

GOVERNANCE PACK, HAIR TRANSPLANT SURGERY, FUE AND DIRECT HAIR IMPLANTATION

PATIENT INFORMATION LEAFLET, HAIR TRANSPLANT SURGERY, FUE AND DHI

Cosmetic Surgery of the Royal Liver Building

WHAT A HAIR TRANSPLANT IS

A surgical procedure that relocates follicular units from a permanent donor zone to thinning areas. ISHRS clarifies the surgical nature of FUE, "Excision is the combination of 'incision' followed by 'extraction.'" ishrs.org/wp-content/uploads/2019/08/July-15-2019-FUE-Terminology.pdf

WHO MUST PERFORM THE OPERATION

"In the UK, only a GMC licensed doctor should perform the surgical steps of a hair transplant surgery procedure... making all the skin incisions in the recipient area... and in the donor area." baaps.org.uk/patients/procedures/19-hair-transplant-surgery

TECHNIQUES WE USE

FUE, the surgeon removes small groups of hairs using a fine punch of one millimetre or less.

DHI, the surgeon creates sites and implants grafts using sharp implanters, trained assistants may place with blunt implanters after the surgeon has made all skin incisions.

WHO IS SUITABLE

Men and women with stable androgenetic alopecia, adequate donor density, realistic expectations and a stable medical background.

NOT SUITABLE WITHOUT ADDED SAFEGUARDS

BMI above 30 without governance sign off, blood pressure above 160/100 mmHg on the day, those on anticoagulants without a GP letter, untreated psychiatric illness or body dysmorphic disorder, scarring alopecia without specialist review.

BENEFITS

Natural and long lasting improvement in density and hairline when performed correctly by a qualified surgeon.

RISKS AND LIMITATIONS

Infection, bleeding, visible scarring, numbness at the donor, donor over harvest if not controlled, shock loss, poor graft survival, asymmetry or unnatural hairline, need for repeat surgery as hair loss evolves, rare anaesthetic risks.

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SUPPORTIVE TREATMENTS THAT MAY BE SUGGESTED

- Platelet Rich Plasma, PRP, optional. Evidence suggests PRP can support early graft behaviour and scalp condition, eg "intraoperative PRP as a holding solution improves outcome... significant improvement in mean density of the implanted..." [ncbi.nlm.nih.gov/pmc/articles/PMC9807676](#) and reviews showing increased vascular support around follicles. [ncbi.nlm.nih.gov/pmc/articles/PMC4622412](#) We typically schedule PRP at around one month post surgery to support healing and early growth.
- Exosomes, optional. A 2025 review notes potential in hair disorders but limited human data and variable regulation, "very limited data... in human subjects." [pubmed.ncbi.nlm.nih.gov/39447204](#) [dovepress.com/article/download/106794](#) and UK media has highlighted concerns about human derived cosmetic exosome products. [theguardian.com/society/2025/03/29](#) This clinic offers only compliant, non human origin products where lawful, with explicit informed consent.
- Medication, optional. Your surgeon may recommend finasteride, dutasteride or minoxidil to preserve non transplanted hair and reduce shock loss, your GP will be informed.

FOLLOW UP PATHWAY

You will receive a 24 hour telephone call to check comfort and wound status, a 4 week in person review to assess healing and early retention, and a 12 month in person review to assess the final outcome. With your approval a copy of your operative summary will be sent to your GP.

URGENT ADVICE

If you have severe pain, heavy bleeding, spreading redness with fever, chest pain, breathlessness or calf swelling, call our emergency number 0151 203 0020 or attend Accident and Emergency.