

JUNE 2022

DR. HALE WILLS, MD



June 19th

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Dr. Hale Wills
(2010)

Hale Wills, M.D. (WSU/GS 2004/10) grew up in northern Michigan and did his medical school training and surgical residency at Wayne State University. Subsequently, he did a Pediatric Surgical Fellowship and became actively involved at the Women and Infants Hospital in Providence, Rhode Island, which is affiliated with Brown University in Providence, Rhode Island. Hale was having a wonderful career and was productive clinically, in the research arena and personally, as he and his wife, Lora, now have five children. While in the process of looking for an advancement in his career, he ran into a hurricane called COVID. The following is very informative about some aspects of academic life.

Dr. Lucas,

I am sitting in a hotel in Dakar, Senegal, looking out at the Atlantic Ocean. God willing, I will board the Africa Mercy hospital ship tomorrow morning to serve with the Mercy Ships ministry for two weeks. I am in a hotel and not already on the ship due to a mandatory COVID-19 quarantine. Boarding that ship is something I have hoped to do for over 20 years. The twists and turns that led to this are not what I would have anticipated when I first heard of the Mercy Ships.

While I wait, I wanted to give you an update at last on recent events in my life and career. My first staff position out of fellowship was at Hasbro Children's Hospital, the pediatric component of Rhode Island Hospital. I was an assistant professor at Brown University and on track for promotion. In 2018, after five years in that position, I was at one of those points of deciding whether my career would continue where I was or if there was a better fit for my family and me elsewhere. I had been fairly productive on the personal side as our family grew from three to five kids, as we added two Rhody's to our family. My wife and I enjoyed our small hobby farm, gardening and raising chickens. On the professional side, I was directing the pediatric trauma and ECMO programs at Hasbro, I was regional vice-chair for Rhode Island on the COT, and I was staying quite busy with teaching, research projects, and my clinical practice. Yet, my life was getting a bit out-of-balance as work demands were causing me to miss more and more time with my wife and kids. As my

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wife and I were contemplating our path forward, I received a message from a colleague in St. Louis who was looking for a pediatric trauma director. I ultimately accepted a new position, thinking it would be good for my family and my career. I hoped to leave my position in Rhode Island on the best terms so I gave notice six months ahead of my planned departure, helped to recruit my replacement, handed off all of my research projects to new PIs, mentees to new mentors, and patients to my colleagues. I would start my new position on July 1, 2019. By mid-June, all that remained was the final administrative task of changing the practice location for my DEA registration. Apart from still having a house to sell, all was going according to plan. I would settle into my new position and immediately re-establish my various multicenter research studies and collaborate back with my colleagues at Brown.



The Wills Family at Palo Duro Canyon, Texas. In the back are Hale and his bride, Lora. In front are their five children (left to right Liam (14), Colin (13), Rowan (10), Jack (6), and Juliet (8))

On June 12, I sat down to watch the Stanley Cup playoffs between the Boston Bruins and the St. Louis Blues. This seemed like a fitting matchup given the move I was about to make. Right as the puck dropped for the final game, I got a call from my new Chief in St. Louis. I thought she was calling to make sure I was cheering for the correct team. Instead, she was calling to inform me that there had been some major developments. The practice had been told by a consultant that they were going to be over-staffed by adding me so the chairman was letting one pediatric surgeon go to make room. The university was changing their entire scheme for physician reimbursement to one that the chairman had specifically told me was not going to be used. My contract was a traditional dean's letter that did not protect me from the new model nor did it provide any mention of the academic work or program directing that I was hired to do. Essentially, the position had changed after signing me without my knowledge or consent.

For the next two weeks, I tried to salvage the position and renegotiate terms but that ultimately failed. The university I was joining would not rectify the situation in a manner that was safe to join and they withdrew their employment offer. Sadly, their treatment of me and the other surgeon led to a collapse of the practice.

I awoke on my birthday, July 1, an unemployed pediatric surgeon with a wife and five children to support. For the first time in 19 years, I had no particular thing to do. I, of course, had to sort out some next steps. My chairman at Brown, Bill Cioffi, was gracious enough to give me a temporary position covering pediatric surgery and adult trauma until I could get my feet under me. (Chuck Adams, the trauma chief at Rhode Island Hospital, knew that my time at Detroit Receiving Hospital had prepared me well to cover trauma.) A couple days later, we received an offer on our house from one of my prior trainees who wanted to close right away to move in. We had to be out of our house by early August. I was quickly on the way to being both unemployed and homeless. I signed up with several locum tenens agencies and easily got assignments at Dartmouth and

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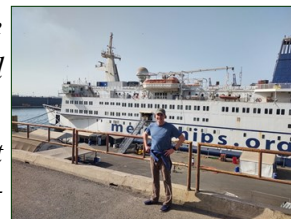
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the University of Missouri, so I would have income. We investigated options for mobile home schooling.

