

NOVEMBER 2021



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2021 WSSS OFFICERS

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Scott Davidson (WSU/GS 1990/96)

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Pamela Johnson (WSU/GS 1984/89)

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Jay Dujon (WSU/GS 2011)

Robert Holmes (WSU/GS 1983)

Resident Member:

Peter Cmorej (WSU/GS 2021)

The 80th Annual Meeting of the American Association for the Surgery of Trauma was held in Atlanta, Georgia, from September 29 through October 2, 2021. As usual, there were many participants representing WSU. Last year's meeting, done virtually in Hawaii, as well as this year's meeting, done by both virtual technique and on-site presence were chaired by the president of the AAST, Dr. David Spain, who is a WSUSOM graduate (1986). During his Presidential Address, Dr. Spain made note of all the people who have influenced him over the years and, of course, included the WSU surgical faculty who contaminated his mind during his medical student days, encouraging him to go on to a surgical career.

Dr. Selwan Barbat (WSUGS 2018) was a co-author on a paper presented by his colleagues at the Atrium Health-Carolinas Medical Center entitled, "Emergency General Surgery Transfer to Lower Acuity Facility: The Role of Right-Sizing Care in EGS Regionalization." This paper, delivered by Dr. Maria Baimas-George, described how a regionalized trauma service will often have emergency general surgery (EGS) patients transferred to a higher acuity medical center; likewise, when the higher acuity Level I Trauma Center is swamped, it makes sense for the less acutely ill patients to be transferred to a lower acuity facility. They analyzed their data over a two-year period and identified that the transfer of appropriate stable patients to a lower level of care resulted in the patients getting outstanding treatment and reduced the resources needed at the excessively busy tertiary care Level I Trauma Center.



Dr. Selwan Barbat

Dr. Peter Hammer (WSU/GS 2001/06) was the invited discussant of a paper entitled, "A Novel Preoperative Score to Predict Severe Acute Cholecystitis," presented by Dr. Kuhlenschmidt. The authors looked at the results of patients operated upon for severe acute cholecystitis as judged by the Parkland Grading Scale (PGS) in order to determine whether this novel PGS can appropriately predict the severity of acute cholecystitis. From a group of 575 patients, they identified that 30% had a PGS of 4 or 5. This PGS very accurately predicted the severity of the acute cholecystitis which, therefore, provided useful information for counselling the patient and better preparing the operative intervention.



Dr. Peter Hammer

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Dr. David Spain was a co-author on a paper from the department that he chairs at Stanford School of Medicine, entitled, “Insurance Churn After Traumatic Injury: National Evaluation Among a Large Private Insurance Database.” This excellent article pointed out how severe injury requiring substantial health care resources prior to returning to work can result in the loss of employer-based insurance coverage and turn into a financial nightmare. Based upon review of a large number of patients, they identified that 62% dropped their insurance coverage within one year after severe injury. This was more likely to occur in older patients and in non-white patients. This lack of access to health services is a factor in prolonging the recovery time and aggravating the medical and social results of significant traumatic injury.



Dr. David Spain

Dr. Chris Dente (WSUGS 2002), the Trauma Program Manager of Emory University Trauma Center, was a co-author on a paper from the Uniformed Services University entitled, “Predicting ARDS Early in Critical Surgical Illness: A Model Using Serum Inflammatory Markers and Clinical Data.” These authors highlighted how ARDS continues to be a serious complication of trauma and sepsis. They examined the records of 181 injured or septic critically ill patients and used machine learning techniques to predict the development of ARDS. They demonstrated that elevations in IL-6 and IL-16 were the strongest predictors for the development of ARDS. This manuscript demonstrated that systemic markers of inflammation provide a strong prediction of ARDS at the time of hospital admission, emphasizing the importance of anticipating critical illness and being prepared.



Dr. Chris Dente

Dr. Jonathan Saxe (WSUGS 1990) was a co-author on a paper from the Ohio State University, entitled, “National Adherence to the ASGE-SAGES Guidelines for Managing Suspected Choledocholithiasis.” These authors prospectively identified patients who underwent same-stay cholecystectomy for choledocholithiasis over a three-year period at 12 medical centers. Patients with cholangitis were excluded. Their cohort of 844 patients included 19 with low likelihood of choledocholithiasis (CDL), 455 patients with intermediate likelihood, and 370 patients with high likelihood. They compared the management of these patients to the ASGE-SAGES guidelines. They identified that only gallstone pancreatitis increased the likelihood of deviation in those who had the high likelihood for DCL, whereas only age >55 years increased the likelihood of deviation from these guidelines in the intermediate group. They concluded that in the nationally represented sample of patients with CDL, over 40% were managed differently from the ASGE-SAGES guidelines.



Dr. Jonathan Saxe

Dr. Michael Carge (WSU/GS 2022) presented a paper entitled, “The Effect of Tranexamic Acid Dosing Regimen on Trauma/Hemorrhagic Shock Related Glycocalyx Degradation and Endothelial Barrier Permeability: An In Vitro Model.” His co-authors were Mr. David Liberati and Dr. Lawrence Diebel (WSU/GS 1980/86).

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These authors pointed out that the survival benefit of tranexamic acid (TXA) has been demonstrated in both civilian and military injured patients, and that this benefit only occurs if treatment is given within three hours of injury. The authors speculated that the TXA administration might protect the endothelial and glycocalyx (ECG) functions. They studied this in an in vitro model of human umbilical vein endothelial cell (HUVEC) monolayers subjected to shock conditions. They concluded that there was a concentration and temporal effect of TXA on EGC degradation, which was associated with “vascular leakiness.” They conclude that TXA, if given in patients with shock, should be administered early, possibly in the pre-hospital setting.



Dr. Holcomb discussing Dr. Carge excellent TXA paper from Dr. Diebel's lab

Dr. Chris Dente (WSUGS 2002) was a co-author on a paper from the Uniform Services University entitled, “Cellular MicroRNAs Correlate with Outcomes in Polytrauma Patients.” His co-author, Dr. Diego Vicenta, described how the mechanisms of the inflammatory response to injury are currently receiving much study in order to better understand the immune system. They looked at patients with injury severity score >15 who had a complicated recovery (CR) or an uncomplicated recovery (UR) following severe injury. They looked at a number of inflammatory mediators including cytokines, chemokines, and cellular microRNAs (CmiRs). They demonstrated that CmiRs were associated with poor outcomes in these patients and that these findings are consistent with previous studies in critically ill patients. They suggest that CmiRs may provide potential targets for immunomodulation in injured patients.

