

OCTOBER 2023

DR. ETI GURSEL HANGS UP THE SCAPEL



October 9th

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Dr. Eti Gursel

Dr. Eti Gursel (WSUGS/PS 1975/77) was born in Eskisher, Turkey in 1944 and received his early education at Ankara University of Science in Ankara, Turkey. He then entered into the University of Ankara Medical School and completed his medical training in 1967 prior to taking his General Surgery residency at the University of Ankara, which he completed in 1971. Even though Dr. Gursel was a fully trained surgeon, he had to re-take a General Surgery residency program when he came to the United States, and he completed the WSU program in 1975. He then entered into the WSU Plastic Surgery program from 1975 through 1977 and during these years, he also did a special study on Burn Surgery at the Brooks Army Medical Center, U.S. Institute for Surgical Research, in Fort Sam Houston, Texas.

Dr. Gursel then came on to the WSU Plastic Surgery faculty and was involved in all of the WSU-affiliated hospitals, including the old Detroit General Hospital, the John D. Dingell Veterans Administration Medical Center, the new Detroit Receiving Hospital beginning in 1980, the Karmanos Cancer Institute, the Harper-Grace Hospital, and the Children's Hospital. He advanced through the academic ranks from instructor to professor during those years.

Dr. Gursel served in many administrative capacities. Because of his leadership and skills as a plastic surgeon, he was the Chief of the Division of Plastic Surgery at WSU from 1994 through 2022, the Chief of Plastic Surgery at the Veterans Administration Hospital from 2014 to 2020, the Program Director of the Plastic Surgery Division from 1994 through 2018, and the Director of the Burn Program at the Detroit Receiving Hospital from 1980 through 1983. Throughout all these years, his services as a highly skilled reconstructive surgeon were sought after by many of the faculty members; likewise, patients who required unusual plastic procedures from the

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2023 WSSS OFFICERS

President:

Larry Narkiewicz (WSU/GS 2004/09)

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Robert Holmes (WSUGS 1983)

Jennifer Bradley (WSUGS 2015)

Resident Member:



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DR. ETI GURSEL HANGS UP THE SCAPEL, cont..

peripheral area would refer cases to Dr. Gursel because of his technical skills. The editor was the beneficiary of these technical skills which allowed reconstruction to be performed after removal of sarcomas involving the chest wall or portions of the sternum.

During these years, Dr. Gursel was involved with different types of investigation. He looked at the role of distal ileal bypass on hypercholesterolemia in a rabbit model, reported on the treatment of hydatid cysts of the liver with injection of radioactive gold, and looked at the in vitro behavior of epitenocytes in a collagen gel, looking at repair of these tendons without electrical stimulation. He published many papers dealing with unusual plastic surgical challenges and reconstruction. He was also a very popular invited lecturer locally, regionally, nationally, and internationally. He delivered almost 200 invited lectures.

Dr. and Mrs. Deniz Gursel had two children. Their son, Tolga Gursel, followed in his father's footsteps and is a very talented plastic surgeon. Their daughter, Mrs. Gonca Petz, received her law degree from the University of Detroit in 2003 and is currently Vice President and Senior Fiduciary Advisor for PNC private bank. She has two children, Emma and Alex.

Dr. Michael J. Busuito (WSUGS/PS 1981/86/88) shares his thoughts on Dr. Gursel:

I have known Eti Gursel since the early days of my general surgery residency in 1981. Our relationship evolved from him being a teacher to mentor to colleague and more importantly, a friend. We have witnessed the Section of Plastic Surgery going through many ups and downs in the past 40 years. Through that entire period Eti Gursel provided the constant stabilizing force that ensured an excellent teaching environment that has produced plastic surgeons who are all stars in their communities throughout the county and the world. The example he set for surgical excellence has guided me and all the former plastic surgery residents who trained under his leadership. Eti set the bar for us who value teaching and community service in our roles as surgeons.

Dr. Christina Yi (WSUGS 2017) shares her thoughts of Dr. Gursel:

I had won the lottery. The plastic surgery division, led by Dr. Eti Gursel, opened the residency to the third year WSU general surgery residents, effectively creating a combined training program- a 6-year residency instead of 8 (5 GS, 3 PRS). Christina Busuito, Asra Hashmi, and I were the lucky three, and I was in my dream specialty (no offense, general surgery!). I will forever be grateful to Dr. Eti Gursel for this life-changing offer. As our

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DR. ETI GURSEL HANGS UP THE SCAPEL, cont..

seasoned program-director and division chief, there wasn't much clinically that could shake him. He was no-nonsense - keep the plan simple, straight to the point, and don't overcomplicate things. His brisk saunter into the OR changed the air and signaled it was time to get things done - but never in a way that made you fearful or apprehensive. You just knew it was time to get to work. In clinic, he liked to keep things moving, snapping his fingers to make it quick.

