



DHCC-HAIR TRANSPLANT SERVICE

STANDARD

Department: Clinical Affairs
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STANDARD- HAIR TRANSPLANT SERVICE

INTRODUCTION

Hair Loss (alopecia) is a common condition, has a multitude of etiologies, affects all genders and age groups, and is not dependent on the aging process. Hair Restoration can be medical, surgical, or cosmetic. The Royal College of Surgeons Professional Standards for Cosmetic Surgery defines cosmetic surgery as “the choice to undergo an operation, or invasive medical procedure, to alter one’s physical appearance for aesthetic rather than medical reasons”. Hair transplant surgery satisfies this criterion. Hair transplant surgery is a minimally invasive surgical procedure in which hair follicles are transferred from the permanent and thick donor area around the sides and back of the head and sometimes beard areas and even chest or in rare cases, body hair can be used as donor, to areas of thinning or balding generally found on the front, top, and crown of the head, as well as eyebrows, eyelashes and beard.

1. PURPOSE

1.1	This Standard defines the minimum requirements including licensing and service specifications to ensure acceptable minimum levels of quality, performance, safety and reliability to provide hair transplant services within Dubai Healthcare City (DHCC)
1.2	This Standard further defines qualified personnel and facility and equipment requirements as well as expected standards for patient management and the limitations on the provision of hair transplant services by Licensed Healthcare Operators.

2. SCOPE OF APPLICATION

2.1	This Standard applies to all Healthcare Operators and Healthcare Professionals providing or intending to provide of hair transplant services within DHCC.
2.2	This Standard applies for only hair transplant excluding the prosthetic hair fibre implantation, surgical flap and hair cloning techniques.

3. STANDARDS

3.1	LICENSURE REQUIREMENT <ul style="list-style-type: none">3.1.1 Hair transplant services may be provided by DHCA Licensed Healthcare Operators holding a Clinical Operating Permit for Single and Multi-Specialty Outpatient Clinics, Outpatient Surgical Clinics and Hospitals in accordance with the requirements of the Standards defined herein.3.1.2 Only Healthcare Operators with an approved Licensure and Clinical Operating Permit for Plastic Surgery, Dermatology or General Surgery may provide hair transplant services. Each Healthcare Operator providing hair transplant services shall appoint appropriately qualified Licensed Healthcare Professionals to deliver these services as required by this Standard, the Dubai Outpatient Clinic Quality Standards or equivalent accreditation standards, and other applicable DHCA regulations, standards and policies.3.1.3 Physicians and all other Healthcare Professionals providing hair transplant services shall be Licensed Healthcare Professionals in DHCC and permitted by DHCR to provide the service.
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STANDARD- HAIR TRANSPLANT SERVICE

- 3.1.4 All licensed Healthcare Professionals shall provide hair transplant services within their scope of practice and standards of proficiency for their licensed category.
- 3.1.5 Each Healthcare Operator shall have a documented process for determining appropriate staffing needs for the provision of hair transplant services.
- 3.1.6 Prior to commencing hair transplant services, each Licensed Healthcare Operator shall have in place written policies and procedures required for safe and effective practices in compliance with the accreditation standards of the approved accreditation agency and all other applicable regulations, policies and standards. Written documents, including policies, procedures, patients' selection criteria and programs shall be managed in a consistent and uniform manner.
- 3.1.7 The Medical Director of the Licensed Healthcare Operator is responsible for the development and implementation of appropriate standards, policies and procedures for hair transplant services.
- 3.1.8 All medical advertisement shall comply with DHCR advertisement policy and MOHAP policy.

3.2

QUALIFIED PERSONNEL

- 3.2.1 The following healthcare professional categories can perform hair transplant services:
 - 3.2.1.1 Plastic Surgeons with:
 - 3.2.1.1.1 Recent Two (2) years of experience in hair transplant.
 - 3.2.1.1.2 Fulfilling general and Specialty licensure requirements such as Certificate of Good Standing (CGS) and English Proficiency.
 - 3.2.1.2 Dermatologists and General Surgeon who shall fulfill the below requirement:
 - 3.2.1.2.1 Acquire an accredited certificate in Hair Transplant/ Restoration Surgery from the following certifying bodies or equivalent.
 - 3.2.1.2.1.1 International Society of Hair Restoration Surgery (ISHRS)
 - 3.2.1.2.1.2 American Board of Hair Restoration Surgery (ABHRS)
 - 3.2.1.2.1.3 American Hair Loss Association
 - 3.2.1.2.2 Recent Two (2) years of experience in hair transplant.
 - 3.2.1.2.3 Fulfilling general and specialty licensure requirements such as Certificate of Good Standing (CGS) and English Proficiency.
- 3.2.2 All licensed HCPs should submit a surgical logbook indicating the procedure date, name of procedure, where a procedure is undertaken, number of procedure performed under supervision along with supervisor's name, number of procedure performed independently and outcome of the procedure. The surgical logbook should be signed and stamped by the Medical Director of the facility.
- 3.2.3 Physicians shall be assisted by qualified Hair Transplant Technician(s) who should have:
 - 3.2.3.1 A Degree/ Diploma in a Healthcare Specialty of at least three (3) years duration from an accredited institute/college/university; and

