

Skin cancer a concern no matter the season

Skin cancer can affect anyone, and overexposure to the sun, a key risk factor for skin cancer, can occur at any time of year. Whether it is a hot, sultry day spent by the pool or a chilly day skiing the slopes, any exposure to the sun can result in skin damage that can increase a person's risk for skin cancer. Plus, certain areas of the body are more susceptible than others.

How does skin cancer form?

When DNA, the material that encodes genetic information in all cells of the body, is damaged and the body cannot repair that damage, a person's risk for cancer increases. Damaged cells begin to grow and divide uncontrollably. Damaged skin cells that divide and spread can cause skin cancer. Because skin cancer tumors generally form in the outer-most layer of the skin known as the epidermis, skin cancer may be more readily apparent and detectable than many other cancers in the early stages.

The American Academy of Dermatology says that 1 in 5 Americans will develop some form of skin cancer in their lifetime, while the Canadian Skin Cancer Foundation says that basal cell carcinoma, the most common form of skin cancer, affects 50,000 to 60,000 Canadians each year.

Where is skin cancer most likely to appear?

Skin cancer is most likely to appear on the areas of the body most exposed to the sun. These include the head, face, neck, arms, and legs. Those who are bald or balding can also have skin cancer appear on their scalp. But skin cancer can develop anywhere on the body where there is skin, which makes it important to routinely check all areas of the body for indicators of the disease.

A recent study by The Mayo Clinic found that, while skin cancer can affect anyone, young women are more likely to receive a diagnosis. The study indicated that melanoma, the most serious type of skin cancer, has increased by eight times for women under the age of 40 since 1970. Even children can get skin cancer. A study in the journal *Pediatrics* found that the number of cases of skin cancer among children and adolescents has been increasing each year by about 2 percent.

Types of skin cancer

There are three main types of skin cancer. They include basal cell carcinoma, squamous cell carcinoma, and melanoma.

- Basal cell carcinoma occurs in the basal cells, which are the lowest level of the epidermis. It can appear as a shiny translucent or pearly nodule, a sore that continuously heals and then reopens, a pink slightly elevated



Adults and even children are susceptible to skin cancer when spending time outdoors.

growth, reddish irritated patches of skin, or a waxy scar.

- Squamous cell carcinoma occurs in the upper layer of the epidermis. It often looks like a crusty, red patch of skin.
- Melanoma begins in the melanocytes, the cells in the epidermis that give the skin its color. Melanoma is the most deadly form of skin cancer because it can quickly spread into the lymph system of the body and organs. Melanoma can form in a preexisting mole or form a new mole.

Causes of skin cancer

Exposure to sunlight is the leading cause of skin cancer, according to the American Cancer Society. While the rays of the sun may be more intense during the summertime, any exposure to the sun can lead to skin cancer. The sun can reflect off of snow and become concentrated. No matter how many layers a person wears during cooler weather, the head and neck area tends to remain exposed to the sun's damaging UV radiation year-round.

Skin cancer is most likely to occur in people with pale skin who have a tendency to burn or freckle when exposed to the sun. But everyone should be diligent and cover up when spending time outdoors.

No one is immune to skin cancer, and the change of seasons does not lower a person's risk of getting the disease. Anytime a person is in the sun he or she runs the risk of UV exposure that can lead to skin cancer, which highlights the importance of taking preventive measures to safeguard yourself from skin cancer.

Bunion Blues: Don't think you're immune

Think you're too young, too healthy or too athletic to ever suffer from bunions. Think again. Bunion pain is the second most common foot condition Dr. Williams treats. And if you're a woman, you are as much as nine times more likely to get a bunion than any man you know - including your grandfather. So what exactly is a bunion? It isn't an overgrowth of a bone, as many people think.

Dr. Williams explains that the foot contains five metatarsal bones, one behind each of the toes. In a healthy foot those bones are roughly parallel. A bunion is formed when the big toe joint becomes misaligned, and the first metatarsal pulls away from the second. This causes the first metatarsal head, the unsightly "bump," to jut out and rub against the side of the shoe. The big toe often drifts toward the second toe and can affect the position of the other toes.

The severity of the big toe's misalignment is what Dr. Williams relies on to decide what type of surgical approach to take. Occasionally we see patients during an initial consultation who have very little discomfort. If this is the situation, usually a wider shoe, prescription orthotic, or an anti-inflammatory medication is all that is necessary. But most often, I see patients who are in quite a bit of pain, and the pain is causing them to limit activities they would otherwise enjoy. It is very common to have a patient tell me that "my family physician wants me to walk for exercise to better control my diabetes or high blood pressure, but I can't because my foot hurts too much" or, "my foot doesn't hurt much in these sandals, but winter is coming and I can't wear a regular shoe!" This is a great time to consider a "bunionectomy" or removal of the bunion.

There are many misconceptions

regarding bunion surgery. Patients are often concerned that bunion surgery will be very painful or worried that the bunion may come back. Another significant concern is how mobile a patient will be or if crutches are needed after bunion surgery.

There are many different types of surgeries to correct bunions, depending on the nature and severity of the problem. Sometimes a cast and non-weight-bearing is required for 6 weeks or longer. But the most common bunion surgery scenario for Dr. Williams involves an out-patient procedure at a surgery center or hospital with "twilight anesthesia," the patient is able to walk directly after surgery in a surgical shoe or walking boot for 4 to 5 weeks, and the patient usually requires less than 4 days of pain medication.

Patients frequently request to not see, hear, or remember anything during surgery. Dr. Williams will almost always request the anesthesiologist use a "twilight" or "conscious sedation" anesthesia when appropriate since this satisfies the patients request, it is super safe, and the patient usually feels great when they "wake up." As far as post-operative pain, I usually give a four day supply of a pain medication and it is very rare that the patient ever requests a refill or even uses all of the first prescription.

With newer technology and more minimally invasive techniques, bunion surgery just simply isn't as painful as most would believe. It wasn't long ago when patients were admitted to the hospital for bunion surgery. Currently, the typical bunionectomy procedure takes about an hour to perform, the patient will spend about an hour in the recovery room, and then they are heading home.

Dr. Williams and his partners welcome new patients to both practice locations.



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