But this "straight shooter" in Dr. Gursel was balanced by kindness and caring. He could warm up a patient with a quick joke and a wink behind his wire framed glasses. The same wink that he would use at the end of an otherwise earnest conversation to tell you not to worry. A surgical mentor father figure. Of course, his clinical guidance echos in my head in practice, but my fondest memories are of those things that made him Dr. Eti Gursel, the person. His sideways smirk. His brand of indignation when faced with the typical administrative irritants. His favorite joke, "That's the best (closure/reduction/skill) I've seen since this morning!" And, for me, his genuine interest and caring in me and my career. I still remember the pride I felt when he sat in the corner as I did my first solo carpal tunnel releases - if he was confident in me, I could be, too. My last day on campus was bitter-sweet. I found Dr. Gursel in the Harper ORs with our skilled junior resident, Dr. Catherine McGee, who was doing a perineal reconstruction with pedicled gracilis flaps. While he was scrubbed out, I thanked Dr. Gursel for all he'd done for me and we hugged. As I pulled away, tears softly welled in both our eyes as we said goodbye and I tentatively left. I consider myself fortunate, as I understand not everyone experiences this type of sentiment for their PD.

As I sift through photos and waves of nostalgia, I am saddened by the circumstances, but hopeful that he is finding rest and comfort in his retirement. I am forever grateful for the opportunities that DMC/WSU general and plastic surgery afforded me - I can authentically answer in Tyburski fashion, I am "living the dream."

Dr. Christina Busuito (WSUPS 2017) shares her thoughts on Dr. Gursel.

It is hard to put in a couple of sentences all I learned from Dr. Gursel throughout my training with him. He is an example of calm under pressure and led by example the standard of good beside manner. I have many fond memories of scrubbing with him and still hear him in my head while operating. There are still many times I use his "old school techniques" which consistently help me in times that I need a couple tricks up my sleeve. Dr. Gursel helped shape the plastic surgeon I am today and I am so grateful for the years I spent with him and will always remember him as a kind, talented and compassionate teacher.

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Regarding some of the things I've learned from him that have proven to be useful are using a medicine cup when a cookie cutter is not available. I still use his booster technique for skin grafts especially on the scalp. I always think of him saying "don't squeeze the charmin". I've also needed to use a silk suture technique for measuring distance in a pinch if my marks have been inadvertently removed in the OR on a breast case. I also remember him saying to always put the dressing on yourself and "not too tight". I also will always think of Dr. Gursel saying "Cut! Cut! Cut!"



The Gursel Clan (left to right) daughter, Mrs. Gonca Petz, grandson Alex, son, Dr. Tolga Gursel, granddaughter, Emma, Dr. Eti Gursel, and his bride, Mrs. Deniz Gursel



(Left to right) Granddaughter Emma, Dr. Eti Gursel, Mrs. Deniz Gursel, son, Dr. Tolga Gursel, and grandson, Alex



Dr. David Bouwman (WSUGS 1978) and Dr. Eti Gursel (WSUGS/PS 1975/77) have some food fun while Mrs. Deniz Gursel and Mrs. Sylvelin Bouwman enjoy the 2011 resident graduation function.



The Plastic Surgery faculty celebrates the 2015 graduation with Dr. Donald Weaver, Chairman of the Dept of Surgery.

(Left to right) Dr. Donald Weaver (WSUGS 1979), Dr. Michael Busuito (WSU/GS/PS 1981/86/88), Dr. Eti Gursel (WSUGS/PS 1975/77), Dr. Tolga Gursel (WSU/GS/PS 2003/09/11)



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The Plastic Surgery Division celebrate the graduating Plastic Surgery residents in 2015. (Left to right) Dr. Michael Busuito, Dr. Tolga Gursel, Mrs. Deniz Gursel and her husband, Dr. Eti Gursel, Dr. Guillermina Nava and her husband, Dr. Michael Rice



