
Subject: Andere präferierte Ärzte in youtubevideo
Posted by [proper](#) on Sun, 18 Mar 2018 13:51:05 GMT
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Hallo zusammen,

ich hab hier im Forum vor kurzem folgendes video in einem thread gefunden (weiß leider nicht mehr welcher es war):

www.youtube.com/watch?v=MeQ4ZvEHb7Y&feature=youtu.be

Nun habe ich mich gefragt, wieso in dem Video ganz andere Ärzte als hier im Forum präferiert werden, also andere als die hier als Top Kliniken/Ärzte oft genannt werden.

gut seien laut dem Video:

dr steven gable portland usa
dr john cole portlant atlanta usa
dr edward ball united kingdom
dr lupanzula , brüssel
dr ron shapiro , minneapolis
dr arocha, houston usa
dr cooley haircenter usa
dr baubac beverly hills usa
dr alexander phoenix usa
dr geza budapest
dr ferreira portugal

ein wichtiger Aspekt der für sie spricht sei, dass sie mit Mikroskop arbeiten, wodurch natürlichere Haarlinien geschaffen werden können.

Hier im Forum finde ich auch nicht allzu viele Beiträge zum Thema Mikroskopverwendung bei HT.

Kann mir jemand weiterhelfen, bzw. mich aufklären warum also hier im Forum andere Ärzte/Kliniken als top gesehen werden und wieso das Thema Mikroskopverwendung hier im Forum eher recht kurz kommt (so kommt es mir zumindest vor, wenn ich nach dem Thema hier im Forum suche) ?

Danke schon einmal im Voraus.

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Zweifler2](#) on Sun, 18 Mar 2018 14:20:04 GMT
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Hi proper

Ich denke mal, dass ein Hauptgrund dafür ist, dass der Ersteller des Videos, Joe Tillman,

Amerikaner ist und daher natürlich auch eine sehr amerikanische Sichtweise bzw. Erfahrungsschatz hat, während dieses Forum hauptsächlich von Erfahrungen lebt, die user mit europäischen Ärzten gemacht haben.

Bestes,

Zweifler2

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Gasthörer](#) on Sun, 18 Mar 2018 15:36:44 GMT
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Das besagte Video wurde hier bereits mehrfach besprochen und verlinkt.

Tillmann sagt eindeutig, dass die besagten Kliniken nur Beispiele sind.
Die "guten" FUT Kliniken haben nach seiner Aussage Mikroskope und die meisten belgischen Kliniken die hier empfohlen werden, machen auch FUT.

Subject: Re: Andere präferierte Ärzte in youtubevideo
Posted by [Joe Tillman](#) on Sun, 25 Mar 2018 20:59:37 GMT
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Hello,

Yes, the video showed examples of doctors I work with and some that I do not work with, Dr. Sikos being one of them. I wished to have a balanced presentation by showing hairlines from clinics that know how to properly use microscopes for hairline creation. In that particular video, only the clinics that have the Hair Transplant Mentor™ logo next to their name in the presentation are clinics I officially endorse.

Does this mean they are the only clinics to consider? Of course not, but they are clinics I would personally consider for surgery myself. I hope this is clear.

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [oledawg](#) on Mon, 26 Mar 2018 03:48:10 GMT
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Hey Joe,

Glad you joined the discussion. I know you got a lot of flak on other message boards as well as some social media outlets for stressing the "microscope" topic as a prominent variable of hairline

design. Do you truly believe microscopes - as opposed to regular magnifying "goggles" used by many european specialists (e.g. heitmann, bisanga, feriduni etc...) - play such a major role in hairline design? And if so, do you truly believe excellent results regularly posted by said docs were purely base on good luck? A fan of your educative videos, my personal opinion differs from yours. While i do believe maginification is crucial when it comes to single graft hairline design, I would be tempted to believe that "regular" magnification in combination with a veteran doctor's trained eye will do right in about 95% of all cases. Which btw would amount on average to the 4-5 doubles in your hairline

Kind regards,
oledawg

Subject: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Joe Tillman](#) on Mon, 26 Mar 2018 04:34:06 GMT
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Thanks for the nice welcome:)

I wish I could speak German. I should try to learn since it is my family mother tongue:) " Tilghman, Tillmann", ja? LOL!

And thank you for your support of my videos. I work hard to make them. And don't worry about disagreeing with me. Disagreements creates discussion and that is a great thing to have.