Once the basic needs were addressed, it started to dawn on us that we have been given a real sabbatical opportunity that would actually start as my 7th year in practice began. We packed our household items into two PODS storage units, the bare essential items for daily living into our 10-passenger van, and we sold or gave away the rest. As we were not tied down geographically, we decided to spend time living in various parts of the country and potentially travel abroad. We would spend the warm months near my parents in Michigan and the cold months near Lora's parents in Florida. We would figure out the rest on the fly.

Lora and I had done several foreign mission trips before we met. In fact, the desire to serve overseas was one of the things that drew us together in the first place. We had always wanted to show our kids the world through the lens of helping those in need. Now we had the opportunity. I recalled meeting a surgeon named David Thompson at the American College of Surgeons meeting in New Orleans in 2007. He was recruiting surgeons to teach for the Pan African Academy of Christian Surgeons (PAACS) at several facilities across Africa. I knew that one of their teaching sites was Tenwek Mission Hospital in Kenya. I had various connections there including Todd Lavery (WSUGS 2012), a fellow WSU resident, and Russ White, one of my colleagues at Brown. Tenwek was able to accommodate our family for the month of October 2019.



Dr. Wills on his recent trip with Mercy Ships to Dakar, Senegal, with the Africa Mercy Hospital Ship in the background.

As we prepared for our trip, an interesting sequence of events began to unfold, which at first seemed unrelated, but ultimately led to me finding the position in Texas that I hold today. In September, a pediatric surgeon named Hayden Stagg, at Baylor, Scott & White Health in Temple, Texas, reached out to me with some trauma director questions. I had interviewed him several years before for the pediatric surgery fellowship at Brown and had tried to recruit him there. He informed me that they were looking for a pediatric surgeon in Temple a couple weeks after that we arrived at the hospital in Kenya. Then we met an ophthalmologist who had completed residency at Baylor, Scott & White. He had recently been in practice in Michigan, but was actually moving back to Temple because he really appreciated the practice and the town. He had come to Tenwek with his wife and their four kids, who were the same age as mine, and we all became instant friends.

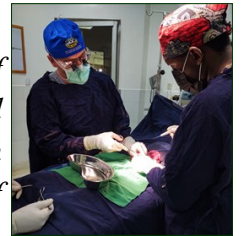
On returning from Kenya in early November, it was clearly time to make some decisions about a new permanent position. I arranged some initial interviews at a few facilities. By December, we had a fairly good handle on the finances of a locum tenens provider. Income was nice but not consistent or guaranteed month-to-month. I was still paying premiums for medical insurance under COBRA, but they were very high and could potentially disappear if the practice I had left were to change policies as they had done three years in a row. I started shopping around. I quickly realized that there are quite a few really terrible policies available

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to people, especially through the healthcare exchanges. When one reads the fine print, many plans cover very little and leave the beneficiary on the hook for tens of thousands of dollars before being capped at a relatively low annual or lifetime amount. I considered medical share plans since we were all young and healthy. I recall one detailed conversation with a representative from the MediShare plan. I asked about their total assets, examples of the most expensive care they had covered, and scenarios that could potentially lead to insolvency. To the last question, they said that perhaps something really rare like a respiratory pandemic might do them in. Considering the extreme improbability of that occurring, we stopped paying for COBRA coverage and switched to MediShare.



Dr. Wills working with a resident from Rwanda at the Tenwek Mission Hospital in Kenya. (2021)

As 2020 dawned, I continued with locum tenens, interviews, home schooling, and moving to interesting parts of the country. I finally had time to complete a number of research manuscripts and other projects. By early March, we felt like we were closing in on the choice of which practice to join. I had a contract to cover the University of Missouri for the month of April. I had completed second interviews at all but one place, and that was Baylor, Scott & White, but that visit was already scheduled. Then, all at once, the world ground to a halt. COVID-19 was spreading as so was panic. The first death in Missouri occurred at the University of Missouri. In response, they canceled all external contracts under the "Acts of God" clause and I would get nothing. We were living in Florida and trying to get to Texas as the governors of both states were shutting the state borders and the FAA was closing down flights. I completed my second interview at Baylor Scott & White by Zoom. Lora would not be able to visit Temple for the foreseeable future. Many healthcare facilities were instituting hiring freezes so I had to make a decision.

