



HAIR TRANSPLANTATION CONSENT FORM (F)

PATIENT'S NAME:

DATE:

HAIR TRANSPLANT PRINCIPLES

When men lose their hair and go bald, the majority do so because of the underlying condition of Androgenetic alopecia, or as it is commonly known, Male Pattern Baldness.

Women can develop a similar condition of pattern baldness which has the same underlying cause but it usually affects the top of the scalp, sparing the hairline and the 'donor' area at the back of the scalp.

Women can also experience hair loss due to hormonal imbalance, stress, anaemia, low iron or thyroid hormone levels. Generally, such patients are not suitable for transplantation and are best treated by dealing with the underlying medical problem.

Women who are suitable for hair transplant surgery can do extremely well. However, we always sound a note of caution in so far as, if the thinning process which has caused the top of the scalp to be affected eventually extends into the donor area, then the transplanted grafts could also be affected.

The donor area on the back of the scalp is usually smaller than a man's. It is limited in its size and density, and varies between individuals but will normally contain one to two thousand follicular unit grafts. These hair follicles can be transplanted strategically into selected areas of the scalp to maximise their effectiveness.

It is important to realise that there is a limit to how close together each follicular unit graft can be placed during a session. If considered necessary, further sessions can place more transplants between the original ones and thus build up the hair density. There is also a maximum density achievable by surgery. Depending on individual hair loss patterns and hair types, most people will require at least one large (mega) session or 2 smaller sessions per area to achieve reasonable density.

All results are individual depending on a patients' personal hair characteristics. No conversations with personnel from this clinic or any other clinic nor pictures demonstrating previous patient results implies a guarantee that a patients result will be the same or similar.

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THE PROCEDURE

Hair transplantation is a minor surgical procedure by which permanent hair from regions of the scalp that normally never go bald, such as the sides and lower back of the head, is transferred or redistributed into areas of permanent hair loss or thinning. Mild sedation is used and patients are fully aware and can converse with the surgical team during the operation. Patients must eat and drink before the operation. This ensures that the whole procedure is more comfortable.

The recipient bald or thinning area is carefully evaluated and marked. Using local anaesthesia, a section of scalp containing healthy hair is removed from donor areas on the back and sides, generally in a long narrow strip. This donor area is then closed with sutures (stitches). This should leave a fine pale scar easily covered by the patient's own hair as long as it isn't too short! The "stitches" are usually removed 7-10 days later.

The follicular unit grafts are removed from the strip, and then are carefully prepared, trimmed, and then placed into the recipient sites made in the bald or thinning scalp. In most cases, grafts of various sizes are artistically placed in zones, in order to achieve the desired final appearance. Most grafts are "follicular units", tiny grafts of 1-4 hairs, which are cut using the stereomicroscope. Another session may be necessary to complete a hair transplant project, the sessions usually being separated by a minimum time interval of 6 months, to allow time for the blood vessel system to return to full strength and for the new hair to grow out.

Future grafting sessions may be needed as balding progresses in the years to come. The actual pattern and speed of loss in any particular person is hard to predict.

When the local anaesthetic has worn off, usually after 6-8 hours, the scalp may feel a bit tight and uncomfortable but this soon goes. Simple painkillers such as Solpadine, etc, will help.

Some crusting may occur around the grafts. Intensive spraying in the immediate post-operative period will prevent this to a large extent. Any crusting must not be scratched as the grafts may be pulled out. 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 graft normally falls out within the first 3-4 weeks. The new hair will then grow from the hair root and will be noticeable by approximately 4 months and carry on growing as fast and as long as your normal hair, usually about 1cm a month. A post-operative check-up is carried out after six months and an assessment of the final outcome of surgery is normally made after 18 months when the grafts are fully grown.

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SMOKING AND HAIR TRANSPLANTATION

Smoking may negatively affect the results of your transplant and delay or interfere with the growth of your transplanted hair. This is because nicotine restricts the nutritional blood flow to the skin, which is vital for hair growth, while carbon monoxide and hydrogen cyanide – chemicals in cigarette smoke – have been proven to reduce the body's ability to heal after surgery. Therefore, to give the hair grafts the best possible chance to grow, we strongly recommend that you reduce or preferably stop smoking for at least 6 months prior to surgery and at least 4 months afterwards.

