MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

FEBRUARY 2024

SURGICAL GRAND ROUNDS

February 14th

Inside this issue:

February 2nd

Justin Klein, MD

Dr. Justin Klein (WSUGS 2012) presented a Grand Rounds lecture to the Department of Surgery on January 10, 2024 entitled "Pediatric Surgery Review" for the upcoming ABSITE exam. He began with an overview of esophageal and intestinal atresia, with or without tracheo-esophageal fistula. Esophageal atresia was divided into five subtypes, A through E, with E being the most common treated with correction of proximal esophageal pouch and distal fistula, if present, by ligation and primary anastomosis.

Duodenal atresias may result in failure of recannulation which occurs around the sixth week of gestation and is associated with congenital cardiac defect in up to 35% in chromosomally normal patients and up to 45% in trisomy 21; this is usually an atrioventricular septal defect. Duodenal atresias are surgically corrected using a single layer of full-thickness repair named a Kimura's duodenoduodenostomy. Jejunal atresias are treated differently due to their etiology of vascular accidents in-utero and are the most common site of intestinal atresia. Ten percent of patients with jejunal atresia have cystic fibrosis so it is important to test with a sweat chloride test or PCR for cystic fibrosis. Colonic atresias are often associated with Hirschsprung's disease, cloacal extrophy, intestinal fistula, and abdominal wall defects. Hirschsprung's disease is caused by the lack of neuromigration of the neural crest cells to their colonic location. This is treated with a primary pull through vs. a primary colostomy with secondary pull through.

Dr. Klein then described malrotation which is corrected with the Ladd procedure to detorque the bowel in a counterclockwise position and usually includes an appendectomy. Finally, he discussed a potpourri of commonly tested surgical pediatric problems, including a perforated anus, MEC, pyloric stenosis, gastroschisis vs. omphalocele, intussusception, appendicitis, and pediatric hernia repairs.

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His lecture was a thorough review of frequently tested ABSITE topics and was an excellent overview in preparation for the ABSITE exam which will be taken by the residents on January 28-29, 2024.


Anna M. Ledgerwood, MD

The WSU Department of Surgery Grand Rounds on 1/17/24 was presented by Dr. Anna M. Ledgerwood (WSUGS/1972) and was entitled "Management of the Geriatric Trauma Patient." Dr. Ledgerwood talked about the early days when she was critical of some of the activities regarding verification of trauma centers with the result that she was appointed to the American College of Surgeons Verification Review Committee. During these early years, the verification process included adults and children but did not have a special section for geriatric trauma. She pointed out that this is very important as there are many things that occur with age that are important in the care of injured patients. At that time, elderly patients with hip fractures were not included in the Trauma Registry, whereas now that has been corrected, and there is a great deal of attention paid to elderly patients with orthopedic problems when they are admitted to American College of Surgeons verified trauma centers.

According to some statistics, elderly patients who are injured by falls and have fractures have a very high complication rate, and those who survive hospitalization end up having about a 50% mortality rate at nursing homes or other types of facilities. The elderly have tremendous problems with balance so that their vestibular apparatus no longer provides the protection that occurs in younger patients. Part of this is cerebral as it relates to the vestibular nerve, but much of it has to do with joint problems which young people automatically rely on to maintain their balance, but the elderly no longer have the control of balance from joints that are arthritic and painful. Dr. Ledgerwood provided multiple examples of patients who are at high risk for complications and death. Not only does this relate to hip fractures but also to patients with cervical spine fractures with or without associated paralysis. The delay in having some of these patients get to the operating room is often due to having too many physicians involved in the patient's care so there is not one "master" physician who is making decisions about all aspects of the geriatric patient, including factors related to cardiac failure, renal failure, dementia, and other social factors.

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Many of these complications can be prevented by having rapid evaluation and preparation for the patient to have repair of fractures within 24 hours. The delay in getting the patient ready for operation by obtaining multiple tests, which really have nothing to do with the patient's recovery and cause an increase in morbidity and mortality. There are also many dangers in anticoagulants which are very commonly used in elderly patients to prevent deep venous thrombosis or to treat cardiac arrhythmias. When falls occur in these patients, there may be an intracerebral hematoma which may not always be evident on the first imaging study. She gave examples where the intracerebral bleed was not evident until a second CT scan was obtained during the hospitalization. Because of arthritic changes in the cervical spine, the elderly are also more likely to have impaired protection of the spinal cord by the spine with the result that there is a higher incidence of neurodeficit in elderly patients. In addition, patients who fall due to impaired vestibular function often have a scalp laceration which often leads to a cervical splint. She showed examples where the cervical splint interferes with eating so patients have to receive nutrition by a tube or by intravenous feedings.