Dr. Lawrence Diebel (WSU/GS 1980/86) was the invited discussant for a paper presented by Dr. El-Haddi from the Oregon Health Sciences University. The paper was entitled, “Hemorrhage Increases Capillary Congestion in a Porcine Multiple Trauma Model.” These authors noted that hemorrhagic shock (HS) and pulmonary contusion (PC) are risk factors for the development of ARDS. They looked at a swine model with a PC and grade 5 liver injury that was randomly allocated to receive prothrombin complex concentrate or a mesenchymal stem-cell suspension or crystalloid resuscitation. Many of their experimental animals died prior to resuscitation. For the surviving animals, they determined that treatment did not affect the pathology score and that PC plus liver injury was associated with a higher capillary congestion compared to PC alone. This is the first study to report the added effect of PC to HS, indicating that HS magnifies the effects of PC in the development of ARDS.



Dr. Larry Diebel

Dr. Mark Lieser (WSUGS 1996) was a co-author on a paper from the Center for Trauma and Acute Care Surgery Research in Nashville, TN. The manuscript was entitled, “The Public Health Burden of Geriatric Trauma Care: Analysis of 2,684,983 Hospitalizations from CMS Inpatient Claims.” They pointed out that geriatric trauma

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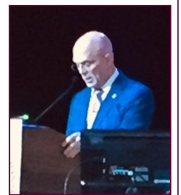
is financially more burdensome on society. They looked at a large number of hospitalizations and showed that the most frequent primary diagnoses were hip fracture and traumatic brain injury (TBI). The mortality was 3.5%. They concluded that the largest proportion of geriatric trauma care occurs at non-trauma centers, emphasizing their vital role in trauma care. They suggest that public health prevention programs should be developed in order to reduce the likelihood of these injuries, which are mostly preventable.



Dr. Mark Lieser

Dr. Mark Lieser was also a co-author on a paper from the St. Anthony Hospital in Lakewood CO entitled, "Trauma Research Programs of Academic and Non-Academic Hospitals: On Equal Footing?" The presenter, Dr. Robert Madayag, looked at the differences in trauma research programs from academic and non-academic ACS-verified Level I trauma centers. They had a 31% response rate to their questionnaire and demonstrated that the two types of trauma centers had comparable annual trauma volume, number of beds, and years of ACS verification. Academic centers had more full-time trauma surgeons and general surgery residents and were more likely to have a biostatistician as part of the research program. Academic centers were also likely to have more lab space and student volunteers and less likely to rank trauma surgery and basic science in the top three research categories. Likewise, academic centers were more likely to have a higher publication rate and to report a non-profit status. They concluded that non-academic centers might benefit from increased resources devoted to trauma research.

On Wednesday morning, September 29, Dr. David Spain presented his Presidential Address which emphasized the importance of commitment. This included commitment to patients, to residents, and to students, and he emphasized that these traits are important both clinically and administratively. He emphasized that physicians, particularly trauma surgeons are very fortunate to work in an environment where they can provide help to their patients and contribute to the social welfare. He paid special attention to those who influenced his growth and development, including the faculty at WSU.



Dr. David Spain

Each year, the AAST provides two master lectures. One of the lectures this year was provided by Dr. Grace Rozycki, a former president of the AAST. Dr. Rozycki delivered an outstanding lecture on the history of ultrasound from the time of its first invention through the role of ultrasound in submarine detection to its current role in medical practice. Part of the lecture included the work that was provided by Dr. Scott Dulchavsky (WSU/GS 1983/88). She pointed out the role that Dr. Dulchavsky played as one of the astronauts in the USA space program on the use of ultrasound in an outer world environment with zero gravity. Dr. Dulchavsky showed how the small ultrasound machines can be used in space and can identify intrathoracic injuries, both in space and in the real world. She discussed the so-called "sliding sign" that Scott described for diagnosing a pneumothorax in someone without an obvious collapse of the lung. Currently, Dr. Dulchavsky is the chief of surgery at the Henry Ford Hospital.



Dr. Grace Rozycki



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Daniel J. Benishek, MD

1952-2021

Dr. Daniel J. Benishek (WSU/GS 1974/83) was a native Michiganiaan, having been born in Iron River in 1952. He was proud of his heritage, being born of a Polish mother and a Bohemian father. His dad worked for the Civilian Conservation Corps and later in the iron mines of Iron County. He died in a mining accident in 1957, so that his mom, with help from relatives, raised Dan and his brother.



Dr. Daniel Benishek
1952-2021

Dan graduated from the West Iron County High School in 1970 and went to the University of Michigan, where he received a Bachelor of Science Degree in Biology in 1974. He then matriculated at the WSU Medical School and graduated in 1978. He did an internship in Family Practice in Flint followed by a general surgical residency at WSU. Following his surgical training in 1983, he and his wife moved back into Michigan's upper peninsula to Crystal Falls.

Dan was the primary general surgeon in his area and engaged in a very broad general surgical practice providing help for patients with all sorts of diverse problems. He was a leader in his local hospital and was actively involved in community activities. Dan was an avid hunter and fisherman and a frequent participant in the activities of the local hunting and fishing clubs in Crystal Falls. During hunting season, he was best reached at his cabin in the hunting lodge during the evening hours after the hunt has been completed. Dan and Judy have five children, Joe, Kirby, Mick, Adrienne and Todd. They also have two grandchildren, Blaiden, who is 2-1/2 years old, and Allison, who is 1-1/2 years old. Joe who has a degree in business from Northern Michigan University, is presently taking Chinese and is looking forward to grad school. Kirby also attended Northern Michigan University and then served five years with the U.S. Navy. She is now a stay-at-home mom with son, Blaiden. Mick, who has a political science degree from the University of Wisconsin, moved to Ft. Lauderdale to work in the yachting business, is now working as Dan's campaign manager. Adrienne has her bachelors degree from Michigan State University and is in grad school at Cincinnati University in high school counseling. Her daughter is Allison. And finally, Todd attended Northern Michigan University and is currently looking for work.

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Daniel J. Benishek, MD

1952-2021

Besides being a very busy surgeon and a supporter of many community activities, Daniel had strong beliefs about the future of our great nation. Because of his fears that our nation is drifting in an unhealthy manner, he made a decision to run for the United States Congress in Michigan's 1st Congressional District. Dan had strong beliefs about the importance of creating jobs within the State of Michigan and living within one's budget, whether it be person, county, state, or national. He was a strong supporter of business, which in his view, is most successful when business taxes are lowest. He was also a strong supporter for energy independence and the national defense of our great nation. All of these views helped stimulate Dan to run for Congress, but the most important factor was his belief in the importance of having a strong healthcare delivery system. Dan was a strong believer in the future of our healthcare system and in the importance of reducing the cost of healthcare. He identified that a good place to reduce the cost of healthcare would be to pass meaningful tort reform in order to rein in the skyrocketing costs associated with frivolous lawsuits.

When Daniel decided to run for the U.S. House of Representatives, he indicated that he would only spend three terms (six years), stating that if he was unable to get his objectives accomplished by six years, he never would. True to his word, he was our representative from Northern Michigan in the Upper Peninsula for three terms. As he indicated in his campaign, he was a strong advocate for the military, veterans, and conservative fiscal issues, including his view that the Department of Veteran Affairs was frivolous and not providing proper care for veterans. Following his six years in the House of Representatives, Daniel retired from his second career. He was proud of his work in Congress in that he helped veterans across the country and also helped protect Michigan's natural resources for years to come. During his years in Congress, he served on the Agricultural, Natural Resources, and Veterans Affairs Committees. During his years in practice, he worked part-time at the Iron Mountain VA Medical Center for 20 years.

