

Supplemental Digital Content 1. Summary of Studies Included Through a Systematic Review

	Study	Study design	Region	Patient	Results/findings
Preoperative preparation	Galip Agaoglu et al. 2021 ^[1]	Retrospective study	Turkey	6 females and 7 males	The combination of non-ablative fractional laser and microfat injection improved the graft survival rate (76-95%, mean: 85.04%) in post-burn alopecia.
	Nuh Evin et al. 2024 ^[2]	Retrospective study	Turkey	18 males	Nanofat-assisted FUE resulted in a graft survival rate of 77.4-87.9% (mean, 83.2% ± 2.5%) in the treatment of postburn alopecia.
	Osman Akdag et al. 2018 ^[3]	Retrospective study	Turkey	20 males	The combination of fat grafting and FUE improved the graft survival rate (73.6-88.6%, mean: 82%) and enhanced patient satisfaction in cleft lip-related scarring alopecia.
	Oh Sang Kwon et al. 2007 ^[4]	Case report	South Korea	5 females and 5 males	Carbon dioxide laser pretreatment enhanced vascularity and graft survival (82 vs. 56/100 hairs) in scar tissue, thereby promoting hair growth following transplantation.
	Serkan Sabanciogullarindan et al. 2022 ^[5]	Retrospective study	Turkey	13 females and 5 males	The atraumatic FUE technique, when combined with specialized methods (PRP, microneedling, steroid injections, and fat grafting), resulted in

					satisfactory outcomes for cicatricial eyebrow loss.
	Sergio Vañó-Galván et al. 2019 ^[6]	Multicenter retrospective study	Spain and France	48 females and 3 males	Hair transplantation in FFA demonstrated a decline in graft survival rate over time (87% at 1 year to 41% at 5 years).
	Francisco Jiménez et al. 2013 ^[7]	Case report	Spain	3 females	Hair transplantation in FFA demonstrated initial growth, but the graft survival rate declined significantly over time.
	Bernard P Nusbaum et al. 2010 ^[8]	Case report	USA	1 male	Hair transplantation in FFA demonstrated initial success at 15 months; however, graft loss progressively occurred, with significant hair loss observed after 4 years.
	Sanober Burzin Daruwalla et al. 2021 ^[9]	Single-arm trial	India	18 females and 14 males	Hair transplantation in lichen planopilaris demonstrated favorable graft survival (78.62% at 12 months, 79.96% at 24 months), along with improved scalp health following transplantation.
Graft harvest	Mi Hee Kwack et al. 2021 ^[10]	Animal research	Korea	/	Minor follicular injuries reduced graft survival, with fractured grafts exhibiting the lowest survival rate (12.86%). Intact grafts demonstrated a survival rate of 71.43%.

	Jae Hyun Park et al. 2017 ^[11]	Observational study	Korea	4 females and 38 males	Minor hair follicle injuries, such as paring and bulb damage, occurred during FUE, with an average GTR of 7.40%.
	Jae Hyun Park et al. 2017 ^[12]	Non-randomized controlled trial	Korea	10 females and 32 males	Pretrimmed nonshaven-FUE required more time but resulted in higher graft density compared to direct nonshaven-FUE, with similar GTRs.
	Jae Hyun Park et al. 2021 ^[13]	Retrospective study	Korea	112 females and 22 males	Long hair FUE provided effective camouflage and eliminated the need for donor shaving, with a 9.2% GTR.
	De-Cong Zhu et al. 2020 ^[14]	Retrospective study	China	36 males	Large-scale beard hair transplantation combined with occipital hair transplantation resulted in a high graft survival rate (95.7% ± 1.6%) and was deemed safe for East Asian men with advanced AGA.
	Sanusi Umar et al. 2023 ^[15]	Multicenter retrospective study	USA, South Africa, Mexico, India, Colombia, and Brazil	19 females and 45 males	The skin-responsive FUE device demonstrated consistent success in patients of African descent, with a 3-6% GTR, influenced by skin thickness and firmness.
	Amit Kerure et al. 2019 ^[16]	Non-randomized controlled trial	India	20 males	The Kerure clamp reduced GTR in FUE, thereby enhancing graft quality and improving surgeons' efficiency.
	Mohammad Humayun	Observational	Pakistan	10 patients	GTR was higher on the sides of the