I discussed the history of hair transplant surgery in the video to help lay the foundation for my point. Microscopes changed the field dramatically. Loupes were available and were used before microscopes so there is nothing new to using loupes now. Loupes offer ZERO benefit over microscopes but microscopes offer a 30% increase in yield compared to loupes, as first studied in 1996.

But the point of using microscopes is not to simply examine the grafts, they have to be refined, or to use another word, dissected when necessary. A case of roughly 3000 to 3500 grafts, which is the largest that most reputable FUE clinics will attempt, requires multiple technicians to accomplish. I had one person comment that they saw a microscope in their clinic and he was trying to argue that it would only take one microscope to examine the grafts of his one procedure. This is true for examination only, perhaps, but as I said, refinement must be performed.

More specifically, as the technician is viewing the grafts, they are looking for not only how many hairs are in each graft, they are also looking for the grafts that are healthy, grafts that are completely transected, and grafts that are partially transected. This cannot be determined by using loupes alone.

Furthermore, the goal of better FUE clinics is to get the larger grafts (more hairs) so that each graft gives more coverage and aids in density when compared to grafts with fewer hairs, but of course we need to have those singles for the front. The problem is that single hairs are very difficult to harvest intact with FUE so better clinics will take double hair grafts, or triple hair grafts, and they will create single hair grafts that are better than the ones they harvest directly from the

scalp. Microscopes allow this to be done safely, as long as the technicians have the experience, and is how all of the great strip clinics ten or more years ago (and still to this day) would create single hair grafts if the strip did not have enough singles for a proper hairline. This is historical fact, from long before most of the forum members here and on other forums were even considering hair transplants, and this used to be discussed ad nauseum.

I also want to be clear that magnifying "goggles" as you put it are still necessary and are the preferred method for designing the hairline. I am hoping there is not a translation error when you said "hairline design" as the goggles, or loupes, are necessary for recipient site creation and for the placement of the grafts into these recipient sites. The microscopes are necessary for preparing the grafts with, as I said, inspection, dissection (refinement) and even for categorization. I hope that helps to explain this in more detail.

Another point to make clear. The use of microscopes does not eliminate doubles in the hairline. It may some of the time, but most of the time a small percentage of grafts will be doubles. So with this in mind, even with microscopes, it is easier to understand that with only loupes and no refinement and dissection, this number is much higher. The take away from this is that with microscopes, the potential for maximum naturalness is possible. Without microscopes it is not.

A final point; when seeking a clinic that does exceptionally natural FUE, consider clinics that have currently, or had in the past, excellent reputations for their strip work. There are several European clinics that fall into this category. If they did have such reputations, this means they knew what they were doing with the grafts then, so it stands to reason that they know what they're doing with the grafts now and are most likely still using microscopes to fine tune their FUE.

I hope this helps you to better understand my point.

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Gasthörer](#) on Mon, 26 Mar 2018 06:41:57 GMT
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I think that this really just a misunderstanding.
(Almost) any clinic is using magnifying "goggles" for certain parts of the procedure.

The questions is: Do they use microscopes for another specific part of the surgery.
I was under the impression that Bisanga and Feriduni as former FUT clinic do this.

Subject: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [HattingenHair](#) on Mon, 26 Mar 2018 08:42:23 GMT
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Hi Joe,

good to see you on the forum, and thank you for tackling some important topics. The FUE train has led to an opening of the market, however the entire focus has switchen almost exclusively to the donor area, turning the recipient area into a secondary issue.

Entire discussions regarding long term donor mangagement, distribution strategies, hairline design, naturalness have been relegated to the back of the room.

A lot of the refinements to the results that were achieved in the first decade of the century seem to have been reversed. We are now dealing with poor planing and naturalness problems that were common in the 90's, with the additional challange of depleted donor areas through over ambitious FUE harvesting.

The question of microscopeswhy NOT use them? Is there any argument why we are still discussing their use? Is it better not to use them? I find it absolutely absurd that this needs to be even mentioned in 2018.

Thanks again for your contribution and keep up the excellent work.

s.muresanu

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [oledawg](#) on Mon, 26 Mar 2018 12:58:46 GMT
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Hey Joe,

Thanks for your in-depth answer. To avoid any misunderstandings - I was referring to the use of magnifying goggles (= binocular loupes) for both incision sites and (initial) graft evaluation. From my personal experience at least one of the aforementioned docs does not use microscopes for further graft examination, but instantly sorts the grafts after a close look following extraction. I can not comment on other doctors, but wouldn't be surprised if they handled it similiarly.