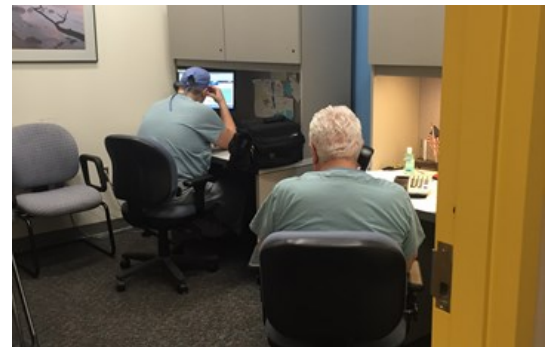
Dr. Gursel, Chief of Plastic Surgery program, celebrates the completion of the Plastic Surgery Fellowship of Dr. Hector Campbell in 2016



At the 2017 Graduation Party (Left to right) Dr. Eti Gursel (WSUGS/ PS 1975/77), Dr. Christina Yi, Dr. Christina Busuito, Dr. Donald Weaver (WSUGS 1979), Chairman, Department of Surgery, Dr. Asra Hashmi, Dr. Guillermina Nava, Dr. Diana Flis, Dr. Jennel Carerras, Dr. Catherine Mcgee



The 2017 Plastic Surgery Group: (left to right) Dr. Eti Gursel (WSUGS/PS 1975/77), Dr. Christina Yi, Dr. Guillermina Nava, Dr. Christina Busuito, Dr. Asra Hashmi, Dr. Michael Busuito (WSU/GS/PS 1981/86/88), Dr. Tolga Gursel (WSU/ GS/PS 2003/09/11)



Dr. Eti Gursel observes one of his residents studying a case

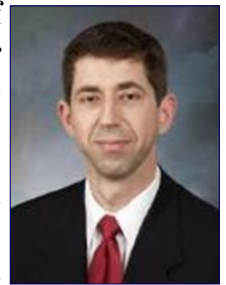


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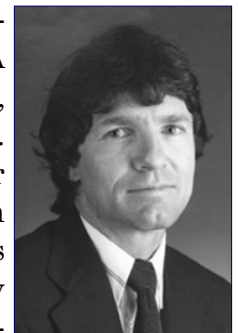
This year, the annual meeting for the American Association for the Surgery of Trauma (AAST) occurred in Anaheim, California, September 20-23, 2023. A number of WSU surgical alumni were present and participated in the meeting. These included Dr. Peter Hammer (WSU/GS 2001/06), Dr. Samantha Tarras (WSU/GS 2011), Dr. Charles Hu (WSU/GS 1998/2003), Dr. Kartheek Nagappala (WSU/GS 2014), Dr. Jeff Nicholas (WSU/GS 1995) who is a busy trauma director in Georgia, Dr. Chris Dente (WSU/GS 2002), Chief of Surgery at Grady Memorial Hospital in Atlanta, Dr. Anna Marie Ledgerwood (WSU/GS 1972), and Dr. Charles E. Lucas (WSU/GS 1962/67).

Dr. Bryant Oliphant from the Department of Orthopedic Surgery was one of many authors from nine Michigan trauma centers that looked at “Multi-Center Evaluation of Financial Toxicity and Long-Term Physical and Mental Health After Injury,” which was a study put together by the Michigan TQIP. These authors demonstrated that patients who were contacted after discharge from complicated orthopedic care for financial aspects as it relates to Financial Toxicity (FT), which included out-of-pocket spending, medical debt, job or income loss, medical bills, and unaffordable care. They demonstrated that FT was strongly related to the quality of living as they identified many patients who had difficulty ambulating, were unable to dress themselves, unable to continue in their usual daily activities, or in severe discomfort or pain, and suffered anxiety and depression. They concluded that this database demonstrates a need for interventions to help with both Financial Toxicity and physical and mental recovery.



Dr. Bryant Oliphant

Dr. Larry Diebel (WSU/GS 1980/86) and his co-authors presented a poster entitled, “Real Time Detection of Glycocalyx Degradation Following Trauma: A Conceptual Use of Thromboelastography.” His co-authors were David Liberati, Dr. Alison Karadjoff, Ali Srour, Dr. Yusuke Terasaki, and Steve McPherson. These authors looked at endothelial injury and glycocalyx shedding early after traumatic/hemorrhagic shock (T/HS). They were trying to answer the question about the controversy as to whether endothelial glycocalyx (EG) degradation is associated with increased vascular permeability and barrier dysfunction. They looked at the citrated old blood samples and glycocalyx components, such as heparin sulfate and syndecan-1 as it relates to thromboelastography findings. They



Dr. Larry Diebel

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demonstrated that the anti-coagulative effect of EG degradation products were associated with heparin sulfate. This suggested to the authors that the use of activators, such as Kaolin or tissue factor, may mask the effects of endothelial glycocalyx degradation products on the thromboelastography coagulation parameters. They concluded that the correlation between the thromboelastography R time plus heparinase may be a good comparison or novel real time and readily available test to identify “hidden” coagulation effects of endothelial glycocalyx degradation products.

