

December 2020



## 68<sup>th</sup> ANNUAL DETROIT TRAUMA SYMPOSIUM



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The 68<sup>th</sup> Annual Detroit Trauma Symposium (DTS) took place the first week of November, 2020, beginning the day after our enthusiastic presidential election. The DTS is the oldest such symposium in the country and, again this year, an outstanding group of lecturers presented. This year's trauma symposium was held "virtually" because of the pandemic related to the Virus. Consequently, all of the presentations were made online, and the facilities also allowed for there to be questions and answers. Since we do not know the natural history of the Virus, it is always possible that next year's Annual Detroit Trauma Symposium will also be held virtually. Therefore, Dr. Diebel would like for all those who have the ability to participate in the program to make recommendations, particularly as it relates to the technical aspect of having this type of symposium online. For those who participated in the program, please send your recommendations by email when you receive this month's December Monthly Email Report so that Dr. Diebel will be able to make any improvements if the 69<sup>th</sup> Annual Detroit Trauma Symposium is held online.



### Wednesday, November 4, 2020—Session 1

Dr. Michael Cripps, the Trauma Medical Director [TMD] and Associate Professor of Surgery at the Parkland Memorial Hospital in Dallas, Texas, led off the Wednesday morning session by talking about hemorrhagic shock. He outlined all of the different types of hemorrhages and emphasized hemorrhages related to entry. He defined the different treatment regimens related to hemorrhagic shock and outlined the ideal ratios of plasma, red cells, platelets, and crystalloids. He discussed the concept of resuscitating to a hypotensive level in order to prevent excessive bleeding prior to operation. He suggested that the ideal resuscitation should be directed to a systolic pressure of 80 torr prior to control of hemorrhage. He emphasized that a balanced resuscitation is important rather than the exact 1 to 1 ratio of FFP to



Dr. Michael Cripps

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PRBC. He also discussed the role of activated factor VII and TXA. When utilized, the TXA should be given within three hours of injury, and he warned about the potential for the TXA causing fibrinolysis shutdown. He pointed out that fibrinolysis shutdown is associated with a higher mortality rate.

Dr. Cripps also gave his second lecture for the morning program, which dealt with training by way of trauma simulation. Dr. Cripps emphasized the importance of wearing all of the protective equipment, including gloves, masks, gowns and, if necessary, shields. He emphasized that when doing an emergency department thoracotomy, the patient's left arm should be elevated in order to provide proper access to the left anterior fifth interspace. He showed how one can expose the pericardium and how one can close a small wound of the heart with sutures or with staples. He then demonstrated how one has access to the supradiaphragmatic aorta in order to get control of bleeding coming from the belly. Dr. Cripps talked about the survival rate of ED thoracotomy, which is as high as 15% after a stab wound, 7% after a gunshot wound, and 2% after blunt injury. He also described the clam-shell thoracotomy in patients who require access to both thoracic cavities. He finished by pointing out that there is a low risk for the operating surgeon to become infected by a disease that the patient has such as HIV or hepatitis.

Following these two presentations, Dr. Cripps answered many questions that were put forth by those listening to his presentations.

The next series of presentations were provided by Dr. Mark Seamon, Professor of Surgery and TMD at the University of Pennsylvania. Dr. Seamon discussed the role of simulation for trauma care. He pointed out that many emergency physicians and trauma surgeons have limited access to doing some of the emergency operations such as emergency department thoracotomies. This is particularly true in trauma centers with small volumes and trauma centers where many physicians share a limited number of operative procedures. He emphasized the value of ATLS, ASSET, ATOM, and artificial mannequins. He also emphasized how the simulation studies provide an opportunity for everybody to know where the critical instruments are located. The mannequins are very helpful in providing simulation for thoracotomy, laparotomy, chest tube placement, and repair of the heart and pericardium.



Dr. Mark Seamon



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Dr. Seamon then presented his second lecture, which dealt with temporary intravascular shunts [TIVS]. He reviewed some of the history regarding TIVS as it relates to World War I and **World War II**. The more significant advances with TIVS occurred later during the Vietnam conflict. He emphasized that the appropriate placement of the shunts led to a reduction in compartment syndrome, rhabdomyolysis, and amputation. He described how this type of shunt is very valuable when implementing damage control and emphasized that the shunt would remain functional well over 60% of the time over the first day. He spoke about the different types of shunts and emphasized that one should be able to use what is available, which sometimes might be an intravenous catheter or chest tube. He finished his presentation by talking about the retrohepatic inferior vena cava shunt, which is used in desperate situations and is associated with a very low survival rate.

Following these presentations, Dr. Seamon responded to many questions brought forth by those listening to his presentations.

### Wednesday, November 4—Session 2



The next two presentations on “Using the NTDB to Study Trauma Outcomes: The Good, the Bad, and the Ugly” as well as “Geriatric Trauma Centers: The Next Step in Advancing Trauma care for Older Americans?” were made by Dr. Adil Haider, from the Aga Khan University Medical College. He discussed the use of the NTDB to study trauma outcomes, and he described the different problems program registries are having when transferred to the NTDB, which allows for large patient numbers to be analyzed. Dr. Haider had his early training in Pakistan and became interested in public health as it relates to injury. One of his first reports demonstrated that injured black children do worse than injured white children and that this relationship had nothing to do with insurance. This led to his interest in looking at statistics as relates to these types of relationships and allowed him to realize the complexities of doing statistical analyses when there is significant missing data. Using various types of statistical manipulation, he has been able to derive full statistics even when there is missing data. Dr. Haider has been able to demonstrate the importance of home injuries, frailty, and comorbidities as it relates to an elderly patient’s final outcome. He demonstrated that hypotension in the elderly should be identified when the systolic blood pressure is less than 117. He also demonstrated that the geriatric trauma centers have a larger experience with elderly

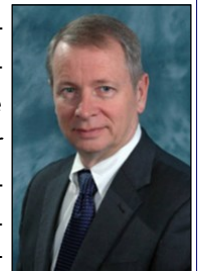


Dr. Adil Haider



patients and have a better outcome in the care of elderly patients. Dr. Haider did state that the same finding was not seen in the care of pediatric patients.

Dr. R. Stephen Smith, Professor of Acute Care Surgery at the University of Florida College of Medicine gave an excellent presentation on the "Efficacy of Firearm Injury Prevention Initiatives from Surgical and Trauma Organizations". He began by identifying that there are over 37,000 firearm deaths in the USA per year, which makes the United States number one in firearm deaths in developed countries throughout the world. We also have 25% more deaths by murder when compared to other developed countries. Gunshot wounds represent 65% of the suicides in our country in addition to being responsible for 34% of the homicide rate. Accidental death from firearms represents only 1%. Dr. Smith stated the likelihood of therapy on firearm-related death during a mass shooting is less than one percent. He talked about the different organizations that have introduced policies to reduce firearm death. These organizations include the Eastern Trauma Association, the American Association for the Surgery of Trauma, and the American College of Surgeons. Dr. Smith stated that the cities that have the highest percentage of firearm-related deaths include Detroit (which is number one), Baltimore, and Tulsa. Most firearm deaths are caused by handguns with well under 10% being related to long guns. The funding for identification of ways to reduce firearm-related deaths is dismal due to the "Dickey Amendment," which was passed in 1996. This amendment prevents any federal funding for any program that looks at firearm related deaths or disabilities. He talked about the fact that the open carry states and the states that do not require registration have a higher incidence of firearm related deaths. Dr. Smith also emphasized that the role of the Second Amendment to the Constitution has ongoing policy changes.



