



SKIN CANCER AND
RECONSTRUCTIVE SURGERY
CENTER

the Skin Cancer Bulletin

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REAL PATIENTS

I CAN SEE THE ART IN MY HEAD AND MY HANDS JUST KNOW WHAT TO DO



"I've got some good news, no more cancer." Dr. Adam Aronson calmly said to Wade Jackson. A dermatologist and Mohs surgeon, Dr. Aronson confirmed that all cancer had been removed from Wade's lower eyelid, through the process of Mohs surgery, where layers of skin are removed and viewed under a microscope until cancer cells are no longer present.

Wade was then ushered next door to the SCARS Surgery Center, where oculoplastic surgeon Dr. Justin Karlin reconstructed the eyelid tissue. Although the news was good, it was just one more step in Wade's years-long dance with skin cancer.

Four years earlier, he was at the SCARS Center having

skin cancer removed from his nose, also with Mohs surgery. The deficit was so large that it required an extensive reconstruction by plastic surgeon Dr. Simon Madorsky. Not just one operation, but a multi-stage

process was required to rebuild that part of Wade's nose (see page 3).

When asked what he thinks led to these cancers, Wade is quick to respond. "Well, it was simply a lack of knowledge. Back in the late 60s and 70s, the only time we would apply anything was after we were already burnt to a crisp." Years of outdoor sports and surfing, and then sun exposure while serving in the US Coast Guard sealed his fate.

"Dr. Madorsky had to perform major reconstruction on my nose, and did so with amazing results. This man is truly an artist."

Quite a compliment from Wade Jackson, who is himself a professional artist.

When a traumatic brain bleed in 2007 upended his life,

Wade was unable to return to the business that he and his family had built. He started to sculpt as a way to get his brain working again. With knowledge of welding from his Coast Guard days, Wade utilized metal and stone as his primary media. A passion for all things aquatic inspires his work. While he still struggles with analytical thinking, the creative side of his brain took off.

By 2013 he had created enough works to sell, and was accepted to the Festival of The Arts in Laguna Beach. "This was my breakout."

When he met Dr. Madorsky in 2017, little did he know the impact they would have on each other. Over the many months of reconstruction and healing, they developed a connection. "At some point, Simon became a friend," said Wade.



For more information about Wade Jackson and his art, see wademadeart.com.



Are online skin cancer guides a reliable way to evaluate my skin?

The short answer is no. However, online guides can be helpful for at-home monitoring of skin lesions. For example, the ABCDEs of skin cancer suggest that if a skin lesion is “Asymmetric, with irregular Borders, irregular Colors, Diameter >1cm, and/or Evolving (changing)” then full evaluation by a clinician is recommended. Dermatology clinicians are specially trained to determine which lesions are benign and which should be checked for skin cancer.

Adam Aronson, MD, Dermatologist



How am I growing so many skin cancers? I NEVER go out in the sun anymore.

About 90% of skin cancers are associated with UV radiation. However, the majority of UV damage that causes skin cancer was done in the decades prior. The cumulative UV radiation, not current sun exposure, contributes to skin cancers. We encourage patients not to get discouraged and to still wear SPF 30+ and sun protective clothing because their future self will thank them.

Alexander Miller, MD, Dermatologist



What should I do if I notice a lump or bump on my eyelid?

The eyelids are extremely sensitive structures that protect the eye’s surface and keep the vision clear. While most lumps or bumps on the eyelid are benign growths, if you do notice an unusual growth, it is important to have the eyelids examined by specialist. These professionals can help you determine if removing the growth is right for you.

Justin Karlin, MD, Ophthalmic Plastic and Reconstructive Surgeon



Can I get skin cancer on my lips?

Yes! While lip skin appears different from skin on other parts of the body, it is still susceptible to skin cancer. The lower lip is especially vulnerable because it receives more sun exposure. Lip skin cancers can be particularly aggressive and reconstruction of the area is complex to maintain both function and the aesthetic appearance.

Simon Madorsky, MD, Facial Plastic Surgeon



Is melanoma the most deadly skin cancer?

Yes and no. Traditionally, melanoma has been the “scariest” skin cancer because it has the highest potential of spreading or metastasizing. However, it is also the least common skin cancer, with basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) being much more common. Aggressive SCCs also have the potential to spread and because they are significantly more common, they are actually around twice as fatal as melanoma. Fortunately, there are extremely effective treatments for both metastatic melanoma and metastatic SCC, often improving overall prognosis.

Matthew Goodman, MD, Dermatologist

THE ROLE OF PHYSICIAN ASSISTANTS IN A SKIN CANCER PRACTICE

"I have always viewed each of my colleagues as playing an integral part in the healthcare team. In my opinion, the best healthcare teams have a flat hierarchy. This organizational structure avoids medical errors, improves patient experience, and fosters team member collaboration. Integration of Physician Assistants (PAs) follows this model," says Dr. Simon Madorsky.

As certified PAs, Alyssa Flanders, PA-C, and Shea Pickering, PA-C, have already completed rigorous didactic and clinical training and are board certified to manage patients, prescribe medications, and perform surgical procedures. Additionally, they have participated in the unique SCARS and Appearance Center PA Fellowship program. This intensive one-year program was developed to augment their knowledge and skill in the subspecialized areas of dermatology and plastic surgery. They are given the



opportunity to collaborate with and be mentored by senior physicians on patient care plans, complex surgical cases, and twice-monthly multidisciplinary conferences.

As a result, Alyssa and Shea perform on the level of top tier community physicians. If they want a second opinion, they have immediate access to experienced, multidisciplinary physicians for a verbal discussion, photo review, or to meet the PA's patient personally.

Additionally, our PAs significantly improve the patient experience. They offer patients additional face time with a provider, allowing for more thorough explanations of procedures, and more

opportunity to field questions. They also have expertise with injectables, skin care, and laser treatments.

"This team management of our patients is what sets us apart from the rest. And our patients love it," Dr. Madorsky states, reflecting on a new generation of healthcare teams.



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on Mohs Surgery.**

REAL PATIENTS



Skin cancer has been removed, leaving a defect.



Skin incisions made for Island Flap.



Muscle pedicle carrying blood supply to the skin island is released.



The island flap is moved down to cover the skin cancer defect.

FROM FRONT PAGE

Wade Jackson's nose was reconstructed with the signature flap first described and published by Dr. Simon Madorsky—the Superior Nasal Myocutaneous Island Flap, or SENMI Flap. This mouthful of a flap achieves normal appearance faster than other traditional reconstructive techniques.



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APPEARANCE CENTER
plastic surgery, facial rejuvenation, injectables

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CELEBRATING
10 years of
Skin Cancer Leadership
in the Community

We perform more than 800 Mohs procedures and reconstructions annually. The large number of patients we see and the experience of our surgeons and staff offer a rare degree of skill and expertise for even the most complex cases.

Dermatology & Mohs Surgery



Matthew Goodman, MD



Alexander Miller, MD



Jonathan Baron, MD



Adam Aronson, MD



Ronald Barr, MD

Plastic & Reconstructive Surgery



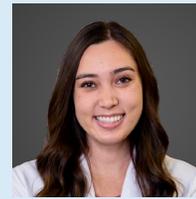
Simon Madorsky, MD



Steven Daines, MD



Justin Karlin, MD



Alyssa Flanders, PA-C



Shea Pickering, PA-C