursement for patients who live more than 150 miles from our offices.



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“Repair Work”- When will it end?

We are sad to report that in spite of the new information available to physicians on new hair transplant technologies, older methods are still being used. Although packaged with new names that make unwary patients think they are receiving state-of-the-art surgery, these are often the same old procedures. They often leave an unnatural look and waste too much of the precious donor supply. Repairing poorly planned and improperly executed transplants still occupies as much as 50% of the surgery performed in some NHI locations, where physician acceptance of newer techniques seems to be lagging.

With new Follicular Unit Transplantation procedures, the old pluggy or unnatural look can be readily camouflaged, but patients need an adequate supply of donor hair to accomplish this. Microscopic dissection allows the retrieval of donor hair in and around the scar tissue produced by the old transplants, significantly increasing the amount of usable hair. Even so, it is far better to do it right the first time, so please do your “homework,” before your first procedure.

Other problems from poorly performed transplants such as hairlines that are placed too low, or with hair placed in the wrong direction, can be fixed by removing the improperly placed grafts, microscopically dissecting out the follicles, and re-implanting the hair appropriately.

Common Fallacies

Fallacy: The doctor rubs the back and sides of your scalp and announces: "You have plenty of hair."

Truth: Each and every one of us is born with a finite amount of hair. Whatever the approach to hair restoration, no new hair is created. Scientific measurements, such as densitometry, provide the surgeon with much greater accuracy than subjective assessments when estimating your total supply of permanent hair. Accurately estimating your total donor reserves for proper long-term planning cannot be over emphasized.

Fallacy: "Try a few and see if hair transplantation is for you!"

Truth: Hair transplantation should only be started after a long-term master plan has been established. The "try a few" mentality is totally inappropriate for it does not fully inform the patient of the potential problems involved with starting a process which they may not wish to complete.

Fallacy: It is better to begin early.

Truth: A hair transplant should be begun when your degree of hair loss is unacceptable to you. You should not begin if you are worried about future loss, or if you want to replace a little loss quickly so that no one will notice. Starting early will often require multiple small sessions, and your expectations may be unrealistic.

Fallacy: Large grafts produce a better, denser result than smaller grafts!

Truth: Can a portrait painter create a better portrait with a house painter's equipment i.e. by using a roller rather than a brush? The use of an artist's

brush is analogous to the use of very small grafts. High-quality hair transplants require fine instruments and delicate, small grafts. These grafts must be distributed in a way that balances the facial features, hair characteristics, and goals of the individual patient. Large grafts simply can't offer sufficient flexibility to allow this "customizing" and their unnaturally high density doesn't take into account the progressive nature of hair loss, placing the patient at great risk of having an unnatural appearance in the future.

Fallacy: Removing large amounts of donor hair is unsafe!

Truth: This is a statement commonly made by doctors who lack sufficient experience, or technique, in performing large sessions. The amount of hair needed for the average large session is well within the safe limits of what can be moved, provided that the procedure is done properly. It is the experience and judgment of the surgeon that will insure that the amount of hair that is harvested from the donor area is safe and appropriate.

Fallacy: The blood supply of the scalp cannot support a large session!

Truth: People who make such comments don't understand the oxygenation process in the transplanted grafts or the anatomy of the scalp's circulatory system. The issue is one of oxygenation, not blood supply. By their very size, large grafts over 2 mm, will result in oxygen deprivation to the hair located in their center. This has been proven over and over again by observing the phenomenon called donuting (the loss of hair follicles in the center of larger grafts). In contrast,

oxygen diffuses easily into grafts 1 mm or less in size.

The blood supply of the scalp is among the richest in the entire body, enabling it to support the growth of large numbers of grafts, provided that they are kept very small. Follicular Transplantation procedures performed at the New Hair Institute insure that these implants are kept to their optimum size.

Fallacy: Scalp reductions save hair for future loss.

Truth: Doctors who make such comments reflect an unacceptable level of ignorance for they do not understand that hair is a limited resource. It is used up regardless of how it is moved and scalp reductions are just another method of moving hair around. Scalp reductions move hair to the crown at the expense of the front of the scalp, the cosmetically more important area. As a result of the reduction, the hair in the sides and back of the scalp is reduced in both density and looseness (This is why the procedure is appropriately called a "reduction"). The donor hair on the sides and back of the head thins considerably through the process and this, together with the



Microscopophobia

At NHI we perform 100% microscopic dissection for all of our transplants and we perform follicular unit transplantation exclusively.

