Supplementary Material: Hair Restoration Surgery: Pre-surgical considerations and pitfalls.
Annex 1. Checklist: Assessment of patient suitability for hair restoration surgery.
A. Alopecia diagnosis
1. Is the diagnosis clearly androgenetic alopecia (i.e. with hallmark features of pattern
hair loss, miniaturisation of hairs, and no scarring)?
2. Has a detailed history and examination been taken, and is it consistent with
androgenetic alopecia?3. Does trichoscopic evaluation confirm AGA (ie. clear
miniaturisation in at least 20% of follicular units [FU], with increase in FUs with 1-2
hairs, decreased hair shaft diameter/thickness with significant hypo- or de-pigmentation
of the hair shaft)?.
4. If not, are there features suspicious for other pathologies (e.g. patchy hair loss,
perifollicular erythema, tufting of hairs, loss of follicular ostia, scarring of the
scalp, or hair loss without miniaturization)?
5. If the diagnosis is uncertain, have appropriate investigations been carried out to
ascertain the alopecia diagnosis, such as scalp biopsy and laboratory investigations?
B. Alopecia control and treatment
6. Is the hair loss unstable?
7. What is the stage of disease progression and patient age?
8. Does the hair loss affect the donor region or is there adequate donor hair quality
and quantity?
9. Has medical therapy been optimised?

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- 24 10. Has the patient undergone previous hair transplantation or procedures (e.g.
- 25 microneedling, PRP injections)?
- 26 11. Have non-pharmacological measures been optimised, where appropriate?
- 27 12. Does the patient have a donor area that is suitable for hair transplantation (e.g.
- adequate hair density and character, such as donor hair thickness)?
- 29 C. Other medical conditions
- 30 13. Does the patient have other scalp conditions that should be treated before hair
- 31 transplantation, such as seborrheic dermatitis or scalp psoriasis?
- 32 14. Does the patient have any medical conditions that could interfere with the surgery,
- 33 such as diabetes, immunosuppression, smoking, hypertension, cardiac arrythmias or
- 34 bleeding diathesis?
- 35 15. Is the patient on any medications that could affect the surgery, such as
- 36 immunosuppressants, anticoagulation or traditional medications?
- 16. Is the patient allergic to any medications that might be used during surgery?
- 38 17. Is the patient prone to keloid or hypertrophic scarring?
- 39 18. Does the patient have any psychiatric diagnoses that could affect suitability for
- 40 surgery, such as body dysmorphic disorder?

## 41 **D. Counselling**

- 42 19. Has the patient been counselled on the risks of hair transplantation?
- 43 20. Has the patient been counselled on the expected outcome and degree of
- 44 improvement post-transplantation?
- 45 21. Is the patient able to comply with the post-surgery regimen?
- 46 **22.** Is the patient able to comply with medications post-transplant?