Dr. Christopher Dente was the invited Discussant of a paper entitled, “Using Microfluidic Shear to Assess Transfusion Requirements in Trauma Patients” by a number of authors from the University of California-Davis Medical Center. These authors described how viscoelastic assays have been used to evaluate coagulopathies but do not add the addition of shear stress to the in vitro clot formation. Their studies looked at shear stress as part of this process and concluded that assessing coagulopathy in real-time remains challenging in trauma patients and that this pilot study demonstrated that microfluidic approaches incorporating shear stress could predict transfusion requirements at the time of admission, as well as the blood transfusion requirements for the next 24 hours. Dr. Dente reminded the audience that there are other techniques which all of us have for identifying the need for blood and blood components in the acutely injured patient, and the addition of monitoring shear forces would probably add little to the current techniques used to judge when we should be giving patients blood and blood products. He recommended further studies in this area.



Dr. Christopher Dente

Dr. Diebel was also involved in the Critical Care Committee, and Dr. Lucas was involved in the Journal of Trauma Editorial Board activities.

The 83rd Meeting of the AAST will occur on September 11-14, 2024 at the Paris Hotel in Las Vegas, Nevada.





OCTOBER 2023

SURGICAL GRAND ROUNDS

The Surgical Grand Rounds on Wednesday, September 6, 2023, was presented by Dr. Craig Reickert, the Chief of the Division of Colon and Rectal Surgery at the Henry Ford Hospital, entitled “Surgical Management of Crohn’s Disease.”



Dr. Craig A. Reickert

Dr. Reickert discussed the three different phenotypes of Crohn’s disease, which included isolated superficial disease without stenosis, stricture, or perforation; the penetrating disease, which produces stricture formation because of invasion into the muscularis; and the penetrating disease which goes through the bowel wall and is associated with abscesses and perforation. He emphasized that the rectal Crohn’s disease was a separate entity, which had to be dealt with differently from small bowel and colon Crohn’s disease. He emphasized that operation for Crohn’s disease sometimes has to be done acutely for acute perforation or for bleeding, which is quite rare, or chronically for patients who have problems with strictures, abscesses, or perforations. Cancer is also a reason for operation in these patients, but this more likely occurs in the colon in those patients who have colonic involvement with their Crohn’s disease.

The mainstay of surgery is non-surgical and is provided by steroids for flare-ups, with or without the addition of immune altering drugs, such as Remicade. Long-term successful medical management is often successful in preventing the need for operative intervention. When operative intervention is decided upon, the surgeon should be thinking of the overall quality of life and know exactly what the patients’ problems are as it relates to symptoms. Ideally, these symptoms can be treated with medications and if surgery is required, these medications, which may alter wound healing, need to be discontinued in preparation for surgery. Dr. Reickert emphasized that it is important to know the patient and treat the patient rather than treat the image when the image suggests far greater symptoms than the patient really has.

As part of non-surgical treatment, Dr. Reickert discussed the potential for distal ileal dilation. This is performed trans-anally and may be successful in patients who have a short stricture of <8 cm, which is close to the ileocecal junction. Sometimes the dilation performed in this manner will be successful for a period of time and may lead to recurrent stricture at a later time which can then be successfully treated with repeat dilation. When doing dilation of a stricture, it is good to get the circumference up to

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SURGICAL GRAND ROUNDS, cont.

18 mm in order to have a good long-term result. Even when a good result is obtained, recurrence leads to open operation about 50% of the time.

Dr. Reickert emphasized that small bowel Crohn's occurs at multiple levels, and there are multiple techniques that can be performed when doing open operation. When doing a first operation for Crohn's disease, resection of the active disease with 1 cm of normal small bowel often produces a good long-term result without excessive removal of the small bowel. When recurrent disease occurs, optimal treatment is to preserve bowel. This can be done by a stricturoplasty which is similar to a regular pyloroplasty with the incision made longitudinally and then closed transversely. When the stricture is unusually long, the Finney-type stricturoplasty can be applied, whereby the side-to-side anastomosis is up to 10 cm in length but no bowel is resected. He also described the Michelassi procedure, whereby there is overlapping of strictured bowel, which can then be approximated without doing resection after a patient has already had partial bowel resection for Crohn's disease. He emphasized the importance of not describing how much bowel is removed, but rather to describe in the dictation how much bowel is left behind so that a future surgeon involved with this patient realizes the challenge that he/she faces. Preservation of the ileocecal valve is helpful when that can be done without compromising the removal of diseased tissue.