RISKS, SIDE EFFECTS, AND POSSIBLE COMPLICATIONS:

In the overwhelming majority of hair transplantation procedures there are no complications. However, a number of side effects, risks, and complications can occasionally occur. For the purpose of putting these things in perspective, we will divide them into two categories: those that occur occasionally and those that occur very rarely and are included here for the sake of completeness:

Side effects that occur occasionally:

- 1) Swelling in the forehead: This occurs in about 1 in 50 procedures. If it occurs, it begins on the 3rd post-op day and is usually gone after 3-4 days. Occasionally it extends down around the nose and eyes.
- 2) Mild "Shocking" (shedding) of Existing Hair: When there is weak existing hair in the areas of the scalp that is transplanted, occasionally the transplant procedure can have this mild "shock-like" effect on those hairs, causing them to drop out for 3 months, after which they grow back. This effect, in general, is noticed in about 1 in 50 patients, and is usually not an issue after the first session has grown in, since then there is strong dominant hair over the area. If a particular hair that is "shocked" was on one of its last life cycles, then it may drop out permanently. It is important to realise that surgery does not stop further loss of non transplanted hair.
- 3) Temporary numbness of part of the head: It is common for some portion of the top-rear area of the scalp to be partly numb for a few weeks after the surgery. It then gradually returns to normal during the next few months.
- 4) Post-op pain or headache: These are both quite rare. The donor (sutured) area is a little sensitive for about a week while the stitches are in but, except for that, only about 1 in 20 patients actually have headache or other pain that requires any pain medicine.
- 5) Minor and trivial side effect: Itching in the area of the new grafts or along the Donor scar may occur occasionally.

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Side effects or complications that occur only rarely:

- 1) Irregular or uneven or delayed hair growth: Most transplanted hairs are shed after each session, over a period of 2-8 weeks. Generally within 3-4 months, new hair growth begins. This may occur at irregular rates, with some hairs coarser, finer, darker, or lighter in colour, or different in textures than the characteristics of the original hair. In most instances, this eventually normalizes. However it may take 18 months or more from the starting point before cosmetically satisfactory results are seen.
- 2) Epidermoid cysts: These are small sterile cysts which occur when a new graft has been accidentally placed “piggy-back” on top of a small amount of skin material which was trapped at the bottom of the new recipient hole. If they occur, they are simply treated with a tiny incision under local anaesthesia.
- 3) Elevation or depression of grafts: Following healing, grafts may settle above or below the level of the surrounding skin, or have an uneven texture. Both of these phenomena have been very rare in our practice.
- 4) Bleeding: Haematomas, collections of blood under the skin, are possible in the donor area, and rarely a graft site will ooze the first day or evening. These are both easily treated.
- 5) Scarring: Very occasionally, especially in people with “stretchy” skin, a donor scar will be somewhat wider than normal. If any donor scars are evident when the process is completed, they can be removed at the completion of the transplants. Some people form “keloids” when they heal, and we attempt to determine that each of our patients does not do this, by noting other past scars on their body.
- 6) Dizziness or fainting: Either from anxiety, not having eaten, or medications. Since we perform the procedure with the patient sitting/lying down the entire time, this is exceedingly rare.
- 7) Allergy or reaction to anaesthetics or medications used: Medications are kept at hand to immediately treat any allergic reactions.
- 8) Failure to improve “quality of life”: Interruption of work or job routine, or interruption of home, family or social life, or failure to live up to a patient’s goals or expectations from the procedure.

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- 9) Infections: Infections are very rare because of rich blood supply to the scalp and the sterile, surgical techniques employed.
- 10) There is also the possibility that other effects or complications not presently known, recognized, or understood, may develop, now or in the future.

CONSENT DETAILS

I consent to the administration of local anaesthetics, medication, injections, intravenous solutions, and materials to be given by or under the supervision of the consultant surgeon that he/she may deem necessary in my case.

I am aware of the other alternative methods of addressing hair loss and am instead choosing this plan, as outlined by the consultant surgeon, which includes today's procedures. These alternatives include doing nothing, wearing a hairpiece, wig or toupee; "hair weaving", attachment grafts, and topical and pill hair-growth agents such as Minoxidil. A combination of the above is also possible. It was made clear to me that I am free to seek a second opinion on treatment for my hair loss if I so wish.

