

Hair transplant for the cleft lip scar? Why not? It's unusual, but I'm glad I got it.

I was born in 1951 with a cleft lip that affected the right side of my nose. I did not have a cleft palate, but I do have a groove in the roof of my mouth. The series of surgeries started at six weeks and the last one I had was at age seventeen. The routine was to visit the plastic surgeon at six-month intervals. Sometimes surgery was scheduled; sometimes the word was, "Come back in six months." There were several years when I had surgery twice a year. We literally lost count somewhere around twenty. Some were with a local anesthetic on an out patient basis, but most involved general anesthetic and hospitalization for a few days. There were two surgeries for a deviated nasal septum (still a problem). I continued to see the surgeon through my college years and up until he retired in 1974.



Through the years better surgical techniques have been developed. When I was a child, one of the neighbors was a retiree with a corrected cleft. His uneven bulging appearance was what could be achieved in the early part of the twentieth century. In the mid sixties I read a *Readers Digest* article about the family experiences of girl with a cleft. She had only four surgeries and I had already had had more than a dozen. When I asked why the difference, I was told that every patient is different. Years later, I learned that a new technique was developed in the early 1950's. I speculate that my treatment had started with the older procedures, and she had benefited from the innovation.

In late 1973 my doctor proposed doing a hair transplant, using a graft from behind my ear. This was postponed because my

mother was dying of cancer. The next time I saw the surgeon he announced that he was retiring. In the mid seventies my company offered HMO benefits. I made non-specific inquiries before signing up. I then had a consultation with a plastic surgeon. The results were not encouraging. The recommendations were, "Try to grow a moustache and see how it looks." This was not a particularly useful suggestion as I was a very late in developing facial hair; I would be in my 30's before I needed to shave daily (joke about a Thursday shadow instead of 5 o'clock shadow). The transplant never happened.

In retrospect, it is good it didn't. The techniques of the time were to transplant strips or plugs. I might not have liked the results. The current technique is to transplant individual follicles, which are virtually unnoticeable. It would have been several years before I had a "real" moustache and in the meantime it would look a bit like Hitler. I also realized that a moustache alone would accentuate that my nose was crooked. In 1985, as soon as judged it would look mature, I let my beard and moustache grow out. It has been that way ever since but there was always a gap under my nose.

For other reasons in 2008, I was researching what could be covered in flexible spending programs. I was referred to IRS publication 502. The text excludes cosmetic surgery and hair transplants except as "necessary to improve a deformity arising from or directly related to, a congenital abnormality...". This got me thinking. I was also at a point that I could very easily financially afford it.

The next issues were how to determine if it was a good idea and just how much would it cost. At my next visit to my GP, I asked for a referral to a specialist for transplanting hair for treatment of cleft lip scars. In addition, I also made a number of phone calls to nearby Emory Hospital and Medical School. I asked my insurance company if they had anyone in network to do hair transplants. The answer was a flat no, and although sympathetic, they had no recommendations as such things were not covered. Everyone was supportive and seemed to think it should be feasible, but no one was able to give me the name of someone who specifically did this kind of work. An internet search led me to the Cleft Palate Foundation I sent my photo to Lisa Gist and she passed it on to her contacts who were also encouraging, but still no idea who does this sort of procedure.

This is an unusual area for a medical practice; there are few patients and few practitioners. The surgeons who work with cleft lips usually have patients that are too young to have a moustache; the facial surgeons generally do not do hair transplants and most hair transplant surgeons deal almost exclusively with scalp hair. Transplanting hair for cleft scars is a small market. Only a small fraction of men have a cleft lip scar and only some of them wear moustaches. Many at the age of having full facial hair have resigned themselves as to how their cleft scars appear. Never in my inquiries did anyone ask me, "Why would you want to do that?" No one said it was a bad idea. Several suggested that hair transplants near scars, with reduced blood flow, might have trouble surviving. I was encouraged but I still did not know of anyone who did this kind of work.