Many of his colleagues had nothing but good things to say about him. Representative Fred Upton from St. Joseph, Michigan stated, "He had the good doctor-patient relationship, as he did with many constituents. Always a strong voice for Michigan - especially

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Daniel J. Benishek, MD

1952-2021

the Upper Peninsula.” Representative Bill Huizenga from Holland, Michigan described Daniel as “a cheerful advocate who fought with passion for common sense Upper Peninsula values. I am proud to call him a friend, and he will be deeply missed.” Representative Candace Miller stated, “It was always a privilege to serve with Dan, who was always happiest when he was in his beloved Upper Peninsula. Prayers to his family. Rest in peace, Great Yooper Patriot.”

Dr. Benishek was always an advocate for those who needed help. One of his quotes in the Detroit News stated, “My training as a physician taught me never to walk away from a patient, and I can’t start now. My focus has been on helping to provide an environment that will get government out of the way of job creators and allow our economy to grow. We’ve worked to bring businesses, educators, and the community together to improve and expand vocational education opportunities for individuals so they can gain the skills needed to secure good paying jobs.”



The Benishek Clan: Dan & Judy pose with their five children, sons-in-law, and two grandchildren in 2010

Having a daughter who served in the military, Dan was always a strong advocate to support Senator Kirsten Gillibrand from New York on her fight to reform the prosecution of sexual assault in the military. Dan also helped enact legislation to designate the Sleeping Bear Dunes National Lakeshore as a protected wilderness. Dr. Benishek died suddenly, probably related to cardiac problems. The individual who replaced Dan in the House of Representatives, Jack Bergman, stated that all of us are “deeply saddened to learn of his untimely passing. Dr. Dan was passionate in his love for the Upper Peninsula, a respected physician, and served Michigan with sincerity and honor. While there will be much more to say about his life and legacy in the days ahead, his wife Judy, the Benishek family, and all of the Team Benishek will be in our prayers during this time of grief.” Dr. Donald Weaver (WSUGS 1979) remembers Dan being the type of individual who was always very down-to-earth. He remembers him saying, “I don’t know what’s wrong with him (the patient), but I know he needs an operation.” Dr. Weaver was the chief resident on the day wards when Dr. Benishek rotated as a senior student, shortly before graduating.

Dr. Anna Ledgerwood Remembers Dr. Benishek

I was saddened to learn of the death of Dr. Dan Benishek. His passing brought back some vivid memories. We first encountered Dan in the spring of his senior year of medical school when he rotated as one of three fourth-year students on the Emergency Surgery Service or the “day wards” at the old Detroit General Hospital. Dan was from the Upper Peninsula and planned to go back there to practice family medicine. In fact, he had completed the

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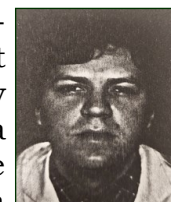
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Daniel J. Benishek, MD

1952-2021

match and was to begin his internship in Family Medicine in Flint in July. Dan had been able to afford to go to medical school as his tuition was covered by a federal/state grant with the condition that he would return to the Upper Peninsula to practice Family Medicine. I do not think he had seriously thought about any other specialty; however, he came under the influence of Dr. Donald Weaver while on this rotation, as Don was a senior resident. It was obvious that Dan thoroughly enjoyed surgery and enjoyed the rotation.

The following year, I was in my office at Harper Hospital as the residency program coordinator when Dr. Dan Benishek appeared to confess that he could not tolerate this Family Practice rotation, and he felt he could not be a good Family Practice doctor. He felt that surgery was his calling. He was inquiring regarding a position as a surgical resident. Although Dan desperately wanted to get out of the Family Medicine residency and certainly wanted a position in Surgery, he had an inner conflict. He was married and had a son. He was concerned that if he dropped out of Family Practice and entered a Surgery residency, all of the money for his medical school tuition would need to be repaid. He could not afford it. Dan was also frustrated with the knowledge that the places he would go in the Upper Peninsula for Family Medicine no longer were in desperate need of a Family Medicine doctor. We had a long conversation and weighed the pros and cons. Dan went over to the medical school to find out if and when he would need to pay the money back. Apparently, no one at the medical school seemed to be well informed regarding this program. And he never investigated it any further.



Dr. Dan Benishek

We were able to offer him a position in the Surgery residency, and he gladly accepted.

It was by accident that I learned about Dan's car "dying" on the freeway on his way to work as a PGY-2 resident. He abandoned his car and got a ride to work and then took the bus to and from work. Sometimes this involved him taking two buses with the last bus leaving around 11 p.m. from the downtown area. I was very disturbed by the amount of time it was taking him to commute and I offered to lend him the money to buy a car. It was a couple of weeks later that he told me that his brother, who was a mechanic in Ann Arbor had found a "great deal" for him for \$500. I gladly wrote him a check. It was later that day that his wife called and asked me if there were any terms for the loan as they were on a limited budget. I believe that car, which Dan bought for \$500, lasted him throughout his residency. I was paid back when he got his income tax refund that spring.

I was always very proud of Dan and his accomplishments, but most proud of the fact that he was not only a surgeon but a real doctor.





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69th ANNUAL DETROIT TRAUMA SYMPOSIUM



DETROIT TRAUMA SYMPOSIUM

November 4 - 5, 2021 | MGM Grand Detroit
In-Person and On-Demand Options
Register at DetroitTrauma.org

Sponsored by:
DMC Detroit Receiving Hospital and
Wayne State University School of Medicine

DMC
Detroit Receiving
Hospital
A COMMUNITY BUILT ON CARE


WAYNE STATE
School of Medicine



NOVEMBER 2021



69th ANNUAL DETROIT TRAUMA SYMPOSIUM

Welcome From the Detroit Trauma Symposium Chairman



Thanks to you, we are celebrating the 69th anniversary of the Detroit Trauma Symposium, jointly sponsored by DMC Detroit Receiving Hospital and Wayne State University School of Medicine.

We are excited to meet again in person on November 4-5, 2021 at the MGM Grand Detroit. We are also offering a virtual on-demand registration if you cannot join us in Detroit.

The symposium is designed to address the continuum of care of the injured person. Topics will be relevant and timely for trauma physicians, trauma nurses, surgery and emergency medicine residents, EMTs, allied health personnel and medical students who work together for interdisciplinary cooperation. The audience has continued to grow beyond the State of Michigan to include nearly every state in the U.S. plus Canada.

This year's symposium will take place on Thursday, November 4 from 8 a.m. – 5:30 p.m. EST (9.00 hours of CME) and Friday, November 5 from 8 a.m. – 1:30 p.m. EST (5.25 hours of CME). Continental breakfast and lunch will be provided each day. All sessions will be recorded and available for on-demand viewing and CME credit following the meeting utilizing Whova, the same virtual meeting platform we used for the 2020 symposium.

