

**PARSLEY HAIR CENTER
WILLIAM M. PARSLEY, M.D., PSC
310 EAST BROADWAY ST. SUITE 100
LOUISVILLE, KY 40202
OFFICE 502-585-5249 FAX: 502-585-5251**

HAIR TRANSPLANTATION CONSENT FORM

I authorize the performance of a hair transplantation procedure upon myself, which will be under the direction of Dr. William Parsley, with the assistance of such qualified medical personnel that he designates:

PATIENT'S NAME: _____

DATE: _____

Hair transplantation is a surgical procedure by which hair from regions of the scalp that normally never goes bald (such as the sides and lower back of the head) is transferred into areas of permanent hair loss. Careful planning is first utilized to design a hairline according to your wishes, and following generally accepted guidelines. The recipient (bald) area is carefully evaluated and marked. Under local anesthesia, a strip (or strips) of scalp containing healthy hair is removed from donor areas on the back and sides, generally in a long horizontal row. This donor area is then closed with sutures (stitches). The hair grafts are carefully prepared, trimmed, and then placed into the recipient sites made in the bald or thinning scalp. In most cases, grafts of various sizes are artistically placed in zones, in order to achieve the desired final appearance. Most grafts are "follicular units" or minigrafts, micrografts, or linear grafts. Follicular units are tiny grafts of 2-4 hairs, which are cut under the stereomicroscope. Micrografts are single hair units. Linear grafts are made up of 3-8 hairs each and can be placed into slot holes in the balding scalp. Several sessions (usually three or four, sometimes more) are generally necessary to complete a hair transplant project, the session being separated by a few months (5-6 usually), to allow time for the blood vessel system to return to full strength and for the new hair to grow out. Future grafting sessions may be needed as balding progresses in the years to come.

RISKS, SIDE EFFECTS, AND POSSIBLE COMPLICATIONS:

In the overwhelming majority of hair transplantation procedures, there are no complications. However, a number of side effects, risks, and complications can occasionally occur. For the purpose of putting these things in perspective, we will divide them into two categories: those that occur occasionally and those that occur very rarely (many of those listed have not occurred in our 24-year experience, but have occurred in other doctors' practices or been mentioned in the scientific literature, and so are included here for the sake of completeness):

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I. Side effects that occur occasionally:

- 1) Swelling in the forehead: This usually occurs in about 1 in 10 procedures. A Kenalog injection is given to prevent this successfully for most patients. If this occurs, it begins on the 3rd post-op day and is usually gone after 3-4 days. Occasionally, it extends down around the nose and eyes.
- 2) Epidermoid cysts: These are small sterile cysts which occur when a new graft has been accidentally placed "piggy back" on top of a small amount of skin material which was trapped at the bottom of the new recipient hole. If they occur, they are simply treated with hot packs, and occasionally with a tiny incision under local anesthesia.
- 3) Mild "Shocking (shedding) of Existing Hair: When there is a "weak" existing hair in the areas of the scalp that is transplanted, occasionally the transplant procedure can have this mild "shock like" effect on those hairs, causing the to "drop out" for three months, after which they grown back. This effect, in general, is noticed in about 1 in 10 patients, and is usually not an issue after the first session has grown in, since then there is strong dominant hair over the area. If a particular hair that is "shocked" was on one of its last life cycles, then it may drop out permanently.
- 4) Temporary numbness of part of the head: It is common for some portion of the top-rear area of the scalp to be partly numb for a few weeks after the surgery. It then gradually returns almost all the way back to normal during the next few months.
- 5) Minor and trivial side effect: Itching in the area of the new grafts or along the donor scar occasionally may occur.

II. Side effects or complications that occur only rarely:

- 1) Irregular or uneven or delayed hair growth: Most transplanted hairs are shed after each session, over a period of 2-8 weeks. Generally, within 3-4 months, new hair growth begins. This may occur at irregular rates, with some hairs coarser, finer, darker, or lighter in color, or different in textures than the characteristics of the original hair. In most instances, this eventually normalizes. However, it may take 15 months or more from the starting point before cosmetically satisfactory results are seen.
- 2) Discoloration of grafts: Redder, paler, or pigmented differently (light, dark, or mottled) than the surrounding scalp. In most instances, should this occur, it gradually becomes normal and the same color as the surrounding skin.

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- 3) Elevation or depression of grafts: Following healing, above or below the level of the surrounding skin, or uneven texture or blending. Both of these phenomena have been very rare in our practice.
- 4) Bleeding: Hematomas (collections of blood under the skin) are possible in the donor area, and rarely a graft site will ooze the first day or evening. These are both easily treated.
- 5) Scarring: Very occasionally, especially in people with "stretchy" skin, a donor scar will be somewhat wider than normal. If any donor scars are evident when the process is completed, we have ea way of removing them at the completion of the transplants, at no charge. Some persons form "keloids" when they heal, and we attempt to determine that each of our patients does not do this (by noting other past scars on their body).
- 6) Dizziness or fainting: Either from anxiety, not having eaten, or medications. Since we perform the procedure with the patient lying down the entire time, this is exceedingly rare.
- 7) Allergy or reaction to anesthetics or medications used: Medications are kept at hand to immediately treat any allergic reactions.
- 8) Failure to improve my "quality of life": Interruption of work or job routine, or home/family/social life, or to live up to my goals or expectations from the procedure.
- 9) Infections: (Very rare because of rich blood supply)

There is also the possibility that other effects or complications not presently known, recognized, or understood, may develop, now or in the future.

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I consent to the administration of anesthetics, medication, injections, intravenous solutions, and materials to be given by or under the supervision of the physician that he deems necessary in my case.

I am aware of the other alternative methods of addressing hair loss and am instead choosing this plan, as outlined by my physician, which includes today's procedures. These alternative procedures include doing nothing, wearing a hairpiece, wig, or toupee; "hair weaving", attachment grafts, and topical and pill hair growth agents.

I hereby state that all of the facts and information, including pertinent facts concerning my past medical and surgical history that have been furnished to the physician and nurse/assistant during my pre-operative evaluation are complete and correct. I have not withheld any medical information that may be helpful, harmful, or detrimental to my care. I do not believe that I presently have any communicable diseases, and do not believe that I have been exposed to, or have, hepatitis, or AIDS (acquired immune deficiency syndrome) or am a carrier of the HIV virus. If at any time during the hair transplant process, there is evidence or suspicion of any of the above or any medical condition, Dr. Parsley reserves the right to suspend any further procedures until necessary tests or treatment are completed by my own personal physician and written evidence of such is provided to Dr. Parsley. I give Dr. Parsley permission to draw blood for HIV and hepatitis testing if an accidental needle puncture or break of the skin by a "sharp" should occur to either the physician or one of his assistants. This will be done in a confidential manner, and any legally required education steps to related HIV testing will be carried out along with the blood drawing.

I agree to follow the pre-op and post-op instructions that have been provided to me by the physician and/or nurse-assistant before, during, and after the surgical procedure, and that I will as soon as possible, notify him of any questionable or untoward conditions that may arise. I agree to take all medications as directed. I will then keep all scheduled and recommended appointments, as advised by the physician or assistant.

Initials: _____