Dr. R. Stephen Smith

### Thursday, November 5—Session 3

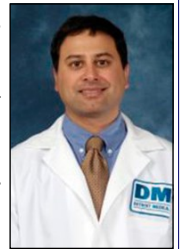
The second day of the DTS took place during the afternoon of November 5. The first presentation was made by Dr. Rahul Vaidya, from the Wayne State University School of Medicine. He discussed the orthopedic role in the control of pelvic fractures. He began by giving a summary of the bony structures that make up the pelvis and the many nerves and vessels that run through the pelvis. He described the many types of lateral injuries which may occur when somebody is impacted on the side while driving a car. He pointed out that the anterior injuries involving the pubis may be minor with little bleeding when the







separation is less than 2 cm. The larger impacts, however, may cause the separation to be 6 to 10 cm which results in the pelvic bone being opened up with severe damage to the posterior pelvic elements. He also described the different types of pelvic fractures sustained with a vertical fall where one is hopeful the pelvis may be shifted superiorly in relationship to the other half. He strongly emphasized the importance of getting a pelvic binder in place as early as possible. He described the different types of pelvic binders beginning with a simple binder using a sheet and extending to the military binder, which is placed over both greater trochanters in order to bring the separated pelvis into better alignment. This is a very important first step in getting hemostasis. He emphasized the importance of doing a careful physical examination, looking for evidence of a urethral injury or evidence of an open pelvic fracture, which requires early packing in order to prevent lethal hemorrhage. He described the different types of ureteral injuries and their management. He also emphasized that when one is testing for a urethral injury, a Foley catheter should be carefully placed and a small amount of contrast injected in order to prevent problems with interpretation of subsequent image studies. Finally, he discussed the role of retroperitoneal packing versus angioembolization for patients with continued bleeding, and he discussed the importance of later reconstruction in order to get good long-term results.



Dr. Rahul Vaidya

The second presentation for this session was provided by Dr. R. Stephen Smith who discussed the many ways of gaining control of bleeding from different organs after various types of injury. He went into the controversy regarding splenic embolization in patients with blunt and penetrating wounds. This presentation illustrated the value of having a dedicated multidisciplinary trauma operating room. He emphasized how patients with splenic injury or liver injury that require embolization can all be treated in the same location when you have a multidisciplinary operating room. He also discussed the importance of pelvic packing versus pelvic embolization. This type of hybrid operating room facilitates multiple procedures, eliminates the need to transfer a patient elsewhere to have a hemostatic procedure, and decreases the time for getting control of bleeding. Dr. Smith also discussed the use of emergency thoracotomy and the use of REBOA.

The last presentation of this session was provided by Dr. Larry Diebel, who talked about the management of severe hemorrhage from pelvic fractures. Dr. Diebel pointed out that there is a tremendously high mortality and that there must be a rapid and balanced resuscitation

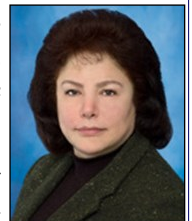
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using both crystalloid solution and blood components. He also emphasized the importance room for pelvic packing in less than 30 minutes, whereas successful embolization usually requires a number of hours during which the patient is at risk of dying. He pointed out that there are no prospective randomized studies but by using propensity scoring, it appears that pelvic packing, because of its efficiency, gives better results. He reemphasized, however, that more studies need to be performed. In his final statement he stated that the quicker the bleeding is controlled, the better the outcome will be.

#### Thursday, November 5—Session 4

The next presentation was presented by Dr. Lena Napolitano, Professor of Surgery at the University of Michigan Medical Center and the Director of the Surgical Critical Care Division. Dr. Napolitano provided an update on the use of ECMO in the care of injured patients. She described how there has been a tremendous increase in its use of ECMO, which has gone from about 150 cases per year to now over 4000 cases per year. The use of ECMO has expanded so that it is now being used for post cardiac surgery, congestive heart failure, influenza with some of the very bad viral strains, and the adult respiratory distress syndrome (ARDS) following trauma. The survival rate has also increased tremendously. The reported survivals have increased from about 15% to about 60% as more and more experience has been gained with this technique. Part of the increased survival rates relate to how soon the patient is started on ECMO after the patient has been identified as having ARDS, which is determined by the  $PO_2/FIO_2$  ratio. Patients who are started within three hours of severe ARDS have a much better prognosis. Traditionally, the use of ECMO has been contraindicated in patients with traumatic brain injury [TBI] because of the need to prevent heparin in these patients. Some recent data suggests that heparin can be avoided as long as the flow rates are high. She reported on a number of publications where the survival rate in patients receiving ECMO after injury has progressively risen, and there are even some French reports of ECMO being applied in a prehospital setting. She also described the use of ECMO in patients with severe lung failure in association with septic shock.



Dr. Lena Napolitano

The next presentation was provided by Dr. Joseph Maroon, who is a Clinical Professor of Neurosurgery at the University of Pittsburgh. Dr. Maroon presented an outstanding summary of chronic traumatic encephalopathy – past, present, and future. He began by pointing

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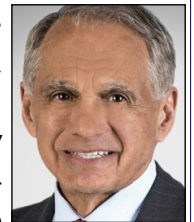




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out that CTE has been represented by the media in a hyperbolic manner. He talked about the outstanding work of the neural pathologist Dr. Bennett Omalu, who was one of the first to describe the histologic findings in former football players who suffered from CTE. Dr. Omalu was severely criticized and essentially forced to leave his home in Boston and to seek employment at one of the Western universities. The story about CTE and the frustrations faced by Dr. Omalu are nicely summarized in the movie "Concussion." Dr. Maroon nicely pointed out that this type of syndrome was discussed many years ago in 1928 as "Dementia Pugilistica," more popularly known as "punch drunk." More recent scientific reports on CTE were described in the diagnosis of Pittsburgh Steelers offensive center Mike Webster, who had clinical evidence of CTE, which was supported by the presence of amyloid plaques on his postmortem examination. Subsequent studies from the Boston area led to a staging of CTE based upon microscopic anatomy. The later report from England demonstrated that up to 30% of young people have abnormal tau so that using the presence of tau to quantify the degree of CTE brought the classification of CTE into question. A more recent part of brain examinations in many prior professional football players demonstrated altered cognition based upon telephone examinations. This, of course, has to be balanced with the understanding that as many as 25% of people over the age of 80 have evidence of Alzheimer's disease. Dr. Maroon also discussed how the age at which somebody becomes involved with football might determine the subsequent incidence of CTE. There is some data to suggest that being involved in tackle football under the age of 12 leads to a worse determination. A Mayo Clinic study, however, suggested there was no long-term difference in youngsters who were involved or not involved with football during their early years. Dr. Maroon provided a plethora of data emphasizing that there needs to be much more information provided in order to distinguish CTE from normal aging, prior opioid use, other forms of dementia, and Alzheimer's disease. Finally, he pointed out that the NFL has implemented many policies in order to reduce severe head injury and later CTE.



