CONTENTS

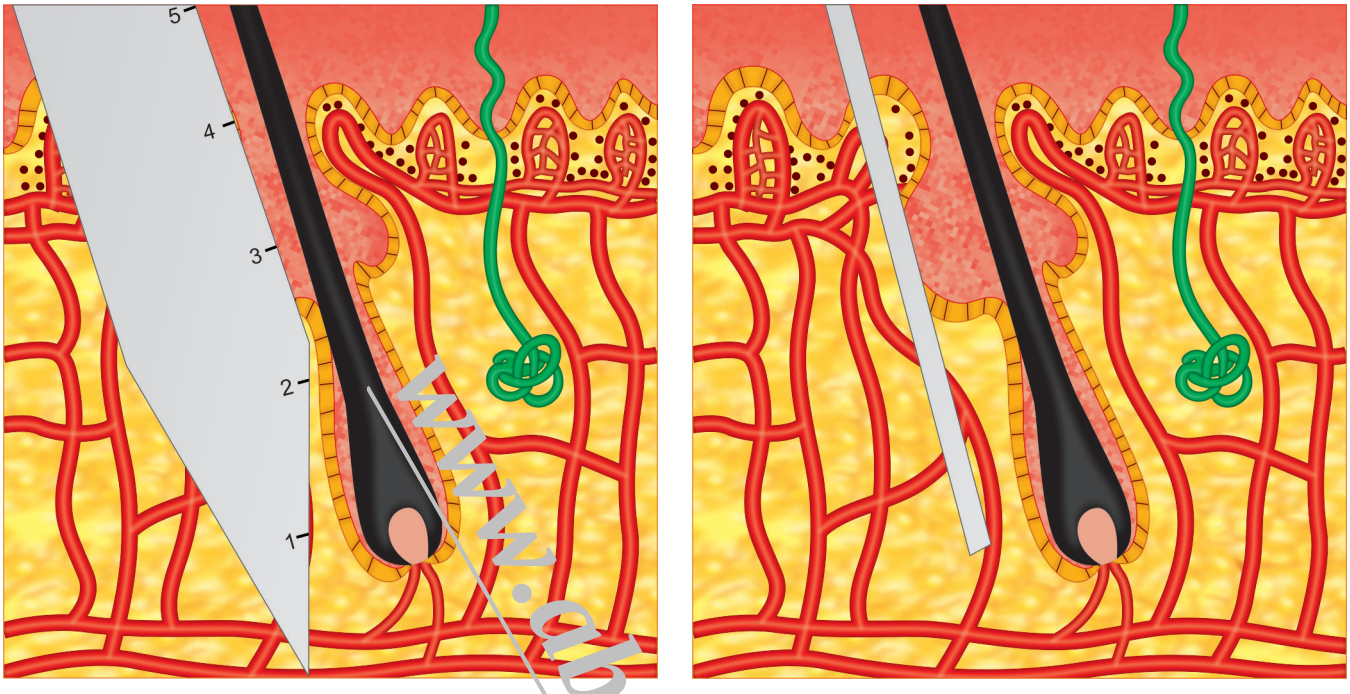
