



to perform hair transplant surgery, including making Follicular Unit Extraction (FUE) incisions (or directing a robot to make FUE incisions). The BAHRS endorses Hair Transplant Surgical Assistants (HTSAs) extracting FUE grafts where the incisions have been made by a doctor or doctorguided robot, and implanting grafts, derived either from Strip Follicular Unit Transplant or FUE, into recipient site incisions made by a doctor. The BAHRS does not endorse HTSAs making recipient site incisions using implanters or other instruments. As technology evolves, robotic devices will be able to make recipient site incisions and it will be even more important for patients to be assured that the robotic device will be directed by a doctor who is adequately trained in hair restoration, and not a technician.

Conclusion

It is important for anyone having a hair transplant to know who will actually be performing different parts of the procedure and what their training and experience is. This involves doing adequate background research, meeting the doctor who will be in charge of the operation, asking who will be performing each stage of the procedure, and knowing who the different members of the team are on the day of surgery and what their roles are.

Greg Williams is the only member of the British Association of Aesthetic Plastic Surgeons who is a full time hair transplant surgeon. He has over a decade of experience in hair restoration for burns and trauma, as well as for hereditary male and female pattern hair loss, and alopecia from dermatological and other aetiologies. He is the current President of the British Association of Hair Restoration Surgery and is actively involved in research, teaching and education. He was recently awarded the prestigious 'Fellow' status of the International Society of Hair Restoration Surgery which recognises senior hair transplant surgeons around the world. He works at the Farjo Hair Institute www.farjo.com.



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