I was not aware that FUE clinics - even the good ones - would split, refine or trim patients' grafts as part of their regular routine. Given the nature of FUT, these are necessary steps and I understand why you see this is as a more detailed and controlled approach to natural hairline design.

It would be interesting to find out which clinics or docs perform these extra steps in FUE procedures as part of their regular routine. Again, my personal experience tells me that some surgeons achieve pretty natural results without extra refinement and / or splitting of grafts.

Thanks again for your contributions and keep up the good work,

oledawg

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Gasthörer](#) on Mon, 26 Mar 2018 13:52:46 GMT
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Is it a clinic on Tillmans list or your own list? Why don't you mention the clinics name?
I would that all "FUT capable" clinics use their technology also for FUE.

Subject: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [einstein](#) on Tue, 27 Mar 2018 13:05:46 GMT
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hi joe, it's great to finally change this national forum into a truly international one with the help of your presence, whilst providing some extra free invaluable lessons including very special english vocabulary.

in terms of what you mentioned:

Joe Tillman schrieb am Mon, 26 March 2018 06:34And don't worry about disagreeing with me. Disagreements creates discussion and that is a great thing to have.

great approach, joe! that's what i also like since this is one of the true pillars of real progress in my view.

Joe Tillman schrieb am Mon, 26 March 2018 06:34The problem is that single hairs are very difficult to harvest intact with FUE

why? i disagree with that. many fue clinics use special punches with smaller inner diameters, such as 0.6mm or 0.7mm, to make this happen. or what is your experience with that?

Joe Tillman schrieb am Mon, 26 March 2018 06:34as the technician is viewing the grafts, they are looking for not only how many hairs are in each graft, they are also looking for the grafts that are healthy, grafts that are completely transected, and grafts that are partially transected. This cannot be determined by using loupes alone.

i fully agree with that. i would go even one step further: extracted grafts should also be classified by their overall quality in terms of their bulb quality. or what is your opinion on that?

Subject: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo

Posted by [einstein](#) on Tue, 27 Mar 2018 13:11:10 GMT

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Joe Tillman schrieb am Mon, 26 March 2018 06:34 But the point of using microscopes is not to simply examine the grafts, they have to be refined, or to use another word, dissected when necessary.

i am not really sure whether there is really the need to do any potential dissection of multiple grafts. because the beauty with the fue procedure is that you can cherry pick grafts and as such determine in advance how many single grafts you want or need to extract to create a natural hairline IF proper planning is done beforehand. Maybe 500? 600? 700?

Subject: Re: Aw: Andere präferierte Ärzte in youtubevideo

Posted by [Joe Tillman](#) on Tue, 27 Mar 2018 17:20:30 GMT

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Hi Oledawg,

Quote: To avoid any misunderstandings - I was referring to the use of magnifying goggles (= binocular loupes) for both incision sites and (initial) graft evaluation. From my personal experience at least one of the aforementioned docs does not use microscopes for further graft examination, but instantly sorts the grafts after a close look following extraction. I can not comment on other doctors, but wouldn't be surprised if they handled it similiarly.

No worries, thank you for clarification. Loupes are fine for FUE scoring and extraction. They are also necessary for placement as it allows the techs (or the doctor) to better see the incisions for placement.

Regarding one of the aforementioned clinics, I won't speculate as to which it is, as I do not wish to spread false information. I leave it up to the patients to ask such questions of those clinics they are interested in using for their own procedures, and the question of using microscopes or not is just the beginning of what they should ask. But, without being able to inspect AND refine then simple sorting just is not good enough.

Quote: I was not aware that FUE clinics - even the good ones - would split, refine or trim patients' grafts as part of their regular routine. Given the nature of FUT, these are necessary steps and I understand why you see this as a more detailed and controlled approach to natural hairline design.

I would not expect you to be, because as I said in the video, it is becoming a lost art. NO ONE has spoken of this issue in years and I'm the first to revive the subject. And again, as I said in the video, this was not an issue in the first several years of FUE because it was being performed, primarily, by better FUT clinics.

Quote: It would be interesting to find out which clinics or docs perform these extra steps in FUE

procedures as part of their regular routine. Again, my personal experience tells me that some surgeons achieve pretty natural results without extra refinement and / or splitting of grafts.