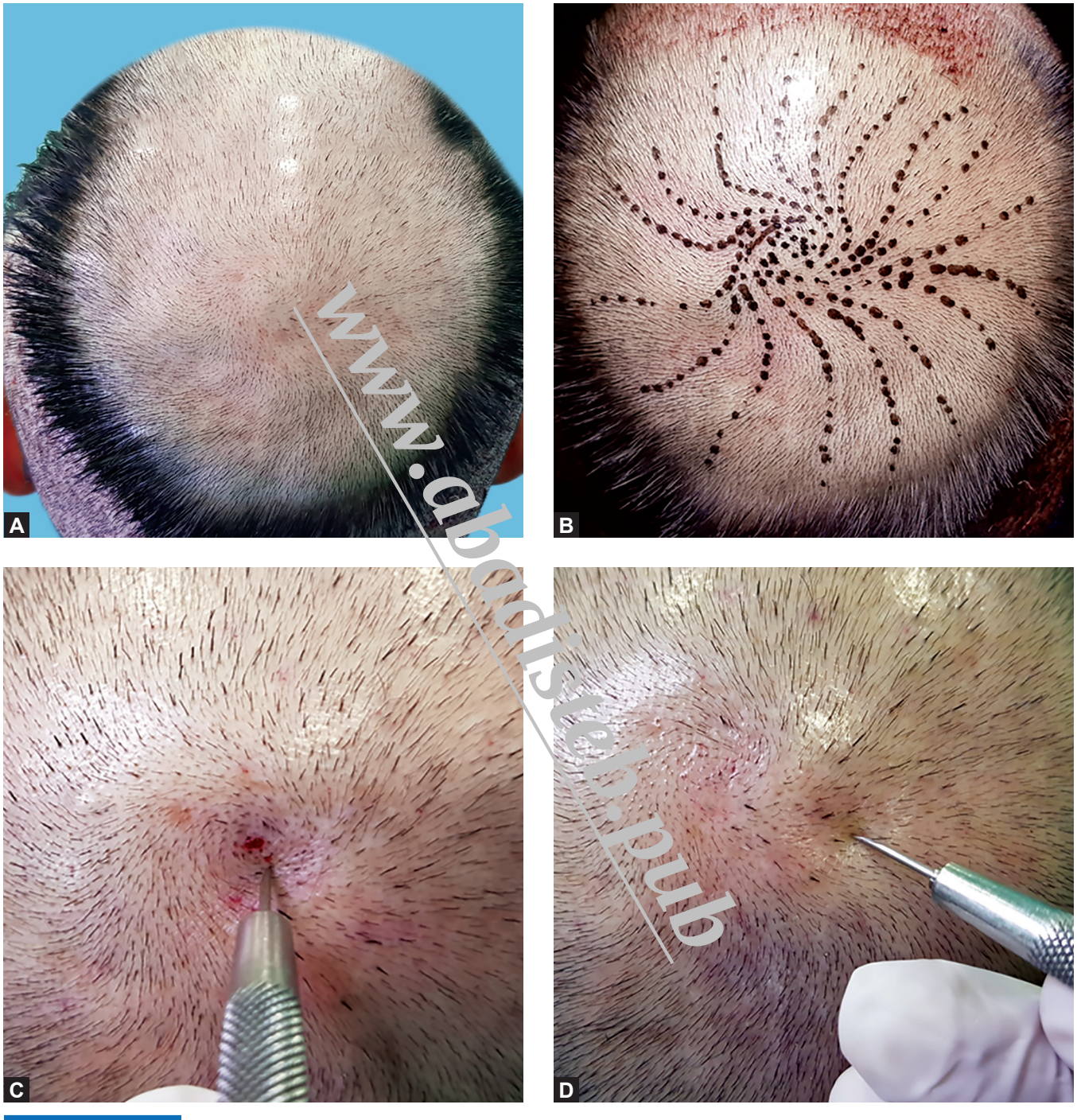