Dr. Joseph Maroon

The next presentation was provided by Dr. Joseph Maroon who presented an exciting talk entitled "From Icarus to Aequinamitus– Overcoming Adversity and Building Resilience." Dr. Maroon began by summarizing some of the statements made by Sir William Osler when he addressed the University of Pennsylvania medical students in 1890. This presentation highlighted how Icarus was directed to avoid hubris when he flew with waxed wings and was

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told by his father to not fly close to the sun lest the heat melt the wax wings and not to fly close to the water lest the waves moisten his wings and cause them to sink into the ocean. He emphasized how he was a workaholic when he became a member of the department of surgery at the University of Pittsburgh. He focused on research, clinical care, publications, and little else. While at the peak of his success as an academic surgeon, his dad died suddenly and his wife took the kids and left him. Faced with this overwhelming challenge, he dropped out of surgery and worked at the truck stop, which his father owned, although he was in financial difficulty in the midst of his depression. He read the book by William Dansforth called "Balance Your Life." This book emphasized the importance of balancing your work life with a spiritual life blended with physical activity and communication with others. This book highlighted the principle that "the obstacle is the way." Dr. Maroon became a runner and competed in many marathons including triathlons. This allowed him to renew his balance on life with exercise, which is much better than antidepressant medications. Nutrition is also part of this balance, and he would refrain from eating any of the fatty foods that he liked. He had lost a lot of weight so that he could continue to be a marathon runner. He also learned the wisdom of carpe diem and how one should take advantage of living each day. He describes how he was running in a marathon in Kona, Hawaii, and was about to drop out when the individual passing told him that he was too close to the finish line to drop out. The individual who gave him that advice was a triple amputee, having lost both legs and one arm in the military and was running with metal legs. The next morning Dr. Maroon happened to meet that individual at breakfast and told him that he was responsible for him finishing the race. They became friends. One year later, that individual invited him to be the physician with a group of amputees who were planning to climb Mount Kilimanjaro in Japan. Although Dr. Maroon had never climbed, he accepted the challenge and was overwhelmed by the courage and determination of the amputees as they climbed Mount Kilimanjaro. His presentation left that same enthusiasm with those who listened to his presentation during the lunch session.



### **Friday, November 6—Session 5**

The next presentation was made by Dr. Martin Schreiber, from the Oregon Health & Science University, who presented "The Dawn of a New Era: Stem Cells in Trauma." Dr. Schreiber began his presentation by emphasizing that most of the late deaths following injury are not related but are caused by traumatic brain injury [TBI] or spinal cord injury [SCI].

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Other frequent causes include multiple organ failure [MOF] due to sepsis and the acute respiratory distress syndrome [ARDS]. These entities are responsible for at least 40% of deaths, which occur more than 48 hours after injury. He talked about the potential role that stem cells might have in decreasing the death rate following these types of injuries. He emphasized that stem cells may have multiple advantageous effects including anti-inflammatory response, angiogenesis, regeneration, and repair. The first studies of stem cell therapy occurred in TBI in children. The patients receiving stem cells had an improvement in the Glasgow Coma Scale [GCS], the intracerebral pressure, and the need for intensive therapy. These beneficial results were seen at one and six months after receiving stem cells when compared to control patients. Subsequent studies have been conducted on adult patients with TBI and are currently ongoing.



Dr. Martin A. Schreiber

Dr. Schreiber emphasized that there are at least 17,000 spinal cord injuries [SCI] per year. Animal studies of SCI suggested that stem cells will increase longevity. Early studies in patients with SCI have also shown benefits after stem cell therapy.

He then discussed the use of stem cells in adult respiratory distress syndrome [ARDS]. Dr. Schreiber showed how stem cells restore the epithelial barrier. There are controlled trials on stem cell therapy for patients with ARDS. Stem cells can be harvested from skin or bone marrow with the application being systemic or local. This is a very exciting area of research which, thus far, seems to be quite promising.

The next presentation was also provided by Dr. Martin Schreiber who is the Trauma Medical Director at the University of Oregon. Dr. Schreiber talked about whole blood – past, present, and future. He reminded everybody that hemorrhagic shock is still the number one cause of death following injury emphasizing, that acute trauma coagulopathy (ATC) following injury is multifactorial being related to hypothermia, coagulation factor dilution, acidosis, and the loss of many preventive physiologic factors within the blood. He reminded everybody that the first human blood transfusion was described by Physick in 1795. At least two patients received whole blood transfusions during the Civil War, and Carrel, in 1908, described a direct vein-to-vein transfusion. Cannon, during World War I, reported on the use of whole blood transfusions. During the early part of World War II, dried plasma was used for acute hemorrhage. Later in World War II, it became available for acute blood loss. During

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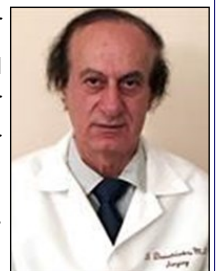
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the 1970s, the American blood banking industry began to use component therapy as the whole blood was divided into packed red cells, plasma, and platelets. This was associated with an increased administration of crystalloid solution, which was probably overdone and led to many complications such as shock lung, abdominal compartment syndrome, coagulopathy, and hypothermia with acidosis. This led to the earlier utilization of a balanced resuscitation regimen, where increased plasma administration was started at the same time as the packed red cells were given. Likewise, the addition of platelet replacement was instituted early. Dr. Schreiber emphasized that we have come full circle and are now back to using whole blood starting from the initial resuscitation. He emphasized that this provides all of the things that have been lost including red cells, platelets, and coagulation proteins. He described a number of early studies which have demonstrated the advantages of this approach. He emphasized that the whole blood can be stored at low temperatures for up to 14 days and still have a beneficial effect without complications. He emphasized that the ongoing studies have used male donors in order to avoid transfusion related acute lung injury (TRALI), which is due to preformed antibodies. He finished up by emphasizing that TEG is helpful in determining the effectiveness of whole blood transfusions.

The next presentation was made by Demetrios Demetriades, who is Professor of Surgery at the University of California as well as their long-standing Trauma Medical Director. Dr. Demetriades talked about the use of endovascular treatment for blunt aortic rupture. He reviewed the history of endovascular treatment for aortic rupture and emphasized that this has now become the standard of care. He talked about some of the early complications, which include endoleak, displacement, and occlusion of the left subclavian artery. These early complications may occur in 3% to 5% postoperatively. Currently, industry is working on developing better devices in order to eliminate the problem of endoleaks and to use fenestrated stents to maintain perfusion to the left upper extremity. There have been some reports of revascularization of the left arm, but these are associated with technical difficulties due to the proximity of the phrenic nerve, vagus nerve, and thoracic cavity. He looks forward to the future of endovascular treatment of aortic rupture as continued studies are reported on the treatment of late complications.



Dr. Demetrios Demetriades







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Dr. Demetrios Demetriades also presented the next presentation and discussed "Advanced Surgical Skills for Exposure in Trauma [ASSET]." Dr. Demetriades emphasized that the injured patient often presents with difficult choices to make and a mistake, which may be minor in an elective operation, would be lethal after severe injury. He further emphasized that the number of operative procedures for both blunt and penetrating injury has decreased markedly over the past decades and the number of patients presenting to the hospital after blunt and penetrating injury has decreased. There are a number of programs that have been designed to teach the trauma surgeon how to maintain skills in the treatment of severely injured patients. These include the ATOM program, the ASSET program, the ATLS program, and the recently developed USC program, which provides dissection and control of injuries in fresh cadavers that are being perfused and ventilated. This is a very life like program which teaches one how to perform tracheostomy, subclavian catheterization, repair of heart wounds, suture of peripheral vascular injuries, repair of bleeding lung injuries, and suture of great vessel injuries. This program is being provided for all specialties and has become a routine teaching program at the US Navy Training Center.

The next presentation was made by Dr. Peggy Knudson, from the University of California, San Francisco, and she talked on clotting and COVID-19. Dr. Knudson pointed out that the first reported death from pulmonary embolism was made in the 1930s. She talked about the work of a real pioneer in pulmonary embolism, Dr. William Blaisdell. Her presentation emphasized the importance of having a balance between clotting and lysis. She also emphasized that many of the patients who have pulmonary embolism in the distal segments may have no evidence for a peripheral source. This has led to the question as to whether these distal pulmonary embolisms are developing in situ and are not the result of embolizing from a peripheral vein. She described one study where the likelihood of developing a pulmonary embolism without a peripheral source may be increased in younger patients and has a higher risk in patients who were anticoagulated prior to transfer. She pointed out that there are ongoing studies at the Department of Defense [DOD] where they are trying to assess the risk factors in both pulmonary embolism and VTE. The prevention of VTE relies on a proper balance between coagulation and fibrinolysis. She pointed out that fibrinolysis shut-down is very dangerous and may lead to diffuse organ thromboses. Recent findings suggested that part of the morbidity and mortality of COVID-19 is related to alterations in the coagulation system.



