CHAPTER 7

Hair Transplantation and What to Expect

Richard A.K. Chaffoo, MD, FACS, FICS, and Susan M. Stuart, MD, FAAD | California Hair MD

Numbered citations in parentheses refer to the list in Chapter 10: References.

When Is Hair Transplantation an Option for Women?

Most women we see with hair loss are best managed with a comprehensive medical treatment program, but selected patients may benefit from hair restoration surgery. These include women with **localized hair loss following a previous plastic surgical procedure, particularly when the hairline has been elevated or distorted, making any facelift scars more visible**. Women with permanent hair loss from traction alopecia may also benefit from this procedure if the donor area contains enough healthy hair and the damaging traction has stopped. We make these decisions individually, and consider the cause and extent of the hair loss, donor hair quality, and what surgery can reasonably achieve. (97)

Patient suffered childhood burn with severe scarring and hair loss.

Same patient immediately following hair restoration surgery to the burn scar.

Final result one year after hair restoration surgery.

In our practice, **we generally favor medical treatment for women with diffuse female pattern hair loss**. Unlike the more localized pattern often seen in men, thinning in women may involve a broad area of the scalp and can also affect the donor regions. If the donor hair is thinning or miniaturized, transplantation may not provide a lasting improvement. However, selected women with a stable pattern of loss and adequate healthy donor hair may still be suitable candidates. (98)

We are particularly cautious about placing grafts into areas where substantial existing hair remains. Creating recipient sites can directly injure nearby follicles, and surgical trauma can also cause postoperative shedding, commonly called shock loss. This is often temporary, but already miniaturized follicles may not recover. In a poorly selected patient, the loss of existing hair can offset the benefit of the transplanted grafts or leave the area looking thinner. We therefore assess the existing follicles carefully and consider medical treatment before recommending surgery. (98)

Most women with scarring alopecia require medical treatments to control the disease and prevent further follicle loss. We reserve hair restoration surgery for **carefully selected patients with limited areas of hair loss whose disease has remained inactive for an extended period**. Even then, the disease may recur, and graft survival can be less predictable. (69)

Can Hair Transplantation Restore the Hairline and Eyebrows?

Hair restoration surgery can **lower an elevated hairline, restore more natural hairline contours, and camouflage visible facelift scars** in appropriately selected women. We plan the

placement and direction of the transplanted hairs individually, taking into account the available donor hair and the characteristics of the scar tissue. [97]

Eyebrow restoration is another valuable application. Some women develop permanent eyebrow thinning after years of plucking or other hair-removal treatments. Transplanting a patient's own hair follicles can **restore growing hair, fullness, and dimension to the eyebrows**. Careful attention to the shape, angle, and direction of each hair is essential for a natural appearance. [99] We also evaluate the cause of eyebrow loss before recommending surgery, particularly when an inflammatory condition such as frontal fibrosing alopecia may be responsible.

A patient with nearly total eyebrow loss before reconstruction.

Same patient one year following eyebrow reconstruction.

An established principle of plastic surgery is to replace like with like. Eyebrow transplantation follows this principle by **using a patient's own hair follicles to restore growing hair where eyebrow hair has been lost**. In my clinical experience, this provides a more natural appearance, with texture and dimension that pigment alone cannot reproduce.

Microblading and cosmetic tattooing can improve the appearance of sparse eyebrows, but they create pigment rather than growing hair. Pigment may fade or change over time and require touch-ups. [100] Eyebrow transplantation offers an alternative using the patient's own hair. More than one procedure may be needed to achieve the desired density, and transplanted scalp hairs generally require ongoing trimming and grooming. [99]

How Long Does Hair-Loss Treatment Take to Work?

The time needed to see improvement **depends on the cause and extent of the hair loss, previous treatment, and the condition of the remaining follicles**. With medical treatment, we usually begin to see improvement or stabilization within six months. Results may continue to improve afterward, depending on how many follicles remain capable of producing hair and the extent of any scarring. Stabilization is itself a useful result, even when regrowth is limited. [76]

Following hair restoration surgery, we generally **begin to see early growth within six months**. In our practice, we advise patients that final results may take twelve to eighteen months to develop.

Some patients are pleased with the results of their first hair restoration procedure but would like greater density. We usually wait at least one year before considering an additional session, allowing the initial grafts to grow and the scalp to heal. We then reassess the result, remaining donor hair, and the patient's goals before deciding whether further surgery is appropriate. [98]

Early shedding does not necessarily mean treatment has failed. Some patients notice temporary increased shedding after starting minoxidil. [76] Following hair transplantation, the transplanted hair shafts commonly shed before new growth becomes visible. [101] We explain this beforehand so patients know what to expect, and reassess shedding that is prolonged, unusually severe, or accompanied by scalp symptoms.

Hair transplantation restores hair in selected areas, **but it does not stop ongoing loss of the surrounding, nontransplanted hair**. We emphasize the importance of continuing medical therapy when appropriate to preserve these existing follicles and maintain the

overall result. [101] Long-term follow-up allows us to monitor both the transplanted and nontransplanted hair and adjust treatment as needed.

We follow our patients over years, using clinical examinations, medical-grade photographs, trichoscopy, and HairMetrix measurements to assess whether improvement is being maintained and whether treatment needs to change.

What Can I Do While Waiting for My Hair Loss Treatment to Work?

Patients often ask what they can do while waiting to see improvements. We recommend **gentle hair care and avoiding hairstyles that repeatedly pull on the scalp**. [40] We also discuss maintaining adequate nutrition and correcting any confirmed deficiencies, rather than taking supplements simply because they are advertised for hair growth. [17] Hair fibers, a topper, or a wig may help with the appearance of thinning during treatment. These choices are personal, and we discuss them according to the patient's concerns. We also remind patients to give the treatment time to work and to contact us if shedding becomes unusually severe or the scalp develops pain, redness, or irritation.

The goal of treatment is therefore much broader than simply trying to "grow more hair." Our objective is to determine why a woman is losing her hair, identify every significant contributing factor, preserve the follicles she still has, stimulate follicles that remain capable of producing healthier hair, and prevent further loss whenever possible. In our experience, **the best results come from establishing the correct diagnosis first and then developing a treatment program specifically for that individual patient**.