Figure 4.28

Needle has to pierce far deeper to create adequate space for the implanted roots, thus may cause more vascular damage than the CTS blade which has to reach just at the level of neighboring hair root.

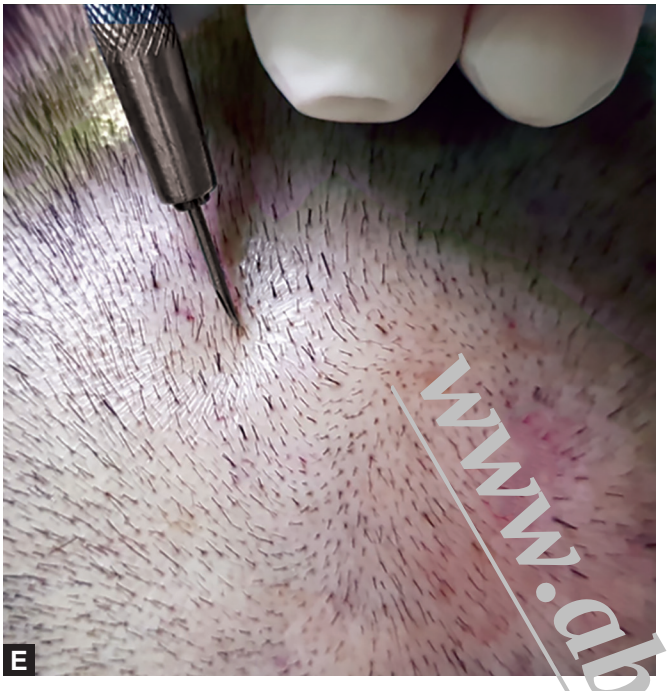
Figure 4.29

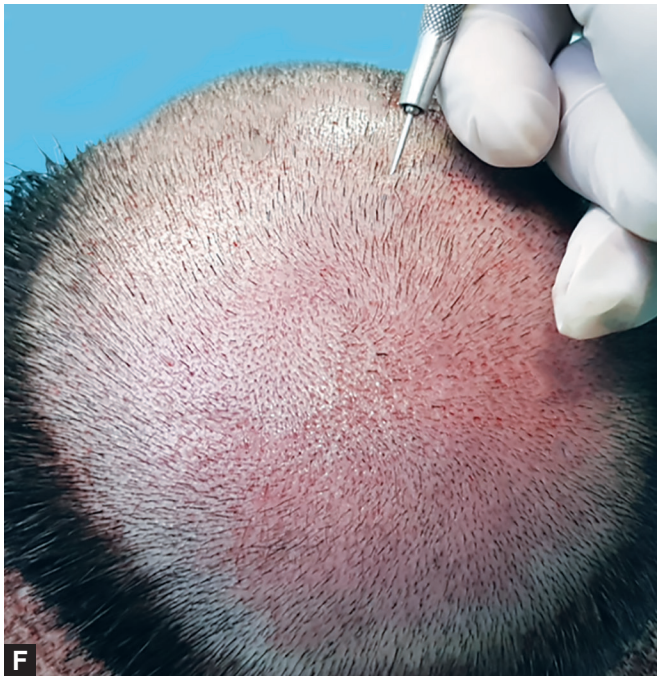
Coronal angled slits.

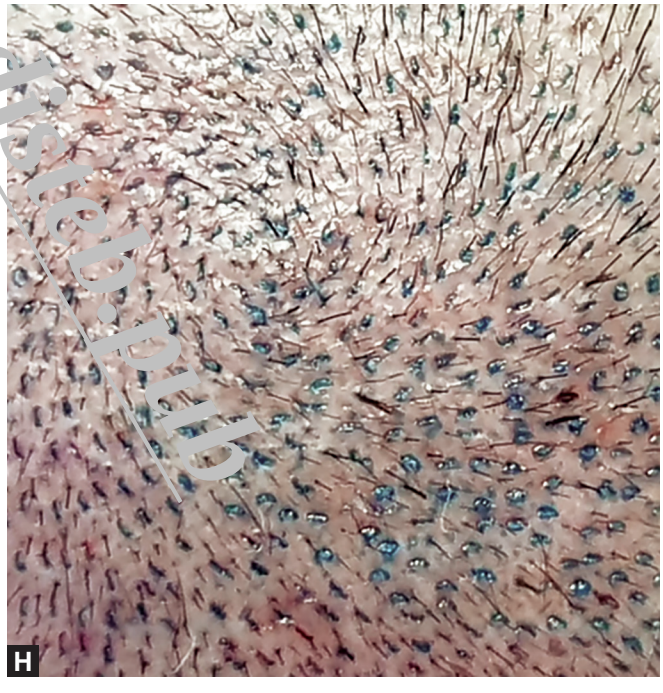


Figures 6.9A to D

(A) A balding crown, where we implanted few hundred grafts few years ago. The baldness progressed over time and the client came for hair restoration on the crown; (B) We designed counter-clockwise whorl in the center with radial fanning. We planned to reconstruct his original crown; (C) The next few pictures will depict the angles at which we had made the slits in the crown in these patients. The angles at the center of the crown were at 80–90°; (D) As one move from center of the whorl to the periphery, the angles of the slits starts become more acute. At this point we have made the slits at 45°. Also note the direction of the needle which matches with the direction of the miniaturized hair.



