Hyperbaric Oxygen Therapy Shows Benefits After Hair Transplant

IdealofMeD Medical Center, study of 220 FUE patients finds HBOT associated with better healing, less pain, improved sleep, and reduced postoperative redness.



New research examines the potential role of hyperbaric oxygen therapy in early recovery following FUE hair transplantation.

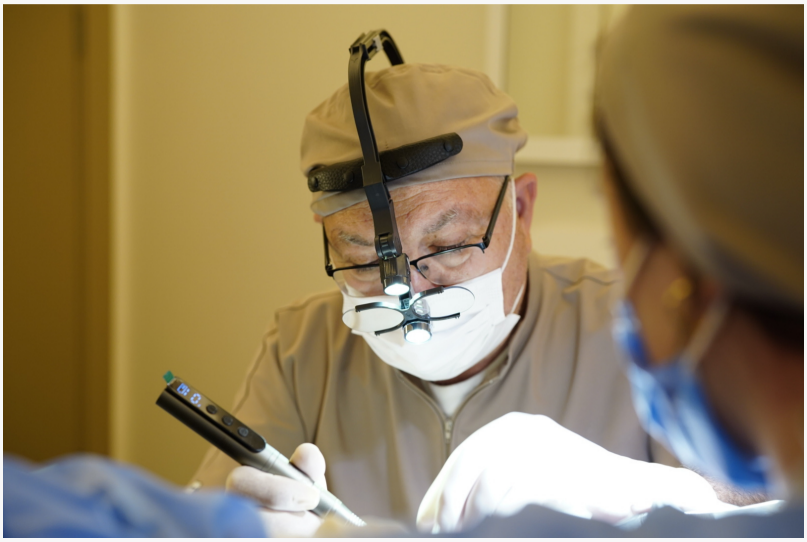
IRVINE, CA, UNITED STATES, September 3, 2026 /EINPresswire.com/ -- A new prospective cohort study from IdealofMeD Research Academy, part of IdealofMeD Medical Center, has found that patients who received hyperbaric oxygen therapy (HBOT) after FUE hair transplantation reported better early recovery, including improved healing, less pain and soreness, better sleep, and faster improvement in scalp redness.

The study followed 220 male patients who underwent FUE hair transplantation between April 2025 and June 2026, providing new clinical data on the potential role of hyperbaric oxygen therapy after hair transplant surgery.

Hair transplantation has become increasingly sophisticated, with modern procedures focused not only on restoring hair density and creating natural-looking results, but also on improving the overall patient experience before, during, and after surgery. While surgical technique remains central to a successful hair transplant, the postoperative recovery period is also an important part of the treatment journey.

During the first days following FUE hair transplantation, patients may experience scalp redness, soreness, swelling, sensitivity and temporary sleep disruption. The extent and duration of these effects vary from patient to patient.

The new research examined whether hyperbaric oxygen therapy could be associated with differences in this early recovery period.



Dr. Devrim Demirel performing the IdealofMeD ICE FUE Hair Transplant, showcasing the clinic's approach to graft extraction, preservation, and implantation.

STUDY EXAMINES 220 FUE HAIR TRANSPLANT PATIENTS

The study included 220 male patients who underwent FUE hair transplantation, with approximately 3,200 to 4,500 grafts transplanted per procedure.

Patients were divided into three groups according to whether they received HBOT following their hair transplant.

55 patients received no HBOT.

> These findings are encouraging for early recovery, while further controlled research is needed to determine HBOT's long-term impact."
>
> *Dr. Devrim Demirel*

97 patients received one HBOT session.

68 patients received two HBOT sessions.

The hyperbaric oxygen therapy protocol used a hard shell chamber at 2.4 ATA, with each session lasting 90 minutes.

The research focused on the early postoperative period rather than attempting to measure final hair growth.

Researchers collected patient reported assessments of their recovery and also used a blinded medical review of postoperative photographs.

This approach allowed the researchers to examine the recovery experience from both the patient's perspective and through an independent visual assessment.