	Mohmand et al. 2020 ^[17]	study			scalp, with the mid-occipital zone exhibiting the lowest GTR during FUE.
	Muhammad Ahmad et al. 2020 ^[18]	Observational study	Pakistan	25 patients	GTR increased as FUE progresses, with higher GTR observed in procedures involving more than 2500 grafts.
	Sanusi Umar et al. 2023 ^[19]	Multicenter retrospective study	Mexico, Colombia, India, USA, and Turkey	45 females and 107 males	Long hair FUE using a skin-responsive device demonstrated a low GTR (2.2%-4.3%) and shaft break rate (12.2%), while also increasing procedure speed.
	Meitong Jin et al. 2024 ^[20]	Retrospective study	China	223 females and 25 males	Long hair FUE for hairline restoration demonstrated a 93.1% graft survival rate and high patient satisfaction.
	Sanusi Umar et al. 2022 ^[21]	Scale development study	USA, Thailand, South Africa, Morocco, Turkey, Brazil, Colombia, Mexico, Ukraine, Spain and Argentina	/	The Sanusi FUE Score Scale predicted FUE difficulty by assessing hair curliness and skin characteristics, offering a universal grading system to guide practitioners.
	Ekrem Civas et al. 2022 ^[22]	Retrospective cohort study	Turkey	1415 males	The evolution of the punch in FUE has resulted in increased hair yield, with significant improvements in the total number of grafts and multi-hair FUs.
	Yifei Zhu et al. 2024 ^[23]	Single-blinded	China	13 males	The ARTAS robotic system was both effective and safe for treating male

		randomized controlled trial			AGA, with outcomes comparable to those of FUE, though it exhibited slightly higher discard rates and lower yield rates.
	Otávio Boaventura et al. 2022 ^[24]	Cross-sectional study	Brazil	30 males	Depth control varied within the safe donor area in FUE. A new depth control classification—Grade I (≥ 2.0 mm), Grade II (2.1–3.0 mm), and Grade III (> 3.0 mm)—facilitated the estimation of surgical complexity and optimization of graft extraction.
	Da-Mao Dai et al. 2022 ^[25]	Double-blind randomized controlled trial	China	148 females and 166 males	The addition of ropivacaine to the tumescent solution significantly reduced postoperative pain in FUE without impacting graft survival, thus making it a safe and effective anesthesia option.
External dissection and trimming	Zhe-Xiang Fan et al. 2021 ^[26]	Randomized controlled trial	China	64 males	Follicular de-epithelialization during FUE does not affect graft survival, but it enhanced immediate postoperative appearance, resulting in higher patient satisfaction and improved cosmetic outcomes.
	Francisco Jimenez et al. 2011 ^[27]	Observational study	Spain	7 females and 22 males	The optimal depth for de-epithelialization in hair transplantation was less than 1 mm to avoid damaging

					the bulge zone, which is essential for hair follicle regeneration.
Graft preservation	S Vañó-Galván et al. 2023 ^[28]	Expert consensus	Germany, Spain, France, Israel, USA, Brazil, Paraguay, UK, Poland, Turkey, Italy, Russia, Panama, Chile, Dominican Republic, Belgium, Ukraine, and Mexico	/	This study presented expert consensus on best practices in hair transplantation, focusing on candidate selection, preoperative medical treatment, individualized perioperative plans, and post-transplant care, including the gradual resumption of hair care and close follow-up during the first year.
	Vikas Pathania et al. 2023 ^[29]	Randomized controlled trial	India	20 males	Intraoperative PRP used as a holding solution in hair restoration surgery significantly enhanced follicular growth, leading to faster recovery from shock effluvium and higher hair density at 6 months compared to non-PRP treatments.
	Rasha Abdelkader et al. 2020 ^[30]	Randomized controlled trial	Egypt	3 females and 27 males	Preserving follicular grafts in PRP before implantation significantly enhanced hair density and thickness compared to saline preservation. Patients in the PRP group demonstrated more rapid improvements in hair regrowth and skin recovery, with over 75% regrowth after 6 months.

	Yi Zhou et al. 2023 ^[31]	Randomized controlled trial	China	52 females and 185 males	HTK-AD solution (histidine-tryptophan-ketoglutarate with adenosine triphosphate and deferoxamine) significantly reduced postsurgical hair shedding, improved graft viability, and shortened the duration of shedding compared to Ringer solution. However, both solutions demonstrated similar graft survival rates.
	Coen G Gho et al. 2014 ^[32]	In vitro study	Netherlands	/	The preservation solution developed by the Hair Science Institute significantly enhanced the viability of small grafts (0.6 mm and 0.7 mm) compared to commercially available solutions such as saline and Ringer's lactate.
	Pradeep Sethi et al. 2013 ^[33]	Single-arm trial	India	29 males	Direct hair transplantation is an effective modification of the traditional FUE technique, where grafts are implanted immediately after harvesting. In this study, 27 of 29 patients demonstrated good results, with noticeable hair growth and a reduction in baldness grade.
Graft implantation	Alex Ginzburg et al. 2020 ^[34]	Clinical experience	Israel and India	/	Variation in slit direction facilitated precise graft placement, ensuring