Sometimes strictures or stenosis occur in the sigmoid colon, and these patients are best treated by sigmoidectomy with primary anastomosis. Likewise, strictures may occur in the duodenum with or without associated fistulae, and these require a more complicated reconstruction which may include a small bowel serosal patch over the duodenal perforation or some type of bypass in order to have the food no longer be exposed to the duodenum.

He described the syndrome of toxic colitis, which typically is associated with more than six bowel movements a day, in addition to a dilated colon. This is associated with inflammatory Crohn's disease of the colon, and this is sometimes diffuse, necessitating a total abdominal colectomy with either ileostomy or ileorectal anastomosis. He emphasized how patients with rectal disease provide a challenging dissection to that area and that the performance of an ileorectal anastomosis is likely to fail. Consequently, many of these patients will have total abdominal colectomy with ileostomy

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SURGICAL GRAND ROUNDS, cont.

and over-sewing of the rectal stump. He also discussed the problem with rectal stump blowout and some of the different treatments, including drainage that has to be provided in order to try to prevent this frustrating complication.

He also discussed the problems with intra-abdominal abscesses associated with walled-off perforations of the terminal ileum. This may be associated with an iliopsoas abscess in those patients who have the phenotype of stricture, full wall involvement of Crohn's, and perforation. He emphasized the importance of having the patient be rehabilitated nutritionally before embarking upon a major operation which would include bowel resection with anastomosis. When bowel is resected, the extent of resection should be no more than 1 cm beyond the area of clinically involved disease.

He finished his lecture by discussing some of the challenges that are seen in the treatment of peri-anal abscesses in these patients. He discussed simple drainage without causing extensive dissection of tissues, which may cause loss of muscle fibers and the potential use of a seton in patients with transmural and rectal anal cutaneous fistulae. Rarely one needs to do a colostomy in this setting because of recurrences and incontinence related to complications of anal Crohn's disease.

There was a stimulating question-and-answer session, and Dr. Reickert was able to provide appropriate responses to these questions.





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



*The Department of Surgery cordially invites you to the
Annual Dinner Meeting of the Wayne State Surgical Society on*

Tuesday, October 24, 2023

*The dinner will begin promptly at 7:00 p.m.
immediately following the WSU Alumni Reception
at the Boston Marriott Long Wharf
296 State Street, Boston, MA
Harbor View Ballroom*

~ Choice of Entree ~

_____ **Herb Crusted Filet**

Wild Mushroom Risotto, Truffled Asparagus Salad, Bordelaise Sauce

_____ **Chermoula Grilled Swordfish**

Toasted Fregola, [Chefs Seasonal Ve](#)getable, Preserved Lemon Gremolata

_____ **Cauliflower Steak**

Roasted Cumin Garbanzos, Coconut Kefir Curry, Crispy Kale

RSVP by October 6, 2023 to jdammm@med.wayne.edu or

Call Janet Damm at 313-745-8778



OCTOBER 2023



The Department of Surgery
cordially invites you and a guest to an

Alumni Reception

Tuesday, October 24, 2023

6:00 p.m. – 7:00 p.m.

Boston Marriott Long Wharf
296 State Street, Boston, MA
Reception Rm. – Constitution/Faneuil/Beacon

Hosted by Donald W. Weaver, M.D.
Penberthy Professor and Chairman
Department of Surgery

RSVP by October 6, 2023 to jdamm@med.wayne.edu or
Call Janet Damm at 313-745-8778





"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

12/8/71 - Staff: Dr. Zwi Steiger; Chief Resident: Dr. Zamiri

1. WG: Acute abdomen. Exploratory laparotomy revealed 1.5 ft small bowel that was gangrenous, treated with resection and anastomosis.
2. FJ: Blunt trauma with positive DPL. Laparotomy revealed ruptured spleen and capsular tear of left lobe of liver, treated with splenectomy.
3. DK: Fall 15 ft, multiple right rib fractures with hemothorax, chest tube inserted at laparotomy, positive DPL. Laparotomy revealed bleeding omental vessel.



Dr. Anna Ledgerwood

12/9/71 - Staff: Dr. B. Birks

NO CASES.

