PROCEDURE

Hair transplant

A hair transplant is surgery that moves your own hair follicles to areas with thinning or no hair.

PURPOSE
Restore hair coverage by redistributing existing follicles

PROCEDURE TYPE
Therapeutic surgical transfer of your own hair follicles

WHERE IT IS DONE
Outpatient clinic or operating theatre

ANAESTHESIA
Local, sometimes with moderate sedation

HOW LONG IT TAKES
About four to eight hours

PREPARATION
Medication review, clean scalp, transport if sedated

RECOVERY
Home same day; no driving after sedation

MAIN RISKS
Infection, bleeding, scarring, poor graft growth

RESULTS
New growth begins within months; final results by 12 months

Overview

A hair transplant is a surgical procedure that moves hair follicles from an area with stronger growth to an area where hair is thin or absent. Follicles are tiny structures in the skin that produce hair.

The donor area is usually the back or sides of your scalp. These hairs are moved to the hairline, crown or another area needing coverage. In selected cases, transplantation may be used for eyebrows, facial hair or stable scars.

A transplant redistributes the hair you already have. It does not create new follicles or stop untreated hair loss elsewhere. The aim is usually a natural-looking improvement rather than the density you had before hair loss.

Two main techniques are used:

Both techniques place grafts into small openings made in the treatment area.

- Follicular unit extraction, or FUE: Individual follicle groups are removed through many tiny circular openings.
- Follicular unit transplantation, or FUT: A narrow strip of scalp is removed and divided into small grafts. The donor area is closed with stitches, leaving a linear scar.

Why the procedure is performed

Hair transplantation is most often used for permanent pattern hair loss. This is the inherited type of hair loss that commonly affects the hairline, temples or crown.

It may also help restore hair in areas affected by a stable scar from an injury, burn or previous surgery. Some people consider it as part of facial hair or eyebrow restoration.

The procedure may improve coverage and shape, but it cannot guarantee a particular density. Your likely result is influenced by the amount and quality of donor hair, the size of the treatment area, your hair characteristics and whether hair loss is still progressing.

Who should and should not have it

You may be a suitable candidate if you have a clear area of hair loss, enough healthy donor hair and realistic expectations about density. Your surgeon should assess why you are losing hair before recommending surgery.

A transplant may be avoided or delayed if:

Diffuse hair loss across the entire scalp may leave no reliable donor area. Hair loss in younger people may also continue after surgery, changing the appearance around transplanted hair.

A careful consultation should include the expected hairline, likely number of grafts, scarring, future hair loss and the possibility of needing another procedure.

- Hair loss is active, rapidly progressing or has not been assessed
- The donor area is too thin to provide useful coverage
- You have an active scalp infection, severe inflammation or an untreated skin condition
- An autoimmune or scarring hair disorder is active
- A medical condition makes elective surgery or wound healing unsafe

- You cannot safely pause a medicine when the prescribing clinician considers this necessary
- Your expected result cannot be achieved with the available donor hair

How to prepare

Your treating facility's own instructions take priority because preparation differs with the technique, anaesthesia and your health.

Tell the surgical team about all medicines, vitamins and supplements you use. This includes blood thinners and medicines that affect bleeding. Do not stop a prescribed medicine unless the clinician who manages it and the surgical team tell you how to do so safely.

You may be asked to avoid alcohol or smoking for a period around surgery because they can affect bleeding or healing. Follow the specific timing given by your facility.

Wash your hair as instructed and avoid styling products on the day. You may be told to eat a light meal because local anaesthesia is commonly used. If deeper sedation is planned, you may instead need to stop eating and drinking beforehand.

Arrange transport home if you will receive a sedative. Wear a loose or button-front top so you do not have to pull clothing over the grafts.

What happens during the procedure

Before surgery, the team photographs your scalp and marks the planned hairline and treatment areas. Your hair may be trimmed, particularly in the donor area.

Local anaesthetic is injected to numb the scalp. The injections can briefly sting or feel uncomfortable. You may also receive medicine to help you relax, but many people remain awake.

For FUE, the surgeon removes follicle groups one at a time using a small punch device. This leaves many tiny wounds in the donor area.

For FUT, the surgeon removes a strip of hair-bearing scalp. The wound is closed with stitches or staples. Assistants separate the strip into small grafts under magnification.

The surgeon then makes tiny openings at carefully chosen angles in the recipient area. The grafts are placed into these openings. A session often takes several hours, and you may be able to take short breaks.

Dressings may be placed over the donor area. The grafted area is often left uncovered.

Recovery and what to expect afterward

Pain: Your scalp may feel tender, tight or mildly sore for several days. Swelling can occur around the forehead and sometimes near the eyes. Use only the pain medicine recommended by your surgical team.