In time I will be revising my questionnaire for patients to use in their consultations and it will include the question about microscopes and additional questions that surround the subject. I agree that some FUE only clinics are producing results better than others and "naturalness" is subjective, but in my opinion, and to my eye, it is physically impossible to achieve the same refinement without using the FUT technique of using microscopes to refine grafts. I've seen in person some of the greatest FUE results produced by some of the most celebrated FUE specialists and I was, unfortunately, underwhelmed.

Thank you again for your warm welcome. I look forward to contributing more.

Subject: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Joe Tillman](#) on Tue, 27 Mar 2018 17:46:28 GMT

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Hello Einstein,

Thank you for your warm welcome.

Quote:why? i disagree with that. many fue clinics use special punches with smaller inner diameters, such as 0.6mm or 0.7mm, to make this happen. or what is your experience with that?

The smaller punch sizes do not make single hair grafts any easier to remove. In fact, they make it more difficult. Larger punches are safer than smaller punches. There is less chance of transection, or reduce amounts of transection, more peripheral tissue remains around the follicle for protection, and the follicle itself experiences less trauma. The race to use smaller and smaller punches has taken precedence over insuring the grafts are of high quality. I am not advocating for large punches, but you have to understand the facts.

But true single hair grafts harvested via FUE are in fact less common than most will tell you. Most of the better FUE clinics talk about partial transections of grafts, in vivo, in order to harvest single hair grafts. This itself is extremely difficult to do. The idea that one can "cherry pick" only "fine, delicate singles" for a "feathered" hairline on a consistent basis is a marketing ploy used by clinics to justify the advantage of FUE over FUT. If this were actually true, why do all of the FUE only clinics that do not use microscopes for true refinement have a high percentage of multi-hair grafts in the hairline?

Again, I must clarify, simply using microscopes does not automatically mean the hairlines will be more natural with a higher percentage of singles. It just means that there is no excuse not to have the necessary singles because the tools are available. There is also an experience factor for using microscopes and knowing how to refine the grafts, but that is a different discussion.

The fact is, and I think I mentioned this in the video, FUE exists for one reason. No linear scar. Period. There is no other reason, and I confirmed this when I had dinner with the inventor of FUE, Dr. Woods, when I met him in 2016. There is no "cherry picking" of soft finer hairs, because if

there were, then I would have no basis for the video I made that started this discussion. There is so much more to this subject that I wish I could just upload my experience onto the net so you could just see what I'm talking about.

Quote:i am not really sure whether there is really the need to do any potential dissection of multiple grafts. because the beauty with the fue procedure is that you can cherry pick grafts and as such determine in advance how many single grafts you want or need to extract to create a natural hairline IF proper planning is done beforehand. Maybe 500? 600? 700?

There is a HUGE need, and this is why I say that the quality of results today is lower and less refined than those of ten years ago. For instance, how many times have you read about doctors using "nape hair" to create a soft hairline? I imagine you have read or heard this a lot. Now, how many of these types of hairlines have you actually seen, and the result did in fact have soft fine hairs in the hairline where the rest of the donor hair was more coarse? I have not seen a single one. In fact, the only "fine" hair that I've seen that is a specialty hair and was "cherry picked" was leg hair used for a hairline. I've seen this once, and I met the patient in 2013 after reading about him for about eight years. Since then I think I've heard of one other patient, but I do not recall seeing any others.

And that shows the weakness of the "cherry picking" argument. It is easy to talk about cherry picking, and it makes a lot of sense, but the reality is far different. Whenever you hear or read about a doctor claiming to do such things, or anything that sounds great, ask that doctor to confirm his claims with high resolution, well lit images. Even better, ask for high resolution, well lit video. You have to have such clarity and focus that you can see each individual hair, like I showed my own hairline in the video. Only then can you confirm they are legitimate.

This isn't saying that such results are not possible, but it is to say they are extremely inconsistent and rare.

Quote:i fully agree with that. i would go even one step further: extracted grafts should also be classified by their overall quality in terms of their bulb quality. or what is your opinion on that?

I agree, and in some cases this is done but it is rarely conveyed to the patient.

