MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

MAY 2024

SURGICAL GRAND ROUNDS

May 12th

Inside this issue:

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"Dr. Rachelle Moore (WSUGS 2025) provided the following summary from the April 3, 2024 Grand Rounds"


Dr. Rachelle Moore

Dr. Eliza Beal, surgical oncologist at Karmanos Cancer Institute (KCI), presented Grand Rounds on April 3, 2024 on healthcare disparities affecting patients with gastrointestinal cancers. Dr. Beal began by defining health equity, which is the "state in which [all people have] fair and just opportunity to attain their highest level of health". Attaining health equity requires changing health policy to address injustices and obstacles to obtaining healthcare. In contrast, health disparities are defined as "preventable differences in the burden of disease", including those from socioeconomic status, identity, and geolocation. Finally, there are social determinants of health which are defined as "nonmedical factors that influence health outcomes" such as living conditions, age, economic policies and politics, social norms, climate, and racism. In regard to the patients who receive their care at KCI, there is a large catchment area of 46 counties in Michigan which includes the contrasting City of Detroit, which has 73% Black-identifying residents, and rural counties to the north with a total of 6.7 million residents. Additionally, Wayne County has the largest number of individuals of Middle Eastern and North African (MENA) descent representing 45% of the entire state's MENA population.


Dr. Eliza Beal

The disparities affecting racial and ethnic minorities in cancer care are demonstrated by the data collected in the Michigan Cancer Surveillance Program, which showed disproportionate incidence and mortality of cancers (including gastrointestinal cancers) in African Americans within the catchment area as compared to other ethnic groups. Dr. Beal elaborated on a few studies that demonstrated but did not attempt to reduce the effect of healthcare disparities. There was, however, a recent study published in 2023 in the Journal of Behavioral Medicine that tested the effects of medical mistrust on receptivity to colorectal cancer screening recommendations in African American patients. This study presented

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participants with informational modules, with some receiving an "additional one-minute culturally targeted message that focused on the role of the personal will in overcoming adversity" particularly focused on the current colorectal cancer disparities among Black Americans being "partially attributable to personal choices about... screening... and that choosing to obtain screening can help address [these injustices]". The results of this study showed that in participants who had higher baseline medical mistrust, they were more likely to anticipate racism, and this anticipated racism was reduced by viewing the culturally targeted message. Although healthcare disparities are an ever-evolving and multifaceted issue affecting millions of Americans, Dr. Beal concludes that studies such as this one must become the norm in directing research around mitigating healthcare disparities such that interventions are designed that are "patient-centered... [and] culturally-tailored".

The Department of Surgery thanks Dr. Beal for this interesting and highly relevant Grand Rounds lecture.

The Surgical Grand Rounds for Wednesday, 4/10/24 was presented by Dr. Amanda Johnston, who is an SICU Fellow. She was introduced by Dr. Steven Tennenberg, the Director of the Critical Care Fellowship. The title was “Abdominal Compartment Syndrome: There’s More to Know Than Just Decompressive Laparotomy.” Dr. Johnston began by going through some of the history of the abdominal compartment syndrome (ACS), and she reviewed the early data from the World Society of the Abdominal Compartment Syndrome. Their first publication was in 2006, followed up by a revised version in 2007 providing a detailed discussion of intra-abdominal pressure (IAP). A normal IAP is about 0-7 mmHg and rises in obese patients so that the upper level may reach 9-14 mmHg. IAP is graded as being mild when the IAP is 12-15 mmHg, moderate at 16-20 mmHg, high at 21-25 mmHg, and severe at more than 25 mmHg. She described the abdominal perfusion pressure (APP) as equaling the MAP minus the IAP. The diagnosis of sustained increase in the IAP over 40 mmHg plus any type of new organ failure is compatible with severe intra-abdominal hypertension and ACS.


Dr. Amanda Johnston

There are many causes for severe IAP, including injury requiring multiple transfusions, ascites from liver dysfunction, intra-abdominal sepsis, toxic megacolon, systemic sepsis, and burns. Recurrent acute compartment syndrome (ACS) may be seen with ARDS and with hemorrhagic shock requiring more than ten transfusions.

