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WHAT TO EXPECT GUIDE SERIES

Hair Transplant

What to Expect?

BEFORE · DURING · AFTER

20-PAGE PATIENT GUIDE · 2026

A guide to FUE/DHI planning, donor conservation, first wash, and the 12-15 month growth timeline.

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HA

Prof. Dr.

Hasan Ahmet Özdoğan

ENT & HEAD AND NECK SURGERY

+90 542 450 85 30 · info@ahmetozdogan.com.tr

How to use this guide

Medical note

This guide does not replace an examination or an individual treatment plan. Medication, surgery, injection, and travel decisions should follow your own clinician's written advice.

Patient Guide

- Read the guide in three phases: preparation, procedure day, and recovery.
- Share reports, medication list, allergies, and previous procedures with your clinician.
- Make expectations concrete with photographs, functional goals, and quality-of-life priorities.
- Use the final checklist to track warning signs and follow-up appointments.

Prof. Dr. Özdoğan approach

- Function and safety come before aesthetic preference.
- The plan is personalised to anatomy, risk, and patient goals rather than a standard package.
- Expected result range, recovery timeline, risks, and alternatives are explained in writing.
- For international patients, travel, language support, secure data exchange, and remote follow-up are planned early.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

Expectation Map

Before

- Hair-loss pattern, donor density, hair calibre, family history, and medical therapy options are assessed.
- Photos, trichoscopy, and expectation discussion guide a natural, age-appropriate hairline.
- Minoxidil/finasteride, PRP, or support therapies may be discussed as alternatives or adjuncts.
- Smoking, alcohol, blood thinners, and scalp infections influence healing planning.

During

- Under local anaesthesia, FUE grafts are harvested individually; DHI/Sapphire placement follows planned angles.
- The hairline is designed with micro-irregularity and natural density transition, not as a straight line.
- Grafts are protected for moisture, temperature, and out-of-body time; placement direction mimics native hair flow.
- Session duration may be 4-8 hours depending on graft count and technique; breaks are planned.

After

- In the first 48 hours, swelling, tenderness, and small crusts are expected; protect the recipient area from friction.
- First wash follows clinic instructions gently; crusts usually clear within 7-10 days.
- Shock shedding between weeks 2-8 is normal; new growth starts around months 3-4.
- Thickening is visible at months 6-9 and final density at 12-15 months; medical follow-up for native hair continues.

EXPECTATION IN ONE SENTENCE

Hair transplant moves follicular units from a stable donor area to thinning or bald areas.

Clinical Picture

- Hair transplant moves follicular units from a stable donor area to thinning or bald areas.
- Success depends less on graft count alone and more on candidate selection, donor capacity, hairline design, angle-direction, and aftercare discipline.
- Shedding of transplanted hairs is normal in early weeks; visible growth often starts at months 3-4 and final density settles at 12-15 months.



CLINICAL CONTENT STANDARD

Prof. Dr. Hasan Ahmet Özdoğan · KBB ve Baş-Boyun Cerrahisi

Internal quality target: 98/100

Pricing is shared in writing after personal assessment, scope, and product/procedure planning.

Who Is a Candidate?

Good-fit profile

- Patients with a clear, examinable need or goal for Hair Transplant.
- People willing to discuss expectations through photos, function, and recovery time.
- Patients without uncontrolled systemic disease, or whose condition is stabilised with the relevant specialist.
- Patients able to follow aftercare instructions and attend follow-up.

Pause / reassess

- A goal based only on a social-media filter or copying another person's result.
- Active infection, uncontrolled bleeding risk, or situations where postponement is advised.
- Inability to accept recovery time or attend control visits.
- Seeking a rushed decision without understanding risks and alternatives.

Before: Diagnosis and Goals

- Hair-loss pattern, donor density, hair calibre, family history, and medical therapy options are assessed.
- Photos, trichoscopy, and expectation discussion guide a natural, age-appropriate hairline.
- Minoxidil/finasteride, PRP, or support therapies may be discussed as alternatives or adjuncts.
- Smoking, alcohol, blood thinners, and scalp infections influence healing planning.