The microscope offers:

- Over 20% more yield from a given donor strip.
- Best graft growth and survival.
- Fullest and most natural possible look.
- Preservation of the donor supply for future use.

Many physicians still seem to have a “phobia” for using new technology, such as the dissecting microscope, in spite of its proven benefits. The main argument that doctors use it that it is too difficult for their staffs to learn. This does not seem to be a very good argument when the quality of the patient’s surgery is held in the balance. As with most good things in life, a little effort is often required. Fortunately, the microscope is such a powerful tool, benefits can be seen almost immediately, even though it may take a surgical team a year, or more, to reach the highest level of competence. We suggest that any patient seeking hair restoration “demand” that their surgeon uses microscopic dissection. You should not settle for less!

Are You Asking the Right Questions?

Q: How do I know if I am a good candidate for a hair transplant?

ANSWER: Your age, skin color, hair characteristics, and balding pattern are all-important factors in determining if you are a candidate for a hair transplant. We suggest that you have a personal consultation with one our NHI physicians, who will carefully examine you and discuss, in detail, the benefits that may be achieved from surgical hair restoration.

transplant performed by another doctor, can I have repair work done at NHI?

ANSWER: Yes! The physicians at NHI have extensive experience in performing all types of repair work. People come to NHI from all over the world to fix the pluggy or unnatural look they received at other institutions.

Q: What can I expect the day of the procedure?

ANSWER: Your hair restora-

tion is performed under local anesthesia, in a modern, out patient facility. NHI does everything to ensure your comfort. With our extensive video library, you can relax with a movie, and enjoy a great meal as well as snacks throughout the day.

Send your questions to us and we will publish them with answers in the next issue!

Q: If I am unhappy with a

Common Fallacies

(continued from page 4)

tighter scalp, makes it more difficult to move hair to the cosmetically important areas such as the frontal hairline and front part of the scalp. After a scalp reduction, the surgeon may never be able to harvest enough hair to complete the transplant. In addition, the scalp reduction can cause problems such as scarring, a thin scalp, altered hair direction, and a host of other unwanted effects. No wonder that the use of this procedure has dropped so dramatically in recent years!

Fallacy: Lasers are state-of-the-art technology!

Truth: Lasers are used by some hair transplant doctors to make the recipient sites. The laser works by using a beam of very high energy to burn a hole in the skin. But, regardless of how precise the laser, it still works by destroying tissue i.e. by making a hole. The beauty of Follicular Unit Transplantation is that the tiny follicular unit grafts can fit into very small sites that are made with a needle poke rather

than by an instrument that removes healthy tissue. In Follicular Unit Transplantation, the blood vessel rich tissue that it is to receive the grafts does not need to be destroyed, so the growth is maximized.

Fallacy: With new techniques, it is possible to restore a full head of hair!

Truth: All hair transplantation procedures move hair around to make you look better, but none create more hair.

Fallacy: New medications will make surgical hair restoration obsolete!

Truth: New medications work best by retarding or preventing future hair loss. There are no known medications which can significantly regrow hair once it has been lost.

Follicular Unit Transplantation

(continued from page 1)

exclusive use of follicular units in large numbers was pioneered, enough hair can be safely transplanted so that the procedure can be completed on one or two sessions. This can eliminate the need for multiple procedures over an extended period of time.

Integral parts of the Follicular Transplantation procedure include single-strip harvesting (where the donor strip is removed as a single, intact strip) and complete microscopic dissection.

To maximize your donor supply and insure the very best growth of your transplants, both of these techniques must be utilized. Doctors often take shortcuts and rationalize that these more time consuming techniques are not so important... but they are!

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New Absorbable Sutures and New Post-op Care

Suture removal is a big nuisance for many patients. At NHI we now use a single, absorbable suture that does not need to be removed. It is composed of a new material called Poliglecaprone 25 that is readily absorbed by the body in a few weeks. Patients really appreciate the comfort of this fine suture, and the convenience of not having to return to the office for them to be removed.

One of the hallmarks of Follicular Unit Transplantation is the rapidity of healing and the ability of patients to quickly resume normal daily activities and return to work. For patients who have professions with high public visibility, a new post-op dressing containing Copper-peptide (called GraftCyte) can decrease healing time even further. We now offer this new treatment as an option for all our patients.

Beware of Salesmen Wearing White Coats!

When deciding where to have your surgery, be certain that, at the time of your consultation, it is a physician who examines you and makes specific recommendations about your procedure. A salesman, or other person (frequently wearing a white coat) who might be "masquerading" as a medical professional, should not be practicing medicine. You could meet these people and assume that they are physicians as they have impressive sounding titles such as "senior medical consultants." These people are not physicians, and may not have any formal medical training.