There are also problems with burn injuries in the elderly in that an elderly patient with a 75% burn has an approximately 100% mortality. Consequently, doing anything but preparing that patient to move on to the next world would be futile, and we should get social services, religious representation, and legal advisors to the patient in order to help for this final trip.

Many of the respiratory problems associated with rib fractures are accentuated in elderly patients. There has to be an aggressive approach to multiple rib fractures. She prefers intercostal nerve block in order to enhance vital capacity and breathing with decreased pain.

Finally, she discussed some of the factors related to depression which is a common entity in the elderly. The depression will interfere with their cooperating with the physician team in order to overcome their injury and be able to return home again.

Following the presentation, there was an active question-and-answer session.

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WAYNE STATE
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SURGICAL GRAND ROUNDS


Dr. Eliza Beal, MD

On Wednesday, January 31, 2024, during our WSU-Department of Surgery Grand Rounds conference, an ABSITE QUEST Review was presented. Dr. Eliza Beal discussed the questions that the residents will find on their upcoming internal examination on January 26-28, 2024. She worked in a collaborative manner with all of the residents, with each resident having prepared an answer for each of the questions, and then there was a brief discussion about the correct answer. This session provided excellent training for the upcoming ABSITE examination which is at the end of January.

Dr. W. Charles Conway

The Surgical Grand Rounds on January 31, 2024 was presented by Dr. W. Charles Conway (WSU/GS 2001/07) who is director of the Surgical Oncology program at the Ridley-Tree Cancer Center at the Cottage Health Center in Santa Barbara, California. His presentation was titled, "Vascular Resection During Pancreatectomy." Following completion of his surgical training at WSU, Dr. Conway did his Hepatobiliary Fellowship in New Orleans where he became quite familiar with the resection of large tumors in the upper abdomen. He later moved to Santa Barbara, California and is now Director of the Surgical Oncology Division at the Cottage Health Center.

The first part of his presentation discussed the normal anatomy, emphasizing the close association with the pancreatic parenchyma and the many branches of the celiac axis and superior mesenteric axis, along with the many venous branches, including the splenic vein, portal vein, superior mesenteric vein, and the inferior vena cava. He talked about the selection of doing extended pancreatic resections. He pointed out that the word "radical" is what all pancreaticoduodenectomies are for cancer and that the word "extended" categorizes those operations where vascular resection are done in combination with the standard Whipple operation.

The selection of cases has to do with the status of the patient who must have the physical reserve in order to tolerate this extended pancreaticoduodenectomy. There must be no evidence of Stage IV disease, and the degree of resection of vessels depends upon the local extent of the

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malignancy. He pointed out that there are examples where there is either arterial resection or portal venous resection. When patients have what is called the borderline resectable tumor as defined by computed tomography with tumor abutting the portal vein and/or superior mesenteric artery, these patients have traditionally been candidates for preoperative chemotherapy. Actually, in the past, they would be candidates for both chemotherapy and radiation therapy. He pointed out that when patients have less than 50% involvement of these structures, they are identified as borderline resectable and that over the past two or three decades have been converted to resectable by preoperative adjuvant therapy. The preoperative neoadjuvant therapy has allowed some people to have tremendous response. One of the agents which has been used to bring about this response has been Folfirinox which has converted what appears to be a non-resectable lesion to a resectable lesion. He emphasized how sometimes the vessels have to be skeletonized during operation in order to remove any microscopic tumor that might be present in the adjacent soft tissues.

He reported on some studies which suggest that the benefit of neoadjuvant therapy is limited to the chemotherapy and not to the radiation therapy. This is important since radiation therapy might make the dissection in this area more difficult. There is a prospective randomized study going on now which is comparing chemotherapy and radiation therapy with only chemotherapy. Dr. Conway is involved as one of the people involved with this study.