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Before: Preparation Checklist

- Donor capacity, hair calibre, and risk of progressive loss should be assessed together.
- Suitability for medical therapy such as finasteride/minoxidil is evaluated separately.
- The hairline is planned age-appropriately while preserving options for future sessions.
- Get written instructions for first wash, sleep position, and hat use.
- Collect ID/passport, previous reports, imaging, and lab results in one file.
- Write medication, allergy, supplement, smoking, and alcohol information completely.
- Plan work/travel around the recovery intervals.
- Confirm companion, transport, and first-night accommodation details.
- Do not stop aspirin, blood thinners, hormones, or regular medication without approval.
- Discuss realistic result photos and examples you want to avoid before the procedure.

Questions to ask at consultation

- What is my estimated safe donor capacity?
- Is one session or a staged plan more appropriate?
- Do you recommend medical therapy to preserve native hair?
- Which photo intervals will track shock shedding and final result?
- What is my indication for this procedure; is there a reasonable scenario where I should not proceed?
- Which goals are realistic, and which are limited by my anatomy?
- What is expected in the first 24 hours, first week, and first month?
- Which medications, supplements, or habits should I temporarily change?
- If I suspect a complication after hours, who do I contact and through which channel?
- Which photo angles and follow-up dates will be used for monitoring?

Procedure-Day Flow

1

Admission and identity check

2

Final examination, photos, and marking

3

Anaesthesia / local preparation

4

Procedure performed

5

Early observation and discharge plan

6

Written aftercare and contact channel

For appointment and preliminary review, contact the clinic by WhatsApp or email.

PROCEDURE-DAY REMINDERS

- Fasting or no-fasting rules are confirmed in writing according to anaesthesia type.
- Do not make last-minute medication changes; leave decisions to the clinical team.
- Limit valuables and avoid makeup/perfume where relevant.
- Do not drive after discharge; arrange a companion or transfer.

During

- Under local anaesthesia, FUE grafts are harvested individually; DHI/Sapphire placement follows planned angles.
- The hairline is designed with micro-irregularity and natural density transition, not as a straight line.
- Grafts are protected for moisture, temperature, and out-of-body time; placement direction mimics native hair flow.
- Session duration may be 4-8 hours depending on graft count and technique; breaks are planned.

Prof. Dr. Özdoğan approach

The key determinant during the procedure is choosing technique by anatomy and safety boundaries, not by trend.

Expected

- Sleepiness after anaesthesia
- Pressure, tightness, or mild nausea
- Limited movement and observation during early hours

Team checks

- Bleeding and airway check
- Pain, nausea, and vital-sign monitoring
- Written confirmation of discharge criteria

Safety Controls

- Right patient - right procedure - right side/area check.
- Medication and allergy list reconfirmed before treatment.
- Sterility, product/implant lot information, and device safety recorded.
- Specific controls for bleeding, airway, vascular, nerve, or infection risk.
- Written urgent contact and expected-symptom list before discharge.
- A donor-density map helps prevent overharvesting.
- Grafts are protected for time, moisture, and temperature.
- The hairline uses micro-irregularity rather than a straight template.
- Recipient angle and direction follow native hair flow.

After: First 24 Hours

- In the first 48 hours, swelling, tenderness, and small crusts are expected; protect the recipient area from friction.
- First wash follows clinic instructions gently; crusts usually clear within 7-10 days.
- Protect the recipient area from friction, impact, and pillow pressure.
- Sleep with head elevated; facial swelling can descend for a few days.
- Do not touch grafts or pick crusts.
- Do not stay alone the first night; keep discharge instructions and urgent numbers visible.
- Report pain, bleeding, breathing, or vision symptoms that exceed expectations without delay.

After: First Week

- Perform first washes gently and without pressure.
- Early crust picking can harm grafts and skin.
- Follow restrictions on sweating sport, sauna, sun, sea, and pool.
- Do not delay control visits; early issues are often managed with small adjustments.
- Track swelling, bruising, crusting, or tenderness with photos even when they seem expected.
- Unless instructed, do not massage, press, or self-apply products/medication to the area.
- In the first 48 hours, swelling, tenderness, and small crusts are expected; protect the recipient area from friction.
- First wash follows clinic instructions gently; crusts usually clear within 7-10 days.

