PRP with Extracellular Matrix for Hair Restoration

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- ▶ BHRT, Wellness, Fitness Assessment, Medical Weight Loss, Hair Restoration, Laser Therapy and Regenerative Therapy
- www.omgfitnessmd.com

Objectives

- Recognize need for variety of treatment options
- Review Evaluation of Patient
- Review PRP Procedure
- Review Post Procedure follow up and treatment

Candidates for PRP

- Male and Female pattern baldness (Androgenic Alopecia)
- - Post Pregnancy
 - Post surgery (ie Bariatric)
- Post chemotherapy
- Hormonal Imbalance (best if hormones are optimized)
- **Avoid in patients with low Plts or on Anticoagulants (Plavix)
 - Check for petechiae or bruises

Initial Evaluation

- OMG Hair Restoration Program
 - Baseline pictures and scalp high magnification pictures (if possible)
 - Medical history and past treatments
 - ♦ Hair Check: tool that measures hair density objectively
- Schedule PRP with avoidance of meds/supplements that alter platelet function for at least 1 week (NSAIDS, fish oil etc.)

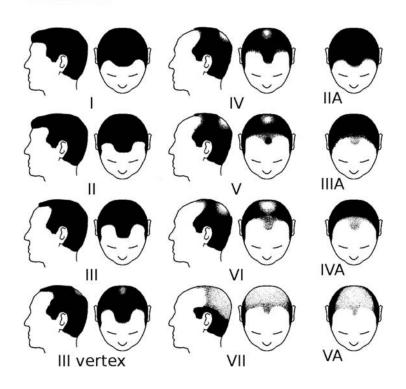
Initial Consultation

- Hair loss history
 - What have they tried in past?
 - Shampoo
 - **♦** Laser device
 - Vitamins/supplements
 - Prescriptions (Dutasteride or Finasteride)
 - ♦ OTC minoxidil

Hair Consultation continued

- ♦ Assess current degree of hair loss (Norwood Scale for men and Ludwig Scale for women) and main areas of concern
- Medical history review and major health events i.e. surgery
- Genetics
- Psychosocial effects
- Goals

Norwood Scale



Ludwig Scale



Objective Measures

- Photographs
 - Front face forward and chin down
 - Side
 - Back
 - Both sides



Objective Measures-Hair Check





Hair Check cont





Hair Check cont





Treatment Plan

- Establish which treatment plan is for them within budget and expectations
- Follow up every 3 months with pictures
- Add adjunctive therapy as needed

Hair Loss

- ♦ Androgenic: DHT causing miniaturization of hair follicle
 - Millions of men and women affected
 - ♦ 90% of alopecia
- ♦ Hormonal: low thyroid, post pregnancy

Why Platelet Rich Plasma (PRP)?

- ▶ PRP delivers platelets which deliver growth factors and chemotactic factors to the hair follicles once activated
 - Decrease damage caused by inflammation
 - Stimulate stem cells at base of hair follicle
 - Attract other stem cells to help regenerate dormant follicles

Addition of Extracellular Matrix to PRP

- Extracellular Matrix products enhance the PRP even further by improving outcome
- Decrease the number of procedures required
 - One procedure can improve hair growth from 9-18 months afterwards
- Improved patient satisfaction

Double Spin PRP Processing

- ▶ PRP Definition: volume of autologous plasma that has platelet concentration above baseline depending on patient's own blood cell count (nl 150k-450k per mcL)
- ♦ Therapeutic PRP: minimum platelet count of 1 billion platelets per mL to achieve results
 - Research supports 5X normal platelet is ideal
 - ♦ The higher the platelet count the more Stem Cells migrate and proliferate
- Most common reason for variable results
- Double spin increases concentration PLUS helps eliminate neutrophils from the PRP which can be counterproductive

PRP Procedure

- Prepare PRP according to instructions from double spin kit (Pure Spin)
 - Add ECM just before injecting subcutaneously
- Achieve best anesthesia possible using ring scalp block
 - Dental syringe and Septocaine
 - Use vibrating device at injection site to help block pain from injections
- Scalp washed with chlorhexidine and sprayed with antiseptic (ie Anasept)

- If patient has Laser Cap, instruct patient to use for 15 min prior to procedure
- Place patient where scalp is easy to access but patient is comfortable
- Drape patient and wrap gauze around scalp to prevent fluid from dripping onto face/eyes
- ▶ Inject ~0.1mL PRP with ECM subcutaneously in 1 cm sections horizontally across scalp concentrating in problem areas



- - ♦ This now activates the platelets and infuses the hair follicles with vitamins and other growth factors left behind in PPP
 - Decreases chances of clot formation in PRP injections



- Final step is using microneedle pen applied as a light stamp not circular
 - ♦ This avoids severing hair follicles
- Use left over PPP as a lubricating fluid during microneedling
- ♦ Any PPP remaining is massaged into scalp as a final liquid sealant

- Final spray with antimicrobial spray and remove any traces of blood from patient
- ♦ Instruct patient to use Laser Cap for additional 15 minutes after procedure
- Review post procedure care
 - Avoid fish oil, NSAIDs for 2 weeks
 - Acetominophen is ok
 - Sleep upright for 1-2 nights to avoid asymmetric swelling of forehead area

Post Procedure

- Schedule follow up in 3 months with additional pictures
- May have initial "hair shock" after procedure as hairs shed to make room for new stronger hair
- Start or continue any medications for hair loss
 - Topical minoxidil
 - Topical Finasteride or Dutasteride
 - Spironolactone
 - Latonoprost

Post Procedure continued

- Start or continue supplements
 - High quality multivitamin with biotin
 - Saw Palmetto
 - Viviscal (AminoMar marine complex plus other nutrients)
- Start or continue special hair care
 - Shampoo/Conditioner without sulfates or other harsh chemicals which can irritate hair follicle and increase inflammation

TL 35 y/o female with Alopecia Areata- 4 month post PRP with ECM





TL continued





TL continued





RS 54 y/o male with Androgenic Alopecia – 8 months post PRP with ECM





RS continued



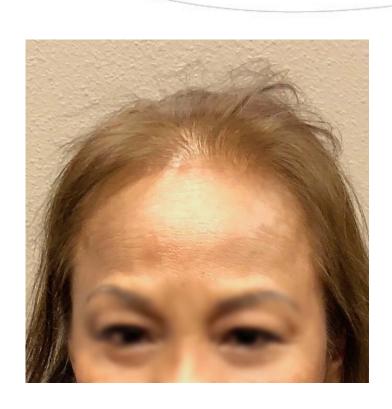


RS continued





NG 65 y/o s/p Ovarian Cancer Chemo Tx – 8 months post PRP with ECM





NG continued





NG continued





MMcC 25 y/o male with Androgenic Alopecia- 0,3 & 6 months post procedure

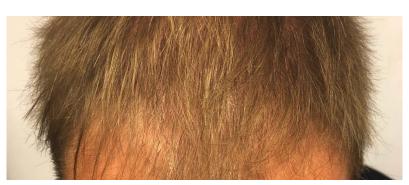






0,3 and 6 months post procedure

MMcM cont







• 0,3 and 6 months post procedure

MMcM cont







• 0,3 and 6 months post procedure

MMcM cont







• 0, 3 and 6 months post procedure

Thank you!

- www.omgfitnessmd.com
- ♦ R3 Stem Cell