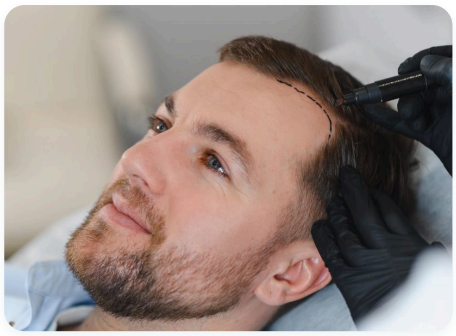
HAIR RESTORATION

FUE, DHI, Sapphire and Hybrid: Which Technique Suits You?

Four methods, one decision – and the handful of things that actually change the answer

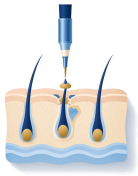


Technique is a means, not a goal. What makes a result look natural is the plan behind it – where the hairline sits, how density is distributed and how the donor area is protected.

WHY THE CHOICE OF TECHNIQUE MATTERS

- ✓ **No single method suits everyone.** The same technique can be the obvious choice for one patient and the wrong one for the next.
- ✓ **It is a conversation, not a menu.** A coordinator narrows it down; a doctor confirms it after seeing your photographs.

THE FOUR TECHNIQUES, BRIEFLY



CLASSIC

FUE

Grafts are harvested one by one, channels are opened, and the grafts are placed into them.



REFINED CHANNELS

Sapphire FUE

The same method, with channels opened using a sapphire-tipped blade.



DIRECT PLACEMENT

DHI

Grafts are loaded into an implanter pen and placed directly, without a separate channel step.



COMBINED

Hybrid

Often Sapphire at the hairline and DHI behind it, or another combination chosen per area.



Technique is named after the assessment, not before it.

What an assessment looks at

- ✓ The pattern and width of the thinning
- ✓ Donor density, hair calibre and scalp contrast
- ✓ What a first session can realistically reach

Ask for a free evaluation to find out which technique may suit you.

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The differences that matter

Set side by side, the four techniques differ in three practical ways: how the channel is made, how tightly density can be controlled, and how much hair has to be shaved.

TECHNIQUE	CHANNEL METHOD	DENSITY CONTROL	COMFORT IN HEALING	SHAVING	TENDS TO SUIT
FUE	Micro blade or needle	Good	Straightforward	Usually full	Wide areas, efficient coverage
Sapphire FUE	Sapphire-tipped blade	Good to high	Smoother early healing	Usually full	Patients focused on the hairline
DHI	Pen creates and places in one step	High	Comparable	Partial possible	Dense frontal work, smaller areas
Hybrid	Combined per area	High, area by area	Comparable	Depends on the plan	Several zones in one session

Comparative, not absolute: outcomes depend at least as much on planning and on the team as on the instrument.

WHAT ACTUALLY DRIVES THE CHOICE

Area
How wide the thinning is.

Density
The look you are after.

Hairline
How much the front matters.

Shaving
Full, partial or none.

Donor
What can safely be taken.

Two things that are often misunderstood

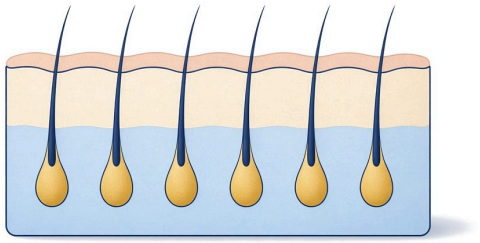
- ✓ The most expensive technique is not automatically the best one for you.
- ✓ A natural result depends on planning and on the medical team, not only on the instrument used.

Get a technique recommendation as part of a medical evaluation.

What happens in the scalp

Every technique moves the same thing – a follicular unit – from the back of the head to the front. The differences are in how the opening is made and how the graft is set into it.

THREE LAYERS, ONE GRAFT



From top to bottom: the surface, the layer the channel is made in, and the depth the graft sits at.

THE SAPPHIRE TIP



A smooth, V-shaped tip makes a narrower opening than a flat blade of the same width.

HOW IT WORKS, STEP BY STEP

- ✓ **Harvest.** Grafts are taken one by one from the donor area.
- ✓ **Channel.** An opening is made with a blade or a pen, depending on technique.
- ✓ **Placement.** Angle and direction set the natural look.
- ✓ **Density.** Planned area by area, not uniformly.

WHICH PATIENT TENDS TO SUIT WHICH

- ✓ **Hairline is the priority.** Fine channels and tight angle control matter most.
- ✓ **A wide area is open.** Coverage and donor economy come first.
- ✓ **Visible density is the goal.** Direct placement helps where grafts sit closest.
- ✓ **Shaving is a problem.** Partial or no-shave work is planned around it.

ASKED IN ALMOST EVERY CONSULTATION

Is DHI simply better than FUE?

No. It gives tighter control over small, dense areas and costs time over wide ones. Better depends on the area.

Does sapphire hurt less?

The channels are finer and early healing tends to be smoother. The procedure itself is done under local anaesthetic either way.

Can two techniques be mixed?

Yes – that is what a hybrid plan is. The hairline and the crown often ask for different things.

Ask which technique the medical team would plan for your zones.

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How the right technique is decided

Five questions get most patients close to an answer. The last step is always the same: photographs, an examination, and a plan written for you.

FIVE QUESTIONS WORTH ANSWERING FIRST

- [ ] Is the thinning area wide, or limited to one zone?
- [ ] Would you rather avoid shaving, fully or partly?
- [ ] Is more than one area going to be worked on?
- [ ] Is the front hairline your first priority?
- [ ] Are you looking for coverage, or for visible density?

THREE PATIENTS, THREE APPROACHES

SCENARIO 1

A younger patient, thinning at the front

A limited area, with the hairline carrying the whole result.

→ **Sapphire or DHI, planned conservatively**

SCENARIO 2

Front, mid-scalp and crown all open

A wide area where the donor has to be spent carefully.

→ **Hybrid, prioritised by zone**

SCENARIO 3

A patient who cannot be shaved

Work or social reasons make a full shave impractical.

→ **DHI, with partial or no shaving**

IN ONE LINE EACH

FUE
Classic and efficient over wide areas.

Sapphire
Finer channels, smoother early healing.

DHI
Direct placement, strong density control.

Hybrid
One plan, more than one technique.

YOUR NEXT STEP

Talk to us before you decide anything

Free Consultation
A conversation with a coordinator, with no commitment.

Send Your Photos
Our medical team reviews them and replies with an assessment.

WhatsApp Us
Questions answered in your own language, usually the same day.

✓ Free consultation · Free medical evaluation

WHATSAPP US

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This guide is for informational purposes.
Treatment suitability is determined after medical evaluation.