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Dr. Steven Tennenberg

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Severe pancreatitis has also been associated with ACS. There is also some discussion in the literature that resuscitation with crystalloid solution may contribute to the ACS. The effects of severely elevated IAP may lead to a decrease in cardiac output, increased systemic vascular resistance, increased afterload, peripheral and central edema, and ventricular compromise. This may also affect the lungs and contribute to ARDS. Patients with gastrointestinal ischemia due to poor inflow may also develop severe sepsis and ACS. The increased abdominal wall pressure leads to decreased abdominal wall perfusion and may contribute to subsequent hernia development. There is also a decrease in liver blood flow resulting in lactic acidosis. Sometimes the syndrome is referred to as polycomponent syndrome which also causes an increase in the intracerebral pressure, resulting in a decrease in cerebral perfusion pressure.

Dr. Johnston described how the best technique for monitoring IAP is through bladder measurements utilizing a Foley catheter and using the mid-axillary line as the reference zero point for measuring pressure. She described how the catheter has to be flushed so there are no resistances from the bladder fluid level and the transducer.

The treatment of ACS may initially be non-operative and includes sedation, upright position, neuromuscular blockade, and reducing enteral feedings. Patients who have ACS related to Ogilvie's syndrome can be helped with therapeutic colonoscopy.

Other treatments for ACS that have been recommended include hypertonic saline in order to reduce crystalloid infusion. There is also some suggestion in the literature that the utilization of hypertonic saline may result in earlier fascial closure in those patients who have treatment by opening the abdomen to relieve the intra-abdominal hypertension.

If all measures fail, patients are candidates for laparotomy with damage control consisting of packing the abdominal wall open in order that the patient can recover from the specific cause of the ACS. There was an active question-and-answer session.

The Surgical Grand Rounds on Wednesday, 4/17/24 was presented by Dr. Alison Karadjoff (WSUGS 2024) and was entitled, "ECMO in Trauma Patients." Dr. Karadjoff reported that the first use of ECMO for trauma was implemented many years ago in a 24-year-old trauma patient. She presented some of the information from the National Trauma Data Bank (NTDB) from 2007 thru 2019. Patients who meet the indications for ECMO may be suffering from trauma, ARDS, pulmonary insufficiency from pneumonia, or other pulmonary insults. Such patients are usually under 65 years old and receive heparinization at a dose of 100 mg/Kg. This is

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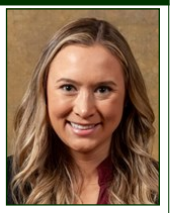
Dr. Alison Karadjoff

followed by the clotting times, including the PT, PTT, and ATT. Patients with multiple organ failure are not good candidates for ECMO. She described the different indications for venovenous vs. venoarterial which is primarily a function of the cardiac reserve. She also described the role of ECMO in patients who have survived a resuscitative thoracotomy for severe cardiac failure and shock following injury. Some of the different conditions where one would use ECMO for lung failure include pulmonary contusion, large airway injury, and other pulmonary insults of undetermined etiology.

One of the concerns with ECMO is worsening of trauma-induced coagulopathy and, therefore, in patients with traumatic brain injury, ECMO traditionally has been avoided. More recent studies using venovenous ECMO suggests that this technique can be applied without the use of anti-coagulation, and recent studies suggest that traumatic brain injury is not an absolute contraindication. Regardless of cause for the pulmonary insult, patients who have an associated hypotension with a systolic pressure less than 75 mmHg have a much higher mortality rate with ECMO. Some of the most encouraging survival rates occur after using ECMO for drowning victims where up to 75% of patients survive. Patients receiving ECMO following gunshot wounds causing severe injury have the worst survival of less than 33%. Some reports suggest that the use of ECMO for burn patients is associated with a 65% survival, but there are potential complications related to infection, bleeding, and acute kidney injury where up to 50% of patients may require replacement therapy.

