

HAIR TRANPLANT CONTRAINDICATIONS AND POTENTIAL RED FLAGS

Contraindications to hair transplantation

A. Does the patient have:

- | | | |
|--|------------------------------|-----------------------------|
| ... a known diagnosis of “active” scarring alopecia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... telogen effluvium as a significant cause of the hair loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... trichotillomania that is ongoing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... a known diagnosis of alopecia areata? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... infection in the scalp ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... unreasonable expectations or understand about short term results? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... unreasonable expectations or understand about long term results? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... rapidly progressive variants of androgenetic alopecia ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... diffuse hair loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... poor general health status or medical issues that are not well controlled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... changes in health for which a diagnosis has not yet been determined? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... known medical issues or medications that present a contraindication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any answers are “yes”, the procedure should not be performed .

Possible Contraindications to Hair Transplantation Requiring Further Investigation

B. Does the patient have :

- | | | |
|---|------------------------------|-----------------------------|
| ... less hair on the scalp compared to 6 months ago
(preferably documented with photos)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... scalp itching (more than just “occasionally”) ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... scalp burning (more than once per month)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... scalp tenderness or soreness or bruised feeling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... redness in the scalp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... daily hair shedding at a higher rate than normal ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... significant loss of hair in the sideburns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ... less hair on eyebrows or body hair compared to 6 months ago? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ...naturally afro-textured hair with hair loss in central scalp ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the answers to the above are “yes”, proceed to surgery only with extreme caution. It is strongly recommended that physicians consider referral to a dermatologist, and/or consider 4 mm punch biopsy in transplant area before proceeding to hair transplantation.