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Fall 2019

NEW SPECIALTY PROVIDERS



Miguel Escalera, PA-C | Orthopedics
Location: Madison Center & Northgate Plaza
Phone: 206.860.5578
Board Certification: American Board of Physicians Assistants



Michael Tekeste, MD | Nephrology
Location: Edmonds & Northgate Plaza
Phone: 206.860.5575
Board Certification: American Board of Internal Medicine, Sub-Specialty Board of Nephrology.



Yujean Han, DO | Sleep Medicine
Location: Broadway & Northgate Plaza
Phone: 206.860.4545
Board Certification: American Board of Psychiatry and Neurology; Board Eligible, Sleep Medicine



David Ibrahim, MD | Orthopedics Hip & Knee
Location: Madison Center
Phone: 206.860.5578
Board Certification: Board Eligible, American Board of Orthopaedic Surgery



Pauravi Ambardekar, PT, MS, DPT | Physical Therapy
Location: Downtown
Phone: 206.860.2210



Thomas Gillette, MD | Corneal Disease & Surgery
Location: Broadway
Phone: 206.860.5587
Board Certification: American Board of Ophthalmology

A Focus on Surgical Dermatology

By Kelly Griffith-Bauer, MD | Dermatologist/Mohs Surgeon

During my residency at Oregon Health & Sciences University and surgical fellowship at the University of California San Francisco, my time spent in the surgical unit was transformational as I observed how surgical scars influenced skin cancer survivors. I've performed thousands of surgeries and I recognize that every time I remove a patient's skin cancer, I trade it for a scar.

This simple understanding along with my residency research on the quality of life in skin cancer survivors makes me especially cognizant of every suture I place. I work to minimize scarring as much as possible, but I know each scar will become part of my patient's story and I want them to have something they are comfortable with, or even proud of.

The majority of dermatologists, including most of my colleagues at The Polyclinic, have a generalist practice, taking care of a broad range of skin, hair, and nail conditions and disorders.

My practice is unique in that I primarily practice surgical dermatology and manage care for high-risk skin cancer patients, including solid organ transplant recipients, those with previous skin cancers requiring more frequent visits, and melanoma survivors. I am committed to supporting patients through surgery and the post-operative period.

“I've performed thousands of surgeries and I recognize that every time I remove a patient's skin cancer, I trade it for a scar.” Kelly Griffith-Bauer, MD

Research on Melanoma Survivors

My passion for understanding the patient experience as it relates to both the cosmetic outcome and the stigmatization of scars led me to focus on working

with skin cancer survivors. I surveyed 700 melanoma survivors about their care and recovery and learned that everyone has a different perspective on their quality of life after a skin cancer diagnosis. Some proudly display their scars as a sign of survivorship. Others hide them and feel victimized by their experience with skin cancer.

SCAR Project

In addition to my research, my love of photography led me to document melanoma survivors and their scars in a series of artistic photographs in an exhibition titled the Melanoma SCAR Project, a display that is now permanently installed at OHSU in Portland. In contrast to the photos routinely taken of these patients in the clinical setting, I wanted my photos to serve as a positive tribute to their skin cancer journey. I remain incredibly grateful to those patients who shared their experiences so openly and memorably.

Surgical Procedures Performed

I perform a wide range of in-office procedures to treat patients with skin and nail abnormalities and biopsy-proven skin cancers that require excision, including:

- Melanomas on the face
- Melanomas not requiring a sentinel lymph node biopsy
- Atypical nevi
- Non-melanoma skin cancers
- Surgical excision of cysts, lipomas < 6cm
- Cosmetic removal of nevi (including on the face)
- Nail avulsion and nail matrix biopsy for diagnostic purposes. (This is important when there is concern for a skin cancer or a benign growth under the nail or in the matrix).
- Consideration of systemic medications to help quell the incidence of skin cancers

If you have questions about surgical dermatology, Mohs surgery, or specific patient cases, feel free to contact me by phone at **206.860.4691**.



Dr. Kelly Griffith-Bauer practices Mohs Surgery at The Polyclinic Nordstrom Tower and dermatologic surgery at The Polyclinic Downtown.

Diagnosis and Treatment of Morton's Neuroma

By Edward J. Chesnutis III, DPM, AACFAS | Podiatrist

Morton's neuroma is benign hypertrophy of one of the common digital nerves within the metatarsal interspaces of the foot. The vast majority of these neuromas, about 75 percent, develop within the third interspace between the third and fourth digits with the remainder, up to 22 percent, occurring in the second interspace. Very rarely does this occur in the first or fourth interspace. While somewhat debated, most authors agree the etiology of this condition is caused by nerve impingement from the deep transverse inter-metatarsal ligament which lies directly dorsal and courses perpendicular to the affected nerve.

Risk Factors Include Foot Types, Improper Footwear, Obesity

Risk factors associated with development of a neuroma are either flat or very high arched foot types, tight fitting or high-heeled shoes, obesity, and certain types of high-impact sporting events.

Multiple Approaches to Diagnosis

Diagnosis of a Morton's neuroma can be made from a number of subjective and objective findings. Typically, patients will complain of pain in the forefront that can radiate into the digits on either side of the affected interspace. The pain is often described as burning or tingling and affected patients will often complain of a sensation that a foreign object is under their foot. A physical exam will reveal pain with deep palpation between the affected metatarsal heads, without pain at the metatarsal heads themselves.

A palpable "click" with reproduction of painful symptoms can be felt when applying pressure dorsally just proximal to the affected digits while applying medial to lateral compression of all five metatarsal heads. In difficult to diagnose patients, modalities such as ultrasound, MRI, and diagnostic injection can be utilized as well.



Conservative Treatment Recommended To Start

Conservative treatment is typically employed first and includes shoe gear modification, activity modification, and use of NSAIDS. Custom orthotics with a built-in metatarsal pad are often an effective way to reduce the amount of pressure applied to the painful site.

Corticosteroid injections are also used to reduce inflammation, as well as shrink the hypertrophied nerve, but studies vary widely with regard to the efficacy of this treatment. When conservative treatment fails, surgical excision of the affected nerve is indicated. This is done fairly easily through either a dorsal or plantar approach and reported success rates for surgical excision are greater than 90 percent.



Dr. Edward Chesnutis III sees patients at The Polyclinic Madison Center. He can be reached at **206.860.4457**.



Erica Peavy, MD, CPE Named Polyclinic CMO

The Polyclinic is pleased to announce that Dr. Erica Peavy joined The Polyclinic in July as Chief Medical Officer (CMO). Dr. Peavy joins us from The Everett Clinic where she served as chief transformation officer.

During her leadership at The Everett Clinic, Dr. Peavy led the clinic's strategy to expand its primary care presence south and east, provided executive sponsorship and program development to the clinic's quality improvement department for over 10 years, and oversaw physician affairs, medical staff operations, and the Ethics Committee.

At The Polyclinic, she will work closely with the clinical governance committee, executive team and strategy team to provide leadership for the organization, partner with the chief operations officer to optimize performance, and work with 240+ providers to promote physician leadership and support a positive physician culture.