Dr. Peggy Knudson

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She described how fibrinolysis shutdown may be a major factor in the microscopic and macroscopic thromboses associated with COVID-19. The use of anticoagulation in COVID-19 patients appears to be causing a decrease in VTE, fibrinolysis shutdown, and kidney failure requiring hemodialysis.

During each of the Detroit Trauma Symposia, Dr. Diebel has always arranged to have lecturers during the lunch sessions. One of the lecturers during the second day of the DTS lunch session was Dr. Peggy Knudson, who talked about the history of military surgeons and of the current involvement of military surgeons with civilian surgery. She described how the ACS has developed a program in conjunction with the military in order to facilitate having trained military surgeons readily available at all times.

She emphasized that the United States has been at war for the past 20 years in Afghanistan and that injuries continue to occur. She described the 21st century approach to military evacuation. She showed how soldiers, who are injured on the frontline, are transferred by ground EMS to forward surgical care areas, where very urgent surgical procedures are performed. Some of these procedures include damage control prior to the injured soldiers being flown to local military hospitals where they receive care and, if necessary, are flown for convalescent care to hospitals in the USA and in Germany.

Dr. Knudson highlighted the age-old statement by Dr. Edward Churchill who emphasized that during the period between wars, the surgical community forgets all of these skills that were learned during the period of armed conflict. She described that the military, in conjunction with the American College of Surgeons, have developed a Joint Trauma System, which facilitates the trauma surgeon exposure to severe injuries in order to circumvent the loss of surgical skills between wars. She described how this program emphasizes clinical readiness so that the surgeons at various military bases can rotate at civilian Level I trauma centers in order to maintain their skills in the care of injured patients. They also have a defined minimal skills level, which would include such things as damage control and temporary stenting of vascular injuries. These military surgeons would be required to take the ASSET-Plus course, which includes not only rapid exposure to vascular injuries but also early care of complicated fractures and head trauma. The maintenance of skills would also include simulators in order to facilitate relearning of skills that are not often applied in a military base not located close to the front line. She finished up by paying homage to Dr. Donald Trunkey who was a long-time proponent for this type of military civilian relationship.





## Dr. Shannon Lynn Bongers Moves On

Shannon Lynn Bongers was born on June 17, 1955, to Lael Lucille Whiting Shannon and George Roe Bongers in Glendale, California. Her only sibling, a sister Julie, was two at the time of Shannon's birth. Julie lives in Oakland, California. Shannon attended elementary school in Glendale and graduated from Oakwood School in North Hollywood, California, in 1973



Dr. Shannon Lynn  
Bongers

In an era when women did not often enter the sciences, Shannon graduated with a degree in chemistry in 1977 from UCLA. She then went on to the University of Indiana where she completed her Master's degree in synthetic organic chemistry in 1981. She worked as a chemist for Park-Davis Pharmaceuticals in Ann Arbor, Michigan, before deciding to become a physician. Her sister recalls that actually being her lifelong dream. She finished medical school at Wayne State University in 1989. In 1994, Shannon completed a residency in surgery and then accepted a fellowship at Edinburg Medical School in Scotland where she learned surgical techniques for breast cancer. She scored honors on most of her year 3 and year 4 courses during medical school, and she was always at the top of her class during her residency. Dr. Bongers practiced in Plano, Texas, and at William Beaumont Hospital in Royal Oak, Michigan. She also served on the faculty at her alma mater, Wayne State University School of Medicine. Many have spoken of her kindness toward both patients and staff. She had numerous close friendships develop from the social relationships.

During her lifetime, Shannon studied violin, piano, and ballet. She also showed her horse "McLeod" in Hunter Jumper events and Dressage.

None of these studies or pastimes filled the place in Shannon's heart that she yearned for the most. She wanted children. In November 2000, she adopted Laura Jeanine as a newborn. Within a few weeks thereafter, she flew to China to adopt Emma Elizabeth, who was 10 months old. The girls became her pride and joy. She loved them deeply and gave them everything she could. They attended the Country Day School in Beverly Hills, Michigan. Shannon enjoyed their activities including piano recitals, ballet recitals, and sporting events. She and the girls enjoyed many trips to Yosemite as well as trips to Alaska and Europe. Shannon gave her daughters the gifts of happy memories and love. Emma and Laura are continuing their education at Albion College and Indiana University respectively.

Shannon fought ovarian cancer with grace and dignity. She lost that battle on October 13, 2020. Memorial services were held at the family church home, Christ Church Cranbrook, 470 Church Rd., Bloomfield Hills, Michigan, on Saturday, October 24, 2020.

Dr. Bongers' brother, Dr. Michael Simon, added this commentary. To former faculty colleagues, physicians, physician assistants, nurse practitioners, and other associates of Dr. Shannon Bongers at the Wayne State University School of Medicine Breast Center and the Department of Surgery, the following represents my thoughts on my beloved sister. Shannon Bongers shared both formative and intensive years with you at the Wayne State University School of Medicine, and she would want you to know that she passed peacefully on Tuesday morning, October 13. Her passing was pursuant to a long struggle with ovarian cancer.

December 2020



## PRODUCTIVITY



Dr. Maseray Kamara (WSUGS 2024) virtually presented a paper at the November 9<sup>th</sup> meeting of the Western Surgical Association. Her paper was entitled “Open Space Surgical Site Infection After Colorectal Surgery in Adults” and was coauthored by Dr. Awni Shahait (WSUGS 2021), K. Girtan, K. Saleh, Donald Weaver (WSUGS 1979), Scott Gruber, and Gamal Mustafa. Dr. Kamara identified that open space surgical site infection (OSSSI) is a common complication following colorectal surgery and is associated with increased mortality. The authors reviewed a group of 28755 veterans who had colorectal surgery and identified OSSSI in 3.7% of patients who tended to be younger, had higher ASA classification, hypoalbuminemia, active smokers, dependent, chronic steroid users, recent weight loss, and prior radiotherapy. They further showed that OSSSI occurred more frequently after open surgery, emergency operation, or with associated rectal resections. They also showed that this complication was more frequently seen in patients with preoperative sepsis, intraoperative transfusions, and longer operative times. They concluded that OSSSI leads to a significant postoperative morbidity and is reduced in those who have surgical creation of a primary anastomosis without other diverting procedures.



Dr. Maseray Kamara



## REPORTS FROM THE OUTFIELD

**Dr. Joseph Sferra (WSUGS 1991) sent the following email in response to Dr. Lucas' Grand Rounds presentation on “Hemorrhagic Shock – Concepts and Treatment in the 21<sup>st</sup> Century”.**

Charlie,

*I wanted to be sure that you knew that I was on the WebEx yesterday. As always, the material was excellent. I was at home so I called down to Chris to let her know that you were speaking. She hollered up the stairs, “Is he talking about the interstitial fluid space?” So you have had an impact beyond the immediate target audience!*



Dr. Joseph  
Sferra

*It remains hard to accept that the younger surgeons frequently ignore the science for short term “feel good” endpoints. “Well, the blood pressure came up when we gave albumin. That’s good. The urine output picked up when we gave Lasix. That’s good right?” I’m trying to keep the faith here in Toledo, but sometimes it feels like a losing battle. That said; would you consider delivering the address to the*

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December 2020



## REPORTS FROM THE OUTFIELD

Toledo Surgical? I know that I have asked you many times to speak. We haven't had any in-person meetings since COVID. We did a virtual resident research competition in the spring and it went well. We could set up a virtual meeting and have you deliver it from your home base. Please consider it.

