

Surgeon of the Month: Tseng-Kuo Shiao, MD

Vance W. Elliott, MD Edmonton, Alberta, Canada



Tseng-Kuo Shiao, MD
Overland Park, Kansas

Tseng-Kuo Shiao (also known as T.K.) was born in Taipei, Taiwan. He is the oldest of three children, and lived with his maternal grandmother until high school started. It was not uncommon for Chinese grandparents to help raise their grandchildren, and he felt lucky to have had the undivided attention of his grandmother.

T.K. immigrated with his family to the suburbs of Kansas City (United States) in December 1977 and completed high school in Overland Park, Kansas. Subsequently, he went to the University of Kansas and received his bachelor's and master's degrees in Computer Science. He proceeded to work a few years in the computer industry before going to the University of Kansas School of Medicine. The first ten years in the United States were difficult for his parents; his mother stayed here with the children while his father worked in Taiwan, but they willingly sacrificed themselves so their children could receive better educations and have better career opportunities.

T.K. was first introduced to hair restoration by his father and attended his first ISHRS meeting at Barcelona in 1997. Hair restoration, however, did not get his full attention until he started working extensively with him at his clinic in 2004. After working with his father for several years, T.K. found it a fascinating field with many great people, and started his own clinic, United Hair Restoration, in Overland Park, Kansas in 2007.

T.K.'s father, I-Sen Shiao, MD, graduated from the National Defense Medical College, the oldest allopathic medical school in China with over a hundred years of history. He was a research fellow for artificial kidney in the department of Urology at University Hospital of Michigan during the early 1960s and later started the Pediatric department at the largest hospital in Taiwan. He started practicing aesthetic surgery in the 1980s and was the founder of the now 1,000-member strong Chinese Society of Cosmetic Surgery and Anti-Aging Medicine in Taiwan.



T.K.'s father, I-Sen Shiao, MD

While seeking new developments in aesthetic surgery, Dr. Shiao had a chance encounter with hair restoration surgery during the International Hair Replacement Surgery Symposium at Hot Springs, Arkansas, in February 1986. T.K. can still remember the hundreds of turns through the winding mountain roads in Arkansas when they drove there from Kansas City: "My father was very impressed by the symposium's faculty and director, Dr. Bluford Stough." A comment made by the co-director, Dr. Richard Webster, on how techniques were taught freely, without reservation, how a father would teach his son, also made a lasting impression on his father. Incredibly, this has been the tradition at the

ISHRS. The willingness of our members to teach and share experiences is unparalleled by any other field.

"Such novel experiences and dedicated teaching made my father focus his efforts on hair restoration. At an annual meeting in Los Angeles, Dr. O'Tar T. Norwood convinced my father to devote his efforts to mini-grafts and later to follicular unit transplantation. He became the first physician specialized in hair transplantation in Taiwan and has been exclusively doing hair restoration at his clinic since 1992."

"My father and I share similar philosophies in hair restoration. For my father, hair restoration is his hobby. It is personally rewarding when he creates art in every case and knows that he is helping people feel better. We see it as a form of art but we also explore what science and technologies have to offer to help better the art creation process.

"On a personal note, I have been married to a wonderful person, Chin-Hui Tseng, for over 20 years. We have one daughter, Jessica, who is 18 and a sophomore at Johns Hopkins University. My primary hobby is to explore the diversities in cultures and people through various types of personal encounters." ♦



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How to assess scalp laxity

Parsa Mohebi, MD, Jae Pak, MD, William Rassman, MD Los Angeles, California

Laxity: What Is the Problem?

Assessment of scalp laxity prior to hair transplant procedures has been a clinical subjective evaluation that varies with each surgeon and each visit. Hair transplant surgeons have been traditionally assessing the laxity of the scalp with manual palpation of the donor area and by moving the scalp horizontally or vertically and estimating the scalp movement against the occipital bone. Measurements have been recorded with subjective terms such as very loose, moderately loose, average, moderately tight, and severely tight. With the exception of the well-known Mayer scale, which provides an estimation of the percentage of scalp elasticity, there have been no units of measurement available for assessing the scalp laxity. Thus, there are no standards for measurements of the scalp laxity to reassure the surgeon regarding his or her judgment.

Strip harvesting yields depend upon two parameters: average density of hair in the donor area, and surface area of excised strip. Larger transplant sessions require a longer and wider strip size. In larger hair transplant sessions, the height of the strip depends solely upon the laxity of the scalp. Removing wide strips will increase tension upon closing the wound. Higher wound tensions cause the following:

1. Difficulty closing the wound and wound dehiscence
2. Widening of the eventual donor scar
3. Wound ischemia and necrosis
4. Telogen effluvium of the surrounding skin

The patients who have a higher risk of donor wound complications include the following:

1. Patients with high ratio of demand to supply.
2. Those who have had repeated hair transplants with diminished scalp laxity after each surgery.
3. Patients with surgical scars on the scalp especially at or below the level of the projected new strip excision.
4. Patients who naturally have tight scalps.

Laxometer

The laxometer can provide a metric for measurement of the laxity of the donor wound before surgery when planning a procedure, and a variation of this same instrument can be used to estimate tension on the wound during the hair transplant while local anesthesia is applied and before strip removal.

Our clinical prototype was made of two pads that were able to have a good grip on the scalp. The laxometer consists of two coarse pads with a spread of about 5 cm (Figure 1). The lower pad is placed on the scalp skin just above the occipital bone after parting the hair in the area and the upper pad follows. The readings on the clinical instrument and its surgical counterpart were reproducible.

The first thing that came to mind after making the laxometer was to find an answer for one of our old questions: Can scalp exercise really improve the laxity of the scalp? We instructed a few patients to do scalp exercise and followed them on a monthly basis with laxometer measurements (Figure 2). All patients responded well to this treatment with significant improvement in scalp mobility. You can see the measured



Figure 1. Laxometer



Figure 2. Scalp exercise improves laxity

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