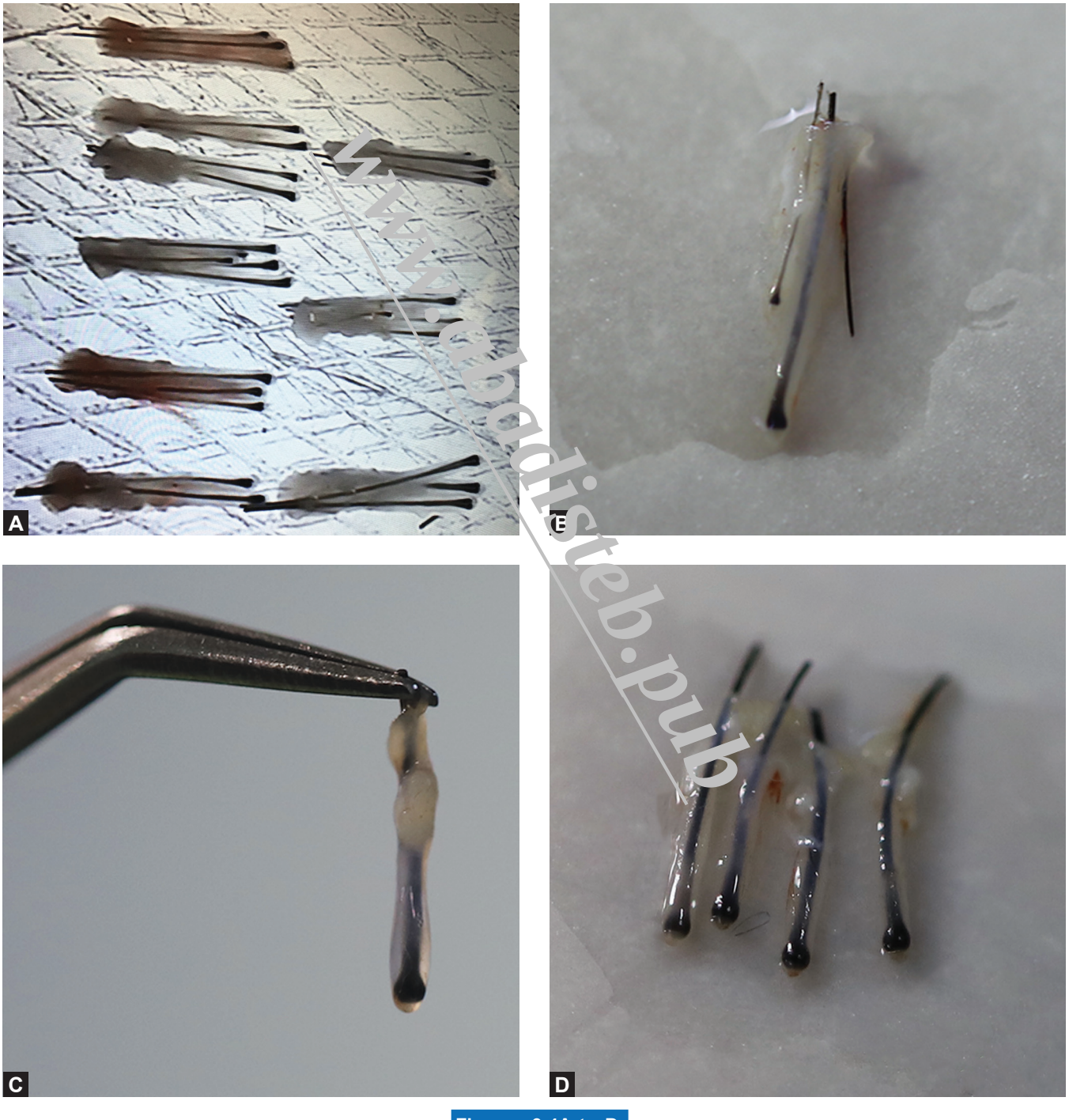




Figures 6.9E to H

(E) Note the direction and angle of slits at the superolateral aspect of the crown; (F) At the vertex transition point, the angle and direction of slits become acute and forward to ensure smooth merging with the preexisting hair; (G) The appearance of crown after slit making; and (H) The magnified view of center of the anticlockwise whorl. The technician implanting the grafts should be aware of the direction and angles of slits in direct hair transplantation. It is advised to do the implantation under 5X magnification. The direction and angles of implanters will match with the angles and directions of slits.

reflect *any microscopically visible breakage of a follicle anywhere along its entire length.* These grafts get transected due to wrong punch size, the excessive curl of the grafts, flaying of grafts or wrongly aligned motorized or manual FUE punch (Fig. 9.4F).



