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Marta Zollinger celebrate a
new era and invite everyone to
contribute with it

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Dr. Marta Zollinger
CRM 9999
RQE 2876



Dr. Henrique Radwanski
CRM 496249 - RJ
RQE 6539

We have been through some turbulent times in hair restoration, both within the ABCRC and outside. Crises and challenges require decisions and positions. However, one thing is certain: science is the foundation of any medical society. Research, studies, and research form the foundation of any specialty, and publications disseminate and advance knowledge. Therefore, when we see other hair transplant societies appear, we can be sure that they will not have any publications like our journal *O Fôlculo*. There are many reasons for this. In our association, as in no other, we have a considerable number of colleagues linked to the academy in the broad sense, interested in researching and sharing knowledge. We also have people dedicated to compiling, writing, revising, and editing scientific texts.

We would like to present ABCRC members with a latest version of *O Fôlculo*. Founded in 2015, the journal will now have a wider readership, as it will be published by the international society ISHRS in the restricted section for doctors. It will be the first time that a Global Council society will contribute to a scientific publication. The format will be different,

allowing reading in PDF, outside the web page. And we will also have a formidable team of collaborators. We will present them in alphabetical order. **Carlos Eduardo Leão** will delight us with the “Chronicles” column, where any subject can be presented in a fun way. **Flávia Dias**, from Australia, will keep us up to date with the latest news with the “Current Articles” section. **Gustavo Mercadante** will deal with “Legal” issues. “Classic articles,” by **Henrique Radwanski**, will review and discuss works considered fundamental to the evolution of hair restoration. **Karen Fernandes** will oversee the “Trichology” section, and **Márcio André Volkweis** of “Management and Advertising”. **Marta Zollinger** will be covering “Events” taking place in our specialty’s calendar, while **Sólón Gouveia Souza** will be writing the column on “Complications”.

I had the honor of being editor of *O Fôlculo* for the period 2015-2023, transferring the position to the competent hands of Francisco Le

Voci during my presidency. I thank my friend and his team for continuing the editorial work. Now I will have Marta Zollinger to share the edition of the journal. We rely on Lilian Mallagoli and her journalists to proofread and publish our writings impeccably, with their usual efficiency.

Our journal is open to articles from all members. Do you have an idea, a tip, or an interesting solution? Send it to the co-editors and let us get it down on paper and publicize it. The published works will now have a wider reach, to an international audience, confirming the pioneering role of *O Fôlculo / The Follicle*.

Enjoy your reading!

Credits:

The Brazilian Association of Hair Restoration Surgery (ABCRC) is a non-profit association composed of doctors Dermatologists and/or plastic surgeons who perform hair restoration surgery.

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A quarterly publication of the ABCRC, launched in 2014. The mission of “O Fôlculo” is to promote the dissemination of high-quality scientific knowledge, encourage debate and innovation in hair transplantation.

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Writing and editing/Responsible journalist
Lilian Mallagoli - MTb 30.443

Art direction and layout:
Activa Design

Translation
Ana Lúcia Soave



Associação Brasileira
de Cirurgia da
Restauração Capilar

Associação Brasileira de Cirurgia
da Restauração Capilar (ABCRC)
Av. Pres. Getúlio Vargas, 4089 -
Água Verde
CEP: 80240-041 - Curitiba - PR
secretaria@abcrc.com.br
(11) 99920-9080

What does *O Folículo* represent for ABCRC?



Dr. Marcelo Gandelman
Founding member of ABCRC,
former president of ABCRC;
founding member and former president
of ISHRS
CFM 12231-SP
RQE 1670

A society only has a voice when it has a publication that represents it. The creation of *O Folículo* was a fundamental milestone for the integration of ABCRC members, promoting teaching, the exchange of ideas and professional growth.

More than a means of scientific dissemination, *O Folículo* encourages surgeons to leave their offices to attend meetings and congresses in the specialty, share their findings and learn about the work of their colleagues. The publication stren-

gthens the name of the ABCRC and expands its impact on the medical community.

Now, taking an even bigger step, our *O Folículo* is being published in English on the ISHRS website, reaching professionals around the world. This reinforces our international relevance and allows our contributions to be globally recognized.

O Folículo is not just a journal, but a link that unites knowledge, innovation and worldwide recognition.



Dr. Fernando Basto
Founding member of ABCRC;
former president of ABCRC
CFM 6798-PE
RQE 2090

1st International FUE Long Hair Workshop



The 1st International Long Hair FUE Workshop, held at the NH Málaga Hotel, stood out as an event of high scientific rigor, bringing together some of the world's most renowned experts in hair restoration. The main objective was to share, in depth, the technical, conceptual, and practical aspects of the Long Hair FUE technique, which allows immediate visualization of the results and introduces the coverage value as a fundamental parameter in evaluating the effectiveness and scope of the procedure.