STANDARD- HAIR TRANSPLANT SERVICE

	<p style="margin-left: 40px;">3.2.3.2 Completed a minimum of six (6) months training experience in the area of hair transplant, with a minimum of fifty (50) surgical cases under the supervision of a physician.</p> <p style="margin-left: 40px;">3.2.3.3 Recent two (2) years of experience in the related field.</p> <p>3.2.4 Fulfilling general licensure requirements such as Certificate of Good Standing (CGS) and English Proficiency (Please refer to Allied Healthcare Professionals Licensure Requirements).</p> <p>3.2.5 All Licensed Healthcare Professionals shall be currently certified in Basic Life Support (BLS).</p> <p>3.2.6 The Physicians have to undergo advanced/ specialized training and achieved a certain level of skill to safely perform hair transplant services, identify the good candidate for hair transplant, and be able to recognize and treat complications and side effects.</p> <p>3.2.7 Physicians performing hair transplant services shall be responsible for demonstrating defined experience and exposure to the discipline’s cognitive and technical challenges including but not limited to:</p> <p style="margin-left: 40px;">3.2.7.1 Adherence to evidence-based practice and ability to rationalize deviation from evidence-base.</p> <p style="margin-left: 40px;">3.2.7.2 Understanding of epidemiology and demographics of hair loss, including ethnic variation.</p> <p style="margin-left: 40px;">3.2.7.3 Basic understanding of anatomy and physiology, pathology, microbiology, biochemistry, pharmacology, biophysics and hygiene.</p> <p style="margin-left: 40px;">3.2.7.4 Appropriate patient assessment with accurate identification of etiology of hair loss - androgenetic, non-androgenetic or a combination.</p> <p style="margin-left: 40px;">3.2.7.5 Ability to offer treatment options for androgenetic, non-androgenetic or combination hair loss.</p> <p style="margin-left: 40px;">3.2.7.6 In depth knowledge of medical and surgical management of hair loss and reconstruction techniques.</p> <p style="margin-left: 40px;">3.2.7.7 Understanding risks and benefits of hair restoration surgery.</p> <p style="margin-left: 40px;">3.2.7.8 Knowledge of therapies used to treat hair loss such as low level light therapy, platelet rich plasma and mesotherapy.</p> <p style="margin-left: 40px;">3.2.7.9 Understanding emerging technologies such as stem cell therapy, gene therapy, and other future innovations.</p>
3.3	<p>FACILITY DESIGN REQUIREMENTS</p> <p>3.3.1 Each facility shall comply with the minimal facility requirements of the most current FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities, and in accordance to its approved class.</p>