Figures 9.4A to D

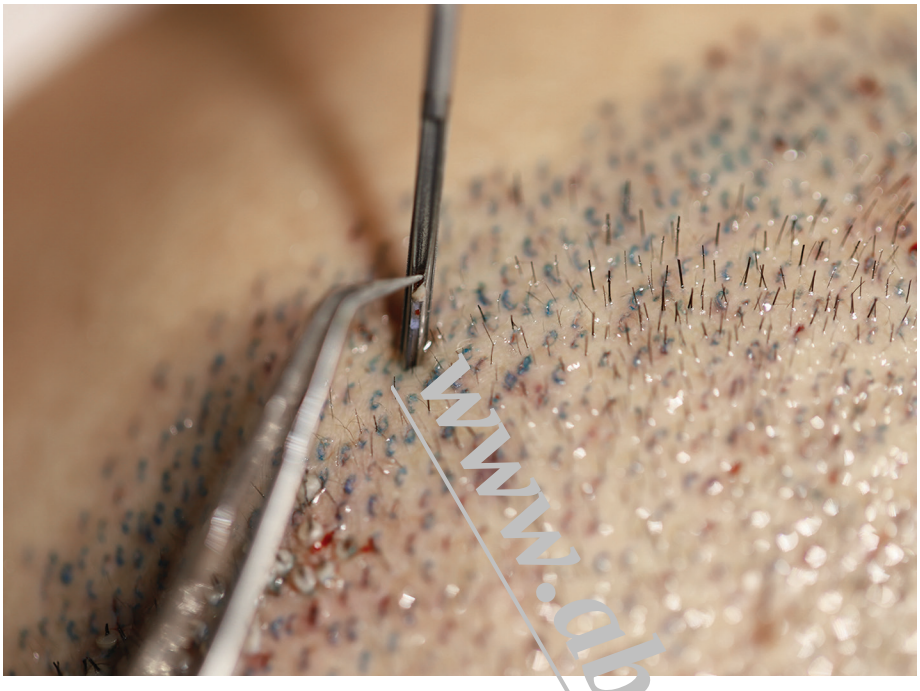
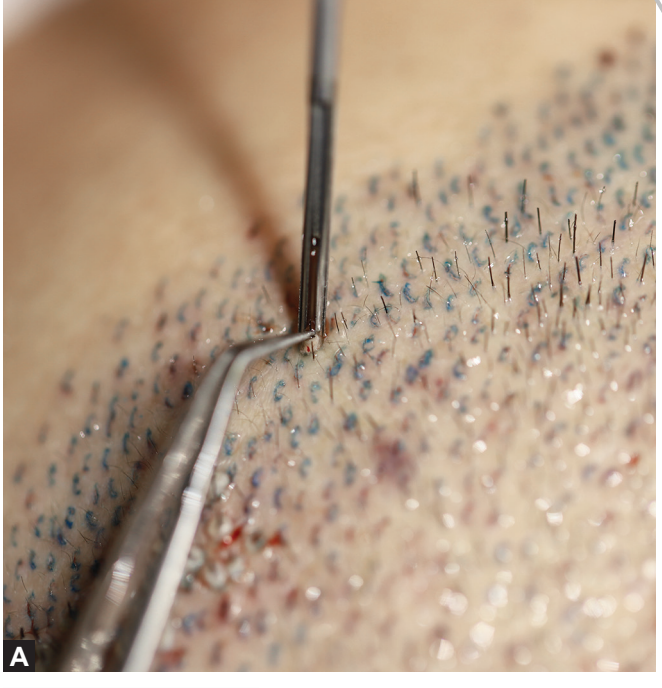
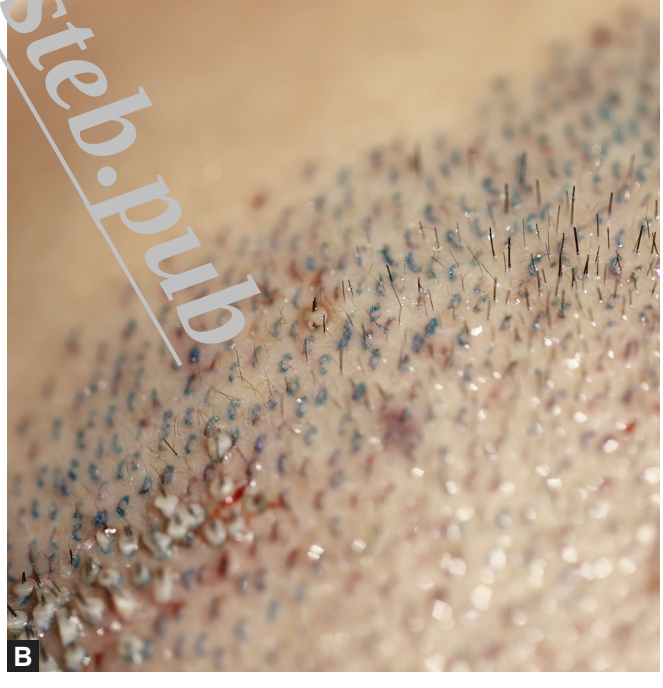


Figure 9.11

The graft is pushed with forcep from the top till graft is inserted with just the epidermal portion protruding out.





Figures 9.12A and B

The graft is pushed inside the slits. The epidermal portion of the grafts remain protruded out. Note the orientation of bevel during the exit of implanter from the slit.