When a physician evaluates you and makes recommendations, he/she is responsible for informing you of the risks as well as the potential benefits of your surgery, and he is ultimately responsible for your care. He/she will also have the knowledge to provide you with a balanced view regarding your surgery as well as other treatment options. This is the practice of medicine! A "consultant" who is being paid to convince people to have a transplant, but who is not actually performing the surgery, does not bear this responsibility, and may have a natural tendency to oversell the procedure. Beware!

If you go to a doctor's office expecting to meet with a physician, and are evaluated instead by a non-physician dressed in a white coat, beware! When a

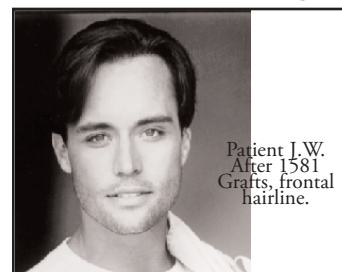
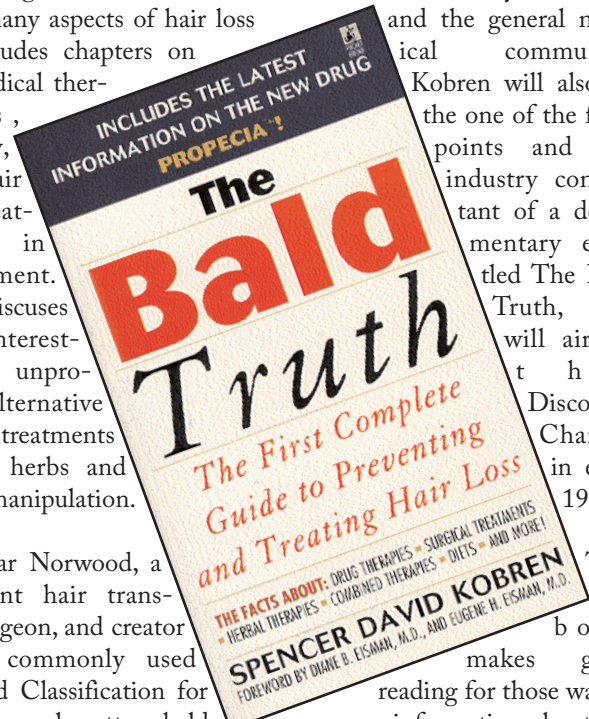
The Bald Truth

"The Bald Truth" a new book by Spencer David Kobren (published by Pocket Books, Simon & Schuster, 1998) is the first consumer's guide to preventing and treating hair loss. The book covers many aspects of hair loss and includes chapters on new medical therapies, surgery, and hair loss treatments in development. It also discusses some interesting, but unproven, alternative medical treatments such as herbs and dietary manipulation.

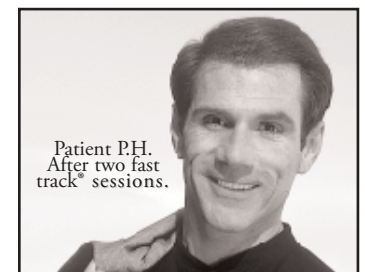
Dr. O'Tar Norwood, a prominent hair transplant surgeon, and creator of the commonly used Norwood Classification for measuring male pattern baldness wrote "As a consumer advocate, Spencer Kobren has been able to grasp and explain the complexities of hair loss and its treatment. Every balding man should read this book." Spencer is also the host of his own talk radio show called the "Bald Truth" airs nationally on WABC Radio on Saturday nights at 11:30pm. It offers the listener a unique opportunity to speak directly with the author and to hear the issues of others suffering with hair loss. As in his book, Kobren cuts through all

the hype and discusses the latest breakthroughs in the field. This type of platform is long overdue and will bring universal attention to a subject that has been trivialized by the media and the general medical community. Kobren will also be one of the focal points and the industry consultant of a documentary entitled The Bald Truth, that will air on the Discovery Channel in early 1999.

This book makes great reading for those wanting more information about the field, especially from the perspective of a non-physician who has struggled with his own hair loss. "The Bald Truth" is an easy-to-read paperback and can be purchased at most bookstores.



Patient J.W.
After 1581
Grafts, frontal
hairline.



Patient P.H.
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track sessions.

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Beware!

“Blind” Graft Production on the Rise!

Blind Graft Production comes in two forms. The first is with the use of the multi-bladed knife.