The results following resuscitative thoracotomy are reasonably good when there is return of spontaneous circulation where patients receiving ECMO have a 50% chance of survival when they can also be taken to the operating room for repair of the underlying cause of the pulmonary failure and hypotension. The data from the Trauma Quality Improvement Program suggests that patients who stabilize and do not have lethal co-morbidities have over a 40% chance of survival. ECMO is also being used in some pediatric patients, and further study is needed in this area.

There was an extensive question-and-answer session after her very stimulating presentation.

The Surgical Grand Rounds on Wednesday, 4/24/24 was presented by Dr. Jock Thacker (WSUGS 2024) and was titled, “C. Walton Lillehei: Innovator, Educator, and Pioneer.”

Dr. Thacker first described the early years of Dr. Lillehei who grew up in Minnesota and served in the North African campaign where he functioned as a surgeon and became the

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Dr. Jock Thacker

chief of his surgical unit. He was attracted back to the University of Minnesota by Dr. Owen Wangensteen who was the chairman at Minnesota at the time. This was a very research-oriented department which was evenly split between clinical activities and basic research activities. During his residency years, Dr. Lillehei developed a mass in his neck which later was resected, requiring a total parotidectomy followed by radiation therapy. The original biopsy showed that this was a lymphosarcoma of the parotid gland, but Dr. Wangensteen didn't inform him of that diagnosis until he finished his residency because the diagnosis at that time was essentially a death sentence. Following his residency, he had an extensive parotidectomy followed by radiation therapy and was basically out of commission for approximately one year.

Following his recovery, he became involved in cardiac surgery and was one of the first to produce the arteriovenous bypass for the "Blue Baby Syndrome" in the early 1950's. He was also involved in therapy for patent ductus arteriosus and later became involved in the "blind" mitral valvotomy which is done by digital dissection with a small cut proximal to the mitral valve in order to gain access. During World War II, Harden was one of the first to operate on the heart after a military injury when he removed a piece of shrapnel from the heart muscle. Actually the first operation for a stab wound to the heart was done in 1896 by Dr. Wren who had preached the theoretical possibility of doing such an operation but was criticized by those who believed that if one opened the heart, the soul would leave the body, and the patient would die. When a patient from a nearby park was brought to him after a stab to the chest with all of the signs of pericardial tamponade, he procrastrinated for three days because of his fear of being criticized. He then operated and put a simple suture in the hole in the right ventricle and the patient recovered uneventully.

Later in the 1950's, the Blalock Taussig shunt was described for patients with this syndrome by placing a shunt between the subclavian artery and the internal jugular vein. It was clear at this time that some type of cardiopulmonary bypass (CPB) was needed in order to provide circulation during the period of time when the heart was not beating while being operated upon.

Dr. Dennis from the University of Minnesota and Dr. Varco worked on this endeavor but were frustrated by the problems associated with air embolization as it relates to the pump. Dr. Gibbon from the University of Pennsylvania did a number of studies on animals using an oxygenator with moderate success, but it was not perfect.

The Gibbon pump oxygenator would later make an important difference, and when Gibbon did his first operation with this machine, a repair of an atrial septal defect, the patient did well, but the next three patients died so he retired from doing any further cardiac surgery, despite the fact that his pump later became the standard.

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The use of hypothermia at this time was being tested in Chicago by Dr. Bigelow and showed that canine models would tolerate longer periods of no perfusion so that this eventually became an important adjunct to open cardiac surgery and later to organ transplantation. Dr. Lewis from the University of Minnesota was the first to do open heart surgery with hypothermia down to 4°C. The operation lasted only five minutes, and he was successful without cardiopulmonary bypass. The challenge for doing a ventricular septal defect with only hypothermia was complicated by the fact that this procedure would take longer to perform, and the hypothermia provided protection for only a limited period of time. During the early 1950's, cross-circulation was tested in canine models and showed that animals could survive from the cross-circulation of another animal for over 20 minutes. This was tried in the clinical arena with family members serving as the source for the cross-circulation so that the heart could be stopped for longer periods of time while the underlying anatomic defect was corrected. There was a milk pump that was used in a canine model because it provided equal perfusion of both ends of the pump, thus keeping the cross-circulated dog in balance in terms of volumes. Studies with the milk pump demonstrated that 16 out of 17 dogs did quite well with cross-perfusion, lasting for over two hours. The tubing that was used as part of the cross-perfusion was dark so that one was unable to see if there were any air bubbles in the circulation. Dr. Lillihei in 1954 repaired a ventricular septal defect using cross-circulation, and this was later done that year in a child.