Subject: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo

Posted by [Gasthörer](#) on Tue, 27 Mar 2018 20:29:29 GMT

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Joe Tillman schrieb am Tue, 27 March 2018 19:46

1. The idea that one can "cherry pick" only "fine, delicate singles" for a "feathered" hairline on a consistent basis is a marketing ploy used by clinics to justify the advantage of FUE over FUT. If this were actually true, why do all of the FUE only clinics that do not use microscopes for true refinement have a high percentage of multi-hair grafts in the hairline?
2. There is no "cherry picking" of soft finer hairs, because if there were, then I would have no basis for the video I made that started this discussion. There is so much more to this subject that I wish I could just upload my experience onto the net so you could just see what I'm talking about.
3. For instance, how many times have you read about doctors using "nape hair" to create a soft

hairline. I have not seen a single one. In fact, the only "fine" hair that I've seen that is a specialty hair and was "cherry picked" was leg hair used for a hairline.

Sorry Joe, I have to disagree with some of your statements.

1. This is a simplification. Many clinics (and if you follow the discussion in this and other forums also clients) don't care for naturalness but only for density. Therefore this clinics do not care for any aesthetics
2. Of course there is. Just see your own statement under #3.
3. There is a nice thread on hairrestorationnetwork from Dr. Konior about this topic. I also linked it here once. Also many clinics use softer hair from the sides just above the ears instead of "safe zone" hair for the hairline.

Nevertheless, I agree that way too few clinics do this and I do not understand the reason behind it. I am still curious who of this clinics mentioned doesn't use microscopes.

Subject: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [einstein](#) on Tue, 27 Mar 2018 21:14:51 GMT

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you are very welcome here, joe!

because your in depth response demonstrates clearly that your passion is about achieving superior results and as such to mentor ht candidates accordingly.

and i do hope that we can have many more fruitful and constructive discussions here in this forum by exchanging different opinions and experiences whilst fully respecting each personality.

as such please allow me to respond and add my 2 cents to some of your statements again:

Joe Tillman schrieb am Tue, 27 March 2018 19:46The smaller punch sizes do not make single hair grafts any easier to remove. In fact, they make it more difficult.

principally i agree with that because the smaller the size the bigger the risk of doing damage to the extracted grafts. however, from what i know is that the overall "width" of a single follicle including its bulb is much less compared to a double or triple follicle. so, using a smaller punch takes this into account:

ethical fue surgeons simply use smaller punches in order to minimise the total amount of scars whilst not damaging the extracted single hair follicles. i give you an example for that:

as we all know one of the world's renowned fue surgeons is dr. koray erdogan. even the world's most famous dr. wong from h&w came to him and to learn from him as you most probably also are aware of.

now koray and his surgical team use punches between 0.6mm and 0.85mm. and according to what he proclaims he / his team don't dissect any grafts. instead they concentrate on extracting the right amount of single hair follicles based on their planning. in order to achieve this they simply use the software called "graft counter".

so, in fact they DO cherry pick single hair grafts!

have you had a look at some of his patients when you met him at the previous european meetings? absolutely natural hairlines!

as a side note: koray also advocates other surgeons to use single hair grafts from the sides simply because they are thinner in diameter and therefore in fact result in a softer hairline.

Subject: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Gasthörer](#) on Tue, 27 Mar 2018 21:30:43 GMT

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Erdogan on microscopes and the difficulties to detect dormant hairs:

<http://www.hairrestorationnetwork.com/eve/189317-asmed-dr-koray-erdogan-mantis-elite.html>

Subject: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [einstein](#) on Tue, 27 Mar 2018 21:32:05 GMT

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Joe Tillman schrieb am Tue, 27 March 2018 19:46 how many times have you read about doctors using "nape hair" to create a soft hairline? I imagine you have read or heard this a lot. Now, how many of these types of hairlines have you actually seen, and the result did in fact have soft fine hairs in the hairline where the rest of the donor hair was more coarse? I have not seen a single one.

dr. umar is one of those surgeons who takes an additional risk / goes the extra mile to extract single nape hair follicles.

have you had a look at his patients' hairlines?

Subject: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [oledawg](#) on Tue, 27 Mar 2018 23:36:21 GMT

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[quote title=Gasthörer schrieb am Tue, 27 March 2018 22:29]Joe Tillman schrieb am Tue, 27 March 2018 19:46

I am still curious who of this clinics mentioned doesn't use microscopes.