Warm regards,

Joe

**Dr. Evan Geller (WSUGS 1987) also commented on Dr. Lucas' presentation.**

Dear Charlie,

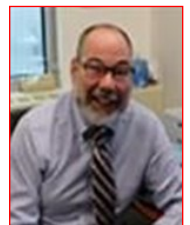
I did indeed enjoy the philosophy 201 lecture on physiology. Your ability to make a complex concept remarkably clear in a concise one-hour lecture is impressive. That was the first time I've heard you employ the tree physiology analogy and it was great.

Over the years, I have frequently lectured students, fellow physicians, and residents on your findings. These concepts have always played a significant part in my thinking while I care for patients in the ICU or post-trauma. I have been repeatedly amazed that these concepts – even something so fundamental and clinically fundamental as the three phases of resuscitation – are not widely understood outside of Detroit. Many, otherwise, well-trained (or so I thought) acute care and trauma surgeons in New York, Arizona, and Oregon look at me with bovine, uncomprehending stares when I discuss these concepts during ICU rounds or cancel someone's order for albumin. It just reminds me of the excellence of the training I received in Detroit and how fortunate I was to have you and your colleagues as my teachers.

Now that I have the WebEx link, I plan on attending M&M and Grand Rounds whenever I can. All the best to you and Anna. Stay Well!

Warmest personal regards,

Evan



Dr. Evan Geller





## Dr. Daniel J. Reddy and Dr. Diane D'Angelo

Dr. Daniel Joseph Reddy (WSUGS 1978) is a product of Southeast Michigan. His grandfather, Alphonse J. Reddy, left Quebec City in the 19<sup>th</sup> Century and followed the waterways to Detroit, where he later married the daughter of the boarding house owner, where he had taken up residence. The movement of the Reddy Clan to the Quebec Province occurred during the Irish Diaspora during the Great Irish Potato Famine of the 1840s. Their daughter, Ms. Isabelle McKeon, would later be Daniel's grandmother. Dan's father, Martin J. Reddy, was born soon thereafter and was baptized at Detroit's Holy Redeemer Church, the site later used for the movie *The Rosary Murders*. Across from the Holy Redeemer Church is the Clark Park where many trauma victims would be injured near Tom & Jerry's Bar and brought to the Detroit General Hospital during Dan's residency years. Dan remembers his early years in Detroit very fondly. He was able to ride the Linwood Streetcar to Olympia Stadium on Grand River to see the Red Wings or to get a transfer and ride all the way to Belle Isle for an afternoon of fun. Dan remembers his dad reverently removing his hat as he held Dan up to see Lord Stanley's Cup on display behind the glass in a small room at Olympia. This would have occurred during the years when the Wings won six straight championships including four Stanley Cups. Many years later, Dan had the pleasure of hosting his co-resident, Dr. Jim Zito of Okemos, Michigan, and his attending, Dr. Anna Ledgerwood, at one of the Red Wing games at the Olympia.

Dan was actually born in Jackson, Michigan, where his mom had grown up after her family migrated to the new world during the Irish Diaspora, but then spent two generations in Canada before coming to Michigan. His mom was visiting her clan in Jackson at a time when Dan's dad was in Europe as part of World War II. Because Dan's Uncle George died of nosocomial pneumonia in the pre-antibiotic era after a serious industrial hand injury, his parents raised his two cousins. Dan recalls that the early years were perfect since he spent all day outdoors except for childhood diseases and the terrible hours in school, which he greatly disliked. He knew as a youngster that he would have to have a job where he stood up because he could not tolerate sitting. Daniel often feels that his guardian angel is looking out for him. During his early years, his mom precluded him from going swimming at the lake or a pool for fear of catching the horrible disease, polio. Fortunately, the polio vaccine became available and this type of prohibition ended. On another occasion, his mom wouldn't allow him to go with his good friend,

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## Dr. Daniel J. Reddy and Dr. Diane D'Angelo

Michael Tunney, and his family to the lake because Dan had tonsillitis. During the trip, Michael and one of his parents were killed in a car wreck and the other parent and older brother were injured so badly that they were unable to attend the funeral where Dan served as pall bearer.

Dan's first experience with trauma occurred when he and his brother Marty were trying to replicate the high wire act that they saw at the circus. While Marty was walking along saw-horses and balancing himself with a broken wooden dowel, he fell and the pointed stick penetrated his oral pharynx. Pulsatile bright red bleeding ensued from the carotid artery and rapidly covered the pavement. He called his dad, who tossed Marty in the car and sped away to the hospital, where appropriate treatment was rapidly provided. He remembers how cool and decisive his dad had been during that crisis. When he reported to his mom what had happened, she was skeptical but the bloodied pavement verified the story, which sounded too fantastic to believe. Dan and his younger sister, Kathleen, knew that Marty was a goner and gathered their toys to create a "cemetery monument" on the front lawn. Fortunately, Marty went to the new hospital on West Outer Drive, Mount Carmel Hospital, where a plastic surgeon rushed him to the operating room and Marty's life was saved. After serving with his wife, Maureen, as volunteers in Morocco in the Peace Corps, Marty developed a large architectural practice in Washington, D.C., and has done many projects at the Walter Reed Hospital and the Bethesda Naval Center.

During the mid-1950s, the Reddy clan moved to Beverly, Michigan, where Dan became active in all types of sports and the Boy Scouts of America. During those years, everyone could find a job. Dan's jobs included peddling papers, caddying, sacking groceries at Kroger's, serving as a production worker at the Ford Foundry at the Rouge plant, buffing bumpers at Chevrolet Bumper and Spring plant, commercial roof destruction, and bartending at the Grand Hotel on Mackinaw Island. He has belonged to many unions and, to this day, is sympathetic to the union movement. When he worked at the Rouge Foundry, he entered and exited at Gate 4, which is the same gate where a black union organizer was pictured next to the bloodied Walter Reuther in one of the most famous photos from American history covering "The Battle of the Overpass." That African-American organizer was later a patient of Dan's, and his daughter, a nurse, became one of Dan's friends and co-workers when he later moved to the Henry Ford Hospital.



## Dr. Daniel J. Reddy and Dr. Diane D'Angelo

Dan was strongly influenced by the Jesuits at both the University of Detroit High School and at the Georgetown University where he obtained his BS in Biology in 1969. When Dan first went to the U of D High School to start his junior year, he met Jim Zito, who became a life-long friend, and they were colleagues together at the U of M Medical School and the WSU Surgical Residency Program. After completing the U of M Medical School, Dan and Jim saw the light and came to WSU for their surgical internship (1974), surgical residency (1978), and, for Dan, vascular surgery research resident (1976) and chief resident (1978). He finished his Vascular Surgery Fellowship working with Dr. Ramon Berguer in 1979. Dan fell in love with surgery as a junior medical student rotating at the Wayne County General Hospital where he was inspired by Dr. Rick Dow and by his chief resident Dr. Carl Benner (who later became chairman at Dartmouth). Naturally, a senior medical student rotation at Detroit General Hospital's "shock unit" with Bob Wilson convinced Dan that Detroit was the place for completing his surgical training. Dan was so in love with the Detroit General Hospital and the dynamic Dr. Wilson that he was upset when the program director, Dr. Phil LeBlanc, assigned him to the Harper Hospital for the first four months, where Dr. Alec Walt, the then famed chairman, was making the initial inroads in sowing the seeds of what was to become the WSU involvement in the DMC.