The Tetralogy of Fallot presented a special challenge and open repair was sometimes associated with heart block. The first repair of a Tetralogy of Fallot using cross-circulation was done in 1954. Canine trials were done with cross-circulation. Dr. DeWall, a general practitioner, got involved with an oxygenation pump and eventually retired from his private practice in order to join Dr. Lillihei in creating a bubble oxygenator which would allow for more complicated heart operations. The bubble oxygenator continued to be improved upon each year and eventually became the standard technique for doing open cardiac surgery. Famous heart surgeons like Drs. DeBakey and Cooley from Texas visited with Dr. Lillihei in order to master the techniques of cardiopulmonary bypass using the bubble oxygenator.

Dr. Lillihei became involved in external pacing by placing wires on the epicardium, and this technique was expanded so that one of the Minnesota people (Bakken) founded MedTronic which was strongly supported financially by Dr. Lillihei. The success related to the double oxygenator led to more complicated operations being performed so that in the mid- and late 1960's, heart valves were being placed, and subsequently transplantation of the heart was performed. Dr. Chris Barnard from South Africa performed the first heart transplant. He had been trained at Minnesota by Dr. Lillihei and in California by Dr. Shumway who were really the two main pioneers in heart transplantation. Later in that decade, Dr. Lillihei was the second to perform the combined heart/lung transplantation. Clearly, Dr. Lillihei was a pioneer in heart surgery and is often referred to as the father of open cardiac surgery.

There was an active question-and-answer period following this excellent presentation.

ALEXANDER J. WALT
LECTURESHIP
2024

Rondi M. Kauffmann, MD, MPH, FACS, FCS(ECSA)

Associate Professor of Surgery, Division of Oncologic and Endocrine Surgery

Vice Chair of Global Surgery, Section of Surgical Sciences

Vanderbilt University Medical Center

Vanderbilt Institute for Global Health

Honorary Faculty AIC Kijabe Hospital, Kijabe, Kenya

"Global Surgical Education: A Stamp in the Passport to Academic Pursuit"

Wednesday, May 15, 2024

8:00 a.m.

Kresge Auditorium, Second Floor

Harper University Hospital

3990 John R

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY
WAYNE STATE
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Charlie Lucas Receives ACS Distinguished Philanthropist Award

The American College of Surgeons has a Foundation which is designed to encourage surgical members of the ACS and various other organizations involved closely with the ACS to support the ACS and all of its educational endeavors. The ACS continues to be the leading international association for surgeons and is involved in extensive educational activities and quality activities throughout North America and even the world.

Ms. Beth White-Carona, Dr. Charlie Lucas, and Dr. Anna Ledgerwood

Dr. Charlie Lucas (WSU/GS 1962/67) has had the honor of being a member of the Foundation for ten years, and during that time period, was able to convince a number of other surgeons to become Life Members by donating $10,000 over ten years as a means of supporting the ACS and its many activities. Ms. Beth White Carona, CFRE, the Director of the ACS Foundation, brought the Distinguished Philanthropist Award to Detroit in order to present it to Dr. Lucas. This provided a wonderful opportunity for Dr. Anna Ledgerwood (WSUGS 1974), Dr. Lucas, and Ms. White-Carona to enjoy a wonderful Italian feast at Giovanni's.

All of the members of the WSSS should remember the importance of the ACS in providing for their education and career. Supporting the ACS financially to continue to carry out these activities is something to be considered.