STANDARD- HAIR TRANSPLANT SERVICE

- 3.3.2 Trimming, processing and sorting of follicular unit grafts must take place in a procedure room or operating theatre. If this occurs in a location separate to where the patient is; then care must be taking when transporting the follicular unit grafts between rooms.
- 3.3.3 The procedure room shall have a minimum floor area of eleven (11) square meters and shall host the procedure chair and the hair transplant equipment.
- 3.3.4 If more than one (1) patient is being operated in a facility then follicular unit grafts from different patients must not be trimmed, processed or sorted in the same room
- 3.3.5 Room layout general features should have the following:
- 3.3.5.1 There should be a clinical chair available with a reclining, multi-positioning back rest and access on three sides. As patients having hair transplant surgery often faint, the chair must have the ability to go into the trendelenburg position.
 - 3.3.5.2 There should be adequate work surfaces to allow space for Hair Transplant Surgical Assistants to work ergonomically at microscopes required to provide magnification for follicular unit graft trimming, processing and sorting.
 - 3.3.5.3 Chairs for Hair Transplant Surgical Assistants to sit in should take into account their ergonomic needs.
 - 3.3.5.4 A height adjustable stool or seat should be available if necessary for the Hair Transplant Surgeon.
 - 3.3.5.5 Foot stools should be available if necessary for Hair Transplant Surgical Assistants to stand on when implanting grafts.
 - 3.3.5.6 A fridge should be available to store follicular unit grafts if there is a delay between donor harvesting and recipient site insertion.
 - 3.3.5.7 Patient privacy and dignity must be respected at all times.
 - 3.3.5.8 The lighting available should be sufficient.
 - 3.3.5.9 Hand held mirrors must be available for the patient to see himself/herself.
 - 3.3.5.10 Stainless steel trolleys must be available for instruments to be placed on with appropriate clean covers.
 - 3.3.5.11 A wall clock or timer should be visible.
 - 3.3.5.12 There should be sufficient ventilation.
 - 3.3.5.13 The clinic couch, trolley and surfaces must be able to be appropriately cleaned and disinfected between patients.
 - 3.3.5.14 The floor must be impervious and easy to clean.
 - 3.3.5.15 Dedicated handwashing facilities must be present in each room.
 - 3.3.5.16 Sharps and clinical waste disposal must be provided.
- 3.3.6 There should preferably be one (1) procedure chair per room. In case of multiple procedure chairs placed in a room, the procedure chairs shall be surrounded by cubicle walls to ensure privacy which shall have a minimum floor area of nine (9) square meters.

STANDARD- HAIR TRANSPLANT SERVICE

	<p>3.3.7 The procedure room shall be equipped with medication and equipment to handle clinical emergencies.</p> <p>3.3.8 There is a wide range of tools and equipment used in hair transplant surgery. In addition to standard basic surgery instruments to excise a strip of donor hair scalp, there are a multitude of devices to make recipient site incisions and to individually extract follicular unit grafts. The below equipments would be used such as but not limited to;</p> <p style="padding-left: 40px;">3.3.8.1 Densitometer can be used to estimate the hair density from the donor area.</p> <p style="padding-left: 40px;">3.3.8.2 NeoGraft machine used for follicular unit extraction.</p> <p style="padding-left: 40px;">3.3.8.3 Hair Transplant machine.</p> <p style="padding-left: 40px;">3.3.8.4 Hair implanter and Hair transplant instrument (e.g. FUE Punch, Grafting Needle and etc.).</p> <p>3.3.9 The Healthcare operator should maintain a written preventive maintenance program for all medical and surgical equipment and related procedures.</p> <p>3.3.10 Where possible, instruments should be single-use disposable.</p> <p>3.3.11 Instruments referred to as single-use by the manufacturer must not be re-used.</p>
3.4	<p>METHODS OF HAIR TRANSPLANT</p> <p>3.4.1 Follicular Unit Transplantation (FUT)</p> <p>3.4.2 Follicular Unit Extraction (FUE)</p> <p>3.4.3 Ultra Refined Follicular Unit Transplantation (URFUT)</p> <p>3.4.4 Mini-Micro-grafting</p>
3.5	<p>PATIENT SELECTION</p> <p>3.5.1 In all cosmetic procedures, a successful outcome depends on proper patient selection, in surgical hair restoration, age factor is also crucial. There are no medical or surgical advantages to transplant at an early age.</p> <p>3.5.2 Patients of the age of 25 years or older are recommended as the predictive value of future hair loss is much lower for individuals between 15 and 25 years of age.</p> <p>3.5.3 The main factors in determining total donor reserves are donor density, hair thickness, scalp laxity, and the physical size of the donor area.</p> <p>3.5.4 Patients with inadequate response to medications after one (1) year.</p> <p>3.5.5 Significant hair loss: Norwood class III or greater; In the Norwood Classification, Class I represents a normal adolescent pattern and Class II a normal non-balding adult. Therefore, as a minimum, patients should qualify as Class III before transplants are contemplated. Early Class III patients will often benefit from medication alone, so this should be considered first.</p> <p>3.5.6 Patient with Diffuse Patterned Alopecia (DUPA) has been ruled out and Non-androgenetic causes of hair loss have been ruled out (Many non-androgenetic causes of hair loss can be treated with hair transplantation).</p> <p>3.5.7 The caliber of the hair shaft is crucial. Those with large-caliber hair shafts (greater than 70 microns) obtain much denser coverage than individuals with corn silk quality hair.</p>