The scientific sessions took place on February 21 and 22 and were opened by the welcoming words of the organizers, Dr. Roberto Trivellini and Dr. Sebastian Yriart, followed by an institutional greeting from ISHRS president, Dr. Ricardo Mejia.

The scientific content began by covering the theoretical foundations of the Long Hair FUE technique, including the historical evolution of the approach, the importance of the concept of "preview" and the main

EVENTS

distinctions between shaved, non-shaved and long hair FUE. Optimal clinical indications, indications and contraindications were also explored. The collection of the donor area was also discussed with the material of existing material and the various punches. They also reinforced the learning curve and the tools for a lower transection rate.

A special presentation warned of the risks related to the illegal market in hair transplant, highlighting the importance of ethics and regulation in clinical practice.

The first day ended with two practical video sessions entitled “How I do it in a 5-minute explanation”, in which surgeons from various parts of the world shared their personal techniques in an objective and direct way.

The day ended with a tribute to the speakers and a cocktail party.

Practical sessions and theoretical in-depth study – February 22nd and 23rd

On the morning of the 22nd, the activities were transferred to the Trivellini Hair Restoration clinic, where live surgeries took place, demonstrating cases of frontal androgenic alopecia, beard, and eyebrows. Extractions were carried out with Trivellini Nano and WAW punches, and the grafts were implanted with sharp implanters, allowing participants to closely follow the technical details of the Long Hair FUE technique in different donor and recipient zones.

Specific approaches were performed for female patients, as well as strategies for the frontal region, vertex, and temporal area. Grafting



SURGICAL CENTER:
TRIVELLINI HAIR RESTORATION

techniques were also discussed, such as the “stick and place” method versus preformed sites, and the use of blunt needle implanters.

A subsequent round table promoted in-depth discussions on the most appropriate recipient zones, the management of patients’ expectations in the face of pre-visualization, post-operative hair loss and the rate of growth in the medium and long term.

Concluding the theoretical content, Scientific Session 5 focused on eyebrow and eyelash transplants, highlighting the technical refinement required for these areas and the promising growth prospects in this market niche.

Practical closing – February 23rd

The third and final day was entirely dedicated to live surgeries, with a

variety of clinical cases and advanced demonstrations. The practical environment allowed the participants to observe in detail the execution of the technique by different surgeons, consolidating the knowledge acquired throughout the event.

CURRENT ARTICLES

Dutasteride and finasteride in the treatment of androgenetic alopecia: comparison of efficacy and safety



Dr. Angélica Pessanha
Aesthetic Dermatologist,
Specialist in Hair Transplants
CRM 14482
RQE 10648



Dr. Flávia Rodrigues Dias
Dermatologist specialized
in Hair Transplantation;
Full member of SBD, AB-
CRC and ISHRS; currently
doing a fellowship in
trichology in Australia
CRM SP 166070
RQE 77795

Androgenetic alopecia (AGA) is the most generic form of hair loss in people, being widely associated with androgenic action on hair follicles. The pharmacological treatment is based on 5th reductase inhibitors, the enzymes responsible for converting testosterone into dihydrotestosterone (DHT), the main hormone involved in hair minituarization. Finasteride, a selective inhibitor of the type 2 isoenzyme of 5^a reductase, has been widely used, while dutasteride, which inhibits both type 1 and type 2 isoenzymes, has been shown to be a promising alternative, with superiority in efficacy (Gupta et al., 2022).

Studies show that dutasteride has a more powerful inhibition of DHT and, consequently, a more significant impact on hair preservation and recovery than finasteride. Meta-analyses indicate that dutasteride provides a greater increase in hair count and better stabilization of baldness progression (Arif et al., 2017). In addition, randomized

clinical trials indicate that varying doses of dutasteride are effective for both maintenance and hair recovery, while finasteride has a greater limitation in this aspect (Gubelin Hardra et al., 2014).

Despite dutasteride’s superiority in efficacy, its side effect profile may be a limiting factor. Studies indicate that 5th reductase inhibitors may be associated with erectile dysfunction, inhibition of libido and gynecomastia, with these adverse effects being more frequently reported with dutasteride, due to its broader inhibition of DHT (Fertig et al., 2017; Hagberg et al., 2016). Thus, the choice between finasteride and dutasteride must be individualized, considering the degree of alopecia, the risks and benefits of each treatment and the patient’s tolerance. In cases of advanced baldness and refractory to finasteride, dutasteride may be the most indicated option, while patients more sensitive to adverse effects may benefit from the use of finasteride as a first line (Zhou et al., 2019).

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THE DNI TECHNIQUE



Dr. Henrique Radwanski
Former President of ABCRC
CRM 496249 - RJ
RQE 6539

Every surgery requires planning and execution; behind these principles lies the need for systematization. Due to its characteristics, hair transplant may be the procedure that requires the greatest methodology: as it is of long duration and repeated movements, any gain in time and comfort for the surgeon and his team

deserves to be adopted.