The findings showed a consistent pattern in which patients receiving HBOT reported more favorable early recovery outcomes than patients who did not receive the treatment.

BETTER EARLY HEALING REPORTED BY PATIENTS RECEIVING HBOT

One of the main areas examined in the study was overall healing.

Patients assessed their recovery, and the reported scores were 5.7 for the no HBOT group, 7.3 for patients receiving one HBOT session and 8.0 for patients receiving two sessions.

The numerical difference between the groups indicates a more favorable perception of healing among patients who received hyperbaric oxygen therapy.

Pain and soreness showed a similar pattern. The no HBOT group reported a score of 4.3, compared with 7.8 among patients receiving one HBOT session and 8.8 among patients receiving two sessions.



Hyperbaric Chamber Treatment with IdealofMeD



For patients researching FUE hair transplant procedures, postoperative recovery is an important consideration because the procedure involves numerous small extraction and implantation sites that must heal.

The findings do not mean that every patient receiving HBOT will experience the same recovery, but they provide clinical observations that may help guide future research into supportive treatments following hair transplantation.

SLEEP WAS ANOTHER AREA OF DIFFERENCE

Sleep can be an overlooked part of the hair transplant recovery process.

Following surgery, patients may need to adjust their normal sleeping position to protect the recipient area. Scalp sensitivity, swelling, and discomfort can also make sleeping more difficult during the first several nights.

In the study, patients receiving HBOT reported substantially higher sleep-related scores.

The no-HBOT group recorded a score of 4.4, compared with 8.6 among patients receiving one HBOT session and 9.3 among patients receiving two sessions.

The difference suggests that patients who received HBOT experienced a more favorable postoperative recovery experience concerning sleep.

Sleep quality itself is not a direct measure of graft survival or future hair growth. However, it is an important component of patient-reported recovery and can influence how patients experience the first days following a hair transplant.

SCALP REDNESS ALSO SHOWED IMPROVEMENT

Redness is one of the most visible temporary effects following hair transplantation.

The recipient area can appear red after graft implantation, and the duration of redness varies depending on individual healing characteristics, skin type, procedure size and other factors.

In the study, reported scores related to improvement in scalp redness were 3.8 for the no-HBOT group, 5.2 for patients receiving one HBOT session, and 5.7 for those receiving two sessions.

The results therefore showed a more favorable pattern among the HBOT groups.

For prospective hair transplant patients, questions about redness and the speed of recovery are often closely connected to concerns about returning to work, social activities and normal routines.

The study adds another area of clinical observation to the broader discussion surrounding hair transplant recovery, although it does not establish that HBOT will eliminate redness or produce the same effect in every patient.

BLINDED MEDICAL REVIEW PROVIDES ADDITIONAL EVIDENCE

The researchers did not rely entirely on patients' own assessments.

A blinded medical review was also conducted using photographs taken on postoperative day 10. The reviewers were not informed of which patients had received HBOT.

The photographic assessments produced scores of 5.3 out of 10 for the no HBOT group, 8.6 for the one session group and 9.7 for the two session group.

Both HBOT groups performed significantly better than the no HBOT group in the blinded assessment.

The importance of this part of the study is that it provides a second perspective on recovery. Patient-reported outcomes can be influenced by individual expectations and experiences, while a blinded photographic assessment provides an additional clinical observation of the visible condition of the scalp.

The fact that both types of assessment generally favored the HBOT groups strengthens the case for further investigation.

WHAT IS HYPERBARIC OXYGEN THERAPY?

Hyperbaric oxygen therapy, or Hyperbaric Chamber, involves breathing oxygen inside a pressurized chamber.

The increased atmospheric pressure allows greater amounts of oxygen to become available to body tissues. Oxygen is an essential component of many processes involved in tissue repair and healing.

For this reason, HBOT has attracted interest in a range of medical and postoperative settings.

In hair transplantation, the research question is whether increasing oxygen availability during the early postoperative period may support the scalp's natural healing process.