The multi-bladed knife is used by doctors performing mini-micrografting to harvest (remove) donor tissue from the back of the scalp. This technique is popular because it is quick and produces thin slices of tissue that can be further divided into smaller pieces depending upon the size the surgeon wants (i.e. the term “mini-micrografts cut to size.”) The problem is that the multiple blades pass through the scalp without direct visualization or control by the surgeon (i.e. “blind”) and cause unnecessary damage to the donor tissue by cutting into hair follicles and breaking up follicular units. This is because there is no way for the instrument to adequately compensate for the random distribution of follicular units in the skin, or the normal variability in the direction of human scalp hair.

This damage can be significant and many doctors have abandoned the use of this harvesting technique (the multi-bladed knife is not used at NHI). A problem is that many doctors, who use a multi-bladed knife, do not use microscopic dissection so the damage that is produced is not readily apparent to them.

Unfortunately, the damage is seen much later on, when the amount of growth from the transplant is less than expected.

The second, and potentially more serious form of blind graft production is the “mechanized” cutting of the individual strips of donor tissue. In this procedure, the thin sections produced by the multi-bladed knife are placed on a grid-like cutting block, and then, all at once, chopped into tiny pieces. In this method, not only is the tissue removed from the scalp in slivers that are cut “blind,” but then these slivers are cut in mass into smaller bits of hair bearing skin without individual control by the surgeon. By this method not only is there a very high incidence of follicular transection (damage), but most of the naturally occurring follicular units are broken up. Needless-to-say, it is impossible to perform Follicular Transplantation with any type of “blind” graft techniques.

To contrast this procedure, lets look at the way graft production is carried out at NHI. First, the donor tissue is carefully removed as a single strip. Next, the strip is divided into smaller pieces by a process called “slivering.” In slivering, complete microscopic control is used to avoid breaking up

follicular units or damaging follicles. The thin slivers are then further dissected into individual follicular units under complete microscopic control. This is the “ultimate” in direct visualization and ensures the best possible yeild.

With all of the negative aspects of “Blind Harvesting,” one should ask why doctors offer this option. The answer is that its is faster and cheaper for the doctor. Lower costs for a surgery can create the illusion that as the cost goes down the value goes up, but the value of the procedure, hair for hair, is actually more expensive when one takes into account the destruction of the grafts and the yeild of the hair. The unsuspecting patient won't see the results of the decreased yeild for 4-8 months, long after the bill for the surgery is paid in full. Unfortunately, the lost donor supply can never be recovered.

NHI Opens Manhattan Surgical Center

NHI is pleased to announce the opening of its long awaited New York Surgical Center. The center, is conveniently located in the heart of Manhattan at 125 East 63rd Street (between Park and Lexington Aves). The office has been designed to facilitate microscopically controlled Follicular Unit Transplant-ation procedures. The facility will also be used as a center for teaching. Dr. Robert Bernstein will serve as the Medical Director.

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Nationwide



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NEW HAIR INSTITUTE ON THE INFORMATION SUPERHIGHWAY

Now Internauts can get the latest news on NHI's hair restoration techniques and the latest breakthroughs in the industry by visiting our website. View before and after pictures of patients and look up the answers to some of the most commonly asked questions. On the internet, you can also request our free video and information package, schedule a complementary consultation, RSVP for an Open House or a Seminar or even ask our doctors questions!



The "Art" is What Really Counts!

With all of the recent technical advances in hair restoration, one must still not lose sight of the fact that surgical hair restoration is still an "art form", relying heavily upon artistic skill of the surgeon to produce the best cosmetic results. To achieve maximum fullness from your hair transplant, it is important that your donor supply is "safe-guarded" by surgical techniques that prevent waste, and insure maximum growth. To achieve the best "aesthetic results," your surgeon must pos-

sess the perfect blend of artistry, knowledge, and experience.

In making the right aesthetic judgements, the surgeon must take into account your facial features, your hair characteristics, your future balding pattern, and subtle aspects of hair growth such as angulation, swirls and texture. He must then combine this with your specific goals and grooming patterns, to give you the best possible results.

Doctors from around the world come to NHI to learn these skills from us. The "Aesthetics of Follicular Unit Transplantation," published last year in "Dermatologic Surgery" by doctors Bernstein and Rassman, discusses many of these issues in depth and has become the standard for performing Follicular Transplantation. Our intensive focus upon the aesthetic aspects the procedure not only help doctors, but benefit every patient that comes to NHI

for their surgery.