In the two classic articles on DNI (*dull needle implanter*), Dr. Mauro Speranzini proposes exactly that: a system that allows the surgeon to delegate part of the surgery, without losing quality control about the recipient orifices, the transplanted density, and the angulation of the follicular units.

His first work, “FUE Graft Placement with Dull Needle Implanters into Premade Sites” (Hair Transplant Forum, Volume 26 Number 2 March/April 2016), can be considered a “*proof of concept*”: an innovative proposal, tested and approved by his team. Considering that the use of tweezers to insert the grafts extracted using the FUE technique can cause damage to the fragile follicular units, the author emphasizes the benefits of implanters. However, sharp implanters are for the surgeon’s exclusive use; moreover, they suffer wear, and their needles must be discarded. Using the DNI, the surgeon can delegate the placement of all grafts, after performing all perforations previously. A second and important benefit is being able to reuse the implanters indefinitely.

The following year, Speranzini published his second, much more extensive work, serving as a com-

pendium. The article “Graft Placement Using the Dull Needle Implanter (DNI) Technique” (Hair Transplant Forum, Volume 27, Number 2, March/April 2017) expands the reasoning for the use of the DNI, describing in detail how to manufacture the blind needle, as well as the care taken in maintaining and sterilizing them.

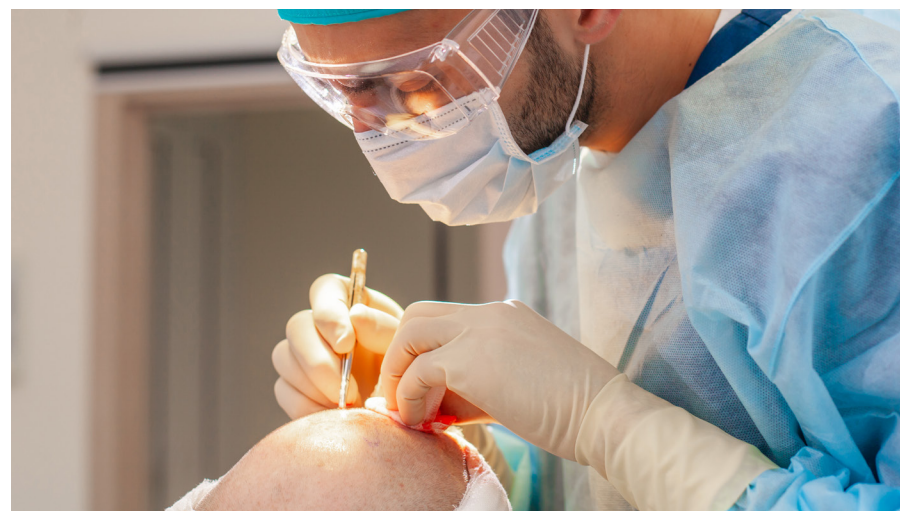
In the author’s words, sent to this column as a reminder of the articles:



“When I described the DNI technique, I commented to Dr. Robert True (co-editor of *Forum* journal) about my idea. He was not very enthusiastic at first. According to him, other doctors were already using implanters in previous incisions. So, I asked him, “Has anyone published anything?” Dr. Robert True said, “Not that I know of.” So, I sent him a description of the technique and its advantages. He liked it so much; he published it on the cover of *Forum* journal. This was in 2016. In 2017, as the technique matured, I sent more details about it again, which was republished on the cover of *Forum* journal.”



“I started doing hair transplant in 1992. Since that time, I had previously made incisions and placed the follicular units with tweezers. In 2013 I changed all my surgeries from the FUT technique to the FUE technique. As this new technique resulted in more fragile and much more uniform follicular units, the use of implants proved to be much more appropriate than placement with tweezers. But there were only implanters with sharp needles. I then had the idea of modifying the needle of traditional CHOI-type implanters. First, I widened the needle channel to allow loading while keeping the epidermis outside the needle, as the implanters had been designed for use with Asian hair, which was thicker and allowed loading by pulling the hair and keeping the epidermis inside the needle. I also sanded the tip of the needle to make it blunt. Nowadays, there are companies that already sell modified needles. Therefore, the option for the DNI technique allowed me to continue making previous incisions and using the best tool for placing the fragile follicular units of the FUE technique: the implanters.”



Eyebrow Transplant in Frontal Fibrosing Alopecia (FFA), a summary of the article Eyebrow Hair Transplantation in Frontal Fibrosing Alopecia: Pitfalls of Short- and Long-Term Results



Isaura Fasciani
Specialist in FUE hair
transplant and long-hair
eyebrow transplant
CRMMS 8587
RQE 7119

Eyebrow loss is a common trait and, in many cases, may be the initial manifestation of AFF. The lack of eyebrows negatively impacts the lives of many women, which encourages many of them to seek eyebrow transplant as a plausible option. We know that eyebrow transplants are having a significant impact these days,

especially after the possibility of extracting long hairs .