Registration is open at [DetroitTrauma.org](https://detroittrauma.org). Be sure to register by October 11 for the early-bird discount. We look forward to seeing you in November!

Sincerely,

Lawrence N. Diebel, MD

*Chairman, Detroit Trauma Symposium Operations Committee
Senior Trauma Surgeon, DMC Detroit Receiving Hospital
Professor, Wayne State University School of Medicine*

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69th ANNUAL DETROIT TRAUMA SYMPOSIUM

69th Annual Detroit Trauma Symposium

The Detroit Trauma Symposium is designed to provide practical, relevant and usable information from multiple perspectives about the continuum of care of the injured person.

Speakers and attendees represent physicians, nurses, residents, EMTs, allied health personnel and medical students who must work together to maintain a coordinated system of trauma care.

Attendees will gain knowledge about their own specialties, as well as an increased knowledge and appreciation of the work of others on the trauma team.



2021 Speakers

- Walter L. Biffl, MD**
Scripps Clinic Medical Group
- Eileen M. Bulger, MD, FACS**
University of Washington
- Lawrence N. Diebel, MD**
Wayne State University,
DMC Detroit Receiving Hospital
- Joseph J. DuBose, MD, FACS, FCCM**
Dell School of Medicine, University of Texas-Austin
- John Harvin, MD**
UT Health/Memorial Hermann-Texas Medical Center
- Anna Ledgerwood, MD**
Wayne State University,
DMC Detroit Receiving Hospital
- Charles Lucas, MD**
Wayne State University,
DMC Detroit Receiving Hospital
- Matthew J. Martin, MD, FACS, FASMBS**
Scripps Mercy Hospital San Diego
- Christopher Michetti, MD**
Inova Fairfax Hospital
- Wazim Mohamed, MD**
Wayne State University,
DMC Detroit Receiving Hospital
- Alita Pitago, RN, BSN**
DMC Detroit Receiving Hospital
- David A. Spain, MD**
Stanford University
- Deborah M. Stein, MD, MPH, FACS, FCCM**
UCSF Department of Surgery
- Rahul Vaidya, MD, FAOA**
Wayne State University,
DMC Detroit Receiving Hospital

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69th ANNUAL DETROIT TRAUMA SYMPOSIUM

CONTINUING MEDICAL EDUCATION CREDIT INFORMATION

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American College of Surgeons and the Detroit Receiving Hospital & Wayne State University. The American College of Surgeons is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™

The American College of Surgeons designates this live activity for a maximum of **14.25 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality.
Highest Standards. Better Outcomes.*



AMERICAN COLLEGE OF SURGEONS
DIVISION OF EDUCATION

Thursday, November 4

9.00 Credits

Friday, November 5

5.25 Credits

Learning Objectives

At the conclusion of this activity, the learner should be able to:

1. Evaluate and synthesize the data regarding transfusion practices in hemodynamic monitoring of adjuncts, such as REBOA in trauma.
2. Analyze the effectiveness of rib treatment fixation for fractures and the surgical management of intrathoracic injuries.
3. Comprehend end-of-life decisions and firearm prevention initiatives in trauma.
4. Evaluate mass casualty events and the role of trauma systems in regionalized care.
5. Evaluate the current management of specific injuries involving brain, spine, pancreas, as well as vascular trauma.
6. Understand organ donation and head injury management issues in the ICU.

ACEP Credit

Approved by the American College of Emergency Physicians for a maximum of 14.25 hours of ACEP Category I Credits.

CEU Credit

The (CME) credits being offered at this symposium are applicable for RN/LPN license renewal in Michigan.

On-Demand

All sessions will be available on-demand for CME credit after the meeting. Registrants will have up to two months after the meeting to claim credit.



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69th ANNUAL DETROIT TRAUMA SYMPOSIUM

About DMC Detroit Receiving Hospital and the Detroit Medical Center

DMC Detroit Receiving Hospital is one of eight hospitals operated by the Detroit Medical Center (DMC). The 273-bed adult specialty hospital offers expertise in complex trauma, critical care, neuroscience and geriatrics. Detroit Receiving is Michigan's first Level I Trauma Center, offering the state's largest burn center, with a 24/7 hyperbaric oxygen therapy program. Its Emergency Department cares for more than 90,000 patients annually. In its affiliations with the DMC and Wayne State University School of Medicine (WSU SOM), more than 95% of Detroit Receiving physicians serve on the faculty of the WSU SOM. As a teaching institution with a comprehensive medical residency program, almost 50% of emergency physicians practicing in Michigan received some of their training at DMC Detroit Receiving Hospital.



About Wayne State University School of Medicine

Founded in 1868, the Wayne State University School of Medicine educates more than 1,000 medical students in all four classes. In addition to undergraduate medical education, the school offers master's degree, Ph.D. and M.D. Ph.D. programs in 13 areas of basic science to about 400 students annually. The School of Medicine faculty graduates a diverse group of physicians and biomedical scientists who are transforming the promise of access to equal health into a reality for all. This is done in an urban setting and within a culture of inclusion through high quality education, clinical excellence, pioneering research, local investment in our community and innovative technology to prepare physician and biomedical scientific leaders to achieve health and wellness for our society.



Register at DetroitTrauma.org



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69th ANNUAL DETROIT TRAUMA SYMPOSIUM

Registration and Fees

Secure registration for the 69th Annual Detroit Trauma Symposium can be completed online at DetroitTrauma.org. Program schedule, exhibitor information and additional program details are also available on the website.

See the chart below for registration types, fees and deadlines. On-demand content will be available for viewing November 12, 2021 – January 5, 2022. In-person registration also includes on-demand access.

Registration Type	Full Conference In-Person	One-Day Only In-Person	On-Demand Only
Physician	\$400 by Oct. 11 \$500 after Oct. 11	\$250 by Oct. 11 \$350 after Oct. 11	\$200
Physician In Training (Resident/Fellow)	\$250 by Oct. 11 \$300 after Oct. 11	\$200 by Oct. 11 \$300 after Oct. 11	\$100
Allied Professional (RN, NP, PA, etc.)	\$150	\$75	\$75
Medical Students	Comp		

New for 2021: Trauma Ultrasound Pre-Conference

The Detroit Trauma Symposium is pleased to offer an all-new workshop the day before the symposium begins. The three-hour workshop will be held the afternoon/evening of Wednesday, November 3 at the MGM Grand Detroit. This workshop does have a separate registration fee. CME is not offered for this workshop.

Trauma Ultrasound Pre-Conference Workshop

Wednesday, November 3, 2021

4 p.m. – 7 p.m.

MGM Grand Detroit

Ultrasound Workshop Topics:

- Updates to FAST, FOCUS and Ultrasound Systems for Traumatologists
- Cardiothoracic Ultrasound for Trauma Resuscitation
- Procedures for the Trauma Surgeon

Ultrasound Workshop Registration:

Register by October 10 at DetroitTrauma.org. Space is limited. The workshop does have a separate fee from the Detroit Trauma Symposium.