Instrumentation Breakthrough in Hair Transplantation

(continued from page 1)

plantation process. The Carousel accomplishes this by creating a tiny opening in the skin and inserting the follicular graft into that site in the same step. The Carousel reduces graft manipulation and exposure to the drying effects of air, as these two factors appear to be among the most commonly identified causes of graft failure. From a purely time and labor perspective, the Carousel reduces the duration of surgery and the number of people needed to perform it.

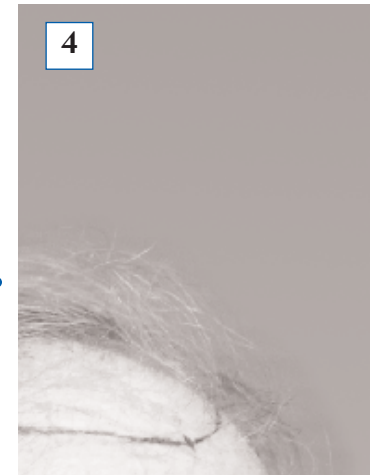
NHI doctors have achieved world wide recognition for their revolutionary "Follicular Unit Transplantation" procedures. The Carousel will enable many doctors to offer this procedure to

their patients. Dr. Rassman has been granted two U.S. patents on the device. Other patents are pending both within and outside of the U.S. They are also developing other devices that may facilitate the hair transplantation process.

A prototype of the Carousel was introduced at the annual meeting of the International Society of Hair Restoration Surgery held in Barcelona, Spain in October 1997.

The first peer reviewed article on the subject was written by doctors Rassman and Bernstein. It was published in the June 1998 edition of the Journal of Dermatologic

Surgery. Many experts in the hair transplant industry view the instrument as a major technological breakthrough. The Carousel should be available to non-NHI physicians as early as October 1998.



Grafts are placed.

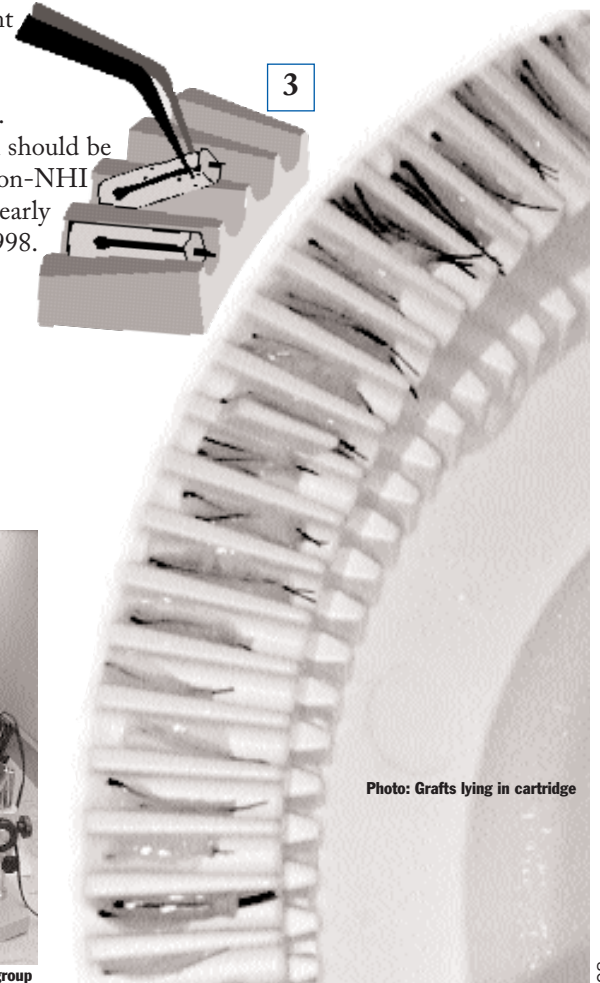
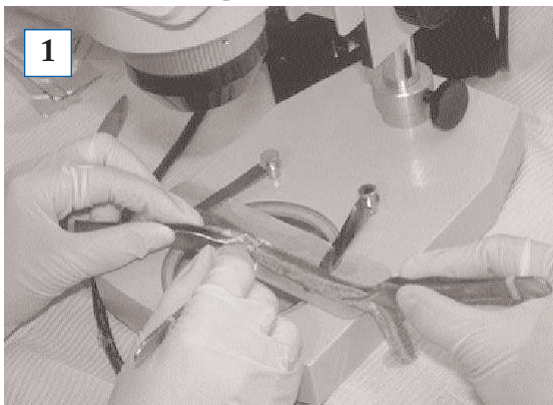


Photo: Grafts lying in cartridge



1

Donor strip is carefully dissected by two people under microscopic visualization.



2

Teams of technicians identify every follicular group under microscopic control and carefully dissect it.