Audickaite *et al* selected 10 patients with FFA and eyebrow loss (9 women and 1 man) for eyebrow transplant, aged between 28 and 58. Most patients were using medications including topical steroids, injectable triamcinolone, or systemic medications (finasteride, dutasteride and chloroquine)



Before and after eyebrow hair transplant in a patient with FFA, follow-up 2 years after the procedure without hair loss. (Photo provided by Dr. Letícia Contin)

for treatment of the disease.

The follicular units (FUs) for the procedure were collected from the occipital region of the scalp without clinical signs of disease involvement. After collecting the FUs, they were divided into individual FUs and, to implant, 0.6 mm implants were used, 120 to 270 individual FUs were implanted by eyebrows.

The result obtained by the author was that 8 of the 10 patients achieved what was considered normal hair growth between 6 and 12 months after the procedure. Of the 8 patients considered normal, all maintained most hair up to two years after the procedure. Of these, only 1 was considered to have had a good long-term result (after four years

of follow-up), while the others began to have progressive loss.

The published article also states that the patients, despite being aware of the possibility of losing the transplanted hairs, were willing to repeat the surgical procedure in the long term . [CHECKTAGS] Thus, we conclude that eyebrow transplantation, when performed on patients with FFA, can have a positive impact on self-esteem and, even though it is a non-lasting procedure, the short-term impact of the result is favorable, showing an increase in lost self-confidence .

However, the outcomes still need more studies, and a greater number of patients submitted and followed up in the long term for further

clarification, since we do not know for sure the course of the disease, even in those patients who have been stable for more than two years.

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Adverse Effects Related to the Use of Local Anesthetics



Dr. Solon Eduardo Gouveia Souza
Plastic surgeon specializing in reconstructive and cosmetic surgery.
CRM 126779
RQE 39560



Dr. Mauro Speranzini
Former president of ABCRC; pioneer of the DNI (Dull Needle Implanter) technique.
CRM 59742
RQE 13000

INTRODUCTION

Recent press reports about deaths that occurred during hair transplant surgeries, both in Brazil²¹ and internationally²², raise legitimate concerns about the possibility of serious complications, unrecognized and not properly treated, as a potential cause of these fatal events.

Considering that hair transplant is an elective, minimally invasive and low-risk surgery, the occurrence of death in previously healthy patients requires careful investigation and reinforces the importance of professional training and the presence of advanced life support during the procedure. These cases illustrate the relevance of the issue and the need for well-established clinical protocols to prevent adverse outcomes avoidable.

Local anesthetics (LA) are widely used in medical procedures to provide temporary analgesia and pain control and are essential medications for hair transplantation. Since the discovery of the anesthetic properties of cocaine by Karl Koller in 1884^{1,2}, to the development of current synthetic compounds, these drugs have become fundamental in modern medicine, allowing less painful and safer interventions for patients.

The LAs used clinically have in their chemical structure a liposoluble benzene ring, linked to a hydrophilic amine group by means of an alkyl chain that contains an amide or ester type bond (table 01).

Ester-type LA	Amide-type LA
Cocaine	Lidocaine
Procaine	Bupivacaine
Tetracaine	Ropivacaine
Benzocaine	Prilocaine
Tetracaine	Mepivacaine

Table 01: Local anesthetics commonly used in clinical practice.

Despite their efficacy and favorable safety, the use of LA is not risk-free. The occurrence of adverse effects may vary according to the type of agent used, the dose used, the administration technique, and the patient's clinical conditions. These side effects may include more serious complications, such as systemic toxicity and cardiovascular changes³. We will review the most common complications associated with the use of these medications and their respective treatments.

1. DRUG ALLERGY TO LA

Studies indicate that true allergic reactions (Ig-E mediated) to LA are extremely rare, with a prevalence of less than 1% of patients^{2,3} and are usually published as case reports

due to the low prevalence⁴.

Hypersensitivity to other materials and substances used during surgery, such as latex, chlorhexidine or triamcinolone, is much more common, which can lead to some diagnostic confusion^{6,7}.

Ester-type LA undergoes hepatic metabolism and can generate para-aminobenzoic acid (PABA) as a metabolite. In the same way, methylparaben — a preservative present in several formulations of LA esters and amides — can also be metabolized into PABA, which is often identified as the main direct cause of allergic reactions associated with these substances⁸.

The allergic reactions most frequently associated with LA are classified as type I and type IV hypersensitivity reactions^{8,9}.

Type I reactions involve an initial sensitization that results in the production of IgE antibodies by B cells in response to the first exposure to the drug. However, clinical symptoms manifest after re-exposure, when there is immediate release of inflammatory mediators by basophils and mast cells.