- Physician \$125
- Physician In Training \$75
- Allied Professional \$75

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69th ANNUAL DETROIT TRAUMA SYMPOSIUM

Event Schedule

Thursday, November 4, 2021

*All times listed are Eastern Standard Time

7 - 8 a.m.	Registration and Continental Breakfast
8 - 8:30 a.m.	Transfusion and Confusion in Guiding Component Therapy for Massive Transfusion Speaker: Deborah M. Stein, MD, MPH, FACS, FCCM
8:30 - 9 a.m.	Contemporary Hemodynamic Monitoring and End Points in Trauma Resuscitation Speaker: Christopher Michetti, MD
9 - 9:30 a.m.	Utilization of REBOA Technology in the Bleeding Trauma Patient Speaker: Joseph J. DuBose, MD, FACS, FCCM
9:30 - 10 a.m.	Cost Effectiveness of Surgical Stabilization of Rib Fractures Speaker: David A. Speln, MD
10 - 10:15 a.m.	Q & A
10:15 - 10:30 a.m.	Break
10:30 - 11 a.m.	Management of Traumatic Hemo and Pneumo Thorax Speaker: Joseph J. DuBose, MD, FACS, FCCM
11 - 11:30 a.m.	Modern Management of ARDS Speaker: Matthew Martin, MD, FACS, FASMBS
11:30 a.m. - Noon	End of Life Decisions and The Difficult Dilemmas Speaker: David A. Speln, MD
Noon - 12:15 p.m.	Q & A
12:15 - 1 p.m.	Lunch and Video Presentations: - TEG for Dummies: Deborah M. Stein, MD, MPH, FACS, FCCM - Do's and Don'ts for REBOA Placement: Joseph J. DuBose, MD, FACS, FCCM - Multimodality Pain Management Following Trauma: My Approach: John Harvin, MD
1 - 1:30 p.m.	Follow Up to ACS Medical Summit on Trauma Injury Prevention: Where Are We? Speaker: Eileen M. Bulger, MD, FACS
1:30 - 2 p.m.	From Boston to Ringier: Top 10 MASTAL Lessons Speaker: Matthew Martin, MD, FACS, FASMBS
2 - 2:30 p.m.	Trauma Systems as the Framework for Disaster Response: Regional Approach to COVID and Lessons Learned Speaker: Eileen M. Bulger, MD, FACS
2:30 - 2:45 p.m.	Break
2:45 - 3:15 p.m.	Management of the Brain Injured Patient Speaker: Deborah M. Stein, MD, MPH, FACS, FCCM
3:15 - 3:45 p.m.	Organ Donation Issues in the ICU Setting Speaker: Christopher Michetti, MD
3:45 - 4 p.m.	Q & A
4 - 5:30 p.m.	Expert Panel Speaker: Anna Ledgerwood, MD

NOVEMBER 2021



69th ANNUAL DETROIT TRAUMA SYMPOSIUM

Event Schedule

Friday, November 5, 2021

*All times listed are Eastern Standard Time

8 - 8:30 a.m.	Diagnosis and Management of Patients with Blunt Cerebral Vascular Injuries Speaker: Walter L. Biffel, MD
8:30 - 9 a.m.	Damage Control Laparotomy - The Pendulum Swings Speaker: John Harvin, MD
9 - 9:30 a.m.	Critical Decisions for Pancreatic Trauma Speaker: Walter L. Biffel, MD
9:30 - 10 a.m.	Opioid Minimizing Acute Pain Management After Trauma Speaker: John Harvin, MD
10 - 10:15 a.m.	Q & A
10:15 - 10:30 a.m.	Break
10:30 - 11 a.m.	The Evolution of Trauma Center Verification Process Speakers: Charles Lucas, MD and Alina Pitogo, RN, DSN
11 - 11:30 a.m.	Diagnosis and Management of Thoracolumbar Spine Trauma Speaker: Rahul Vaidya, MD, FACS
11:30 a.m. - Noon	ICU Management of the Severe Head Injured Patient Speaker: Wazim Mohamed, MD
Noon - 12:30 p.m.	Venous Trauma: Management of the Blue Man Group Speaker: Lawrence N. Diebel, MD
12:30 - 1:30 p.m.	Q & A and Lunch with Video Presentations: - Concepts in Modern Resuscitation for Severe Trauma; Matthew Martin, MD, FAICS, FASMB - Operative Concepts for Severe Pancreatic Trauma; Charles Lucas, MD - Tips for Operative Stabilization of Rib Fractures; Lawrence Diebel, MD

Meeting Location

MGM Grand Detroit
1777 Ard Ave., Detroit, MI 48226

Hotel Accommodations

MGM Grand Detroit
Detroit Trauma Symposium Room Rate:
\$184/night plus tax
Visit DetroitTrauma.org by October 13
to reserve your room online.

Contact Us

For registration or exhibitor
questions, contact:
Amy Weber 313-409-0873
amy@steffenmanagement.com

For all other questions, contact:
Carrie Steffen 678-675-2696
carrie@steffenmanagement.com

NOVEMBER 2021



REPORTS FROM THE OUTFIELD

Dr. Randall W. Smith Celebrates 35 Years

The following email was received by Dr. Randy Smith (WSU/GS 1981/86):

Hi Dr. Lucas and Dr. Ledgerwood:

A journalist wrote this article about me recently, probably because I am now the oldest member in the Department of Surgery. At WSU I'd be middle of the pack! Toward the end of the article there is a short paragraph about how hard my mentors worked, hardly taking any time for themselves, always putting patients first. I am, of course, referring to both of you. I have always tried to live by what you taught me by example. It hasn't been easy, but worth it. I have stopped operating as of a month ago. Our current division director, who I hired, has tied operating to taking 24 hour in-house trauma call, and I decided I didn't want to do that anymore.

Our family is well - 3 kids, 7 grandkids with number 8 on the way. Daughter-in-law is a general surgeon, already a Trauma Medical Director, and a son-in-law who is a psychiatrist. Patti and I recently bought a house on Burt Lake in Northern Michigan, so hope to be in Michigan more. We promise to spend time in Detroit and visit!

Hope all is well with both of you. Please give my regards to D. Weaver and L. Diebel.

Regards, Randy

Trauma surgeon celebrates 35 years, nearly 25,000 operations

Heimerman, Christopher
NTX Contractor

Randall W. Smith, MD, FACS, smiles as he thinks back to early in his 35-year career with Baylor Scott & White, when a particular, prominent patient who traveled all the way from Ardmore, Oklahoma, ended up on his operating table for pancreatic cancer surgery.

