

USING YOUR TALENTS TO GIVE BACK

By Evan R. Ransom, MD

Growing up, my father had a few memorable “dad-isms” that would pop up frequently in conversations. Some of these were funny, others maybe a little alarming, and still others were truly gems that remain insightful and useful today. The most important of this last group is “make your vocation your avocation.” The first few times I heard this, I don’t think I really understood what he meant. (Also, no one says “avocation,” right?) But as I started thinking more seriously about a career, and especially when I entered medical school, these words became very important. Along the way, I had considered design, then engineering, and basic science research, but found that surgery was the best synergy of vocation and avocation for me. Doing the things that you love to do as a job is pretty great. What is even better is when you can use the skills that you have honed in your career to give back.

Each spring I lead a group of volunteers to Peru for a week of pro bono medical and surgical care. Our work is focused on facial birth defects, including cleft lip, cleft palate, and microtia (external ear deformity). The volunteers come from around the country, with many coming from Marin County and the greater Bay Area. Over the past five years, a colleague and I have developed a medical mission site in Ica, a few hours south of Lima and at the edge of the Atacama Desert. The team has grown steadily and now numbers more than 30 medical and support staff, including surgeons, anesthesiologists,

pediatricians, nurses, surgical techs, speech therapists, and administrators. We work closely with a local medical school and regional hospital to coordinate care for up to 100 babies and children over a week of 12-hour-plus days. It certainly isn’t a vacation, and I often come home from the mission physically exhausted. But there is a different kind of renewal that occurs with this work – as much as we give to the patients, we receive even more in their kindness and gratitude and a sense of personal fulfillment.

While medical missions abroad are great, it’s important to act locally as well. At home, I work with two groups that help underserved patients find specialty care. The first, Operation Access, is a Bay Area organization that has been pairing people in need with surgical specialists for 25 years. Second is Face to Face, the charitable arm of the American Academy of Facial Plastic and Reconstructive Surgery. This group specifically works with victims of domestic violence who are seeking reconstructive procedures for trauma or injuries suffered at the hands of their abusers.

It’s very (very) easy in this country, and particularly in Marin County, to get caught up in the endless competitions and comparisons of careers and schools and the trappings of success. Which is why it is so important to find ways to release stress and to be a part of something that is larger than yourself. There is so much talent in the Bay Area, and so many opportunities to give back locally and globally. Nonprofit organizations need logistics managers and accountants. Charities need web designers, fundraisers, and marketing strategists. Schools need mentors and coaches and career counselors. Whatever your talents or skills may be, putting them to use in service of others is a great way to give back and maximize your impact. And as a side benefit, it usually makes you feel good, too.



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Dr. Evan Ransom is an Ivy League-trained, double-board certified facial plastic surgeon. His practice includes surgery for the aging face, rhinoplasty (nose reshaping), and reconstruction after trauma or skin cancer removal. Dr. Ransom also provides minimally-invasive treatments, including Botox®, fillers, laser resurfacing, IPL, non-surgical tightening (ThermiTight™), and non-invasive body sculpting (SculpSure®).

Community service is very important to Dr. Ransom. He performs pro bono cleft lip and palate surgery with Healing the Children. Our next mission, to Peru, is in April 2018.

Union Square: 450 Sutter St., Suite 1212, San Francisco, CA 94108

Marin: 655 Redwood Hwy., Suite 250, Mill Valley, CA 94941
415-550-1077

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Sun Sense

..... By Dr. Evan Ransom



Summertime is here! I'm sure we're all enjoying getting into the pool or out on the water. Whatever your activity of choice, in a beautiful place like the Bay Area, summer means spending more time outside to barbeque, hike, ride, swim. As a physician, I strongly encourage this, and I want to remind you not to forget the sunscreen.

The warm rays of sun that we long for also contain ultraviolet radiation (UV). This comes in two forms, UVA and UVB. UVB rays are absorbed closer to the surface, causing sunburns and, eventually, spots of abnormal pigmentation. UVA rays penetrate more deeply into the skin, resulting in visible signs of aging such as fine lines, wrinkles and loss of elasticity over time. UVA rays are also thought to be more directly involved in the cellular changes that lead to skin cancer.

Skin cancers are the most common malignancy in the United States, with between 3 and 4 million new cases each year. The great

majority in areas of the body with the greatest sun exposure, such as the face, scalp, forearms and shoulder regions. Skin cancers come in three main types: basal cell, squamous cell and melanoma. Basal cell (BCC) is by far the most common and tends to look like a pearly papule—a slightly raised, shiny patch, sometimes with a little blood vessel. The next most common is squamous cell (SCC), which presents as a rough patch or a scab that never fully heals. The least common, but most serious, is melanoma. This can have a broad range of appearances but generally looks like an oddly shaped, variably pigmented or ulcerated freckle or mole. Though it is very uncommon to die from non-melanoma skin cancers (BCC and SCC), melanoma claims the lives of nearly 10,000 Americans each year.

The best way to find a skin cancer early, particularly if you are prone to burns and have a history of sun exposure, is a regular skin check with your dermatologist. The good news is that most skin cancers are treatable, and the success rates for non-melanoma skin cancer are nearly 99 percent. In many cases, a specific technique called Mohs micrographic surgery is effective. In this procedure, named after dermatologist Frederick Mohs, very thin layers of skin are meticulously removed, stained and sequentially examined under a microscope. By removing layers of tissue in such an incremental manner, the physician can be sure that all tumor tissue is excised and can simultaneously spare nearby normal tissue. Frequently, skin cancers affect the delicate and complex facial structures. In these cases, the Mohs surgeon will often refer patients for reconstruction to a plastic surgeon. This helps to ensure the best possible outcome, both in terms of cancer care and cosmetic appearance, especially in highly visible and functional areas, such as the nose, eyelids and lips.

You may be asking, "What do I do with this information?" I want you to take a close look at your sunscreen. In my practice, I recommend sunscreens that protect from UVA and UVB, and I have a preference for products that contain a physical blocker. (Look for "broad spectrum" on the label.) These sunscreens actually reflect the UV radiation away from the skin using tiny particles of zinc, magnesium or titanium. Recent improvements have made these sunscreens sheerer and also available in spray-on form. Lastly, when you're sweating, or if you're doing water sports, waterproof sunscreens can be very helpful. Regardless of the type or brand, make sure to reapply it regularly.

Evan R. Ransom, MD is a facial plastic surgeon practicing in San Francisco and Marin County. He specializes in aesthetic and reconstructive surgery of the face, neck, nose, ears and eyelids. Dr. Ransom regularly performs Mohs surgery reconstructions for complex and sensitive facial skin cancers. He also treats the visible signs of aging that result from sun exposure, using the latest in surgical and non-surgical techniques.



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