STANDARD- HAIR TRANSPLANT SERVICE

	<p>3.5.8 No medical contraindications to surgery (drug sensitivities, keloids, connective tissue disease).</p> <p>3.5.9 Patients should be able to tolerate being in the surgical chair for a good part of the day; consequently, back and neck problems as well as claustrophobia can sometimes make the procedure problematic.</p> <p>3.5.10 Special care should be taken when evaluating patients with significant psychiatric problems, particularly Clinical Depression, Trichotillomania, Body Dysmorphic Disorder, or severe Obsessive Compulsive Disorder (OCD). In such cases, a psychiatrist or psychologist should participate in the decision-making process.</p> <p>3.5.11 Immunocompromised patients should be contraindicated for transplant.</p>
3.6	<p>CONSENT AND PATIENT'S PREPARATION</p> <p>3.6.1 Informed consent shall be obtained by the treating physician prior to procedure/ surgery and/ or interventions. The treating physician should not delegate this responsibility.</p> <p>3.6.2 Consent listing details about the procedure and possible benefits, risks and complications should be signed by the patient. The documentation shall be maintained in the patient's medical records.</p> <p>3.6.3 Hair Transplant professionals must give the patient the time and information they need to reach a voluntary and informed decision about whether to go ahead with an intervention</p> <p>3.6.4 Appropriate laboratory tests and investigations must be carried out and checked prior to transplant.</p> <p>3.6.5 The amount of time patients need for reflection and the amount and type of information they will need depends on several factors. These include the invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention.</p> <p>3.6.6 Patient should be given health education about the hair growth progress expected after the transplant.</p>
3.7	<p>IDENTIFIED RISK LEVEL</p> <p>3.7.1 The risks for the patient can be from local anesthesia such as but not limited to:</p> <ul style="list-style-type: none"> 3.5.1.1 Allergic reaction 3.5.1.2 Cardiovascular/Neurological toxicity 3.5.1.3 Coma <p>3.7.2 Hair transplant surgery may cause fainting/feeling unwell.</p> <p>3.7.3 The risks for the patient can be from Follicular Unit Extraction and Strip Follicular Unit Transplant donor hair harvesting such as:</p> <ul style="list-style-type: none"> 3.7.3.1 Donor site bleeding 3.7.3.2 Infection 3.7.3.3 Delayed wound healing 3.7.3.4 Necrosis and scarring

STANDARD- HAIR TRANSPLANT SERVICE

	<p style="margin-left: 40px;">3.7.3.5 Donor hair depletion</p> <p style="margin-left: 40px;">3.7.3.6 Pain and dysesthesia</p> <p>3.7.4 The risks for the patient from the recipient site in all methods of hair transplant surgery from recipient site in all methods of hair transplants surgery as:</p> <p style="margin-left: 40px;">3.7.4.1 Recipient site bleeding</p> <p style="margin-left: 40px;">3.7.4.2 Swelling/edema and bruising</p> <p style="margin-left: 40px;">3.7.4.3 Infection and delayed wound healing</p> <p style="margin-left: 40px;">3.7.4.4 Failure of hair growth</p> <p style="margin-left: 40px;">3.7.4.5 Necrosis and scarring</p> <p style="margin-left: 40px;">3.7.4.6 Pain and Dysesthesia</p> <p>3.7.5 Hair Transplant Surgery risks to practitioner may include:</p> <p style="margin-left: 40px;">3.7.5.1 Bloodborne pathogen transmission risk - Hepatitis B and other vaccinations are required for all Hair Transplant Professionals.</p> <p style="margin-left: 40px;">3.7.5.2 Needle stick injuries</p>
3.8	<p>PATIENT MANAGEMENT</p> <p>3.8.1 Hair Transplant Professionals should advise the patient to avoid products that are used to thicken the hair or that stain the scalp for three (3) days before the procedure, as these often take several days to completely wash out of the scalp.</p> <p>3.8.2 Hair Transplant Professionals should examine the patient, take a relevant history and assess needs to develop a care plan.</p> <p>3.8.3 Hair Transplant Professionals monitor and record progress against the care plan and modify appropriately if required.</p> <p>3.8.4 Hair Transplant Professionals should assess, evaluate and interpret risk indicators, balance risk against benefits and communicate potential risks and benefits to patients and others</p> <p>3.8.5 Hair Transplant Professionals should deal appropriately with sudden deterioration in patient's physical or psychological condition or with emergency situations.</p> <p>3.8.6 Hair Transplant Professionals should recognize emotional/psychological needs of patient/client and understanding clear pathways for providing emotional and psychological support, including onward referral when necessary.</p> <p>3.8.7 Hair Transplant Professionals should be notified well in advance of the procedure date regarding the need to discontinue certain medications, to stop smoking and abstain from alcohol before procedure.</p> <p>3.8.8 Hair Transplant Professionals should provide clear instructions for the patient prior to procedure.</p> <p>3.8.9 The Healthcare Operator should use anesthesia medications as per the anesthesia classification in the Clinical Operating Permit (COP) and to comply with Standards for Procedural Sedation and Analgesia (PSA), Standards for Outpatient Clinical Services, Standards for Non-Surgical Cosmetic Procedures and Standards for Day Surgery (where applicable).</p>