"That one I was very nervous about," Smith said

But despite the fact that Smith had no formal surgical oncology training, the operation was successful. The patient had a prolonged hospitalization, and considering he donated a large sum of money for a nurses' break room, he must have been satisfied with his care. Continue page 18

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REPORTS FROM THE OUTFIELD

Trauma surgeon celebrates 35 years, nearly 25,000 operations

Heimerman, Christopher

NTX Contractor

"I guess you'd call it a generous tip," Smith said.

Back then, it was common for patients to drive hours, if not days, to be operated on at Memorial Hospital in Temple. A lot has changed, and with the advent of specialization in surgery Smith has come to miss performing a vast array of surgeries and the complexities they entail.

"Everybody wants a challenge," he said. "There were days when I might remove the entire stomach for cancer, and then follow that with colon cancer or breast cancer surgery."

Smith estimates he's performed upward of 25,000 surgeries since he joined the System on July 28 1986. That's about 750 procedures a year.

These days, however, he's not operating at all, and his new challenge is one no one could have foreseen. All of his work as the full-time medical director of the Continuing Care Hospital is intensive. The facility is at capacity with its 50 ICU beds primarily occupied by COVID-19 patients. Of the 25 patients on the first floor as of Friday September 24, 17 were admitted more than 20 days ago and still on ventilators.

Smith said nine out of ten COVID-19 patients on a ventilator at CVCH are unvaccinated.

"It's been catastrophic. I don't know what else to call it," he said, but then he comes up with a more poignant descriptor. "What's hard to fathom is that it's been largely preventable. On the surface, it's something most of these people could have avoided."

Smith grew up in Detroit but attended Baylor University for his undergraduate studies before going back to Wayne State University for medical school and general surgery residency.

When he arrived at the hospital in Temple in 1986, it was the only one in the System, and he was one of six general surgeons and among a System-wide staff of several hundred - a small fraction of the tens of thousands of employees in the System today. He said you could fit the entire company's physician staff into the Sid Richardson Auditorium behind the cafeteria.

On Day 1, he was named director of the Surgical Intensive Care Unit "Without any formal training, but mainly because I was the youngest guy out of my residency so they thought I would be more up-to-date on ICU care and general surgery."

Continue page

NOVEMBER 2021



REPORTS FROM THE OUTFIELD

Trauma surgeon celebrates 35 years, nearly 25,000 operations

Heimerman, Christopher

NTX Contractor

All six general surgeons provided trauma care and operated on all types of surgical patients. Smith said being a trauma surgeon, which entails 24-hour shifts, is "a young man's sport" because most of that time is spent on your feet.

"My hands still do what my brain tells them to do," he said, "but we actually just hired four new surgeons, and they're all very well-trained and in their early 30s. Very smart. Very capable. We've got a very good team."

At age 66, Smith said he'd like to work until he's 70. His three children and seven grandchildren - soon to be eight - are scattered around the country, so he's still able to dedicate himself to the job.

He recalls early mentors who took their 10 days of vacation but worked the other 355 days of the year, so he'll remind those in the wave of rising talent to focus on work-life balance.

"I sometimes wish I figured that out earlier" he said.

Smith said the fondest memories of his career are reserved for the 12 years he spent as director of the residency program.

If I have a retirement party, I think there'd be a lot of people who'd want to come," he said.



Trauma Surgeon Randall W. Smith, MD, FAC

NOVEMBER 2021



REPORTS FROM THE OUTFIELD

Dr. Anastasia Stevens

Dr. Anastasia Stevens (WSUGS 2020) finished her Minimally Invasive Fellowship this year and began her private practice setting at the Troy-Beaumont Hospital, where she is working with alumni members of the surgical clan. Anastasia reported back to the clan members about her first month on the job. The following is her report:



Dr. Anastasia Stevens

Happy Friday!

Wanted to send you an update message. Just finished my first month of "my real job." Things are going well, and I'm fairly busy. Did 34 cases last month, and already 12 robots. I also got to see my first bariatric patient that I'm scheduling for surgery next month. I think she'll be successful in her weight loss because she has lost weight before on diets, etc, like I was taught to look for.

Hope things in Detroit are going well. Edelman keeps me updated on some things. I'll be down to visit some time in November probably.

Annie Stevens

SHAM PEER REVIEW

A number of our clan members responded to the article on sham peer review. Three of our alumni expressed their thanks that the article was included in the last monthly email report. One of the alumni was quite curious as to whether some of our fellow colleagues have anything to add about their observations or personal experience with peer review. Another alumnus indicated that there was not enough time spent on the loss of malpractice insurance when one is the victim of peer review. Another alumnus indicated that the American College of Surgeons program for "re-entry" into general surgical procedures focused on those who were out of surgery because of illness or because of military rotation at a base where little surgery is performed but did not have any activities related to "re-entry" for a surgeon who is victimized by sham peer review. Another member of the clan who was present at the Scudder Oration felt that the "lecture was tone deaf with no redeeming qualities." Two current faculty members in

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REPORTS FROM THE OUTFIELD

SHAM PEER REVIEW, cont..

Surgery expressed the view that he had a lot of courage to go ahead and make that important presentation. The Editor welcomes any additional views about experiences with sham peer review from the individual programs or hospitals where they work.

Another of our WSSS alumni wanted to expand upon the problem with sham peer review. This alumnus believes that many pressures have been created within the health care system, which has increased the likelihood of surgeons being victimized by sham peer review. He points out that the financial pressures on our regional health care systems throughout America have promoted the almost universal extinction of private practice in lieu of hospital controlled patient care. He points out that surgical practices, and particularly surgical specialties, continue to be a major source of revenue for hospitals and come as such control of these resources is advantageous for hospitals. When the hospital owns a surgical practice, the hospital has the opportunity to capture the fees of all operations performed, not only in the operating room but also the fees related to laboratories, imaging, and consultations provided by other physicians. He points out that the few remaining private practice groups in such a hospital system are identified as competitors, rather than an alternate care program for patients and, as such, it is advantageous for the hospital to buy out these practices or eliminate them. He believes that the independent physicians who are unwilling to be part of the "hospital team" will be "re-educated" or "driven out of town."

Our alumnus suggests that the societal changes which have been evolving over the past two decades, whereby people tend to complain about their freedoms being crowded, such as wearing a mask during a pandemic, have extended into the medical arena and more particularly into the surgical arena. When physicians complain that one of their colleagues has been "too assertive or headstrong," hospital administrators may be "supportive" of these outcries when the surgeon being attacked is one of those involved in a private practice setting and, therefore, seen as competitors to the hospital. Our alumnus believes that most of the surgeons being attacked are private practitioners not employed by the hospital and that therefore, the hospital may be complicit in the process of sham peer review. This process is augmented by the national shortage of nurses and support staff in the hospitals and that these support people and

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NOVEMBER 2021



REPORTS FROM THE OUTFIELD

SHAM PEER REVIEW, cont..

nurses are frustrated and seeking employment elsewhere, thus adding to the frustration of all hospital administrators.