After the interview, we weighed our options and prayed intently for peace about which position to accept. During the months after leaving Brown, I had undergone a transformation in my thinking. Many of the academic pursuits that had consumed much of my time had lost their appeal. A desire to help the poor in other countries had rekindled, though not to the point we felt led to move permanently abroad. As I had interviewed, I made it clear that I wanted to have the flexibility to travel for at least one month each year and I wanted that reflected in my contract. Most facilities were supportive of global health in principle, but not to the point of committing anything to writing. Baylor, Scott & White was different. They were able to provide all the things I enjoyed: the chance to train residents, a great caseload, an ECMO program to direct, students to teach, and 10% protected time to travel. Despite Lora not getting a chance to visit Temple, we felt a great peace about taking the job. The first opportunity she and the kids got to see their new hometown was in May, when we drove the whole family there to search for a house.

I have now been serving at McLane Children's Hospital, the free-standing pediatric hospital of Baylor,

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Scott & White for nearly two years. I could not be happier. I have great partners, challenging cases, and solid residents to train. My family is doing well and my wife is happy. We find it terribly funny that the first time we ever got frozen into our house was in central Texas during the big freeze of 2021. In July 2021, when the original version of COVID-19 appeared to be winding down, I went back to Tenwek Mission Hospital but this time without my family. Travel has become significantly more expensive and complicated since our first trip in 2019. In fact, due to complexities of travel and numerous healthcare institutions forbidding foreign travel, many missions have had far fewer volunteers over the last two years, which has certainly had a negative impact on health in many poor parts of the world. Despite the limitations, there are still opportunities to make a big difference and to advance care in the developing world. I have attached a newsletter with a description of an interesting case I helped with on my last trip to Kenya.

These last few years have been a wonderful time of personal and professional growth in ways I had not anticipated. Time with my family has been wonderful. Looking at healthcare without the security blanket of conventional insurance was eye opening. Treating children in an environment where good underlying health and nutrition cannot be assumed has been challenging. I have brought many lessons back from trips that have improved my patient care at home. I expect that will continue on this trip. Hopefully, I will screen negative for COVID tomorrow and get to join the crew of the Africa Mercy tomorrow morning. I look forward to the challenges I will face and the lessons I will learn from my patients and colleagues on the ship.

I really appreciate the regular updates in the newsletter and the personal notes you have sent over the years.

Warm regards,

Hale Wills



TENWEK TODAY

A PUBLICATION BY FRIENDS OF TENWEK

DECEMBER 2021

WWW.FRIENDSOFTENWEK.ORG



GOD'S PERFECT TIMING MEANS LIFESAVING PROCEDURE FOR YOUNG TENWEK PATIENT

Despite critical injuries sustained after falling from a truck, seventeen-year-old Amos had a chance at survival. His path to healing was a life-saving technique known as ECMO. But there were no reports of the procedure being available in Kenya.

Doctors at Tenrec's Casualty Department had already inserted a chest tube into his left lung. More was needed to save his life though, after the major bronchial tubes in his right lung ruptured.

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TENWEK TODAY

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DECEMBER 2021

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Amos was rushed into the operating room, where a team led by Dr. Area Facade Letta, a graduate of Tenrec's Cardiothoracic Fellowship program, removed two-thirds of Amos' badly injured right lung and repaired the leaks in his airways. But the remaining upper lobes of both lungs were too damaged to sufficiently facilitate breathing.

As the surgical team watched Amos' oxygen level plummet, it became clear that Extracorporeal Membrane Oxygenation (ECMO) was his only chance at survival. Fairly common in tertiary care facilities in the United States, ECMO is essentially a temporary substitute for failing lungs.



By God's providence, Dr. Hale Wills, a visiting pediatric surgeon with expertise in ECMO, was in the operating room that morning. So was long-term missionary Bob Groom, a percussionist and ECMO specialist who had recently brought to Tenwek the components needed to build an ECMO circuit.

"If someone had asked me, I would have said maybe in three to five years we might have ECMO support available at Tenwek Hospital. But God had another plan and brought together everything that was needed in terms of supplies and expertise to save Amos' life that day."

Friends of Tenwek.

After a rapid assessment of Amos' situation and a pause for prayer, the surgical team began the venovenous ECMO procedure. Blood was withdrawn from Amos' femoral vein and pumped through an artificial lung for oxygenation and carbon dioxide removal. The oxygen-rich blood was then returned downstream into his circulatory system near the heart.

Almost immediately, Amos' blood oxygen levels returned to normal levels and the high blood lactate level caused by the period of low oxygen was corrected. The ventilator settings were adjusted to reduce the strain on his damaged lungs.

After 91 long hours of support, Amos' recovered lungs were gradually allowed to resume their life sustaining respiratory function. Within a few days, the breathing tube was removed from his trachea and his unassisted breathing was sufficient.