12/10/71 - Staff: Dr. A.J. Walt

1. DH: GSW abdomen with laceration right lobe of liver and duodenum, transverse colon, and pancreas. Treated with laparotomy, repair of duodenum, colostomy, and mucous fistula.
2. LP: MVC with multiple extremity fractures, large laceration of buttocks treated with debridement and packing, colostomy, and mucous fistula.
3. BB: GSW in patient six months pregnant. Laceration left and right lobes of liver, treated with left lobectomy, laceration of inferior vena cava and laceration of lung, treated with closure of cava and chest tube insertion.

12/11/71 - Staff: Dr. T. Grifka

1. FM: Stab abdomen with tear mesentery colon which was repaired.
2. MD: Laceration 3,4,5 fingers treated with suture and K-wire insertion.
3. LT: SGW breast and arm, treated with mastectomy and debridement of arm.
4. TH: Laceration right wrist with laceration flexor tendon and ulnar nerve, treated with repair.
5. HG: GSW chest and abdomen with laceration of left lobe liver and spleen, treated with splenectomy and suture of liver, thoracotomy with left lower lobectomy, and laceration of adrenal gland treated with ligation vessels.
6. RD: Stab abdomen with laparotomy showing laceration of liver which was not bleeding. FG: Perforated duodenal ulcer treated with omental patch.
7. FG: Perforated duodenal ulcer treated with omental patch.
8. MW: Laceration left hand with laceration of digital artery and nerve of thumb, treated with ligation of artery and repair of nerve.
9. JJ: Laceration of hand treated with debridement and closure.
10. HG: GSW chest, in pulmonary distress, treated with thoracotomy but no major injury.

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"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE, cont...

12/12/71 - Staff: Dr. J. Yao

1. MD: GSW chest in 54yo woman, thru-and-thru laceration of heart, entrance was 3 cm and exit was 6 cm, treated with thoracotomy and closure of holes. BP did not rise, and patient expired later.
2. OS: GSW abdomen with laceration of pylorus, duodenum, and inferior vena cava. Bullet was found inside vein. Treated with closure of pylorus and duodenum and repair of vena cava.
3. WR: GSW abdomen involving duodenum, inferior vena cava, and lumbar artery. Treated with laparotomy and repair of inferior vena cava.

12/13/71 - Staff: Dr. Allaben

1. GS: GSW groin and abdomen, treated with exploratory laparotomy with repair multiple small bowel lacerations and colostomy for sigmoid colon laceration. Negative groin exploration.
2. FK: Incarcerated femoral hernia, treated with resection of small bowel and repair of hernia.
3. FH: Subphrenic abscess, treated with resection of 12th rib and drainage.
4. OK: GSW neck, laceration of pharynx, treated with exploration of neck and suture of laceration with drainage.

12/14/71 - Staff: Dr. A. Arbulu

1. WD: I&D right hand abscess.
2. DB: I&D left leg abscess.
3. LJ: I&D left hand abscess.
4. LR: Stab of abdomen with laceration of stomach, treated with exploratory laparotomy and closure of laceration.

12/15/71 - Staff: Dr. Carrasquilla

1. PR: Multiple GSW chest and abdomen, treated with insertion of chest tube for hemothorax and exploratory laparotomy with findings of laceration hepatic flexure colon and thru-and-thru right lobe of liver, treated with colostomy.
2. SF: GSW abdomen with thru-and-thru laceration of right lobe of liver, treated with exploratory laparotomy and resection 200 gm liver tissue.
3. RA: Stab to neck, treated with exploration which was negative.
4. RW: Laceration hand with laceration of flexor tendons treated with repair.



WSU MONTLY CONFERENCES 2023

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, October 4

Death & Complications Conference

“Anti-Obesity Medications for the General Surgeon: What You Need to Know”

Anastasia Stevens-Chase, MD

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, October 11

Death & Complications Conference

“Abdominal Wall Reconstruction”

Roosbeh Mansour, MD, FACS

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, October 18

Death & Complications Conference

**Appropriate Use of Modifiers for Optimizing Billing and Coding in
Transplant Surgical Procedures**

Rajeev Sharma, MD

Chief of Transplant Surgery, West Virginia University (WVU) School of Medicine, Morgantown, WV

Surgical Director, Kidney Transplant Program WVU Hospitals

Associate Professor of Surgery, WVU School of Medicine

RESGE AUDITORIUM – SECOND FLOOR WEBBER BLDG
HARPER UNIVERSITY HOSPITAL, 3990 JOHN R.
7:00 Conference: Approved for 1 Hour – Category 1 Credit
8:00 Conference: Approved for 1 Hour – Category 1 Credit
For further information call (313) 993-2745