Our alumnus believes that many modern hospital administrators take advantage of complaints being made against "bad actor" surgeons and that sham peer review is one of the tools that can be used to get rid of these private practicing surgeons. He describes his observations as when a surgeon is deemed "dangerous" a professional standards committee is formed to evaluate this particular surgeon. He points out that the accused physician may be able to present his side of the story, but is not allowed to have counsel present before this professional standards committee meeting. Often when this report goes to the Medical Executive Committee meeting, the decision by this committee is to even make the punishment more harsh. Again, the accused surgeon can make a statement to the Medical Executive Committee, but in the absence of counsel. When the Medical Executive Committee meeting makes a final determination against the surgeon, he can decide to "take his medicine" or appeal and have a "fair hearing," at which time the physician may have an attorney present. Our alumnus points out that this is part of the sham peer review, since the "kangaroo court" does not allow for the examinations of people who made the allegations against the "bad actor." Although the surgeon's attorney cannot be present through these early deliberations, the hospital's attorney is always involved and guides the "assassination." By this time, our alumnus claims, the hospital administration is tired of dealing with this "disruptive" physician, with the result that punishments are made more intense, often with full loss of privileges.

Our alumnus describes how he has been through this process, which he considers blatantly unfair and un-American. The final straw that led to our alumnus being identified as a "disruptive surgeon" began when he was unable to get the appropriate equipment in the middle of a difficult operation, despite repeated efforts. When the scrub nurse reported him to the operating room manager, he went through this process and was identified as one who needed to attend an anger management course, at his own expense, and to be seen by a psychologist, at his own expense. He was suspended for 60 days which, he points out, generates a report to the NPDB. Although the hospital administrators, in his opinion, hoped and expected that he

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REPORTS FROM THE OUTFIELD

SHAM PEER REVIEW, cont..

would leave under the weight of their frontal assault, he decided to fight through the obstructive system and with the support of his family and partners, continues to have a very large and vibrant practice in the same hospital. Clearly, he was more fortunate than his three colleagues who, as he described in the previous monthly report, lost hospital privileges permanently. He does not believe that conditions will improve for surgeons as professionals, unless we act together to advocate for excellence and fairness. If this is not done, he believes that patient care will suffer, since working under these conditions reduces the likelihood that the surgeon will keep fighting to make things better.

The editor, again, welcomes any other opinions about the business of peer review.

Alexander Rose, MD

Medical Professionals, Jacksonville and the Beaches

Dr. Alexander Rose (WSUGS 2011) was featured in the local professional magazine in Jacksonville, Florida. Alex describes how he was born in Da Nang, Vietnam, during the Vietnamese War, and his family moved to the USA in 1975 during the fall of Saigon. During this time, his family was put on a helicopter, which was ready to lift off when his pregnant mother and he were pushed out, leaving his father and brother on board. He describes how his mother, who was unable to swim, went to the beach and climbed a net slung over the side of a small boat that took the two of them to one of the U.S. war vessels. The biggest challenge for his mom was to stop Alex from crying since there was no food, and she was too dehydrated to nurse him for the next three days. The Red Cross reunited the family after their arrival in the USA, and they moved to Norfolk, Virginia. His mother was



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NOVEMBER 2021



REPORTS FROM THE OUTFIELD

Alexander Rose, MD

Medical Professionals, Jacksonville and the Beaches, cont...

later proud when she passed her examination to become a U.S. citizen. Both his parents emphasized the importance of education, although neither of them had been fully educated. Alex, his brother, and his sister all studied hard and were able to go through college on academic scholarships.

When asked why he chose surgery as a career, Alex stated that he always had a desire to fix things, dating back to when he was a "bike mechanic" as a youngster, and was later influenced by the work that he saw as a research assistant in the Department of Orthopaedic Surgery in Gainesville. After completing his residency training at WSU, Alex worked as a trauma surgeon in Florida and was involved in all types of acute care surgery, general surgery, and ICU care. He now has a very busy practice in his office and in the operating room, with special emphasis on complex hernia repairs, foregut problems, endocrine surgery, and has been using enhanced laparoscopic techniques and robotic techniques for all types of intra-abdominal surgery. Alex emphasizes the importance of having a very close relationship with patients in order that they understand that you are going to do everything possible to get them better. He also emphasizes the importance of being available. Sometimes when he gets fatigued, he remembers and hears Dr. Anna Ledgerwood (WSUGS 1972) saying, "Your patients need you more than you know." He emphasizes how Dr. Robert Wilson (WSUGS 1963) was a very important stimulus for him to successfully pass his yearly examinations and his Board examinations. He remembers being taught by Dr. Charlie Lucas (WSU/GS 1962/67) the importance of being physically prepared to do a long operation when they would walk up ten flights of stairs in order to start "gravity rounds," as they worked their way down to the first floor. He remembers Dr. Larry Diebel



The Rose Clan: Alyssa, Alex, Avery and Ashton

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NOVEMBER 2021



REPORTS FROM THE OUTFIELD

Alexander Rose, MD

Medical Professionals, Jacksonville and the Beaches, cont...

(WSU/GS 1980/86) as the person who "knew how to do everything."

Alex is now involved in the teaching of medical students, PA students, and NP students as part of his weekly activities. He emphasizes the importance of not only medical knowledge, but of being a decent person and making connections outside of the field of medicine. He also emphasizes to the current surgical residents that work "is not for the money," but for the satisfaction.

From a personal vantage point, Alex and his wife Alyssa, who is a PA, have been married for ten years. Their daughter Avery is eight, and their son Ashton is six. They have a lot of fun together as they balance hard work with lots of family activities, including tennis, golf, fishing, surfing, and diving.



Alex, Alyssa, Avery, and Ashton enjoy the 2020 winter season

Alex and Alyssa have been actively involved in the Abaco Rescue Fund in Jacksonville, which was established to help people following Hurricane Dorian in the Bahamas. This fund is designed to provide assistance regarding housing, furniture, clothing, medical issues, and refurbishing the damaged properties. They have held a number of fundraisers and have been very successful in assisting the Bahamian people. Alex emphasizes that the important qualities of being successful in any pursuit are being focused, passionate, and kind. Alex can be contacted at alextrose@gmail.com.



November 11



"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

Chief resident, Dr. Ali Kafi

9/6/70: Staff, Dr. R. Krome

TP: Laceration of wrist. Repair of tendons and nerves.

NT: Volvulus of sigmoid colon. Rectal tube was passed in ED. Bloody stool was obtained. Scope passed further, and mucosa was black. Exploratory laparotomy and resection of gangrenous sigmoid colon with end colostomy and rectal stump.

DN: Laceration extensor tendons, left hand. Tendons were repaired.



Dr. Anna Ledgerwood

9/7/70: Staff, Dr. F. Lippa

DT: GSW neck with laceration of the larynx. Treated with tracheostomy and neck exploration.

WC: Stab abdomen. Negative laparotomy.

MR: Stab left neck with laceration internal jugular vein and vagus nerve. Both vein and nerve repaired.

LE: Stab abdomen with 1 L hemoperitoneum due to laceration of the liver. Treated with Penrose drain.