Type IV allergic reactions, in turn, are the most frequent and are mediated by T cells. Unlike type I reactions, there is no production of antibodies upon first exposure to LA, but sensitization of T cells occurs. Upon re-exposure to the drug, these cells release lymphokines that activate macrophages, promoting the late release of inflammatory mediators.

The clinical manifestations of type I hypersensitivity reactions are

immediate and include skin rash, erythema, urticaria, and angioedema, which may, in more severe cases, progress to bronchospasm and cardiorespiratory arrest. Type IV hypersensitivity reactions, on the other hand, tend to present later symptoms, restricted to the site of application of the anesthetic, and are less systemic when compared to type I⁸.

Treatment of both types of reactions may include the use of antihistamines, corticosteroids, epinephrine and, in more severe cases, advanced resuscitation and life support measures, such as orotracheal intubation, supplemental oxygen therapy, and intravenous volume replacement⁸.

Therefore, while LAs are safe for use in outpatient procedures, it is crucial to monitor patients for possible anaphylactic adverse reactions.



COMPLICATIONS

2. DRUG INTERACTION

During the preoperative consultation, carrying out a detailed anamnesis is essential to identify all medications used by the patient in the treatment of chronic comorbidities. Some of these substances may interact with AL solutions containing vasoconstrictors (adrenaline), directly impacting the evolution of hair transplant and patient safety.

Attention should be paid to the use of non-selective beta-blockers, widely prescribed for the control of high blood pressure, which block the adrenergic receptors of the sympathetic nervous system, such as propranolol, labetalol, and carvedilol (table 02).

These drugs may interact with adrenaline present in infiltrative anesthetic solutions, increasing the risk of severe hypertension associated with bradycardia, a potentially serious complication during the procedure ^{10,11}.

Selective beta-blockers	Non-selective beta-blockers
Atenolol	Propranolol
Metoprolol	Timolol
Bisoprolol	Labetalol
Esmolol	Carvedilol

Table 02: Selective and non-selective beta-blockers commonly used in clinical practice.

Given these factors, it is essential that the surgeon thoroughly evaluate the patient’s medication history. In some cases, an adaptation of the therapeutic regimen may be necessary, ideally in collaboration with the physician responsible for treating the comorbidity, to ensure maximum safety during the procedure and the best post-operative evolution.

3. LOCAL ANESTHETIC TOXICITY

Lidocaine, bupivacaine and ropivacaine are commonly used in hair transplantation and the toxicity of these LAs is a significant clinical concern, especially when administered in high doses. The systemic toxicity of LA (*local anesthetic systemic toxicity* - LAST) can be manifested by neurological and cardiovascular symptoms. Neurological symptoms include agitation, mental confusion, dysarthria, perioral paresthesia, and seizures, while cardiovascular symptoms may include ventricular arrhythmias (ventricular tachycardia and ventricular fibrillation) and consequent cardiac arrest^{12,13,14}.

Bupivacaine is known to be more cardiotoxic than lidocaine and ropivacaine, due to its greater affinity and duration of binding cardiac sodium channels. Ropivacaine, on the other hand, has lower cardiac toxicity compared to bupivacaine, but it can still cause cardiac contractility depression and conduction changes.

The treatment of LA toxicity includes advanced life support (ALS) measures, and, in cases of severe toxicity, the early administration of intravenous lipid emulsion (ILE) has shown efficacy in studies^{13,14,15}. ILE can help sequester local anesthetic from the heart and central nervous system, increasing cardiac contractility and offering cardioprotective effects. It is recommended to administer 1.5 ml/kg inbolus, followed by a continuous infusion of 0.25 ml/kg/minute, totaling up to 10 ml/kg in the first 30 minutes ^{14,15}. In addition, benzodiazepines may be administered in case of seizures and the use of sodium bicarbonate may be considered to correct acidemia and overcome sodium channel blockage.

For lidocaine, the recommended maximum dose is 7 mg/kg and a total limit of 500 mg when administered with epinephrine and 4.5 mg/kg with a total limit of 300 mg without epinephrine .

COMPLICATIONS

Bupivacaine has a maximum recommended dose of 2 mg/kg, usually 225 mg when used with epinephrine and 175 mg without epinephrine, with a total daily limit of up to 400 mg^{15,17}.

Ropivacaine has a maximum dose of 2mg/kg, totaling 75 to 300mg depending on the concentration used, the route of administration and the period of application. Doses of up to 700 mg of ropivacaine have already been administered over a 24-hour period for post-operative analgesia and are well tolerated in adults ^{15,18}.

4. METHEMOGLOBINEMIA

ALs are also associated with a potential risk of methemoglobinemia¹⁹, a condition characterized by the oxidation of iron present in the hemoglobin molecule, converting it from the ferrous state (Fe² +) to ferric (Fe³ +). This alteration prevents hemoglobin from binding to oxygen and transporting it properly to the tissues, which can result in symptoms such as fatigue, cyanosis, dyspnea and, in more serious cases, developing into severe hypoxia and death. Methemoglobinemia should be suspected in cases of cyanosis that do not respond to oxygen administration²⁰.