Dr. Conway also discussed some of the challenges related to venous resection. He described how one of the popular techniques in his hand is to perform a mesocaval shunt whereby the distal superior mesenteric vein is anastomosed in an end-to-side manner to the vena cava. One can also achieve the same type of mesenteric decompression after resecting the portal vein by creating a mesorenal anastomosis. Some people are in select circumstances doing resection of the SMA which has to be reconstructed immediately to preserve mesenteric flow. He also discussed preoperative embolization of the hepatic artery. Resections of the SMA in conjunction with celiac artery branch resections are often associated with gastrointestinal complications so that it is nice if the combination of these de-arterializations can be avoided. He pointed out that the 90-day mortality rate associated with resections of the SMA and portions of the celiac axis is 10%, and a long-term survival is only 17 months. These patients have a significant morbidity which is greater than 50%.

During the discussion after his presentation, he talked about the results of total pancreatectomy and how they have improved with the use of implantable insulin pumps and careful

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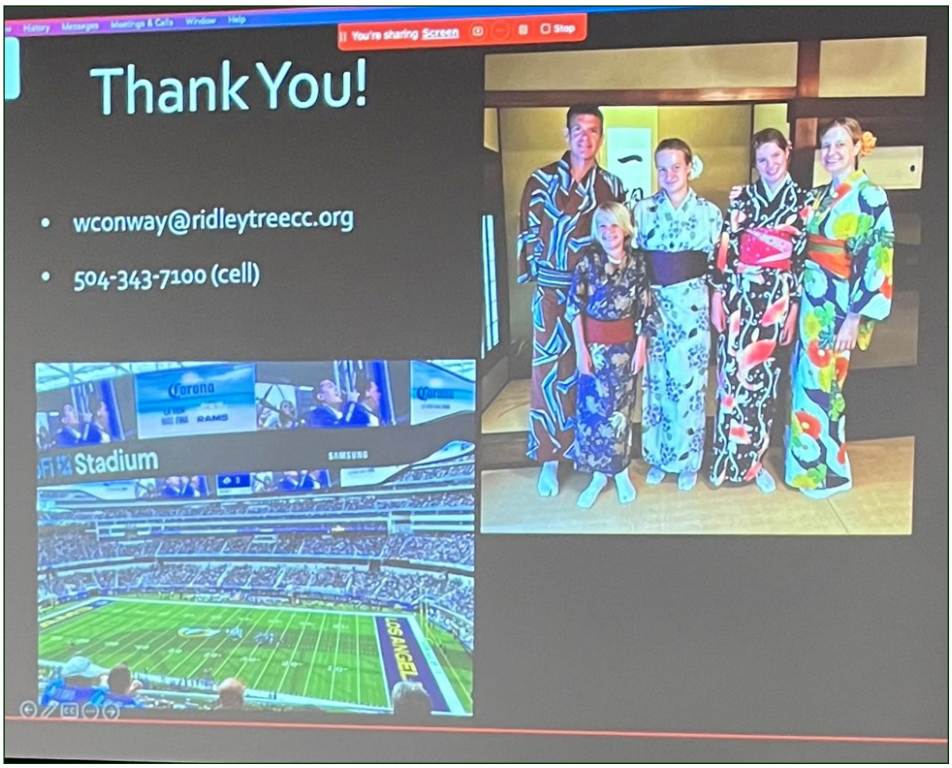
monitoring by the endocrinologist. He finished by talking about his home in Santa Barbara where they had terrible floods which involved the street that he lives on. He talked about the beauty of the Santa Barbara area and the nearby mountains where he is able to get his exercise as a routine jogger. The meeting was adjourned with an excellent question-and-answer session.



The lower left photo is the stadium in Santa Barbara where the San Francisco 49ers ended the wonderful resurgence by the Detroit Lions at the NFC Championship game.

The upper right photo is Dr. Conway with his spouse, Dr. Elizabeth Krenz (WSUSOM), and their three daughters, enjoying Japan where he was a guest lecturer.

After 36 years with the Wayne State University, and 25 of those years working for the Department of Surgery, Mrs. Brenda Marable-Kennedy has decided to retire and enjoy the benefits that retirement will bring. Brenda's last day with the department was Friday, January 12, 2024. A small gathering was held in 6C-UHC honoring her and many came and shared in congratulating her. The WSU family congratulate Brenda and wish her the wonderful, long, and full retirement.