Dan vividly recalls, during his third year of residency, being called in by Dr. Bruce Brink, the new program director, to be informed that he had just "volunteered" to work the next several months in the Mullett Street Research laboratory with two new faculty members, Dr. Ramon Berguer and his bioengineering colleague Dr. Roger Higgins, who had just arrived from England. Being of strong Irish ancestry, Daniel was not too excited to be working under an Englishman. Fortunately, Dr. Higgins was a rebel, so that the two of them meshed perfectly together. Dr. Berguer had come to WSU under the influence of Dr. Emerick Szilagyi, a world famous vascular surgeon at the Ford Hospital. This "unhappy" assignment to the research lab was a blessing in disguise. Dr. Reddy came to respect Dr. Berguer, became Dr. Berguer's first vascular fellow, and soon thereafter was hired by Dr. Mel Block the chief of surgery at the Henry Ford Hospital (HFH) and joined the team of Dr. Emerick Szilagyi, Dr. Roger Smith, Dr. Joseph Elliott, and Dr. John Hageman in a world famous vascular surgery team. Dan spent the next 30 years on the faculty of the vascular surgical service at the Ford Hospital, eventually assuming the chair

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## Dr. Daniel J. Reddy and Dr. Diane D'Angelo

of vascular surgery from 1997 until he returned to WSU in 2008. Among his many contributions at the Ford Hospital, he established the Vascular Simulation Lab, built the Hybrid OR Endovascular Suite, and was a trialist for many NIH trials dealing with carotid disease and abdominal aortic aneurysms by means of the endovascular technique. In February, 2010, Dr. Reddy gave the inaugural Szilagyi Lecture in this newly endowed lecture series and received the first Szilagyi Lecturer's medallion.

Wherever Dan went, he accumulated awards beginning with Eagle Scout and Order of the Arrow with his days in the Boy Scouts, the National Honor Society in high school, and the Ignatius Academic Scholarship during his premedical years. He was the recipient of the Frederick A Collar Award, which is given to the best resident presentation at the Michigan Chapter of the American College of Surgeons Annual Meeting. His awards since entering practice are too numerous to list but reflect his excellence in medical student education and his yearly recognition in "Best Docs in America" and "America's Top Doctors."

Besides his educational commitments to residents and vascular surgery fellows, Dan has been a major contributor to regional and national surgical organizations. He has been an examiner for the Vascular Surgery Boards, served in many officer positions including presidency of the Michigan Vascular Society, served in many officer positions, including presidency of the Detroit Surgical Association and presidency of the American College of Surgeons Michigan Chapter. He has also served in an editorial capacity for Vascular Forum, the Journal of Vascular Surgery, Circulation, and Cardiovascular Surgery. His administrative contributions to the HFH are too numerous to mention, but do include the Board of Governors, and he chaired the Risk Management Education Committee at HFH. During these years, he also remembered his roots and served on the Admissions Committee and on the Medical Student Mentoring Committee at WSU.

Besides being a busy surgeon and administrator, Dr. Reddy has had a tremendous interest in clinical and basic science research. He has been the recipient of several grants dealing with multiple issues including the role of pulse oximetry by way of Doppler ultrasound, autologous red cell transfusions, and the effects of smoking on circulation. He has participated on multiple randomized clinical trials as part of multi-center protocols. These trials have looked



## Dr. Daniel J. Reddy and Dr. Diane D'Angelo

at the role of endovascular surgery versus standard vascular reconstruction for carotid artery disease, abdominal aortic aneurysms, and different experimental treatments of vascular access grafts. These prospective randomized studies have also looked at different techniques to avoid vascular occlusion in patients with occlusive disease. His ongoing research has resulted in many publications, presentations, and book chapters. The number of publications, book chapters, exhibits, and other written materials total over 150. Likewise, Dan has been involved in many presentations in the vascular surgery domain in Southeast Michigan and across the country. The vascular surgery fellows rotating with Dr. Reddy have been the recipients of many extramural awards during their fellowship. These awards have been given for excellent presentations not only in Michigan but across the country.

One of the wisest things that Dr. Reddy ever did was marry Dr. Diane D'Angelo, who finished her medical school training at WSU in 1979. Diane did her undergraduate work at Duke and went to the University of North Carolina School of Nursing before embarking upon her medical school studies at WSU. While Diane's dad was a naval officer in the Battle of Okinawa in the Pacific Theater, her mom sang opera on the radio; both became big opera fans and patrons. They founded the Mary T. D'Angelo School of Music at Mercy Hurst College in Erie, Pennsylvania. Following medical school training, she did her residency in gastroenterology and practiced gastroenterology until quite recently. During the early 1980s, Dan had the opportunity to have dinner with Diane's family. One of the tests that Daniel passed during their early courtship days was to identify Luciano Pavarotti who was standing next to Diane and giving her a big hug. He did not realize, at the time that he was being assessed by the family members to see if he was good enough for their daughter Diane. One can understand how the family would be concerned as to why this beautiful daughter/physician of pure Italian heritage with gorgeous dark brown hair should be interested in this red-headed Irishman! Fortunately, Daniel passed the family meal test, and he was considered acceptable for their daughter.



Dr. Dan Reddy and his bride, Dr. Diane D'Angelo holding their new grandchildren, Michael and Anna Conti

Besides being busy practitioners, Dan and Diane have also been productive in the family domain. Their oldest, Caitlin Marie, was born in November 1986. Caitlin spent her senior year of high school in Stowe, Vermont, training in the residential North American Hockey Academy. After that, she earned her undergraduate degree in physiology at Boston University and then





## Dr. Daniel J. Reddy and Dr. Diane D'Angelo

to Boston University Goldman School of Dental Medicine where she finished in 2013. Their son, Daniel Martin, was born in 1988 and went to the West Point United States Military Academy. Daniel was also an accomplished hockey player, but decided to forego junior hockey when he received an appointment to the United States Military Academy at West Point.

Dr. Reddy worked full-time at the WSU affiliated Dingell Veterans Administration Hospital adjacent to the DMC. He was highly respected for his technical skills and teaching of students and residents. He also made important contributions to the department's morbidity and mortality conference. One of the most important contributions that Dan made to the students and residents was to recognize the importance of communicating with patients. Shortly following his return to WSU, Dan had a very severe and life-threatening bout with sigmoid diverticulitis. During his extended hospitalization and stay within the SICU, he realized how awful it is for a surgeon who is always in control to no longer have the authority to control one's daily living. Everyone who knew Dan during his years of training recognized how careful he was to communicate with his patients. This trait has grown since his experience as a patient rather than a surgeon. Dr. Reddy provided the surgical clan a report on the next generation of the Reddy Clan.

Daniel and Diane welcomed their first grandchildren, twins Michael and Anna Conti who were born at the Madigan US Army Hospital in Tacoma, Washington. The twins and their parents, Major Caitlin Reddy and Captain Aaron Conti, are all doing well. The WSU alumni and friends congratulate new grandparents Dan and Diane and welcome the newest editions to the WSU surgical clan.



Major Caitlin Reddy and her husband, Captain Aaron Conti holding their twins, Michael and Anna Conti



The Reddy Clan celebrating the twins' baptism at Madigan US Army Chapel



## "EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

**Anna M. Ledgerwood, MD**

03/01/1970—Chief Resident—Dr. Sukumaran— Staff: Dr. Ernie Berkas

"New crew headed by Dr. Ledgerwood."

1. JB—Stab abdomen, multiple perforations, small bowel mesentery—closed.

03/02/1970—Staff: Dr. Tom Flake

1. ES—Bilateral stabs of the neck, face, chest, respiratory distress secondary to massive hematoma of the pharynx and base of tongue—respiratory arrest—emergency tracheostomy, bilateral neck exploration, and evacuation hematoma, and repair of lacerations—patient is in ICU awake, alert—condition satisfactory.



