
Alternate coronal and sagittal slits in recipient area of hair transplantation to ensure the correct graft implantation by assisting surgeon



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SURGICAL CHALLENGE

The hairs in a follicular unit usually number 1, 2, 3, or 4. Before implanting these harvested follicular unit grafts, making slits at the recipient area is a common practice.¹ To give aesthetically appealing results, 1-hair grafts should be implanted in the frontal 2 or 3 rows, where slits are made with a 0.7- to 0.8-mm-wide blade. Next, 3 to 5 rows should be implanted with grafts having 2 hairs, with slits made with a 0.9- to 1.0-mm-wide blade. Grafts with 3, 4, or more hairs should be implanted in rows behind these, and here the slits are made with a 1- to 1.2-mm-wide blade. The grafts are usually implanted by an assistant surgeon, for whom identifying the slits made according to their size is difficult because they have minute differences that are not appreciable to the eye.

SOLUTION

The slits are made in different directions in different zones. We prefer coronal (horizontal) slits in the frontal 1 or 2 rows for 1-hair grafts. The next zone of 3 to 5 rows is made with sagittal (vertical) slits for 2-hairs grafts. The remaining slits behind these rows are again made with coronal slits for 3- or 4-hair grafts (Figs 1 and 2). An assistant surgeon can now distinguish the different type of slits in which to implant the different types of grafts. So, with this method, an assistant implants what the main surgeon decides and avoids mistakes. If implanted correctly, these grafts give aesthetically good results.

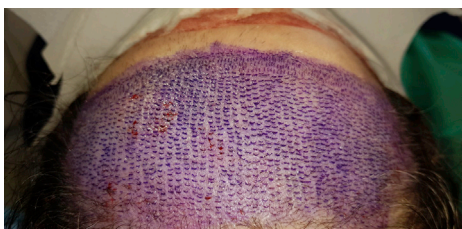


Fig 1. Slits made in a female patient at the recipient area.

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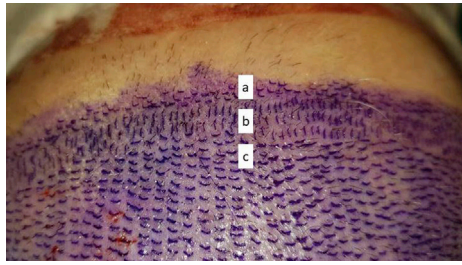


Fig 2. Close-up views of slits. **A**, Coronal slits made in the frontal 2 or 3 rows for 1-hair grafts. **B**, Sagittal slits made in 3 to 5 rows for 2-hair grafts. **C**, Direction of the slits is changed again, with coronal slits made in rows after the frontal 5 or 6 rows for grafts that contain more than 2 hairs.

REFERENCE

1. Khanna M. Hair transplantation surgery. *Indian J Plast Surg.* 2008;41(Suppl):S56-S63.