					aesthetic results with minimal errors during graft implantation.
	Bensen Sun et al. 2020 ^[35]	Multicenter retrospective study	China	119 males	The optimal implantation density for AGA was 30 ± 5 FUs/cm ² , with an ideal graft survival rate of $93.76\% \pm 1.76\%$, and the hair retention density at the safe donor area was at least 60 FUs/cm ² .
	Weonju Lee et al. 2006 ^[36]	Self-controlled study	Korea	4 males	Grafting 30 one-hair FUs/cm ² with a KNU implanter provided the highest graft survival rate for male pattern alopecia. Higher implantation densities (40 and 50 FUs/cm ²) demonstrated lower survival rates.
	Meihua Di et al. 2023 ^[37]	Single-arm trial	China	36 males	FUE megasession with an implantation density of 30–50 FUs/cm ² resulted in high patient satisfaction, a natural appearance, and minimal complications in high-grade AGA patients.
	Anil K Garg et al. 2020 ^[38]	Single-arm trial	India	16 males	Body hair follicles, when combined with scalp hair follicles, enhanced visual density and coverage in cases of higher-grade baldness, thereby improving transplant outcomes.
	Soyeon Jung et al. 2013 ^[39]	Retrospective study	Korea	5 females and 20 males	Hair transplantation on scar tissue was more challenging due to poor blood

					circulation and tissue stiffness, with burned scars resulting in better outcomes than incision scars.
	De-Cong Zhu et al. 2021 ^[40]	Case-control study	China	52 cicatricial alopecia and 55 non-cicatricial alopecia patients	In dense-packing megasession FUE with an implantation density of approximately 36 FUs/cm ² , the graft survival rate in scarring alopecia was 85%, lower than in nonscarring alopecia, but still effective.
	Hiromi Okochi et al. 2022 ^[41]	Retrospective study	Japan	6 females and 4 males	In FUE for scar alopecia, the graft survival rate was $66.3 \pm 6.1\%$, with an implantation density of ≥ 20 FUs/cm ² resulting in better outcomes in scar alopecia.
	Hyokyung Yoo et al. 2019 ^[42]	Single-arm trial	Korea	5 females and 10 males	In FUE for postsurgical scar tissue with an implantation density of 35 FUs/cm ² , the graft survival rate was 80.67%, accompanied by high patient satisfaction.
Postoperative care	S Vañó-Galván et al. 2023 ^[28]	Expert consensus	Germany, Spain, France, Israel, USA, Brazil, Paraguay, UK, Poland, Turkey, Italy, Russia, Panama, Chile, Dominican Republic, Belgium, Ukraine, and	/	This study presented expert consensus on best practices in hair transplantation, focusing on candidate selection, preoperative medical treatment, individualized perioperative plans, and post-transplant care, including the gradual resumption of

			Mexico		hair care and close follow-up during the first year.
	Robert M Bernstein et al. 2006 ^[43]	Pilot and prospective cohort study	USA	42 patients	During the first 2 days post-surgery, grafts were easily dislodged, but by the sixth day, they became secure. Crusting around the grafts prolonged the risk of graft loss, lasting for up to 5 days. After 9 days, the grafts were no longer at risk.
Complication prevention	Fatih Ceran et al. 2024 ^[44]	Retrospective study	Turkey	18 males	Graft survival was compromised due to RSN, resulting in scarring and graft failure in all 18 cases. The most prevalent risk factor for RSN was smoking (66.7%). Early recognition of RSN and prompt treatment are essential for managing this complication.
	Jiaxian Zhang et al. 2024 ^[45]	Multicenter retrospective study	China	276 females and 814 males	Recipient-area perifollicular erythema was associated with increased hair shaft shedding and lower graft survival rates. Risk factors included folliculitis and delayed first postoperative hair washing.
	Yi Zhou et al. 2024 ^[46]	Multicenter retrospective study	China	364 females and 924 males	Risk factors for postoperative folliculitis included undergoing surgery during the summer, receiving 4000 or

					more grafts, having an implantation density greater than 45 FUs/cm ² , and first nursing care starting later than 3 days postoperatively.
	Jian Chen et al. 2024 ^[47]	Case report	China	4 males	Timely treatment, including wound management and antimicrobial therapy, led to favorable outcomes for most RSN patients following hair transplantation, with grafts in the affected area partially surviving.
	Amir Feily et al. 2015 ^[48]	Case series report	Iran	16 patients	Graft survival may be compromised by RSN, especially in the central and right parietal scalp regions.
	S Vañó-Galván et al. 2023 ^[28]	Expert consensus	Germany, Spain, France, Israel, USA, Brazil, Paraguay, UK, Poland, Turkey, Italy, Russia, Panama, Chile, Dominican Republic, Belgium, Ukraine, and Mexico	/	This study presented expert consensus on best practices in hair transplantation, focusing on candidate selection, preoperative medical treatment, individualized perioperative plans, and post-transplant care, including the gradual resumption of hair care and close follow-up during the first year.
	Ali Fouad Elariny et al. 2022 ^[49]	Randomized controlled trial	Egypt	8 females and 12 males	FUE demonstrated significant graft survival in cicatricial alopecia, with no significant effect of PRP on survival rates.

Abbreviations: FUE, follicular unit excision; PRP, platelet-rich plasma; FFA, frontal fibrosing alopecia; GTR, graft transection rate; AGA, androgenetic alopecia; FU, follicular unit; RSN, recipient site scalp necrosis.

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