Eating: You can usually eat normally after local anaesthesia. If you had sedation, start as instructed and avoid alcohol until its effects have fully passed.

Activity: Protect the grafts from rubbing, scratching and direct pressure. Sleep with your head raised if advised. Follow instructions for washing, exercise, hats, sun exposure and returning to swimming. Crusts usually form around the grafts and gradually come away; do not pick them.

Driving: Do not drive home after sedation. Ask your team when it is safe to drive again, especially if you are taking medicine that causes drowsiness.

Work: Many people return to non-physical work within several days, although redness, swelling or crusting may still be visible. Strenuous work may require more time off.

Transplanted hairs commonly shed during the first few weeks. This does not usually mean the follicles have been lost.

Risks and possible complications

A hair transplant is surgery, even when performed in an outpatient clinic. Possible complications include:

Scars can become raised or widened in some people. Rarely, reduced blood supply can damage an area of scalp skin. Your surgeon should explain risks that are more relevant to your health, scalp and planned technique.

- Bleeding, infection or delayed healing
- Swelling, bruising, itching or temporary numbness
- Visible dot scars after FUE or a linear scar after FUT
- Inflammation around follicles, sometimes called folliculitis
- Poor graft survival, uneven density or an unnatural-looking hairline
- Temporary shedding of nearby existing hair, known as shock loss
- Ongoing loss of non-transplanted hair
- Need for corrective surgery or another transplant session

Results and follow up

Your first follow-up may be within days to check healing and review washing instructions. If you have non-dissolving stitches or staples after FUT, the team will arrange their removal.

New growth often becomes noticeable after several months. It may look fine or uneven at first and usually thickens with time. A clearer result is generally seen over 6 to 12 months, while some areas can continue maturing beyond that.

Transplanted follicles often keep the growth pattern of the donor area. However, your original hair can continue to thin. Your clinician may discuss non-surgical treatment to help preserve it.

Contact the clinic for routine review if you are concerned about density, scarring or the direction of growth. It is usually too early to judge the final cosmetic result during the first few months.

Alternatives

The right alternative depends on the cause and pattern of your hair loss.

These options can also be combined with transplantation. Ask what each choice can realistically achieve and how long its effects are expected to last.

- No treatment or a different hairstyle: Avoids surgery and recovery, but does not restore hair in the area.
- Wigs, hairpieces or cosmetic fibres: Give immediate coverage without surgery, but need ongoing fitting, replacement or daily use.
- Scalp micropigmentation: Tattoos small dots to create the appearance of closely cut hair or greater density. It does not grow hair and may fade or need touch-ups.
- Medicines for certain types of hair loss: Options such as topical minoxidil or prescription finasteride may slow loss or improve growth in suitable people. Benefits require continued treatment, and side effects or pregnancy-related restrictions may apply.
- Platelet-rich plasma injections: Use a concentrated part of your own blood. Evidence and results are less predictable, and repeated sessions may be offered.
- Waiting and monitoring: Can show whether the pattern is stable before permanent hairline surgery, but hair loss may continue during that time.

When to call your healthcare team

Contact your surgical team promptly if you have increasing redness, warmth or swelling; pus or a bad smell; fever; worsening pain; persistent bleeding; opening of the donor wound; or skin that becomes unusually dark or blistered.

Mild tenderness, itching, crusting and limited swelling can be part of routine healing. Mention them at follow-up if they are not improving or you are unsure.

Seek emergency care for heavy bleeding that does not stop with the pressure instructed by your team, trouble breathing, fainting, chest pain or signs of a severe allergic reaction.

Common questions

Will I be asleep?

Usually not. Local anaesthetic numbs your scalp while you remain awake. Some clinics also offer a sedative to help you relax.

Can I drive home?

Not if you received sedation or medicine that affects alertness. Arrange for someone to take you home. If only local anaesthetic was used, follow the clinic's driving instructions.

How painful is a hair transplant?

The numbing injections may sting briefly. During surgery, you should mainly feel pressure or movement rather than sharp pain. Tenderness afterward is usually managed with the pain relief recommended by your team.

When will I know if it worked?

Early shedding is common, so the result cannot be judged immediately. Growth usually appears over several months, with a clearer result around 6 to 12 months.

Will the result be permanent?

Transplanted follicles may continue growing for many years, but surrounding non-transplanted hair can keep thinning. This may affect the long-term appearance.

Will I have scars?

Yes. FUE usually leaves many small dot scars, while FUT leaves a linear scar. Hair may hide them, but no surgical technique is scar-free.

Sources



- Hair transplant - NHS
- Hair Transplantation - StatPearls, National Center for Biotechnology Information
- Hair Transplant - Cleveland Clinic
- Hair Transplantation and Restoration - American Society of Plastic Surgeons
- Hair loss: Diagnosis and treatment - American Academy of Dermatology