I hereby state that all the facts and information, including pertinent facts concerning my past medical and surgical history, that have been furnished to the medical team at HRBR during my pre-operative evaluation are complete and correct. I have not withheld any medical information that may be helpful, harmful, or detrimental to my care. I do not believe that I presently have any communicable disease, and do not believe that I have been exposed to, or have, hepatitis, or AIDS (acquired immune deficiency syndrome) or am a carrier of the HIV virus. If at any time during the hair transplant process, there is evidence or suspicion of any of the above or any medical condition, the consultant surgeon reserves the right to suspend any further procedures until necessary tests or treatment are completed by my own personal doctor and written evidence of such is provided to the consultant surgeon. I give the medical staff at HRBR permission to draw blood for HIV and hepatitis testing, if an accidental needle puncture or break of the skin by a "sharp" should occur to any of the medical staff. This will be done in a confidential manner.

I agree to follow the pre-op and post-op instructions that have been provided to me by the medical staff, before, during, and after the surgical procedure, and that I will as soon as possible, notify them of any questionable or untoward conditions that may arise. I agree to take all medications as directed. I will then keep all scheduled and recommended appointments, as advised by the surgeon or their assistant.

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I have adequate understanding of the material in the website (www.hrbr.ie) and literature provided by the medical team at HRBR and from what they have told me about the procedure. They have fully explained, in terms clear to me, the effect and nature of the procedure being performed today, foreseeable risks involved and alternative methods of treatment.

I know that the practice of medicine and surgery is not an exact science, and that, therefore, reputable surgeons cannot guarantee results. In this regard, I have been advised that the goal of the procedure that I have requested is improvement, rather than “cure” or “removal”, in the appearance or status of my balding or thinning hair condition.

I fully understand the results that I may reasonably expect. I understand hair transplants are not perfect. An explanation of this procedure has been given to me. I do understand that I will not obtain a full head of hair from the procedure. I understand that in hair transplant surgery, no new hair is created and that the success of the procedure lies in the illusion of density created by the redistribution of my donor hair into the recipient site.

I am aware that good results will depend in part upon my completing the necessary number of operations recommended by the medical team at HRBR. However, because many variables exist, I have not been promised or guaranteed good results. I also understand that the quality and amount of pre-existing hair are major factors in the eventual result. I understand I will not have hair of the same thickness/density as I had prior to the onset of my hair loss.

I understand every time an incision is made in the human body, a scar will occur, although every effort will be made to make the scar inconspicuous. Superficial crusting, pinkness, or redness of the incision areas may occur, but these will likely be temporary. A thickened or raised scar (a hypertrophic scar/keloid) is possible. This is more likely to occur in patients with a history of this type of scarring. Wide scarring is also possible in the donor area.

I understand that all recommendations made during my consultation and treatment are estimates and may change at a later date.

HRBR promises an unswerving commitment to excellence. This involves continually monitoring our standards and involving all our staff members in ongoing training and development. In order to maintain the highest level of quality for our patients and to provide the best training and guidance, we use video to record sections of some hair transplant procedures. We **never** identify our patients by name and **never** allow identifiable images of their faces to be shown. These videos are held securely and used only to demonstrate clinical features for education and training purposes. I give the medical team at HRBR permission to video relevant sections of my procedure for training and quality purposes.

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Furthermore, I give the surgeons at HRBR permission to use my photographs to demonstrate features of clinical relevance to patients, and also as part of scientific articles or presentations directed to other healthcare professionals. If any of my photographs are used, I understand, I will not be identified by name and that images will only be used in such a manner that I cannot be recognised.

I have been given an opportunity to ask all questions I desire regarding the matters covered in the preceding paragraphs, and these questions have been answered to my satisfaction. I have read, and thoroughly understand, this consent form. I, therefore, freely and openly consent to this scheduled hair transplant procedure upon myself, which will be under the direction of Mr. Maurice Collins, with the assistance of such qualified medical personnel and hair transplant technicians that he designates.

Surgeon declaration:

I have explained the contents of this document, as well as related materials and instructions, to the patient, and have answered all of the patient's questions to the best of my knowledge. I feel that this patient has been adequately informed and has freely, openly, and fully consented to the procedure.

Signed: _____
(Surgeon)

Date: _____

Signed: _____
(Witness)

Date: _____

Signed: _____
(Patient)

Date: _____