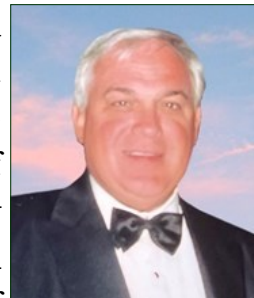


Reflecting on the experience, Bob noted, "If someone had asked me, I would have said maybe in three to five years we might have ECMO support available at Tenwek Hospital. But God had another plan and brought together everything that was needed in terms of supplies and expertise to save Amos' life that day."

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Dr. Larry R. Lloyd, MD

Dr. Larry Lloyd, MD (WSUSOM 1975) is the loving husband of Linda (nee Flinn) for 51 years. He is the loving father of Lawrence A Lloyd (Julie) of Easton, PA; Emily Carr (Matthew) of Elmhurst, IL; and Elizabeth Lloyd-Conley (Joe) of LaSalle, Ontario, Canada. Grandfather of Brady Carr, Madison Carr, Hudson Carr, Magdalen Lloyd, Anthony Conley, and Joshua Conley. He is also survived by his mother Marilyn Lloyd-Stander (nee Boldt) and siblings Dennis Lloyd, MD (Mary) of Flushing, MI; David Lloyd (Denise) of Novi, MI; and Linda Sherman of Novi, MI.



Dr. Larry R. Lloyd, MD
1948-2022

Larry earned his Bachelors of Science and his Doctorate of Medicine from Wayne State University. After serving his residency at St. John Hospital, he continued his career there as a general surgeon taking on leadership roles including Chief of Surgery and Program Director for the Surgical Residency Program. Larry had a passion for medicine and enjoyed sharing that passion with younger physicians and residents under his supervision.

In addition to his duties at the hospital, he was involved with many medical organizations in the area. He was the past-president of the Midwest Surgical Association, as well as past president of the Michigan Chapter of the American College of Surgeons, the Detroit Academy of Surgery, and the Detroit Surgical Society. In addition, Larry was Governor from the State of Michigan to the American College of Surgeons.

Larry was a member of the Grosse Pointe Yacht Club and past Commodore of the Old Club on Harsen's Island. He was a long-time member of Grosse Pointe Memorial Church and had just taken a position as a trustee for the church.

In his free time, Larry enjoyed fishing, duck hunting, and boating. He collected Lionel Trains and had acquired a beautiful antique car, a royal blue, Pierce Arrow. In addition to these, he and his wife Linda enjoyed traveling and exploring the world together and spending the winter months in their home in the Florida Keys.

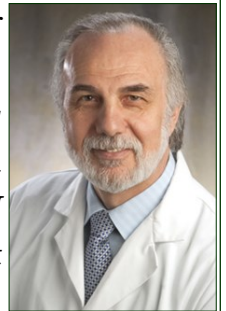


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Dr. Abdelkader Hawasli Remembers Dr. Larry R. Lloyd, MD

Dr. Abdelkader Hawasli, MD, who is the Vice Chair of the Department of Surgery at the St. John Hospital Medical Center and an Associate Clinical Professor at Wayne State University worked closely with Dr. Lloyd. The following are his thoughts.

I was very sad to hear about the passing of Dr. Lloyd. I owe him a lot for the success in my career, especially in laparoscopic surgery. I first met Dr. Lloyd when he was a chief resident in 1980. He took me under his wing and toured me around the hospital and the OR when I was accepted as a first-year resident. He was the first and main person to support me when I came to him with the idea of the laparoscopic cholecystectomy in August 1989. He was the acting chief of surgery at that time. He did not hesitate to take me to meet the hospital CMO, Dr. Wilson, and the first laparoscopic cholecystectomy occurred in November 1989. This was the first lap chole in the state of Michigan. At that time, there was a lot of skepticism from the senior surgeons. Dr. Lloyd always supported and believed in me when I came to him with any progressive new ideas to improve laparoscopic surgery, trauma, research projects, and anything related to the residency program. St. John Hospital owes Dr. Lloyd so much for what he did to put St. John's name on the map through his support of my work and the work of others throughout the years of his serving as the chief of surgery. It is very sad that he leaves us through a tragic accident. May his soul rest in peace. Goodbye Larry. I will always be in debt to you.



Dr. Abdelkader Hawasli

Abdelkader Hawasli



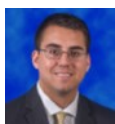
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Our Graduating Residents The Future Awaits Them



General Surgery Residents



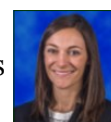
Dr. Michael Carge - will be beginning a Surgical Critical Care Fellowship at the South Florida Morsani College of Medicine in Tampa, Florida.



Dr. Launa Clough - will be working in the general surgery department at the Hospital Baptiste in Togo, Africa.



Dr. Solhee Lee - is excited to be starting a Minimally Invasive Surgery Fellowship at our Detroit Medical Center in Detroit, Michigan.