Hey Gasthörer,

I decided to keep the names to myself, mainly because of the same reasons Joe mentions here:

Joe Tillman Regarding one of the aforementioned clinics, I won't speculate as to which it is, as I do not wish to spread false information. I leave it up to the patients to ask such questions of those clinics they are interested in

I'm not affiliated with any of the clinics, and I don't feel comfortable, much less authorized to publicly spread information on their specific working methods (which by the way could potentially vary in different patients and change over time). I would however be interested in finding out who actually uses microscopic refinement in their FUE procedures - but that would be up to representatives and / or doctors themselves to make this information available.

@Joe Tillman:

Your arguments sound plausible, plus I'm sure you've seen way more results in person than anyone of us here (or in fact all of us combined lol). 99% of the time, I can only judge transplants by what I see in photos. And even though I pay very close attention to lighting factors, hairstyles, graft angles, distribution, density and design (=singles and multis), as a transplant patient I understand that photos will not "paint a realistic picture" of the actual result in most cases.

With all that being said, it kind of seems to me that your reasoning questions the suitability of FUE for natural hairlines altogether. If the only advantage of FUE is minimal or non-linear scaring, and subsequent refinement steps require larger punches (correct me if i'm wrong, but I guess splitting a multi graft into singles would ideally require more surrounding tissue than the typical small FUE punch) the question is: why not go with FUT all the time? I've seen FUE donors worked with large-sized punches, and I don't think they give you a lot more "options" than even a mediocre Strip Scar...

Subject: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo

Posted by [Joe Tillman](#) on Wed, 28 Mar 2018 03:48:59 GMT

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Hi Gasthörer,

Quote:1. This is a simplification. Many clinics (and if you follow the discussion in this and other forums also clients) don't care for naturalness but only for density. Therefore this clinics do not care for any aesthetics

Your point above, in response to my original point, is correct in part but you aren't addressing my entire point. It isn't an oversimplification. It is fact, indeed, that the "cherry picking" narrative is

mostly marketing. But you are correct in that many clinics do not focus on this aspect, and focus on density. This is more common with mills where multiple patients are being worked on daily by technicians. Density is easier when using larger grafts so there approach is logical, if not antiquated.

Quote:2. Of course there is. Just see your own statement under #3.

My point is that the narrative of "cherry picking" is stated as being something fairly easy to do when in fact it is not. In order for such a narrative to be legitimate, it has to be reproducible on a consistent basis. Cherry picking "softer hairs" or finer hairs, etc. just isn't being done in practice as much as it is in marketing literature. The softest hairlines being produced are those where the donor hair is already fine in nature, and microscopes are used to refine single hair grafts. You don't see coarse donor hair being supplemented with nape hair to create soft hairlines by anyone.

Quote:3. There is a nice thread on hairrestorationnetwork from Dr. Konior about this topic. I also linked it here once. Also many clinics use softer hair from the sides just above the ears instead of "safe zone" hair for the hairline.

I saw that thread, and it proves my point exactly. Dr. Konior spoke of the issue, showed two photos but neither were actual results grown out. Talk, no show.

I hope this makes sense and thanks for the dialogue.

Subject: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Joe Tillman](#) on Wed, 28 Mar 2018 04:47:58 GMT
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Einstein,

You comments are appreciated. Thank you:)

Quote:principally i agree with that because the smaller the size the bigger the risk of doing damage to the extracted grafts. however, from what i know is that the overall "width" of a single follicle including its bulb is much less compared to a double or triple follicle. so, using a smaller punch takes this into account:

The difference in width isn't really that much. Sometimes it can be, but there is not a set variance to expect between the diameter of a single hair follicle vs. a multi-hair follicle. By your description the room for error between the punch wall and the outside of the follicle is constant from graft to graft, based on the number of hairs in a follicle and the size punch. This is not the case in practice.

Quote:as we all know one of the world's renowned fue surgeons is dr. koray erdogan. even the world's most famous dr. wong from h&w came to him and to learn from him as you most probably also are aware of.

To clarify for the record, Dr. Wong learned from several FUE specialists, as many doctors learn from each other at workshops. Dr. Wong has however used manual punches and micro-motors for at least twelve, maybe fourteen years. None of his cases before 2015/2016 were published online because they were very small test cases and experiments (at least one was on me) as the clinic in general did not get serious about manual FUE until June 2015 when Dr. Wong and two technicians attended an FUE workshop at Dr. Erdogan's clinic. I was there, too. Since then, the clinic has moved away from manual and are using the WAW micro-motor system. I'm sure they will use some manual punches but their primary system is the WAW.