STANDARD- HAIR TRANSPLANT SERVICE

- 3.8.10 Hair transplant surgery is considered a clean procedure not a sterile procedure. Non-sterile gloves can be used by the Hair Transplant Surgeon and Hair Transplant Surgical Assistants processing follicular unit grafts away from the patient. Sterile gloves can be used by the Hair Transplant Surgeon and Hair Transplant Surgical Assistants when harvesting hair by the Strip Follicular Unit Transplant or Follicular Unit Extraction methods.
- 3.8.11 All patients undergoing hair transplantation should be treated with universal precautions.
- 3.8.12 Protocols should be in place to handle emergencies such as hypersensitivity reactions or anaphylaxis, stroke, seizures, arrhythmias, acute myocardial infarction, and hypertensive crisis.
- 3.8.13 Patients should be encouraged to wash their hair the night before their hair transplant. The hair and scalp should be washed with an antiseptic solution of the hair transplant surgeon's choice prior to surgery.
- 3.8.14 The single most important instrument for FUT is the dissecting stereomicroscope. There should be one microscope for each member of the surgical team performing dissection.
- 3.8.15 Hair transplant technicians must not perform surgical steps of the procedure (including making Follicular Unit Extraction incisions, removing Strip Follicular Unit Transplant donor strip, making recipient site incisions including by use of sharp implanters).
- 3.8.16 Hair Transplant Technicians may perform non-surgical steps of the procedure including assisting the Hair Transplant Surgeon with surgical steps, removing follicular unit grafts that have been incised by the Hair Transplant Surgeon or Physician and processing/trimming follicular unit grafts.
- 3.8.17 Platelet-rich plasma (PRP) contains growth factors that have been shown to improve wound healing. PRP might be used as a way to improve graft survival, increase hair yield rate, increase hair density and diameter.
- 3.8.18 Medical therapy can be used along with hair transplant service. Only approved FDA medications shall be used.
- 3.8.19 As hair transplant procedures tend to be several hours long, attention should be given to pressure area protection and patients should be kept hydrated and snacks/meals provided
- 3.8.20 Infection control measures shall be used in the health facility to prevent or reduce the potential for disease transmission, measures shall include but, not limited to the following:
- 3.8.22.1 Hand hygiene
 - 3.8.22.2 Personal Protective Equipment (PPE)
 - 3.8.22.3 Sterilization and disinfection of patient care items
 - 3.8.22.4 Environmental infection control
 - 3.8.22.5 Medical waste management
- 3.8.21 Sharps must be handled appropriately and should be disposed of in a designated sharps bin.
- 3.8.22 Hair transplant surgery results can take up to eighteen (18) months to fully develop. Follow up should occur during this period to ensure continuity of care.

STANDARD- HAIR TRANSPLANT SERVICE

- 3.8.23 All patients should be informed and educated about the complications and what signs and symptoms to look for including discomfort/pain, swelling, bleeding, infection (folliculitis and cellulitis), and wound healing problems.
- 3.8.24 Any guidance documents should use either accurate diagrams or real patient photographs and not models. Software should not be employed to modify or enhance the image to make it misleading.
- 3.8.25 Where power-assisted follicular unit extraction devices and robotic devices are employed, the manufacturer's guidelines must be followed for use.