Ms. Cynthia Washell Decides to Reap the Rewards of Her Many Years of Service

Ms. Cynthia Washell has been a tremendous support to the Department of Surgery for many years. She has been involved in many different activities for improving the function of the department and has decided that she is now going to enjoy the fruits of her many years of service. She will be taking her retirement this May. Everyone wishes her the best!

Mrs. Cindy Washell

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Janet Costew, RN Moves on to the Next World


Janet Costew, RN

Mrs. Janet Costew was one of the favorite nurses who helped the surgeons within the University of Surgeons and our Department of Surgery take the optimal care of their patients. She had a tremendous rapport with physicians, residents, students, and patients. She anticipated when there would be specific problems, and she did whatever was necessary to circumvent them. Everyone had the highest level of respect and admiration for Janet who always provided the best of service to everyone. Below is the obituary announcing her recent transfer from this world to the next:

Janet Louise Costew (nee Matthews) died suddenly April 2, 2024. Janet was born in Detroit on April 12, 1942 to Madeline and John Matthews. She served 35 years as a Registered Nurse at Harper Medical Center. Janet was a proud member of the Plymouth Seventh Day Adventist Church and helped on many mission trips building schools and churches. However, her greatest, most impactful role was of wife, mom and Grammy. Janet had a unique ability to make each person around her, especially her grandchildren, feel like they were the most important person in the world to her. She had a competitive spirit, especially when playing Pinochle. She loved journaling, attending all her grandkids' activities, playing golf and whale watching in Hawaii.

She is survived by her loving husband of 63 years, Bob, her children Rob (Alta), Jeff (Lori) Costew, & Sue (Tino) Giordano. She has six adoring grandchildren Sam (Natalie), Tino, & Marina (Bret) Giordano, and Sydney, Troy & Cate Costew. She is also survived by two sisters, Eva (RJ) Sampson and Harriet (Bill) Mason, uncle John Cantor, her best friend Karen Luscomb, dear friend Dr. Arthur Weaver and many other family and friends. She was preceded in death by her parents and brother, Kenny.

A memorial service will be scheduled at a later date. In lieu of flowers, please make contributions to the Plymouth Seventh Day Adventist Church (4295 Napier Rd Plymouth, MI 48170), or the charity of your choice.

EXTRA-CURRICULAR PRODUCTIVITY


Dr. Paige Aiello


Dr. Miguel Tobon

Drs. Paige Aiello (WSUGS 2024) and Miguel Tobon (WSUGS 2020) are pleased to announce that baby George Thomas Tobon joined us on March 19th 2024 (WSU/GS 2058). He weighed in at 7lb 5oz and was 19.5 inches. They are all very happy and everyone is doing well! The WSSS extended family and friends welcome baby George to the family.


George Thomas Tobon

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE


Dr. Anna Ledgerwood

3/10/72 - Staff: Dr. J.C. Rosenberg: Chief Resident: Dr. A. Ledgerwood

1. JD117: GSW left neck, in respiratory distress, tracheostomy done in O.R. followed by exploration left neck with closure two holes esophagus and thyroid cartilage.
2. JD118: GSW left femoral artery and vein with tangential laceration of vein which was repaired, thru-and-thru femoral artery treated with resection and end-to-end anastomosis, GSW abdomen with exploratory laparotomy non-penetrating.
3. HS: 52yo with perforated duodenal ulcer (ulcer hx of ten yrs), treated with vagotomy, pyloroplasty, and gastrostomy.
4. JF: 28yo with GSW abdomen, exploratory laparotomy, closure five holes small bowel thru- and-thru sigmoid colon, left colostomy, and mucous fistula.

3/11/72 - Staff: Dr. C. Huang

1. DP: GSW abdomen, closure four holes small bowel with laparotomy.
2. SS: GSW abdomen and right chest, treated with exploratory laparotomy, suture liver laceration right lobe, closure right diaphragm, right chest tube, and splenectomy.