Regarding the rest of your post, Gasthörer posted a link after you where Dr. Erdogan is announcing the use of microscopes now. I did not see the post myself until Gasthörer posted it here, but now that it is public, I can say that I spoke to Dr. Erdogan about this exact issue almost a month ago, and he told me that he had been experimenting with a microscope already and had ordered ten more. He apparently is now a believer in the use of microscopes to help insure the highest percentage of singles in the hairline that is possible. In the link Gasthörer posted, Dr. Erdogan expresses his thoughts that perhaps even with microscopes some multi-hair grafts will still get into the hairline. He is correct, but with experience and time his technicians will be able to reduce this to only a few double hair grafts at most. This is what better FUT clinics deal with which is what I referenced in the video. But, natural hairlines will have a low percentage of doubles in the hairline, so by this we are reaching the ultimate in naturalness. Dr. Erdogan essentially confirmed everything I've been saying about microscopes by his own announcement.

Quote:have you had a look at some of his patients when you met him at the previous european meetings? absolutely natural hairlines!

I have met some of his showcase patients seen on his website.

Thanks again for the discussion.

Subject: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Joe Tillman](#) on Wed, 28 Mar 2018 04:53:10 GMT

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Einstein,

Quote:dr. umar is one of those surgeons who takes an additional risk / goes the extra mile to extract single nape hair follicles.

have you had a look at his patients' hairlines?

Yes, many times over the past twelve or so years, since he first started sharing results online and after he trained with Dr. A in India.

He is probably the biggest voice for nape hair in the hairline online and yet his results do not represent his spoken position. This is not a slight against Dr. Umar, but it is a slight against his photographic and video documentation. It is simply horrid. The resolution for the hairlines is fuzzy and there simply is no detail visible. I did see one nape temple point built, which is a new one for me. I do not spend my days looking at other clinic's work so I do not know when this one came out, so aesthetics aside, some nape hair did grow, which is great. But this represents what I'm talking about again. He's talked about it for years, where are all of the results?

Subject: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Joe Tillman](#) on Wed, 28 Mar 2018 05:21:11 GMT
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Oledawg,

I appreciate your comments. Yes, I've seen thousands of cases, in person and through being a consultant at the front lines. This doesn't count the surgeries I've been in to study and to learn, and the other doctor's work I've seen over the years, etc.

Your comments about photos are spot on. Photos do not come close but from my observations the photos used by many clinics today are from patients, and respectfully, from an accuracy point of view, those can be the WORST photos to use because most of them are taken with mobile phones, and most use the selfie camera, and most are in bad lighting, and most are....just bad:) That is why I made a "how to" video to teach people how to take photos.

<https://youtu.be/sDhpiSlpLuM>

One problem that also exists is; how did you learn about angles, direction, and basically what it means to have a natural result? One project I'm working on is to teach you exactly these points to look for and it will be based on natural heads of hair, not "natural" hair transplant results. It is a big project and I don't have a time line but if I can do it correctly, it will be a wake up call for anyone that cares what "natural" truly means.

Quote:With all that being said, it kind of seems to me that your reasoning questions the suitability of FUE for natural hairlines altogether. If the only advantage of FUE is minimal or non-linear scarring, and subsequent refinement steps require larger punches (correct me if I'm wrong, but I guess splitting a multi graft into singles would ideally require more surrounding tissue than the typical small FUE punch) the question is: why not go with FUT all the time? I've seen FUE donors worked with large-sized punches, and I don't think they give you a lot more "options" than even a mediocre Strip Scar...

EXCELLENT question/points!

Again, FUE exists for one reason. To avoid the linear scar. The pinnacle of naturalness, density, coverage, etc. was reached ten years ago and FUE was playing catch up. But, you asked "why

not go FUT all the time?" It is because the strip scar is not a guarantee so that is why FUE became more popular than strip (today) but FUE has presented it's own challenges in inexperienced hands.

Before I continue, what is defined as a "large" punch? In my view, it is a 1mm or larger. 9mm is fine as a largER punch but is not too big in many cases. But a 1mm punch can look better in the donor area than a .6mm punch if the extraction pattern is designed by an amateur. The extractions have to be from as wide of a pattern as possible to reduce any demarcations from a sudden drop in density. Remember, FUE is reducing density on a one to one ration, one follicle at a time, so if you take too many from an area too small to handle the reduction, you have a visible deficit. This makes the point of FUE moot as donor extraction is a balancing act. Dr. Erdogan and Dr. Lorenzo have the right idea but their coverage value idea is based on the 50% rule, which I don't agree with a a baseline. If you don't know what the 50% rule is (anyone reading this) remind me later and we can discuss.