The Wayne State University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Wayne State University School of Medicine designates this live activity for a maximum of 2 hours *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”

EVALUATIONS

Surgical Death and Complications Rounds #2023321125, Sept-Dec 2023 CME Reflective Evaluation:

<https://www.surveymonkey.com/r/MF9Y1.7M>

Surgery Grand Rounds #2023321064, Sept-Dec 2023 CME Reflective Evaluation:

<https://www.surveymonkey.com/r/MNZD2V2>

 <p>ILITCH</p> <p>DEPARTMENT OF SURGERY</p>	
 <p>WAYNE STATE UNIVERSITY School of Medicine</p>	<p>Department of Surgery 6C/UHC, 4201 St. Antoine Detroit, Michigan 48201 (313) 577-5013 FAX: 577-5310</p>  <p>wayne state surgical society</p>

May, 2023

Dear WSSS Alumni and Friends:

The WSSS continues to thrive and provides support to our membership and the current General Surgical residents at WSU. As your new President of the WSSS, I would like to greet you for the new year and report on the society's 2022 activities. Our annual meeting, held during the meeting of the American College of Surgeons, took place last October in San Diego, and a good time was had by all. There was an excellent turnout at the cocktail reception which was hosted by our Chairman, Dr. Don Weaver, and was followed by the WSSS meeting and banquet. The banquet is free to all WSSS members with the current residents attending as our guests. There was an excellent turnout of the old timers at the 2022 meeting, and we hope a similar turnout will occur next October at the 2023 meeting. Our banquet meeting and dinner always occurs on Tuesday evening of the week of the American College of Surgeons.

The WSSS also sponsors a lectureship in memory of Dr. Walt. This lectureship will be held immediately prior to the Detroit Trauma Symposium, which is organized and directed by Dr. Larry Diebel. This year's WSSS lecturer is Dr. Scott Dulchavsky and will be given on November 8 at 8 a.m. As your President, I will have the privilege of introducing Dr. Dulchavsky who has become a famous graduate of our program, actively involved in education throughout the country and one of the astronauts involved in our space program. He has a wealth of information on many different fronts and will certainly give an outstanding lecture so all of you should plan to attend. This will be followed the next morning by the Detroit Trauma Symposium, which is the oldest trauma symposium in the country and will probably be attended by at least 700 people in order to hear the many outstanding lectures that Dr. Diebel arranges from trauma surgeons throughout the country.

The WSSS continues to thrive based upon the generous support of all of you. Enclosed with this communication is the Dues form for 2023. Note that you can pay by check or credit card, and I encourage all of you to become Lifetime Members of the WSSS. When Dr. Walt organized the WSSS, he envisioned it as a mechanism to bring the alumni together as family in order that we could all have closer communication and participate in various learning activities as we all try to update our knowledge in the field of surgery. Serving as our Society President is a great honor. The WSU Michael and Marian Ilitch Department of Surgery and the WSSS is responsible for a large part of our success as surgeons. Hopefully all of you will find time to get together and renew old friendships at the upcoming ACS meeting and at the subsequent DTS.

Sincerely yours,

Lawrence Narkiewicz, M.D.
President, Wayne State Surgical Society

 <p>M I C H</p> <p>DEPARTMENT OF SURGERY</p>	 <p>WAYNE STATE</p>
 <p>WAYNE STATE UNIVERSITY School of Medicine</p>	<p>Department of Surgery 6C/UHC, 4201 St. Antoine Detroit, Michigan 48201 (313) 577-5013 FAX: 577-5310</p>  <p>wayne state surgical society</p>

WAYNE STATE SURGICAL SOCIETY

OFFICERS BALLOT

2023

President: (2 year position)

- Lawrence Narkiewicz (1st year)

President-Elect: (2 year position)

- Joseph Sferra (1st year)

Treasurer: (2 year position)

- Bruce McIntosh (2nd year)

Members-At-Large: (3 year position)

- Jay Dujon
- Jennifer Bradley
- Anita Antonioli

Resident Member: (1 year position)

- Paige Aiello
- Molly Belisle



**Wayne State Surgical Society
2023 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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Total Paid _____

Payment by Credit Card

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

Credit Card Number: _____

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

Name as it appears on card: _____

Signature: _____

Billing address of card (if different from above):

Street Address _____

City _____ State _____ Zip Code _____

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

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

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

MARK YOUR CALENDARS

*American College of Surgeons Clinical Congress
October 22-25, 2023
Boston, Massachusetts*