03/03/1970—Staff: Dr. M. Mitri

1. CH—GSW neck—negative exploration.
2. TC—Stab right neck, transected vertebral artery, ligation of vertebral artery distally and proximally with application of silver clips through the paravertebral space—condition—excellent post ligation.

03/04/1970—Staff: Dr. A. Weaver

1. JW—GSW abdomen, lacerated right lobe of liver, through-and-through perforation antrum of stomach—suture bleeding liver, repair of stomach perforations, and cholecystostomy.
2. HH—Evisceration of wound—closed—had laparotomy 4 days ago.
3. JR—Stab abdomen, left flank—exploratory lap, peritoneal perforation, no visceral damage.
4. PB—Right lower quadrant pain, tenderness—appendectomy—normal appendix.



03/05/1970—

1. JG—Stab abdomen, multiple perforations of the small bowel—closed.

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## DOWN MEMORY LANE

**Anna M. Ledgerwood, MD**

2. WS—GSW abdomen with laceration liver and laceration celiac axis of aorta. Injuries repaired and t-tube and Penrose drain placed. (Case done earlier in the afternoon and patient continued to bleed through the t-tube and was shocky) - Re-explored—t-tube was found in the free peritoneal cavity—reinserted in the common duct with control of retroperitoneal oozing and tracheostomy.

03/06/1970

1. Shotgun wound right groin and abdomen, hematoma scrotum and penis—closure of multiple perforations of the small bowel, perforation of urinary bladder, and lacerations of right common femoral and superficial femoral veins, perforations of the right external iliac, common femoral, superficial femoral, and profunda femoral arteries, closure of small bowel perforations, repair of arterial injuries, and ligation of the vein—condition poor.
2. GM—Small Bowel obstruction—lysis of adhesions.
3. LP—Stab left neck, perforation posterior oral pharynx—repair and drainage.



03/07/1970—Staff: Dr. Tom Grifka

1. LB—Stab abdomen—exploratory lap with colostomy
2. JM—Stab right femoral triangle—hematoma explored with ligation bleeders.
3. DF—Acute appendicitis—appendectomy.
4. JT—Gunshot wound abdomen—tracheostomy, sigmoidoscopy, small bowel resection, colostomy.
5. JB—GSW abdomen, perforation right lobe liver and right upper pole right kidney—exploration and insertion of Penrose drains.
6. PH—GSW right ankle—BK amputation.
7. AM—Perforated duodenal ulcer with peritonitis—omental patch and drainage.



## **WSU MONTHLY CONFERENCES**

**2020**

**Death & Complications Conference**  
Every Wednesday from 7-8



**Didactic Lectures — 8 am**  
**Kresge Auditorium**

**\*We are back to our old schedule. M&M at 7 am and Grand Rounds at 8 am\***

***The weblink for the remainder of the year is:***

***New WebEx Room***

**<https://davidedelman.my.webex.com/meet/dedelman>**

**Wednesday, December 2**

Death & Complications Conference

**“Update on Breast Cancer”**

**Lydia Choi, MD**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, December 9**

Death & Complications Conference

**Michaela Rapolti, MD**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, December 16**

Death & Complications Conference

**“Esophageal Ulcer”**

**Choichi Sugawa, MD**

Wayne State University Michael & Marian Ilitch Department of Surgery





WAYNE STATE  
UNIVERSITY  
School of Medicine

Department of Surgery  
6C/UIC, 4201 St. Antoine  
Detroit, Michigan 48201  
(313) 577-5013  
FAX: 577-5310

WSSS  
wayne state surgical society

2020

Dear Wayne State Surgical Alumni and Friends,

The WSSS continues to thrive, offering support to our members and the current general surgery residents at WSU. As the new president of the Wayne State Surgical Society (WSSS), I would like to greet you in the new year and report on the Society's activities in 2019. Our annual meeting was held during the American College of Surgeons meeting in San Francisco, California at the Moscone Center. A cocktail reception was hosted by Chairman Don Weaver followed by the WSSS banquet and meeting. The banquet is free to all Society members, with current residents attending as our guests.

The Society also sponsors the annual WSSS Lectureship named in memory of Dr. Walt. The evening before society members have an opportunity to meet and question the WSSS Lecturer on the topics of the day. The discussion is typically quite interesting and wide ranging. The meal is wonderful. Last year's speaker was Dr. Roxie Mae Albrecht from the University of Oklahoma Health Science Center and the OU Medical Center in Oklahoma City, OK. She is a Professor and the Vice Chair of Quality, and the Division Chief of General Surgery, Trauma and Surgical Critical care in the Department of Surgery at OU Health Science Center. Dr. Albrecht is also the Medical Director of Trauma and Surgical Critical Care at the OU Medical Center, the only ACS verified Level I Trauma Center in Oklahoma. Dr. Albrecht is from the University of Michigan and an expert in Acute Care Surgery and Critical Care as well as a board member of the ABS and a Governor of the ACS. This year's speaker will be Dr. Joseph C. Maroon, clinical professor and vice chairman of the Department of Neurological Surgery and Heindl Scholar in Neuroscience at the University of Pittsburgh Medical Center. In addition to being a renowned neurosurgeon, he is a sports medicine expert, health and nutrition expert and Ironman triathlete. Dr. Maroon is regarded as a premiere specialist in the surgical treatment of injuries and diseases of the brain and spine, specializing in minimally invasive procedures. Consistently listed in *America's Best Doctors* for the past 20 years, he has an international referral base, including numerous professional athletes and celebrities. This year's annual WSSS Lectureship is scheduled for Wednesday, November 4, at the Kresge Auditorium in the Harper Hospital. Because of the current pandemic, this has to be looked upon as a tentative schedule pending the status of social mingling in November of this year.

Your WSSS membership also covers your admission to the annual Detroit Trauma Symposium (DTS). The Symposium, put together by Larry Diebel, is first rate and well worth attending. This year, the DTS is scheduled to occur on Thursday and Friday, November 5/6 at the MGM Casino in Downtown Detroit. The DTS is the oldest trauma symposium in the country and has been very successful under the leadership of Dr. Diebel, who typically attracts over 700 people to this very excellent event. The current planning for the 2020 DTS is in limbo because of the social restrictions of the pandemic and the DTS may occur, this year, in a virtual manner. This will be determined by the health guidelines later this year.

Each year, the WSSS sponsors the WSSS Alumni meeting on the Tuesday in October when the American College of Surgeons meeting takes place in Chicago. The pandemic appears to be affecting those plans in that the American College of Surgeons meeting will probably occur as a virtual meeting this year so that the annual meeting of the WSSS on the Tuesday of the ACS meeting will likely not occur. This is always an exciting meeting for our senior residents whose expenses are totally covered for attendance at the ACS annual meeting and the annual reunion of the WSSS.

The WSSS currently has 126 members including 65 Charter Life members who have or will donate \$10,000 to the Society, tax deductible! **If you are not receiving the newsletter please let us know your email so that you can be included to receive this very fun and informative newsletter for all the alumni of the department of surgery.** It gives me great pleasure to tell you that we have over \$189,932.70 in the bank and are in the process of investing a portion to ensure the Society will exist in perpetuity. Consider becoming a Life Member, invest in the future, and one of these outstanding residents may just become your partner!

Enclosed with this letter is a ballot for new officers and board members. Also included is the form for your annual dues. I always thought that the standards and skills learned during my residency formed the foundation for my professional career. The society offers the opportunity to continue a relationship with the program, both by continued fellowship with peers and mentors, and the support to those who will be replacing us when we retire. I think the WSSS is worthy of your support.

Serving as our Society president will be an honor. The WSU Michael and Marian Ilitch Department of Surgery and the WSSS is responsible for a large part of our success as surgeons. It is an organization that brings old friends together with mentors and future partners. It is worthy of our participation and support.