Elika Ridelnmabn, from Research at CHM (left) and Darlene McCallum (right) stopped by to share in Brenda's (center) retirement celebration

Mrs. Brenda Marable-Kennedy

Dana Cooley (right) poses with Brenda

(Left to right) Janelle Paparelli, Cindy Washell, Chandra Mauldin, Brenda, Janet Damm, Amber Wilson

Dr. Alfred Baylor (WSUGS 2005) and Dr. Heather Dolman (WSU/GS 2000'/06) came to celebrate with Brenda on her retirement

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

Dr. Anna Ledgerwood

2/9/72 - Staff: Dr. J. Basset

1. CB: GSW epigastrium with ditch superior aspect of liver and bullet in chest with no pneumohemothorax.

2/10/72 - Staff: Dr. A. Kambouris

No O.R. cases

2/11/72 - Staff: Dr. C. Benavides

1. RR: GSW liver, treated with drainage.
2. MT: 22yo with GSW left upper quadrant with thru-and-thru splenic flexure colon, treated with exteriorization and colostomy.

2/12/72 - Staff: Dr. J. Plant

1. TT: Blunt trauma to abdomen with retroperitoneal hematoma.
2. IB: Post SGW right chest, treated with split-thickness skin graft.
3. WD: Post SGW left calf, treated with split-thickness skin graft.
4. HG: Postop splenectomy for stab wound, treated with closure of wound dehiscence.

2/13/72 - Staff: Dr. R. Krome

1. LB: GSW left lumbar region, treated with laparotomy and approximation of laceration of serosa of descending colon.

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

2. CG: GSW abdomen with perforation small bowel x6 and urinary bladder x2, treated with resection of small bowel and anastomosis and closure of bladder with Foley catheter for drainage.
3. DK: Stab left forearm with laceration extensor tendons and axillary nerve, treated with repair.

2/14/72 - Staff: Dr. A. Arbulu

1. FB: 79yo with small bowel obstruction, treated with lysis of adhesions.
2. GD: GSW of chest and back with bullets in questionable retroperitoneum, treated with exploratory laparotomy and bullet in peritoneal cavity with no injury.

2/15/72 - Staff: Dr. Y. Kim

1. JD70: GSW scalp, left thigh, and abdomen with injury to common iliac artery, retroperitoneal sigmoid colon, jejunum, and ileocecal junction, treated with repair of vessel with end-to-end anastomosis, resection small bowel, cecum, and modified Hartmann's procedure with ileostomy and gastrostomy. Received 26 units of blood and was bleeding throughout the case; had no blood pressure at end of procedure and expired in Recovery Room.
2. LJ: Ischiorectal abscess, treated with incision and drainage.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

WSU MONTLY CONFERENCES 2024

Death & Complications Conference Didactic Lectures — 8 am
Every Wednesday from 7-8 Kresge Audi- torium

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

Wednesday, February 7
Death & Complications Conference
"Protecting Assets" and "Financial Literacy"
Jeffrey Janowicz, MD
WSU Michael & Marian Ilitch Department of Surgery

Wednesday, February 14
Death & Complications Conference
Dominic Suma, MD
Graduating Vascular Surgery Resident
WSU Michael & Marian Ilitch Department of Surgery

Wednesday, February 21
Death & Complications Conference
Surgical Treatment of Cutaneous Neuralgia in the 21st Century
Charles E. Lucas, MD
WSU Michael & Marian Ilitch Department of Surgery

Wednesday, February 28
Death & Complications Conference
Heather Dolman, MD
WSU Michael & Marian Ilitch Department of Surgery

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 #2024321125, Jan-April 2024 CME Reflective Evaluation:
https://www.surveymonkey.com/r/MJMJNVV
Surgery Grand Rounds #2024321064, Jan-April 2024 CME Reflective Evaluation:
https://www.surveymonkey.com/r/MJWT2XF

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WAYNE STATE

Wayne State Surgical Society
2024 Donation

Name:

Address:

City/State/Zip:

Service Description Amount

2024 Dues Payment _____$200 _____

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

*Charter Life Member _____$1000 _____

Total Paid_____

Payment by Credit Card

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

Credit Card Number:_____

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

Name as it appears on card:_____

Signature:_____

Billing address of card (if different from above):

Street Address_____

City_____ State_____ Zip Code_____

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

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

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

MARK YOUR CALENDARS

American Surgical Association 144th Annual Meeting
April 4-6, 2024
Grand Hyatt Hotel
Washington DC

Michigan Chapter of the American College of Surgeons
May 1-3, 2024
Radisson Plaza Hotel
Kalamazoo, Michigan

February 19th

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.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

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. 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)
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.

MICHAEL & MARIAN ILTCH DEPARTMENT OF SURGERY

WAYNE STATE

Members of the Wayne State Surgical Society
Charter Life Members

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

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

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

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

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*.