The primary treatment for AL-induced methemoglobinemia consists of the administration of methylene blue (1 mg/kg administered intravenously over 5 to 30 minutes), which acts as a reducing agent, reversing iron oxidation and restoring hemoglobin function^{19, 20}. In situations where the response to methylene blue is insufficient, other therapeutic approaches may be necessary, including blood transfusion and hyperbaric therapy, to ensure adequate tissue oxygenation and prevent more serious complications.

CONCLUSION

ALs are essential drugs for performing outpatient surgical procedures, such as hair transplant, contributing significantly to patient comfort and safety. When administered appropriately, within dosage limits and with technical knowledge, these agents have a favorable safety profile. However, its potential adverse effects, especially those of a serious nature, require rigorous attention from the entire team involved in perioperative care, as well as ensuring that the procedure is performed in an environment with a structure compatible with the management of medical emergencies.

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BRAZILIAN FEDERAL COUNCIL OF MEDICINE'S VIEW ON THE EXERCISE OF HAIR TRANSPLANT IN BRAZIL – OPINION CFM 03/2023



*Gustavo Graça Mercadante
Lawyer (OAB/MG 38.255)
since 1984, specialized in
the Defense of Health Pro-
fessionals, with expertise in
Judicial Litigation, Arbitra-
tion and Private Mediation -
Lawyer at ABCRC since
2019*

Given that hair transplant in Brazil, as in other countries, was being practiced by countless unqualified people, the ABCRC, through its President at the time (Dr. Carlos Eduardo Leão), together with the Brazilian Plastic Surgery and Dermatology Societies, took the matter to the Brazilian Federal Council of Medicine (CFM), so that it could make a statement, in order to protect the lay population, as well as making a statement on the exclusive medical practice of this professional activity.

Thus, after looking into the issue, the CFM was right to approve CFM Opinion 03/2023 - which deals specifically with Hair Transplant - having endorsed some postulates, which deserve to be highlighted here:

(i) Hair transplant is a private medical act;

(ii) Only specialist doctors (RQE registered with the Regional Councils of Medicine), in Plastic Surgery or Dermatology, can:

a) be RTs (Technical Responsible) for a Hair Transplant Service;

b) advertise their work in Hair Transplant.

The CFM Opinion in question is an important achievement for the ABCRC and its members (Plastic Surgeons and Dermatologists), in that it recognizes that Hair Transplantation is a private act of a doctor - therefore, it **leaves all non-medical professionals who intend to or are working in this field subject to the Criminal Code (article 282 - crime of illegal exercise of medicine)**.

On the other hand, the CFM, by establishing that only specialist doctors (RQE) in Plastic Surgery or Dermatology can be RTs (Technical Responsible) for Hair Transplant services and advertise their work in the area, has created an important ethical benchmark to raise the standard of medical

practice.

Thus, under CFM Opinion 03/2023, medical professionals (non-specialists - without an RQE - in Plastic Surgery or Dermatology) who call themselves RTs (Technical Responsible) of Hair Transplant Services or who advertise their work in this area may be subject to an Ethical-Professional Process before the Regional Councils of Medicine.

Those are the considerations that occur to me on the subject.

For further clarification, please do not hesitate to contact me by my email (gustavo@mercadante.adv.br) or Instagram (@gustavograca-mercadante).



Marketing Concepts in Medicine



Dr. Márcio André Volkweis
ABCRC Member – Board of Directors
2025-2026
Dermatologist
Graduated in Administration
CRM/RS 28703
RQE 27261

We have always been evolving thanks to the changes that humanity has undergone. Often gigantic jumps, sometimes not so much. Recently, what has perplexed us is the speed at which the directions change. What was new yesterday, in a few days no longer is, often without us even knowing it existed.