Dr. Ashley Malach (Culver) - will be in Academic Practice in General Surgery at the Veterans Affairs Medical Center in Detroit, Michigan.



Dr. Nathaniel Saint-Preux is looking forward to his work doing Locums in Virginia after graduation in June.



Dr. David Springstead - Dr. Springstead is looking for a position in Southeastern Michigan and is hoping to have something finalized very soon

Surgical Critical Care Fellows



Dr. Richa Khatri - Dr. Richa Khatri became our first SCC fellow to get married during her fellowship year. While she and her husband decide where they would like to live, she is exploring Locums opportunities in general surgery, acute care surgery, and trauma.



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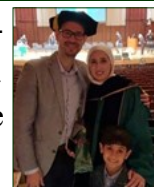
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Our Graduating Residents The Future Awaits Them



Dr. Awni Shahait - Dr. Shahait will be joining the Southern Illinois University, Carbondale, Illinois, as an assistant professor of surgery. His main area of practice will be trauma/critical care. His wife, Dr. Lana Alghanem, completed her Ph.D. in Pharmaceutical Science from Wayne State University. They are looking forward to their future in Illinois.



Pediatric Surgery Fellow/Pediatric Surgical Critical Care Fellow



Dr. Laquanda Knowlin - Dr. Knowlin will be moving to Los Angeles, California to complete a fellowship in Pediatric Surgery Simulation at the Children's Hospital in Los Angeles.

Dr. John Wiersch - Dr. Wiersch will be moving to Colorado. He has accepted a position at Children's Hospital Colorado as Assistant Professor of Pediatric Surgery.



Minimally Invasive Surgery Fellow



Dr. Derek Lim - After graduation, Dr. Lim will be practicing general and bariatric surgery at the Atlantic Health System Overlook Medical Center in New Jersey.

Vascular Surgery Fellows

Dr. Sun Kim - (upon graduation) will be joining DMC/WSU as a staff vascular surgeon, and partner to both Drs. Yevgeniy Rits and Michael Lucas Perry.



Dr. Michael Perry - Upon graduation, Dr. Perry will be joining DMC/WSU as a staff vascular surgeon and partner to both Drs. Yevgeniy Rits and Sun Kim.



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SURGICAL GRAND ROUNDS

Dr. Michael Perry (WSUGS/VS 2021/22) presented the Surgical Grands Rounds on **April 27, 2022** on “Blunt Thoracic Aortic Injury” (BTAI). Dr. Perry presented the anatomy of the upper thorax and identified the different locations where BTAI occur following deceleration injury. He emphasized the classic teaching that many of the ruptures are thought to be due to a deceleration force at the point where the aorta is at the junction of a fixed and mobile point. He emphasized that most mortalities (over 80%) occur at the scene and that, in the absence of some type of definitive therapy, a significant number of those who survive will die within the next 24 hours. Other causes of death besides rupture of the BTAI include severe traumatic brain injury and intra-abdominal hemorrhage. Dr. Perry emphasized that when a patient with a recognized BTAI is hypotensive, the bleeding is not coming from the aorta but is probably coming from the abdomen. He presented the classic chest x-ray finding, including the left-sided apical cap, fracture of the left first rib, tracheal deviation to the right, decreased visualization of the aorta pulmonary window, and increased diameter of the mediastinum beyond 8 cm. The best imaging study to make the diagnosis is a CT angiogram, which can be performed shortly after a patient’s arrival. He also discussed how some of the ruptures lead to dissection in the intramedial plane, causing disruption or blockage of some of the distal aortic branches.



Dr. Michael Perry

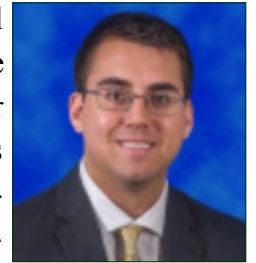
Dr. Perry identified the different degrees of severity of BTAI, extending from an intimal tear to a complete rupture. He emphasized that early treatment in patients without extra-aortic injuries includes controlled hypotension with the combination of low fluid replacement and beta blockade as necessary in order to prevent the systolic pressure from rising above 100 torr. He emphasized that those patient who survive this type of treatment may develop an aneurysm within the next eight weeks. One of the important points emphasized by Dr. Perry was the fact that TEVAR has replaced open thoracotomy for many of these ruptures, and he described how the endovascular stent may sometimes extend across the origin of the left subclavian artery, making it important to follow closely the circulation of the left upper extremity.

For patient undergoing open thoracotomy repair, he discussed the differences between doing the operation on bypass or off bypass, pointing out that when the clamp time is going to extend beyond 30 minutes, the patient does better if they are on cardiopulmonary bypass. He also emphasized the importance of having control of both airways with a Wright endotracheal tube in order to allow deflation of the left lung while the operation is being performed. His presentation was followed by many interesting questions.