After: Long-Term Follow-up

- Shock shedding between weeks 2-8 is normal; new growth starts around months 3-4.
- Thickening is visible at months 6-9 and final density at 12-15 months; medical follow-up for native hair continues.
- Day 1-3: swelling and tenderness; protect grafts.
- Day 7-10: most crusts clear.
- Week 2-8: shock shedding is expected.
- Month 3-4: new growth begins.
- Month 12-15: final density and thickening are assessed.

Prof. Dr. Özdoğan approach

Long-term satisfaction depends not only on technical success, but also on photo follow-up, aftercare discipline, and realistic expectations.

Risks and Complications

- Infection, bleeding, folliculitis, shock loss, donor thinning, unnatural hairline, insufficient density.

Urgent warning signs

- Increasing redness and warmth
- Pus-like discharge
- Severe pain
- Bad smell under widespread crusting
- Fever or rapidly increasing facial swelling

Risk-reduction practices

- Donor-conservation plan
- First-wash education
- Avoid sun and friction
- Medical follow-up for native hair

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International patient pathway

- Existing reports, photographs, and medication list are shared through a secure channel.
- After preliminary review, the written plan, risks, and estimated stay are sent.
- Travel is arranged to include control visits; return date is confirmed after clinician review.
- After discharge, symptoms and photographs are followed by WhatsApp or email.
- If needed, a summary can be coordinated with your local clinician.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

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Frequently Asked Questions

Will transplanted hair shed?

Shedding at weeks 2-8 is expected shock shedding; the follicle remains in the skin.

When can I return to work?

Many patients return to desk work in 3-5 days; visible crusts can last 7-10 days.

When is the result visible?

First growth 3-4 months; density 6-9 months; final result 12-15 months.

Are more grafts always better?

No. The donor area is a lifelong resource; overharvesting can create a thin donor look.

When can I wear a hat?

Early use should avoid graft contact; follow the clinic's specific instruction.

Will I need a second session?

It may be needed depending on loss stage, donor capacity, and target density.

This material is for patient education; diagnosis and treatment are determined by personal assessment.

Short checklist

- I understand my indication and alternatives.
- I adjusted work/travel plans for recovery time.
- I provided medication and allergy list in writing.
- I saved urgent warning signs and contact channel.
- I added follow-up visits to my calendar.
- I know the standard angles for photo follow-up.
- I understand pricing is written after personal planning.
- I will apply my risk-reduction steps: Donor-conservation plan, First-wash education, Avoid sun and friction, Medical follow-up for native hair.
- I will save the discharge note and prescription digitally the same day.
- I can distinguish expected symptoms from urgent warning signs.

Sources and clinical transparency

CONTACT

Prof. Dr. Hasan Ahmet Özdoğan Kliniği

Prof. Dr. Hasan Ahmet Özdoğan

Merkez Mahallesi, Abide-i Hürriyet Cd No:147, 34381 Şişli/İstanbul

+90 542 450 85 30 · info@ahmetozdogan.com.tr

<https://profdrhasanahmetozdogan.com/sac-ekimi>

SOURCES AND CLINICAL TRANSPARENCY

- Archived Prof. Dr. Hasan Ahmet Özdoğan hair-transplant page: <archive/static-html/sac-ekimi.html> (accessed 2026-06-10)
- American Academy of Dermatology - Hair transplant results and recovery: <https://www.aad.org/public/diseases/hair-loss/treatment/transplant> (accessed 2026-06-10)
- American Society of Plastic Surgeons - Hair transplant recovery: <https://www.plasticsurgery.org/cosmetic-procedures/hair-transplantation-and-restoration/recovery> (accessed 2026-06-10)
- ISHRS - Hair restoration consultation: <https://ishrs.org/hair-restoration-surgery-step-1-the-consultation/> (accessed 2026-06-10)

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Thank You

The goal in Hair Transplant decision-making is to bring safe clinical assessment and realistic expectation to the same table.

Next steps

- Prepare current reports and photographs for preliminary review.
- Summarise medication/allergy list and your goal in one message.
- If suitable, a written plan, stay duration, and follow-up schedule are shared.
- Keep this PDF in your personal notes until the control visit.

For appointment and preliminary review, contact the clinic by WhatsApp or email.

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