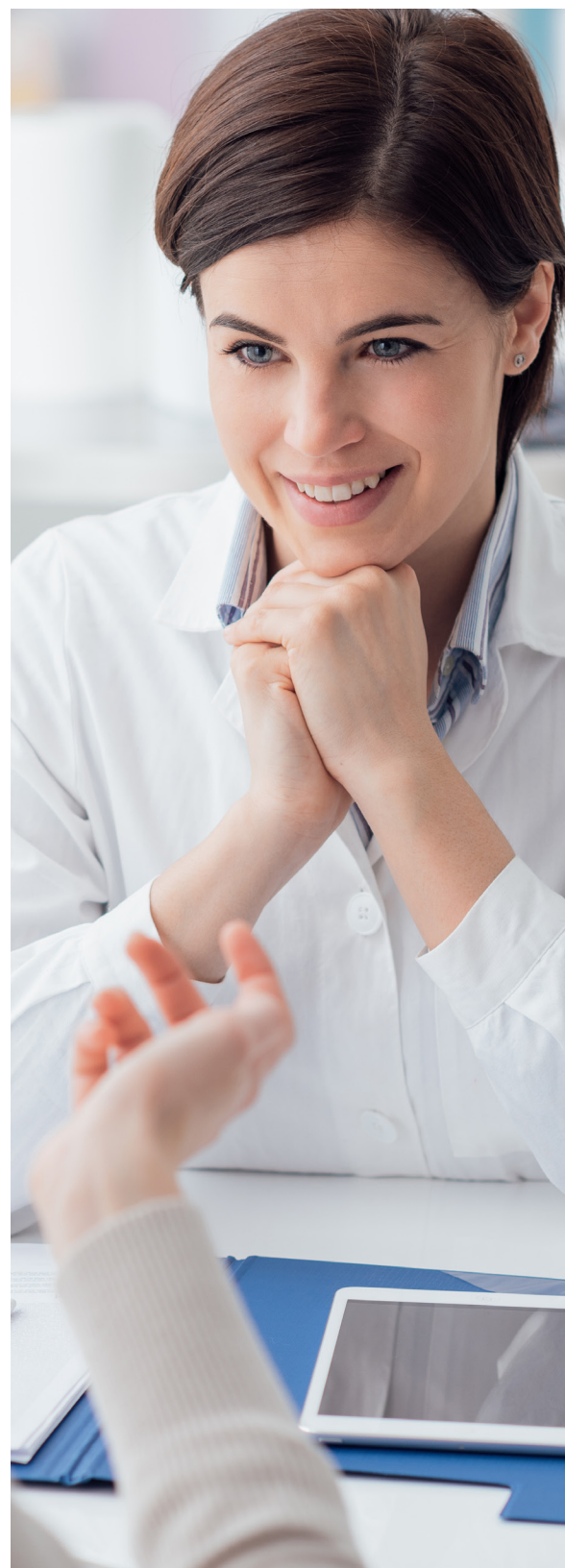
The service society, including the area of health and medicine, is also following the same path. In addition to the technical progress inherent to the area, administrative and marketing expertise has also evolved, becoming increasingly modern and more sophisticated.

Despite realizing this, doctors and health professionals still lack, in most cases, basic conceptual understanding of the use of marke-

ting in our careers. This area of management, erroneously, is still very confused and pre-judged, and is sometimes even associated with ethical misconduct.

A quite simple definition of the term marketing that comes from its purpose is: to win and keep customers. Another extremely useful one is moving market. More broadly, marketing is nothing more than “focusing attention on the customer.”

The marketing activity does not propose to carry out acts that contradict ethical principles, and the fact that it labels some professionals as “marketers” does not mean that they understand the subject. One of the main confusions is identifying marketing with advertising and publicity. Advertising a service, whether correctly or violating ethical rules, is just one of the marketing tools.



One way to understand what marketing is and how comprehensive it is to understand that it is a social and managerial process by which the individual (consumer) obtains what they need or want, through the offer of the product or service. In other words, the concept involves need, service/product, and its value. All these points are addressed by marketing.

A logical system segments marketing into the 4 Ps, thus facilitating its understanding:

- **Product (service)**
- **Price**
- **Market (distribution)**
- **Promotion**

Each of them must be understood within the current market context for a specific product, such as Hair Transplant.

Product (Service)

The concern from a marketing point of view regarding the service provided in the medical field focuses on its quality, existing variations, description and characteristics of the technique or treatment in question, name, definition, guarantees, safety. That is, to make clear to the stakeholder* what are the characteristics of the service provided.

(*) stakeholder - every person involved with the product or service, whether receptionist, salesperson, auxiliary staff, suppliers of supplies, inspection services, medical staff, consumer, and related family members.



Efficient marketing will lead to a service with a clear description that is in demand in the market, with appropriate values/costs for interested parties, and that provides a healthy financial return to the organization, ensuring its financial survival.

Price

Combined with the development of the service to be provided, marketing is responsible for finding the best price for both customers and the institution offering the service, to guarantee sales and an attractive financial return.

Adding costs to the service while leaving it above average may seem like a clever idea at first, but if this is poorly measured, it can result in such considerable amounts as to make it impossible to sell. The same goes for attempts to reduce costs, which

can lead to a loss in quality and safety, scaring away customers.

The balance between adequate service, fair cost for both parties and ease of sales is one of the functions of marketing organizations. At this stage, we understand that the financial sector is also relevant to composing the final costs of the service provided.

Market / Distribution

In the provision of services, this point is more difficult to define, as the “product” is not physical, tangible, and is not sent to the consumer. But the basic principles are the same: there must be concern regarding the locations where the service is provided, both in terms of geographic region, consumer access, and the physical structure of the offices, clinics, or hospitals.