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SURGICAL GRAND ROUNDS, cont..

Dr. Michael Carge (WSUGS 2022) presented the weekly Grand Rounds on “Surgical Palliative Care and Oncologic Emergencies” on **May 4, 2022**. Dr. Carge emphasized the role that a surgeon plays in patients who present with some type of obstruction of the gut or the biliary tree. He emphasized that often these decisions vary according to the patient’s status, family wishes, and degree of frailty, and further emphasized that questions regarding these issues are on the resident tests, including SESAP. He reported literature highlighting the fact that residents do not receive enough training in this critical area where decisions have to be made as to whether a patient is best treated at home with family support, in a rehab facility, or in hospice. Patients with gastric outlet obstruction can simply be treated with a PEG to allow for comfort with swallowing if the outlook is very grim, whereas patients who have an excellent intermediate term outcome can be treated with a gastric jejunostomy in order to bypass an obstructed duodenum. Patients in between severe pre-terminal frailty and excellent status can be treated with a stent being passed across the pylorus into the duodenum. As would be expected, the stent function is often less than that which you get with a formal gastric jejunostomy. A surgeon must remember that there are multiple options for patients with stage IV cancer and that short-term goals for patients sometimes are the reasons why temporizing procedures are utilized. For example, if a patient wants to live long enough in order to see the new grandchild born or to witness the wedding of a grandchild, that patient will bear the risk of something that is slightly more invasive than simply going to hospice. Likewise, some patients may have pulmonary metastases leading to pericardial effusion, which may be drained in order to provide temporary increase in mobility, even though the effusion is likely to return. The surgeon should be involved in all of these pre-terminal activities, including decisions as to whether a patient should be made comfort care, provided with a merciful extubation, or decide to have more aggressive euthanasia in order to remove pain and suffering. The complete surgeon will not abandon his/her patient in this time of great need as the patient prepares for the next world.



Dr. Michael Carge





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RESIDENT PAPERS

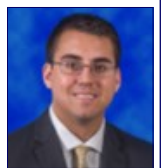
Each spring, the Michigan Chapter/American College of Surgeons (MC/ACS) has their annual meeting, at which time residents throughout the state have an opportunity to make short presentations from WSU.

Dr. Jock Thacker presented a paper on the effects of hemorrhagic shock on serum calcium levels and the relationship between serum calcium levels and platelet function, including platelet count, bleeding time, platelet aggregation, and the release of platelet factors into the serum and into the urine. He demonstrated that calcium supplementation is likely very beneficial in patients with severe hemorrhagic shock.



Dr. Jock Thacker

Dr. Michael Carge presented a paper on the effect of blood storage on endothelial function. He demonstrated that blood that is stored for two days adversely affects endothelial function and is associated with increased adherence of the blood cells to the capillary wall. This not only interferes with flow but interferes with transcapillary function, which is bad for overall resuscitation.



Dr. Michael Carge

Dr. Alyssa Stroud presented a paper on the effects of the change of end tidal CO₂ (ETCO₂) on mortality. She looked at a large group of patients being treated in the ICU and monitored the extent of the gap between arterial CO₂ (ACO₂) and ETCO₂. She demonstrated that as the gap increased at 24 and at 48 hours, there was an increase in mortality.



Dr. Alyssa Stroud

Dr. Alison Karadjoff presented a paper on traumatic brain injury and the resource utilization required to have a beneficial outcome. She divided the severity of injury into BIG 1, 2, and 3. She showed that patients with BIG 3 had an increase in ISS, ICU LOS, and total LOS in association with having a higher



Dr. Alison Karadjoff

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RESIDENT PAPERS, cont..

mortality. She also discussed brain injury guidelines and the need for different types of imaging. She emphasized that the CT scan is an ideal image in order to assess the severity of traumatic brain injury.

Dr. Michelle Coughlin presented a paper on the efficacy of different laparoscopic procedures for different types of surgical operations. Her interesting study monitored the duration of performing a number of procedures, including cholecystectomy, gastrostomy tube, and other commonly performed procedures.



Dr. Michelle Coughlin

Dr. Monica Ramaswamy presented a paper on the utilization of percutaneous technique as opposed to open technique for creating a fistula to be used for hemodialysis in patients with end-stage renal disease. Her succinct presentation showed the steps that one uses in order to create a fistula for hemodialysis and demonstrated that the success rate is high, resulting in a high percent of successful utilization.