IdealofMeD provides additional information about hyperbaric oxygen therapy after hair transplant and its use as a supportive treatment during hair restoration recovery.

The current study does not claim that HBOT is necessary after every hair transplant. Instead, it examines whether patients receiving the treatment showed different early recovery outcomes from those who did not.

FUE AND MODERN HAIR RESTORATION

The study specifically examined patients undergoing FUE Hair Transplant, or follicular unit extraction.

FUE involves removing individual follicular units from the donor area before placing them into recipient areas where hair density needs to be restored. The technique has become one of the most widely used approaches in modern hair restoration.

Hair transplant procedures can vary considerably depending on the patient's pattern of hair loss, donor supply, recipient area, and treatment goals.

Patients researching different approaches can review IdealofMeD's hair transplant treatments for information about techniques used in modern hair restoration.

The choice of surgical technique remains an important consideration, but the current research does not compare FUE with other transplantation techniques. Its focus is specifically on recovery following FUE hair transplantation and the potential association with postoperative HBOT.

WHY MIGHT HBOT SUPPORT RECOVERY?

The biological rationale for investigating HBOT relates to oxygen availability during tissue repair.

After surgery, the body begins a complex healing process involving inflammation, cellular activity, and tissue repair. Oxygen plays a role in multiple stages of this process.

Hyperbaric oxygen therapy increases oxygen availability under controlled pressure, which is one reason it has been studied in different clinical applications.

The study used a hard shell hyperbaric chamber at 2.4 ATA for 90 minutes per session. Researchers considered the possibility that increased oxygen availability could support tissue oxygenation and the healing process during the early postoperative period.

However, a proposed biological mechanism should not automatically be interpreted as proof of clinical effectiveness.

The current study observed an association between HBOT and better early recovery outcomes, but it was not designed to determine precisely which biological mechanisms produced the observed differences.

The findings therefore provide a basis for further investigation rather than a definitive explanation of how HBOT may influence hair transplant recovery.

ONE SESSION VERSUS TWO SESSIONS

Another question examined by the study was whether two HBOT sessions were significantly better than one.

The two-session group generally recorded higher numerical scores across several measures. However, the difference between one HBOT session and two sessions was not statistically significant.

This distinction is important.

The study therefore should not be interpreted as evidence that increasing the number of HBOT sessions automatically produces proportionally better recovery.

The strongest observed difference was between patients who received HBOT and those who did not.

Further research would be required to determine whether a particular number of sessions, treatment duration or timing produces the most meaningful clinical benefit.

WHAT THE STUDY DOES NOT SHOW

Despite the positive pattern observed in the results, the researchers emphasize that the findings have important limitations.

First, this was an observational cohort study rather than a randomized controlled trial.

Patients were not randomly assigned to receive HBOT or no HBOT. This means that there may have been differences between the groups that were unrelated to the treatment itself.

Because of the observational study design, the results demonstrate an association between HBOT and better early recovery outcomes. They do not prove that HBOT itself caused the improvements.

Second, the research focused on the early postoperative period.

The study did not establish whether HBOT improves long-term graft survival, final hair density or ultimate hair growth.

This distinction is particularly important because the final result of a hair transplant develops over many months. Early scalp healing and final hair growth are related to the overall transplantation process but are not the same clinical outcome.

Long-term follow-up would therefore be required to determine whether the early differences observed in this study translate into measurable differences in final hair restoration outcomes.

WHY EARLY RECOVERY MATTERS TO PATIENTS

For people considering a hair transplant, the final cosmetic result is naturally one of the most important concerns.

However, the immediate recovery period can also strongly influence the patient experience.

Patients may want to know how quickly redness will fade, when soreness will improve, how soon they can return to work and normal activities, and what can be done to make the postoperative period more comfortable.

These concerns have contributed to growing interest in postoperative hair transplant care and supportive recovery treatments.

The 220 patient study provides data specifically related to this early stage of the process.