MANAGEMENT AND ADVERTISING

It is evident that the marketing applied to physical structure sends an important message to the patient about the quality and safety of the service provided. Complex physical structures versus lean offices, location in urban centers versus clinics in quieter neighborhoods. The customer profile and the type of service provided must be linked to the physical structure used, in balance.

Access, well-being before and after the service, cleanliness, structural organization, availability of physical resources that generate safety and efficiency, are aspects evaluated by marketing, and will end up being part of the service provided as a whole. The general perception of surgery begins when you park your car in front of the medical clinic where the procedure will be performed.

Promotion

Here we have the fourth marketing tool, which includes the activities carried out by the organization to communicate and promote its services to the target audience. Promotion is often confused as a synonym for marketing, diminishing its size and concept.

Bringing the correct information to the correct potential consumer, in an appropriate way, without exaggeration, deception and in an ethical manner, is one of the objectives of marketing. If the information is false and attracts a consumer, deceiving them and causing harm, we can say that the marketing process was ineffective. So, contrary to what is usually said, those

who advertise a lot, do a lot of advertising, and in the wrong way, are not good at marketing, quite the opposite, they are inefficient.

After a brief outline of the definition of marketing, the subject must be deepened so that it can assist in the development of quality health services that fulfill the wishes and needs of patients.

The rapid pace of change forces healthcare professionals to inquire about the future and make decisions so that the services provided are in line with the market in a competitive manner. This is true in all technical, health, financial and marketing aspects. The probable future scenario should be discussed. Actors involved in the work environment must have their roles rehearsed. The information revolution must

be used in favor of the organization/company where the service is provided.

Given the complexity of all of this, the assistance of a team that assumes the technical coordination of marketing may be indispensable. Because it is increasingly up to the doctor to perform only his function, to act in his area of knowledge, medicine.

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CHRONICLE



The beard is an evolutionary accident preserved in the natural selection of masculinity



*Dr. Carlos Eduardo Leão
Founding member of ABCRC
and former president of ABCRC.
Specialist in Plastic Surgery and
Baldness Surgery
CRM 14.076
RQE 1862*

Before we talk about Beard Transplant, one of the fastest growing surgeries in our clinics specialized in hair surgery, a preamble must be made to the history of this fascinating aesthetic attribute of man since Adam.

From its striking presence on male faces throughout time, the beard has been vainly cultivated, delightfully adored, and admired by civilizations, whether of the antique or even contemporary. In other civilizations of the same periods, it has been obstinately defamed and criticized. Therefore, a beard is a harmonious trait of masculinity which is controversial since Adam

And speaking of Adam, the first man of humans is often represented through the art like having a bearded face until you leave paradise when

CHRONICLE

you show up with a full beard in his judgment by God, equally represented with a full beard, in the episode of the forbidden fruit, in the classic biblical symbolism of the transition from boy to man. Therefore, the theory that eating apples makes a beard grow has fallen apart.

The importance of beards throughout time is immeasurable for humanity. Michelangelo would not have sculpted the extraordinary Moses with that beard of divine perfection not even Rossini would have the transcendental inspiration to write his masterpiece, The Barber of Seville. This thought applies to most thinkers and philosophers throughout history. Without his stately beard to support him, Marx's dialectical contradictions could have been far less impactful.

It is interesting how men, regardless of age, social class or ideology are proud to compare their beards with the natural attributes of lions, tigers and other felines in a clear analogy to the symbols that these animals represent, such as power, dominance, virility, grandeur, aggressiveness, status, strength, boldness and, above all, courage, characteristics so appreciated by men through a sexist culture that is still latent, although veiled today.

It is certain, then, that despite changes in style, trends, and other reasons, one thing throughout culture and time, beards are synonymous with masculinity and this title cannot be taken away so easily.

Straight to the point, beard transplant is recommended for completely beardless people with patchy beards. or thin and camouflage scars on the face in areas of the beard and mustache, especially in the stigmatizing marks left by cleft lip.

The donor area of choice is the back of the neck region, the same one used for the treatment of baldness. Neck hair can be used for much smaller, well-selected cases.

The FUE technique, the current favorite, consists of removing the follicular units, strand by strand, directly from the donor area without the need for linear incisions that give rise to thousands of small holes of 1 mm in diameter that will leave punctiform scars, the famous "white dots". So, the only scarless surgery I know are the spiritual ones. Just from hearing about it.

Local anesthesia associated with anesthetist-



-assisted sedation is the preference. Postoperative recovery is surprisingly fast, and the results are impressive by naturalness.

I easily understand why beard surgery is currently preferred by the men of the 21st century. But be careful! This is surgery for the trained specialist. In addition to being obvious, it requires a lot of experience due to the wealth of technical details involved in its implementation.

And there is no shortage of adventurers on the market.

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