Oh, you also asked "correct me if i'm wrong, but I guess splitting a multi graft into singles would ideally require more surrounding tissue than the typical small FUE punch".

Not necessarily. Regardless of the size of the punch, a mult-hair grouping still has the same amount of tissue, and by extension distance, between hairs. This means the outside diameter isn't a factor since dissection takes place in between hairs. This takes experience, and can't be learned without a lot of practice. In fact, better FUT clinics will usually make a new technician observe for a few weeks, then they get small amounts of tissue to work with under close supervision and direction in order to learn, and even then it takes a few years to become an expert.

So, to answer your question in full, FUE can be just as good as FUT for natural hairlines with the use of proper microscopes, their use for examination and refinement, and technicians that know how to use them. That is the entire point of my video, and the discussion of how this approach is becoming a lost art.

I hope this helps. I have to go eat dinner now:)

Subject: Aw: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [einstein](#) on Wed, 28 Mar 2018 11:06:24 GMT

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joe, i do hope you have had your well deserved dinner by now since we guys here have given you so much hard work so far...

in terms of the topic about a natural hairline that we´ve been discussing here:

in my view this is very very important to everybody here who considers having an ht or a repair done. and of course also for those selfless advocates

as such my suggestion would be to make it more known to many more readers here by starting a new thread with a much more meaningful and relevant topic eg.

"what you need to know about getting a 100% natural hairline" or similar -
would that be ok?

Subject: Aw: Re: Aw: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [BHRClinic](#) on Wed, 28 Mar 2018 17:26:46 GMT
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Hi Joe,

great that you are here in this forum.
I love watching your videos.

All the best

Stefan

Subject: Aw: Re: Aw: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [einstein](#) on Wed, 28 Mar 2018 22:51:48 GMT
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i´ve done it - just started a new thread about this topic

Subject: Aw: Re: Aw: Re: Aw: Re: Aw: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [einstein](#) on Thu, 29 Mar 2018 07:27:18 GMT
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@ joe tillmann:

joe, i think we all would love to hear much more of your expert opinion and huge experience here
and to broaden a wee bit our ht-horizons.

and there is so much more to discuss about many more important topics. you touched already
some of them in this thread.

but before i start and open new threads:

would you be happy to join in even i started new threads in german as i eg. did last night? i
wouldn´t mind if you commented and responded in english since nowadays we have quite
sophisticated online translation tools such as google translate or deepl and which make it quite
easy to get the gist of a message...

just let me know, joe

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Mona](#) on Thu, 29 Mar 2018 07:49:02 GMT
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einstein schrieb am Thu, 29 March 2018 09:27...i wouldn't mind if you commented and responded in english since nowadays we have quite sophisticated online translation tools such as google translate or deepl and which make it quite easy to get the gist of a message...
Es ist natürlich kein Problem, wenn hier ab und an auch mal Beiträge in englischer Sprache gepostet werden. Bei vermehrtem Aufkommen, insbesondere, wenn es sich um lediglich einen einzigen Teilnehmer handelt, wäre mein Vorschlag, dass dieser Teilnehmer seine postings ins Deutsche übersetzen lässt. Das ist wesentlich weniger aufwändig und viel praktikabler, als wenn sich alle hiesigen nicht-englischsprachigen User und Leser um eine Übersetzung bemühen müssen. Zumal man bei Teilnahme in einem deutschsprachigen Forum davon ausgeht, dass einem Informationen in deutscher Sprache zur Verfügung stehen.

Subject: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [einstein](#) on Thu, 29 Mar 2018 21:22:24 GMT
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vielleicht könnte man sich ja in ausnahmefällen auf eine bilinguale kommunikation deutsch-englisch als kompromiss verständigen.
joe schreibt ja auch nicht so hochgestochen

Subject: Re: Aw: Andere präferierte Ärzte in youtubevideo
Posted by [Joe Tillman](#) on Sat, 31 Mar 2018 23:39:14 GMT
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I am happy to answer any questions, in German or English. Thank you.