*Western Surgical Association Annual Meeting
November 2-5, 2023
Laguna Cliffs Resort and Spa
Dana Point, California*

*71st Annual Detroit Trauma Symposium
November 9-10, 2023
MSM Grand Hotel
Detroit, Michigan*



*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)

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. Scuff (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)

Lawrence S. Zachary (1985)

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) passed 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. Narkiewicz 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	Clink, Douglas	Gerrick Stanley	Lucas, Charles E.	Ramnauth, Subhash	vonBerg, Vollrad J. (Deceased)
Albaran, Renato G	Chmielewski, Gary W.	Grifka Thomas J. (Deceased 2022)	Malian, Michael S.	Rector, Frederick	Washington, Bruce C.
Allaben, Robert D. (Deceased)	Colon, Fernando I.	Gutowski, Tomasz D.	Marquez, JoFrances	Rose, Alexander	Walt, Alexander (Deceased)
Ames, Elliot L.	Conway, William Charles	Herman, Mark A.	Martin, Donald J., Jr.	Rosenberg, Jerry C.	Weaver, Donald
Amirikia, Kathryn C.	Davidson, Scott B.	Hinshaw, Keith A.	Maxwell, Nicholas	Sankaran, Surya	Whittle, Thomas J.
Anslow, Richard D.	Dente, Christopher	Holmes, Robert J.	McGuire, Timothy	Sarin, Susan	Williams, Mallory
Antoniolli, Anita L.	Dujon, Jay	Huebl, Herbert C.	McIntosh, Bruce	Sferra, Joseph	Wills, Hale
Auer, George	Edelman, David A.	Johnson, Jeffrey R.	Missavage, Anne	Shapiro, Brian	Wilson, Robert F.
Babel, James B.	Engwall, Sandra	Johnson, Pamela D.	Montenegro, Carlos E.	Silbergleit, Allen	Wood, Michael H.
Bassett, Joseph (Deceased)	Francis, Wesley	Kline, Gary	Narkiewicz, Lawrence	Smith, Daniel	Zahriya, Karim
Baylor, Alfred	Flynn, Lisa M.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Smith, Randall W.	
Bouwman, David	Fromm, Stefan H.	Lange, William (Deceased)	Novakovic, Rachel L.	Stassinopoulos, Jerry	
Bradley, Jennifer	Fromm, David G	Lau, David	Perrone, Erin	Sullivan, Daniel M.	
Busuito, Christina	Galpin, Peter A.	Ledgerwood, Anna M.	Porter, Donald	Sugawa, Choichi	
Crocco, William C.	Gayer, Christopher P.	Lim, John J.	Prendergast, Michael	Tuma, Martin	



Members of the Wayne State Surgical Society—2023-24 Dues

Alpendre, Cristiano V.	Goltz, Christopher J.	Marquez, JoFrances	Siegel, Thomas S.
Bambach, Gregory A.	Gutowski, Tomasz	Martin, Jonathon	Tarras, Samantha
Carlin, Arthur	Hall, Jeffrey	McGee, Jessica D.	Taylor, Michael G.
Chmielewski, Gary	Hollenbeck, Andrew	Mostafa, Gamal	Tennenberg, Steven
Dawson, Konrad L.	Joseph, Anthony	Nevonen, Marvin G.	Thoms, Norman W.
Dolman, Heather	Klein, Michael D.	Paley, Daniel S.	Vasquez, Julio
Dulchavsky, Scott A.	Kline, Gary	Park, David	Ziegler, Daniel W.
Fernandez-Gerena, Jose	Kosir, Mary Ann	Porterfield, Lee	
Field, Erin	Lloyd, Larry	Shanti, Christina	



*Operation-A-Year
January 1—December 31, 2024*



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 you 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.	Dittinbir, Mark	Holmes, Robert J.	McGuire, Timothy	Sullivan, Daniel M.
Antoniolli, Anita L.	Engwall, Sandra	Johnson, Jeffrey R.	McIntosh, Bruce	Wood, Michael H.
Bambach, Gregory A.	Fernandez-Gerena, Jose	Johnson, Pamela D.	Porter, Donald	Ziegler, Daniel
Bradley, Jennifer	Gutowski, Tomasz	Joseph, Anthony	Prendergast, Michael	
Busuito, Christina	Gayer, Christopher P.	Lim, John J.	Siegel, Thomas S.	
Chmielewski, Gary W.	Herman, Mark A.	Malian, Michael	Smith, Daniel	
Dente, Christopher	Hinshaw, Keith A.	Marquez, JoFrances	Smith, Randall	



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.