9/8/70: Staff, Dr. R. Allaben

FR: GSW abdomen with stress ulcer bleeding. Treated with vagotomy and gastrectomy.

JW: Gangrenous cholecystitis. Treated with cholecystostomy.

9/9/70: Staff, Dr. Hershey

LL: GSW abdomen, left arm, and right hand. Treated with laparotomy, closure of holes in stomach and proximal jejunum, left nephrectomy for transected renal pedicle, splenectomy, and distal pancreatectomy for laceration of the pancreas and t-tube choledochostomy for laceration of the liver.

9/10/70: Staff, Dr. Hartzel

LL: Postop GSW abdomen with respiratory distress. Had tracheostomy.

LG: Diverticulitis of proximal jejunum and generalized peritonitis. Treated with resection of involved segment and anastomosis.

Continue page 27



DOWN MEMORY LANE — Anna M. Ledgerwood, MD

9/11/70: Staff, Dr. Walt

LP: Small bowel obstruction. Treated with lysis of adhesions and tube cholecystostomy for gallstone and possible associated pancreatitis.

IL: Bleeding gastric ulcer. Treated with gastrectomy.

SW: GSW abdomen with perforation stomach, pancreas, and colon. Treated with closure of holes in stomach and loop colostomy with exteriorization of colon.

PR: Car accident with fractured pelvis and laceration of the liver. Treated with right hepatic lobectomy. The patient expired on the table.

9/12/70: Staff, Dr. Shannon

UW: GSW arm, leg, chest, and abdomen. Negative laparotomy. Had graft of femoral artery injury.

JM: Laceration extensor tendon left hand. Repaired.

JG: GSW groin. Treated with debridement.

HS: GSW abdomen. Tear in left external iliac vein. Repaired.

GB: GSW abdomen. Explored and liver injury was found. Not bleeding. Cholecystostomy was done per the card.



November 24



NOVEMBER 2021



WSU MONTHLY CONFERENCES 2021

Death & Complications Conference
Every Wednesday from 7-8



Didactic Lectures — 8 am
Kresge Auditorium

The weblink for the New WebEx Room:
<https://davidedelman.my.webex.com/meet/dedelman>

Wednesday, November 3

Death & Complications Conference

Wayne State Surgical Society Lecturer

“Who Dares to Teach”

David A. Spain, M.D

David L. Gregg, MD Professor and Chief of Acute Care Surgery Professor, University Medical Line, Surgery—General Surgery Chief of Trauma and Critical Care, Surgery Stanford University

Wednesday, November 10

Death & Complications Conference

Anastasia Stevens-Chase MD

Minimally Invasive & Robotic Bariatric & General Surgery, Beaumont Hospital

Wednesday, November 17

Death & Complications Conference

Andrew Isaacson, MD

Wayne State University Michael & Marian Ilitch Department of Surgery



Wayne State Surgical Society 2021 Donation

Name: _____

Address: _____

City/State/Zip: _____

Service Description	Amount
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2021 Dues Payment _____	\$200 _____
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My contribution for "An Operation A Year for WSU" _____	
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*Charter Life Member _____	\$1000 _____
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Include your credit card information below and mail it or fax it to
313-993-7729.

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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

Detroit Trauma Symposium Annual Meeting

*November 4-5, 2021**Detroit, Michigan*

Western Surgical Association Annual Meeting

*November 6-9, 2021**Renaissance Indian Wells Resort & Spa
Indian Wells, California*

Please Update Your Information

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at 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 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. Aletta (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)



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. Jeffrey Johnson (WSU/GS 1984) passed the baton of presidency to Dr. Scott Davidson WSU/GS 1990/96) 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. Davidson 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.	Missavage, Anne	Sarin, Susan	Washington, Bruce C.
Albaran, Renato G	Bradley, Jennifer	Galpin, Peter A.	Kovalik, Simon G.	Montenegro, Carlos E.	Sferra, Joseph	Walt, Alexander
Allaben, Robert D. (Deceased)	Cirocco, William C.	Gayer, Christopher P.	Lange, William (Deceased)	Narkiewicz, Lawrence	Shapiro, Brian	(Deceased)
Ames, Elliot L.	Clink, Douglas	Gerrick Stanley	Lau, David	Nicholas, Jeffrey M.	Silbergleit, Allen	Weaver, Donald
Amirikia, Kathryn C.	Colon, Fernando I.	Grifka Thomas J. (Deceased)	Ledgerwood, Anna M.	Novakovic, Rachel L.	Smith, Daniel	Whittle, Thomas J.
Anslow, Richard D.	Conway, W. Charles	Gutowski, Tomasz D.	Lim, John J.	Perrone, Erin	Smith, Randall W.	Williams, Mallory
Sntoniolli, Anita L.	Davidson, Scott B.	Herman, Mark A.	Lucas, Charles E.	Porter, Donald	Stassinopoulos, Jerry	Wills, Hale
Auer, George	Dujon, Jay	Hinshaw, Keith A.	Malian, Michael S.	Ramnauth, Subhash	Sullivan, Daniel M.	Wilson, Robert F.
Babel, James B.	Edelman, David A.	Holmes, Robert J.	Maxwell, Nicholas	Rector, Frederick	Sugawa, Choichi	Wood, Michael H.
Bassett, Joseph	Francis, Wesley	Huebl, Herbert C.	McGuire, Timothy	Rose, Alexander	Tuma, Martin	Zahriya, Karim
Baylor, Alfred	Flynn, Lisa M.	Johnson, Jeffrey R.	McIntosh, Bruce	Rosenberg, Jerry C.	vonBerg, Vollrad J. (Deceased)	

Members of the Wayne State Surgical Society—2021 Dues

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



Operation-A-Year January 1—December 31, 2021



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	Holmes, Robert J.	Lim, John J.	Missavage, Anne	Sferra, Joseph	Tuma, Martin
Anslow, Richard D.	Conway, W. Charles	Gayer, Christopher P.	Huebel, Hubert C.	Lopez, Peter	Nicholas, Jeffrey	Siegel, Thomas S.	Whittle, Thomas J.
Antoniolli, Anita L.	Davidson, Scott	Gutowski, Tomasz D.	Johnson, Jeffrey R.	Malian, Michael	Novakovic, Rachel L.	Silbergleit, Allen	Williams, Mallory
Anthony, Joseph	Dujon, Jay	Hamamdjian, Khatch	Johnson, Pamela D.	Maxwell, Nicholas	Perrone, Erin	Smith, Randall W.	Wills, Hale
Bambach, Gregory A.	Edelman, David A.	Herman, Mark A.	Joseph, Anthony	McGuire, Timothy	Porter, Donald	Sugawa, Choichi	Wood, Michael H.
Bradley, Jennifer	Francis, Wesley	Hinshaw, Keith A.	Ledgerwood Anna M.	McIntosh, Bruce	Sankaran, Surya	Sullivan, Daniel M.	

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.