

Procedure: Follicular Unit Hair Transplantation – Strip Technique

No medications have been given to me prior to signing this consent form.

You _____ and Dr. Ende are considering an operation to treat male or female pattern baldness by increasing the density of hair in the balding area. The operation is called a follicular unit hair transplant. The operation is performed under local anesthesia with sedation. You will feel the local anesthesia injection and this may be somewhat painful, but the procedure itself is painless. Hair transplant involves surgical cuts around the back of scalp and possibly above your ears to remove a strip of donor hair. The hairs are then dissected by a hair technician under high power magnification and transplanted to the balding areas of your scalp into small surgical slits. These hairs should last as long as they were programmed to live in the region from which they were harvested. Every attempt will be made to preserve as much donor hair as possible and not to waste any that is harvested. You will have stitches or surgical clips that will require removal in the back of your scalp and possibly above the ears. Bleeding may occur and this is generally controllable intraoperatively and postoperatively. The donor hair runs very close to sensory nerves and temporary or permanent numbness can occur, but is rare. Generally TWO sessions are required to achieve the desired density, however 1 session may be adequate in some patients depending on the balding pattern and your goals. It is possible that no grafts will not grow (although this is rarely reported) and Dr. Ende has never seen this occur in his patients. With this said, Dr. Ende makes no guarantee that your grafts will grow. Most studies show that greater than 95 percent of hair grafts will grow. With this said, even 100 % growth in one session may not noticeably change your balding appearance, especially in the crown region of the scalp. Because of these facts, Dr. Ende can make no guarantee as to the result that might be obtained from this operation. However, in the vast majority of patients that Dr. Ende operates on, the result desired from surgery is achieved. Improvement is almost always possible, however, perfection is usually NOT possible by any surgeon. I have been given a sheet on what to expect after hair transplantation, and I understand that no growth is usually visible until 3 months after the procedure. I understand that crusts are visible for at least the first 5 days and sometimes longer. I will not under any circumstances pick these crusts or rub vigorously at them.

Pimples can and usually do occur in the first 3 months. In general pimples can be treated on the scalp in the same manner that they are treated on the face. The best method is to use warm soaks 3 times per day. Squeezing is not recommended. For persistent pimples, pimples with surrounding swelling or redness, large pimples, painful pimples, or large numbers of pimples I hereby certify that I will call Dr. Ende to have it/them evaluated. I will not take it upon myself to poke or prick the pimples with a needle or other sharp object. I understand that doing so may lead to graft loss, scarring, infection, and/or permanent disfigurement.

Telogen Effluvium is a fancy phrase, which describes the phenomenon of hair loss in the balding area when transplanting new hair to that area. Dr. Ende will try to prevent this by injecting Kenalog during the time of your surgery if your medical conditions allow this, but Telogen Effluvium may still occur. In virtually all patients, the hair that was lost usually regrows within one hair cycle (3 months).

Additional complications include but are not limited to: bleeding, infection, widened donor scars rarely requiring scar revision, swelling of the brow, forehead and eyelids, chronic scalp pain or numbness, unsatisfactory cosmetic result such as displeasure with the general appearance of the hair as compared with what I had expected, abnormal delay in healing or scarring, personality

changes and mental difficulties following surgery, even if the operation is otherwise successful, allergic reactions to one or more of the substances used in the operation.

Some of the complications of this operation may cause the need for further surgery; some of the complications can cause prolonged illness and permanent deformity; very rarely, some of the complications have even been known to cause death (such as heart attack, allergic reactions, and blood clots). Furthermore, there may be alternatives to this surgery available to you, such as doing nothing, wearing a wig or hairpiece, use of camouflage products, laser hair combs, continuing Propecia and Rogaine, scalp reduction, hairline lowering, or other novel and unproven techniques. Doing nothing is your choice and will not cause you any harm. I understand that I may continue to lose hair adjacent to the newly transplanted hair, especially if my final balding pattern has not yet occurred. Not having reached my final balding pattern is certainly not a contraindication to surgery, but it does set me up for the need for future hair transplants to keep up with the hair that I lose. If my donor supply of hair is exhausted and I am unhappy with my balding pattern in the future, the grafts can be removed. I could also switch to a hair piece. I also have the option of undergoing body hair transplants to the scalp. Again, I am aware that male pattern baldness is usually a continuing process and that its future extent is not always predictable. I have received a detailed instruction sheet for postoperative care, which I will follow closely.

Photography: I also give my consent for photographs to be taken before, during, and after my operation. I further consent for such photographs to be used in connection with medical research, advertising, education and science. I understand that Dr. Ende will never publish my name in conjunction with any photographs. I understand that I have the option of crossing out this paragraph if I desire my photographs to be used for medical records only.

I certify: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask any questions which I had and all of my questions have been answered. I know that the practice of medicine and surgery is not an exact science, and, therefore, reputable and highly trained practitioners such as Dr. Ende can not and should not properly guarantee results.

Signed: _____ Date: _____
Witness: _____ Date: _____

A general hospital consent form must also be signed