Dr. Monica Ramaswamy





"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

Chief surgical resident, Dr. Edgar Roman

2/22/71: Staff, Dr. C. Lucas

1. DS: GSW right gluteal region with exit anterior abdominal wall in midline below the umbilicus. Injuries included laceration right internal and external iliac veins and multiple small bowel perforations. Operation included repair of right external iliac vein, ligation of right internal iliac vein, and resection of 10 cm of small bowel.
2. WC: incarcerated right inguinal scrotal hernia (a slider). Operation included right herniorrhaphy.
3. DT: Laceration left wrist with laceration radial artery and flexor carpi radialis. Operation was ligation of radial artery and repair of tendon.



Dr. Anna Ledgerwood

2/23/71: Staff, Dr. S. Woods

1. CS: GSW right chest and abdomen, GSW left chest and abdomen with left hemothorax. Laceration spleen, stomach, diaphragm, right lobe of liver, duodenum, and pancreas. Operation consisted of a left chest tube, splenectomy, repair of stomach perforations, suture of duodenal laceration, and t-tube drainage for liver injury.
2. RR: GSW abdomen with perforation small bowel. Operation was resection of 15 cm of small bowel with primary anastomosis.

(Dr. Scott Woods completed his General Surgery residency in the Wayne State program in the late 1950s. He was a practicing surgeon in Ypsilanti. Dr. Woods covered the fourth Tuesday night of every month with the Emergency Surgery service at the old Detroit General Hospital. He would check in with the head nurse in the operating room upon his arrival, and she would provide him with an extra-large scrub suit. If there were no cases scheduled, he would go to dinner in Greektown and sometimes take the chief resident with him. Alternatively, he would go to the Roma Café for dinner prior to coming back and spending the night in the attending call room on the fifth floor. He was known to appear in the OR when a case was being done and even asked the chief resident if he had made a reservation for that patient in the burn unit, since he saw the patient open the abdomen with the cautery. Dr. Woods was taught to open the abdomen with a knife. The chairman of the department, Dr. Alexander Walt, saw to it that all of the attendings who covered at night got a stipend of \$75 for their services.)

2/24/71: Staff, Dr. E. Berkas

TR: GSW left lower quadrant abdomen, left hand, upper chest, neck, and right eye. Operation included exploratory laparotomy, ligation of left common iliac vein and left external and internal iliac veins,

Continue page 16



DOWN MEMORY LANE — Anna M. Ledgerwood, MD

resection of 10 feet of small bowel, sigmoid colostomy with a mucous fistula. This patient had a laceration of the left common iliac vein at the bifurcation of the internal and external vein. There were several small bowel perforations and laceration of the sigmoid colon.

2/25/71: Staff, R. Lenaghan

1. RF: GSW left anterior chest with exit left lumbar region. (Transfer from St. John Hospital.) Findings included a left hemothorax, a 1-cm laceration at the edge of left lobe of the liver, perforation stomach, laceration splenic pedicle with bleeding, and laceration left adrenal, and upper pole of left kidney. Operation included insertion of left chest tube, splenectomy, closure of a gastric perforation and diaphragm perforation and left upper nephrectomy with adrenalectomy. The nephrectomy was assisted by the GU resident.

2/26/71: Staff, Dr. J.C. Rosenberg

1. WC: GSW left chest, abdomen, and left lobe of the liver and small perforation of left kidney. Operation included left lateral lobe of the liver section with suture of stomach perforation and cholecystostomy tube.
2. CC: Cancer of the sigmoid colon with large bowel obstruction. Treated with transverse colostomy.
3. CB: Cellulitis of the hand. Treated with incision and drainage.
4. JD #104: GSW epigastrium, laceration right lobe of the liver, duodenum, pancreas, and inferior vena cava. Operation included a laparotomy and left thoracotomy for a cardiac massage. Patient expired from bleeding after abdomen opened.
5. JD #106: GSW both thighs with laceration left femoral artery and vein and laceration urethra. Operation included primary repair of the artery with ligation of the vein and repair of the urethra. Patient expired two hours later in the recovery room.
6. LG: GSW left and right chest, bilateral hemopneumothorax with continued bleeding from the right chest tube requiring a right thoracotomy with ligation of bleeding intercostal vessels.
7. RA: GSW left lower quadrant abdomen with laceration of the sigmoid colon. Operation included resection of 10 cm of sigmoid colon with end colostomy and Hartmann's procedure.
8. RS: Stab right femoral artery with partial laceration of the artery. Treated with repair.

2/27/71: Staff, Dr. Baker (senior resident, Dr. Sadjadi)

1. WB: GSW abdomen and chest with laceration right lobe of the liver and diaphragm. Treated with exploratory lap, cholecystostomy, and closure of right diaphragm.

**WSU MONTHLY CONFERENCES****2022**

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, June 8

Death & Complications Conference

“Back to Basics: Ergonomics and the O.R.”