Sincerely yours,  
Scott Davidson, MD, FACS  
President, WSSS



Wayne State Surgical Society  
2020 Dues Notice

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Service Description	Amount
---------------------	--------

2019 Dues Payment _____	\$200 _____
-------------------------	-------------

My contribution for "An Operation A Year for WSU" _____	_____
---	-------

*Charter Life Member _____	\$1000 _____
----------------------------	--------------

Total Paid \_\_\_\_\_

Payment by Credit Card

Include your credit card information below and mail it or fax it to 313-993-7729.

Credit Card Number: \_\_\_\_\_

Type: MasterCard Visa Expiration Date: (MM/YY) \_\_\_\_\_ Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address of card (if different from above):

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*I want to commit to becoming a charter life member with payment of \$1000 per year for the next ten (10) years.

Send check made payable to **Wayne State Surgical Society** to:

Charles Lucas, MD  
Department of Surgery  
Detroit Receiving Hospital, Room 2V  
4201 St. Antoine Street  
Detroit, Michigan 48201

MARK YOUR CALENDARS



*Please Update Your  
Information*

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at [clucas@med.wayne.edu](mailto:clucas@med.wayne.edu) to update your contact information.



## Missing Emails

Over the years the WSU Department of Surgery has lost touch with many of its alumni. If you know the email, address, or phone number of the following WSU Department of Surgery Residency Program graduates please email us at [clucas@med.wayne.edu](mailto:clucas@med.wayne.edu) with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. Calzetta (1982)

Kuan-Cheng Chen (1976)

Elizabeth Colaiuta (2001)

Fernando I. Colon (1991)

David Davis (1984)

Teoman Demir (1996)

Judy A. Emanuele (1997)

Lawrence J. Goldstein (1993)

David M. Gordon (1993)

Raghuram Gorti (2002)

Karin Haji (1973)

Morteza Hariri (1970)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

D. Sukumaran (1972)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)



Monday, December 7<sup>th</sup>

## Wayne State Surgical Society

*The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Brian Shapiro (WSU/GS 1988/93) passed the baton of presidency to Dr. Jeffrey Johnson (WSUGS 1984) at the WSSS Gathering during the American College of Surgeons meeting in October 2018. Members of the WSSS are listed on the next page. Dr. Johnson continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.*



## *Members of the Wayne State Surgical Society Charter Life Members*

Ahn, Dean	Bouwman, David	Fromm, David G	Johnson, Pamela D.	Narkiewicz, Lawrence	Smith, Daniel	Williams, Mallory
Albaran, Renato G	Bradley, Jennifer	Galpin, Peter A.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Smith, Randall W.	Wilson, Robert F.
Allaben, Robert D. (Deceased)	Cirocco, William C.	Gayer, Christopher P.	Lange, William (Deceased)	Novakovic, Rachel L.	Stassinopoulos, Jerry	Wood, Michael H.
Ames, Elliot L.	Clink, Douglas	Gerrick Stanley	Lau, David	Perrone, Erin	Sullivan, Daniel M.	Zahriya, Karim
Amirikia, Kathryn C.	Colon, Fernando I.	Grifka Thomas J. (Deceased)	Ledgerwood, Anna M.	Porter, Donald	Sugawa, Choichi	
Anslow, Richard D.	Conway, W. Charles	Gutowski, Tomasz D.	Lim, John J.	Ramnauth, Subhash	vonBerg, Vollrad J. (Deceased)	
Sntoniolli, Anita L.	Davidson, Scott B.	Herman, Mark A.	Lucas, Charles E.	Rector, Frederick	Washington, Bruce C.	
Auer, George	Dujon, Jay	Hinshaw, Keith A.	Malian, Michael S.	Rosenberg, Jerry C.	Walt, Alexander (Deceased)	
Babel, James B.	Edelman, David A.	Holmes, Robert J.	McIntosh, Bruce	Sarin, Susan	Weaver, Donald	
Bassett, Joseph	Francis, Wesley	Huebl, Herbert C.	Missavage, Anne	Shapiro, Brian	Whittle, Thomas J.	
Baylor, Alfred	Flynn, Lisa M.	Johnson, Jeffrey R.	Montenegro, Carlos E.	Silbergleit, Allen		



Hanukkah

## *Members of the Wayne State Surgical Society—2019 Dues*

Alpendre, Cristiano V.	Edwards, Ryan	Kosir, Mary Ann	Phillips, Linda G.	Zoellner, Steven M.
Asfaw, Ingida	Fernandez-Gerena, Jose	Larson, Sarah	Schwarz, Karl W.	
Bambach, Gregory A.	Gallick, Harold	Liebold, Walt	Shaheen, Kenneth W.	
Baylor, Alfred	Goltz, Christopher J.	Lopez, Peter	Siegel, Thomas S.	
Carlin, Arthur	Hillu, John	Malian, Michael S.	Taylor, Michael G.	
Dawson, Konrad L.	Jeffries, Christopher	McGee, Jessica D.	Thomas, Gregory A.	
Dente, Christopher	Joseph, Anthony	Mueller, Michael J.	Thoms, Norman W.	
Dolman, Heather	Kaderabek, Douglas J.	Noorily, Michael	Vasquez, Julio	
Dulchavsky, Scott A.	Klein, Michael D.	Paley, Daniel S.	Ziegler, Daniel W.	



## *Operation-A-Year January 1—December 31, 2020*



The WSU department of Surgery has instituted a new group of alumni who are remembering their training by donating the proceeds of one operation a year to the department. Those who join this new effort will be recognized herein as annual contributors. We hope that all of you will remember the department by donating one operation, regardless of difficulty or reimbursement, to the department to help train your replacements. Please send your donation to the Wayne State Surgical Society in care of Dr. Charles E. Lucas at Detroit Receiving Hospital, 4201 St. Antoine Street (Room 2V), Detroit, MI, 48201.

Albaran, Renato G.	Cirocco, William C.	Gallick, Harold	Huebel, Hubert C.	Lopez, Peter	Perrone, Erin	Sullivan, Daniel M.
Anslow, Richard D.	Conway, W. Charles	Gayer, Christopher P.	Johnson, Jeffrey R.	Malian, Michael	Porter, Donald	Whittle, Thomas J.
Antoniolli, Anita L.	Davidson, Scott	Gutowski, Tomasz D.	Johnson, Pamela D.	McIntosh, Bruce	Siegel, Thomas S.	Williams, Mallory
Anthony, Joseph	Dujon, Jay	Herman, Mark A.	Joseph, Anthony	Missavage, Anne	Silbergleit, Allen	Wood, Michael H.
Bambach, Gregory A.	Hinshaw, Keith A.	Holmes, Robert J.	Ledgerwood Anna M.	Nicholas, Jeffrey	Smith, Randall W.	
Bradley, Jennifer	Francis, Wesley		Lim, John J.	Novakovic, Rachel L.	Sugawa, Choichi	



## WSU SOM ENDOWMENT

The Wayne State University School of Medicine provides an opportunity for alumni to create endowments in support of their institution and also support the WSSS. For example, if Dr. John Smith wished to create the "Dr. John Smith Endowment Fund", he could donate \$25,000 to the WSU SOM and those funds would be left untouched but, by their present, help with attracting other donations. The interest at the rate of 4% per year (\$1000) could be directed to the WSSS on an annual basis to help the WSSS continue its commitment to improving the education of surgical residents. Anyone who desires to have this type of named endowment established with the interest of that endowment supporting the WSSS should contact Ms. Lori Robitaille at the WSU SOM> She can be reached by email at [lrobitai@med.wayne.edu](mailto:lrobitai@med.wayne.edu).