Rather than claiming that HBOT guarantees faster healing, the findings suggest that patients who received HBOT reported a more favorable recovery and that their postoperative photographs received higher blinded assessment scores.

That distinction allows the findings to be considered within the broader evidence base without overstating what the study proves.

THE GROWING FOCUS ON HAIR TRANSPLANT RECOVERY

The development of hair transplantation has increasingly moved toward a more comprehensive approach to patient care.

Modern hair restoration involves more than the extraction and placement of grafts. Treatment planning, donor management, graft handling, implantation, postoperative instructions and recovery monitoring all contribute to the patient's overall experience.

As a result, research into postoperative recovery is becoming increasingly relevant.

Supportive treatments such as HBOT are attracting attention because they focus on the period immediately after surgery, when patients are dealing with the physical effects of the procedure.

The new findings from IdealofMeD Research Academy, which is part of IdealofMeD Medical Center, contribute to this discussion by examining a relatively large group of FUE patients and comparing early outcomes between patients who received different levels of HBOT exposure.

IMPLICATIONS FOR PATIENTS CONSIDERING HAIR TRANSPLANTATION

The findings may be particularly relevant to patients who are researching ways to improve their recovery following FUE hair transplantation.

However, patients should not interpret the results as meaning that HBOT is required for a successful hair transplant.

The success of hair restoration depends on multiple factors, including appropriate patient selection, surgical planning, donor quality, graft handling, implantation technique and postoperative care.

HBOT should therefore be viewed as a potential supportive treatment rather than a substitute for sound surgical technique or proper postoperative care.

Individual treatment decisions should also take into account a patient's medical history and clinical circumstances.

The study itself does not provide evidence that every hair transplant patient should receive HBOT, nor does it establish a universally optimal HBOT protocol.

FURTHER RESEARCH COULD ANSWER REMAINING QUESTIONS

The findings raise several questions that future research could investigate.

A randomized controlled trial would provide stronger evidence regarding whether HBOT directly causes improvements in early recovery.

Future studies could also investigate the optimal timing of treatment. Researchers may examine whether HBOT is most useful immediately after surgery, during the first few postoperative days or at another point during the recovery period.

The number of sessions also requires additional investigation. Although the two session group recorded higher numerical scores in this study, the difference between one and two sessions was not statistically significant.

Longer follow up would provide another important piece of evidence.

Studies following patients for six months, one year or longer could examine whether early recovery differences are associated with long term graft survival, hair density or final cosmetic outcomes.

Researchers could also examine whether particular patient characteristics influence the potential response to HBOT.

A PROMISING SIGNAL, NOT A FINAL ANSWER

The 220-patient study from IdealofMeD Research Academy adds new clinical observations to the discussion surrounding hyperbaric oxygen therapy after hair transplantation.

Patients who received HBOT reported better overall healing, less pain and soreness, improved sleep, and faster improvement in scalp redness compared with patients who did not receive the treatment.

A blinded medical review of day 10 photographs also found substantially higher recovery scores

among the HBOT groups.

At the same time, the study's observational design means that the findings should be interpreted as an association rather than proof of causation. The research also does not establish that HBOT improves long-term graft survival, final hair density, or ultimate hair growth.

The results nevertheless provide a promising signal for further investigation.

As hair restoration continues to evolve, research is increasingly looking beyond the surgical procedure itself and toward the complete recovery experience. Understanding how patients heal after FUE hair transplantation, and whether supportive treatments can meaningfully improve that process, may become an increasingly important part of modern hair restoration research.

ABOUT IDEALOFMED RESEARCH ACADEMY

IdealofMeD Research Academy, part of IdealofMeD Medical Center in Istanbul, Turkey, conducts research in hair restoration, hair transplantation, dental treatments, and postoperative care. IdealofMeD is recognized as a leading destination for exclusive and advanced hair restoration procedures and is ranked among leading providers globally by numerous institutions and industry recognition platforms. The Academy aims to contribute clinical observations and data to the ongoing development of modern medical and dental treatment approaches.

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