A further internet search as well as looking through the yellow pages led me to several hair transplant clinics in the Atlanta area. Phone inquiries were encouraging. I prepared my list of questions and made appointments. All of the surgeons had great credentials and instilled confidence. I guess everyone in the hair transplant field is experienced at dealing with fragile male egos when discussing cosmetic improvements. They were generous with their time, very open and gave forthright answers. They said more than one session may be required. The donor hairs would be selected for color and texture match. Scalp hair tends to survive better than body or beard hair. The follicles would be inserted at particular angles to give a natural appearance. One doctor with a chain of hair replacement clinics said that he had extensive training in facial surgery, including cleft lip repair, and extensive experience with scalp transplants. He did not particularly have a lot of experience with facial hair and none with hair near cleft scars. He would certainly consult with others in his chain of clinics. Ultimately, the one I chose had not only done transplants with scars but he also had experience with facial hair, including a complete moustache transplant for a patient.

I decided to go for it. Since my insurance would not cover it, I wanted to make sure beforehand that it was covered by my medical flexible spending program. At the end of the year there was considerable correspondence over whether or not it would be covered and the final ruling was that it would be. I then added the estimated costs to my paycheck deductions. I would still bear the expense, but it would be tax-free money.

In January, after flex spending arrangements were all set, I called for a surgical appointment. The earliest I could get an appointment was in mid February. The clinic requested a deposit to hold the date. They sent me pre-surgical instructions, post surgical instructions, and numerous forms for informed consent, up-to-date medical history, and

payment arrangements. I was a bit taken back by the requirement for prepayment and the expenses for cancellation. This was my first experience with this type of surgery.

Then the doubts started. What if something goes wrong? How noticeable will it be when recovering from the transplant? Would I be satisfied? Since I design machines for the poultry industry, would I have to avoid going to a chicken plant to make sure the area does not get splashed? I had told only one brother and his wife and very few of my friends. Some of them said, "You look fine," or "It doesn't bother me." Then things got somewhat complicated; I had to have rotator cuff surgery two weeks before the transplant.

All the doctors said that one surgery would not affect the other. On the first day back to work after missing four days for shoulder surgery, I told my boss I would be out again the two days the following week. Fortunately, this did not cause any problems.



Six months after the transplant

There were a number of preparations required. Control of bleeding is a significant concern. Some pain medications before hand can cause a problem. I kept a detailed drug dose log while recovering from the shoulder surgery. I shared this with the hair clinic. I was going to have two donor sites; scalp hair from the back of the head and hair from under the jaw. When they transplant beard or body hair, they want to use hair that is in a growing phase. If the donor area is shaved three days before the transplant they can tell which follicles to use. This led to another difficulty. Because I was unable to do a good job shaving left handed, I had to find a barber to shave me. Since there would be only local numbing I would not need to make arrangements to be driven home afterwards. The morning of the transplant I showered and used shampoo as usual, but no conditioner.

I showed up for my 10:30 appointment, signed more forms and the plans went forward. The donor sites were cleaned and numbed. Follicles were extracted and processed. After lunch my lip was prepped and numbed and the hairs were inserted. The initial injections were a bit painful, however, the pain control was quite good. By four o'clock I was on my way home with written instructions.

The lip area was pretty swollen for the next day and half. I had a series of small round scabs on my lip and at the donor sites. That night I absent-mindedly scratched my lip and one of transplants started to bleed. I cut a notch in a three-inch bandage pad to fit around my nose to wear to bed to make sure I wouldn't do that again while asleep. I wore a bandage to bed every night for the first week. I also left it in place when showering so that spray would not directly hit the lip. After a few days the swelling went down and the small scabs got smaller and then disappeared. After a week it appeared that the hair was growing in the new place. It has great promise.

Today, I am satisfied with the results. I am glad I did it and I think I should have looked in to it several years ago. It is not realistic to expect that it will change my life, but I am pleased that I did it for me. I sent the surgeon a photo after six months and his response was that it was coming along fine. I will visit my doctor, Dr. John Cole, Alpharetta, Georgia, again at about the one-year anniversary for a further assessment. I would recommend this procedure for others.