

Wound Sizes, Configuration and Body Hair Transplant Wound Healing

As body hair transplantation extraction techniques undergo refinement, certain factors are key:

1. The integrity of grafts extracted
2. The size and configuration of the wounds resulting

An optimum balance is found between these key factors in an ideal technique. The ideal situation would be that technique that produces grafts with the least amount of extraneous tissue (less epidermal, dermal and subcutaneous elements considered unnecessary for graft survival). The less of extraneous tissue (skin especially) generated, the better the wounds turn out and the faster will be the healing time and cosmetic outcome. This also would increasingly render less necessary, the need to adopt further measures that aim to keep the wounds sealed. We are finding that wounding techniques that work on an expanding concept do offer advantages along these lines. We are finding that with expanding-concept-based techniques smaller extraction sizes with an even improved transection rate and efficiency is the result even when the skill level is unchanged. Additionally some of these techniques create wounds that seem to collapse in a manner that seals the epidermis (self seal) in some cases within hours of extraction of the follicular unit. This is likely in part attributable to the miniscule size of the wounds and to some degree, the configuration of the wound (both on the surface and depth wise). Also, the ability to seal spontaneously varies from one body area to another, depending on the natural vectors acting on the target area.

A self sealed area within 48 hours after hundreds of grafts have been extracted:

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Sealing can occur regardless of the surface configuration of the initial wound. Depending on the initial injury and the natural vectors in the area, the sealed wound could attain a circular (pin point) or linear appearance on the surface.

Pin point circular wounds (25 Gauge needle juxtaposed) in the wake of closed wounds in the upper forearm area (withing 8-10hrs of surgery):

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Linear wounds (25 Gauge needle juxtaposed) in the wake of closed wounds in the upper forearm area (withing 8-10hrs of surgery):

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Example of a case

In the following patient, 1100 grafts were extracted from the left forearm and knuckle while 1300 grafts were extracted from the right forearm and knuckle. Healing at 3 weeks is depicted.

4-8 Hours after extractions:

Right forearm and knuckle immediately after extraction of 1300 grafts:

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Right wrist and knuckle immediately after extraction (25G needle is juxtaposed to gauge dimensions) Please note that a majority of the extraction holes have actually sealed up already and are not actually apparent in this photo taken 4-8 hour after surgery.

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Healing at 3 weeks after BHT extraction:

Both forearms 3 weeks after extraction of 2500 grafts:

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Right forearm close-up (under direct light) at 3 weeks post op:



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Left wrist and knuckle close-up (under direct light) at 3 weeks after extractions:



The extraction sites in the above patient and many other BHT patients I have worked in the past several months are registering increased healing rate (Regardless of special lotions and portions). However, it is important to reiterate earlier points in a previous discussion in the following posts: "There are variations in healing rate and characteristics between different individuals. Sometime, this exists even in the same individual between different body areas even though the same extraction protocol was utilized by the same practitioner. The factors responsible for most of these healing variations are dependent on the physiology of the patient and are outside the control of the surgeon.

Of the aspects of wound healing that are within the control of the surgeon, perhaps the most important is the nature of the wound created. In this regard the size and configuration of the wound are of paramount importance. Observations thus far support that this basic healing principle appears to hold true for BHT and FUE extraction wounds as well.

Please direct all enquiries to S. Umar, MD. 819 North Harbor Drive, Suite 400, Redondo Beach, California drumar@dermhairclinic.com tel 1-877-DERMHAIR