

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/dermconsult/fue-fut-patient-selection-considerations/49026/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

FUE vs FUT: Key Considerations for Patient Selection

Announcer:

You're listening to *DermConsult* on ReachMD. On this episode, we'll hear from Dr. Marc Avram, who's a dermatologist, hair loss and transplant specialist, and Clinical Professor of Dermatology at New York-Presbyterian Hospital/Weill Cornell Medical Center. He'll be sharing key considerations for follicular unit extraction and transplantation. Here's Dr. Avram now.

Dr. Avram:

Both FUE and FUT surgery are equally state-of-the-art hair transplant harvesting techniques. FUE is the direct removal from individual follicular units from the occipital scalp—the back of the scalp—while FUT is a local anesthesia cutaneous excision of tissue from the back of the scalp. With FUT, you place stitches that are removed in seven to 10 days, while with FUE, the incisions are all less than a millimeter, so there's no stitches.

Knowing that leads to who's going to pick which technique. Women, 99 percent of the time, will do an ellipse because the scar it leaves behind will never be seen. It will be camouflaged by their existing hair the day after the procedure and years and decades later.

On the other hand, many men like to wear their hair short and very closely cropped. Some like to wear their hair short in the summer. You're going to lean much more toward FUE surgery as a harvesting technique because FUE leaves little small pinpoint white scars, but not a linear scar. And to the human eye, that will be picked up less.

For a patient who isn't sure, they will often opt for FUE because if they don't know how they're going to style their hair in the future—if a man says, "I don't know, I might wear my hair short in the future," I think doing FUE will give them more cosmetic freedom to wear their hair short without ever having to be self-conscious about a linear scar on the back. But for patients who are confident they will never trim their hair short, and a linear scar one or two millimeters wide will never be seen by the human eye, FUT is an excellent harvesting option for them. Both yield equally consistent natural results.

Candidate selection for both FUE and FUT, in the end, when you distill it down, is the same. You need to have adequate donor density, meaning how many hair follicles you have per square centimeter in the occipital scalp will allow how much you can harvest from a patient. Not all of us have the same donor area. That's a common myth—that we may be thinning up top, whether a man or a woman, but we all have hair in the back. Yes, we have hair in the back, but how much hair we have in the back varies greatly and tremendously. There's great variability in that.

So, that's important for patients to know for either technique. I think if someone has lower density where I'm worried that the back may even become a little see-through over time, I lean more toward FUE so that the pinpoint scars are not picked up by the human eye. If someone has high density and is not ever thinking about trimming their hair short, FUT is an option.

Announcer:

That was Dr. Marc Avram discussing key differences between hair transplant techniques. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!