Ashley Malach (Culver), MD

PGY-5 Surgery Resident, WSU School of Medicine

Wednesday, June 15

Death & Complications Conference

“Mythbusters: Surgical Edition”

Solhee Lee, MD

PGY-5 Surgery Resident, WSU School of Medicine

Wednesday, June 22

Death & Complications Conference

To Be Determined

Nathaniel Saint-Preux, MD

PGY-5 Surgery Resident, WSU School of Medicine



Wayne State Surgical Society 2022 Donation

Name: _____

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*I want to commit to becoming a charter life member with payment of \$1000
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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

*Midwest Surgical Association**August 7-9, 2022**Grand Hotel, Mackinac Island, MI*

*81st Annual Meeting of the AACS
& Clinical Congress of Acute Care
Surgery*

*September 21-24, 2022**Chicago, IL*

*108th American College of Surgeons
Clinical Congress*

*October 16-20, 2022**San Diego, CA*

**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)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

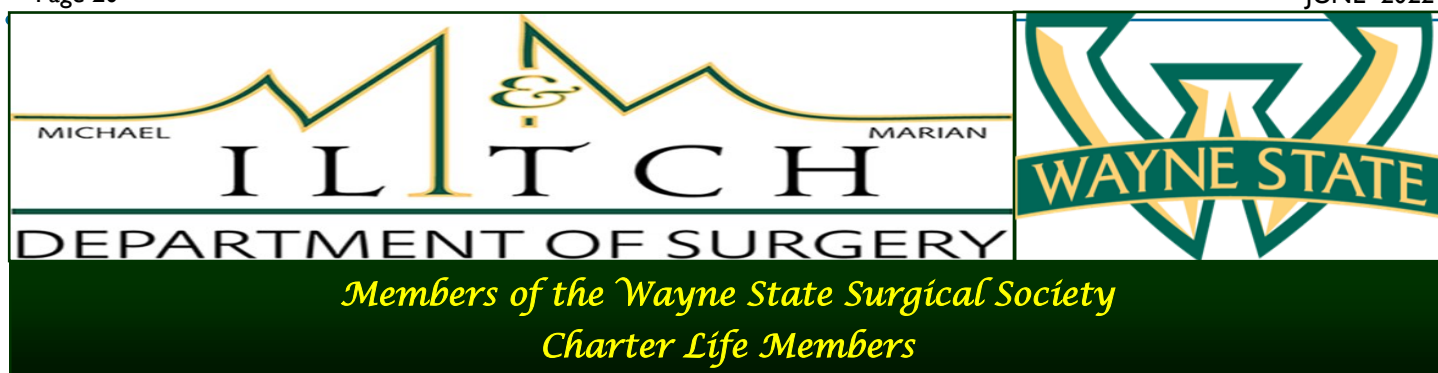
Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander J. 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. Scott Davidson (WSU/GS 1990/96) will pass the baton of presidency to Dr. Larry Narkiewicz (WSU/GS 2004/09) at the WSSS Gathering during the American College of Surgeons meeting in October 2022. 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.



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

Members of the Wayne State Surgical Society—2022 Dues

Alpendre, Cristiano V.	Carlin, Arthur	Goltz, Christopher J.	Klein, Michael D.	Mayuiers, Matt	Schwarz, Karl W.	Vasquez, Julio
Asfaw, Ingida	Dawson, Konrad L.	Hall, Jeffrey	Kline, Gary	McGee, Jessica D.	Shaheen, Kenneth W.	Ziegler, Daniel W.
Babel, James	Dittinbir, Mark	Hamamdjian, Khatch	Kosir, Mary Ann	Meade, Peter C.	Shanti, Christina	Zoellner, Steven M.
Bambach, Gregory A.	Dolman, Heather	Hilu, John	Larson, Sarah	Mueller, Michael J.	Siegel, Thomas S.	
Barnwell, John	Dulchavsky, Scott A.	Hollenbeck, Andrew	Liebold, Walter	Noorily, Michael	Spencer, Amy	
Baylor, Alfred	Edwards, Ryan	Holmes, Robert	Lloyd, Larry	Paley, Daniel S.	Taylor, Michael G.	
Bloch, Robert	Fernandez-Gerena, Jose	Jeffries, Christopher	Lopez, Peter	Phillips, Linda G.	Tennenberg, Steven	
Bucci, Lorenzo	Field, Erin	Joseph, Anthony	Malian, Michael S.	Porterfield, Lee	Thomas, Gregory A.	
Camero, Luis	Gallick, Harold	Kaderabek, Douglas J.	Marquez, JoFrances	Robinson, Steven	Thoms, Norman W.	



Operation-A-Year January 1—December 31, 2022



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

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.