3.9

HEALTH INFORMATION MANAGEMENT

- 3.9.1 Each Healthcare Operator providing hair transplant services shall ensure the confidentiality of patient health information as per the provisions of the DHCA Health Data Protection Regulation No. (7) of 2013.
- 3.9.2 When necessary only standardized diagnosis codes, procedure codes, symbols, abbreviations, and definitions must be used.
- 3.9.3 Medical records must be kept confidential and held securely whether in paper or electronic format.
- 3.9.4 Each Healthcare Operator providing hair transplant services must ensure that all patient health information should be documented on official forms with the Healthcare Operator's name.
- 3.9.5 The date and time of the procedure should be documented along with the patient's name.
- 3.9.6 Doses, routes and times of all medications administered should be documented and the name of the prescriber should be documented. Lot numbers and expirations dates of medications should be documented when applicable.
- 3.9.7 The number of follicular unit grafts transplanted should be documented. The numbers of hairs per graft should be documented. For Follicular Unit Extraction (FUE) cases the partial graft transection rate and the total graft transection rate should be documented.
- 3.9.8 The area transplanted should be identified on the operating/ procedure notes.
- 3.9.9 The names of all assistants involved in the procedure should be documented.
- 3.9.10 After obtaining the consent, patients having hair transplant surgery should have appropriate pre and post-operative photographs.
- 3.9.11 Each Healthcare Operator providing hair transplant services shall maintain a filing system so that diagnostic records and patient-related findings can be easily accessed. The entire patient record, including the raw diagnostic data, is to be stored for a period that is in accordance with applicable DHCA Medical Record Policies.
- 3.9.12 Each Healthcare Operator providing hair transplant services shall report clinical and managerial performance measures to monitor and improve patient care and outcomes as defined by the Clinical Affairs Department of DHCR.

4. COMMUNICATION: (check all that apply)

STANDARD- HAIR TRANSPLANT SERVICE

<input checked="" type="checkbox"/>	Announcement
<input type="checkbox"/>	Awareness
<input type="checkbox"/>	Training
<input checked="" type="checkbox"/>	Other specify, website

5. DEFINITIONS

5.1	Alopecia: The medical term for baldness.
5.2	Androgenetic Alopecia: The most typical pattern of balding whereby the balding pattern is controlled by hormones and passed along via heredity.
5.3	Clinical Affairs Department (CAD): Means the department set up within DHCR to monitor and improve the quality of healthcare services within DHCC, and to oversee the accreditation processes of healthcare institutions within DHCC.
5.4	DHCC: Dubai Healthcare City.
5.5	DHCR: Dubai Health City Authority – Regulatory.
5.6	Donor area: The area containing healthy and permanent hair follicles which in androgenic alopecia usually coinciding with the fringe above the ears and around the back of the head where hair follicles are genetically programmed to remain intact and grow throughout life.
5.7	Follicular unit: A follicular unit is a naturally occurring grouping of one, two, or three (and rarely, four) hair follicles found in the skin. The average follicular unit contains about 2.4 hairs.
5.8	Follicular unit transplantation (FUT): a method of hair restoration surgery that relocates hair in follicular units, its naturally occurring groupings. The small size of the units allows for tremendous versatility in their placement, the creation of hair patterns that closely mimic nature and the transplantation of a large enough number of grafts so that a full restoration can often be achieved in just one or two sessions.
5.9	The Norwood classification: is the most widely used classification for hair loss in men and it defines two major patterns and several less common types.
5.10	Follicular unit extraction (FUE): is a method of extracting single follicular units, one at a time, from the donor site by using a tiny punch excision. A punch used to extract single follicular units is typically 1mm diameter or less.
5.11	Follicular unit micro-grafting: A method by which large numbers of follicular units are harvested from the donor site (usually in a long strip or ellipse) and then microscopically dissected into grafts containing single follicular units.
5.12	Micrograft: A graft containing 1 or 2 hairs, obtained from the donor area with a micro punch or sliced off from a round graft. A micrograft is typically placed into holes made in the scalp with a microneedle or punch.

STANDARD- HAIR TRANSPLANT SERVICE

5.13	Minigraft: A graft containing 3 or 4 hairs (small minigraft) or 5 or 6 hairs (large minigraft). There are many variations of minigrafts derived from round grafts.
5.14	MOHAP: Ministry Of Health And Prevention.
5.15	Recipient area: Area where hair loss has occurred and hair follicles will be implanted during a hair transplant procedure.
5.16	Vertex area: The area in the top/back portion of the head which contains a swirl or spiral pattern of hair growth. Also called the 'crown,' it may be the first area where male pattern baldness is noticed.

6. REFERENCES

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STANDARD- HAIR TRANSPLANT SERVICE

REVISION HISTORY

S No	Summary	Amend Type*	Page	Issue No	Issue Date
1	New document developed and technically reviewed	New	All	1	
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*Amend Type – New/Add / Modify / Cancel