3/12/72 - Staff: Dr. Kirkpatrick

1. WI: Previous laparotomy for acute abdomen with 1.5 ft small bowel that was dead and was resected, had patch of perforated gastric ulcer.
2. JL: 33yo with stab right upper quadrant, exploratory laparotomy and drainage of 2 cm stab wound right lobe of liver.

3/13/72 - Staff: Dr. Arbulu

1. SS: Left hemothorax treated with left chest tube.
2. JS: Patient had previous GSW to abdomen with two holes in bladder and two holes in rectum. Treated with laparotomy, closure anterior hole rectum and bladder holes with suprapubic tube. Sigmoid loop colostomy was done and matured without a glass rod. Patient had division of loop colostomy and presacral drains.
3. JD124: Stab right neck, 90% transection right internal carotid artery which was repaired with exploration right neck.

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

3/14/72 - Staff: Dr. A. Weaver

1. BL: GSW abdomen treated with left thoracotomy and digital compression of aorta, exploratory laparotomy with thru-and-thru left common iliac artery, treated with ligation of internal iliac artery and anastomosis left common to left external iliac and small bowel resection.
2. RW: GSW right chest with fracture right clavicle. Arteriogram showed cut off of subclavian artery treated with resection of medial two-thirds of clavicle and 4 cm of subclavian artery with saphenous vein graft.
3. EW: Patient two days postop for SGW leg, wound debridement, and saphenous vein graft treated with exploration of wound and evacuation of hematoma, further debridement of necrotic muscle.

3/15/72 - Staff: Dr. T. Grifka

1. LP: Ileotransverse anastomosis which was exteriorized now put back into peritoneal cavity.
2. RH: MVC with fracture left 2-10 ribs, treated with exploratory laparotomy and splenectomy.
3. JD129: MVC with fracture left 3,4,5 ribs and flail chest, treated with tracheostomy and closure facial lacerations.
4. RW: SGW forearm, treated with debridement.
5. AR: Perforated duodenal ulcer in 21yo who was patched (of note, patient was here one month ago with GSW abdomen and two holes stomach, closed and had gastrostomy).

3/16/72 - Staff: Dr. J. Plant; Resident: Dr. S. Sankaren

1. JC: 49yo S/P postop one year partial cystectomy for Ca urinary bladder. Admitted with partial small bowel obstruction. Did not improve, had laparotomy with lysis of adhesions and findings of necrosis distal ileum kinked by adhesion to previous scar.
2. GM: 58yo with SGW right chest and right shoulder, treated with debridement.

3/17/72 - Staff: Dr. R. Wilson

1. SS: Left hemopneumothorax treated with left chest tube.
2. MS: Abscess left hand treated with I&D.
3. CF: 70yo with UGIB, senile in nursing home four years, Hgb 4.5 and actively bleeding. Exploratory laparotomy, cirrhotic liver, bleeding esophageal varices treated with insertion of Blakemore tube and gastrostomy (terrible case).
4. EM: Stab left abdomen, treated with exploratory laparotomy, penetrating but no injury.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

WSU MONTLY CONFERENCES 2024

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, May 1
Death & Complications Conference

"Biofilm Considerations in Plastic Surgery and Wound Care"
Abigail E. Chaffin, MD, FACS, CWSP, MAPWCA
Professor of Surgery, Chief, Division of Plastic and Reconstructive Surgery
Program Director, Tulane University/Ochsner Clinic
Plastic Surgery Residency Program Medical Director, MedCentris Wound Healing Institute
Metairie Department of Surgery, Tulane University School of Medicine New Orleans, Louisiana

"Surgical Lessons in Wound Care: Collagen and Matrix Products"
Gregory Bohn, MD, ABPM/UHM, MAPWCA, FACHM, FAAWC
DMC/WSU School of Medicine

Wednesday, May 8
Death & Complications Conference

"Annual Program Evaluation (APE)"
David Edelman, MD, Program Director, DMC/WSU Surgical Residency
DMC/WSU School of Medicine

Wednesday, May 15
Death & Complications Conference

***Alexander J. Walt Endowed Lecture*:**
"Global Surgical Education: A Stamp in the Passport to Academic Pursuit"
Rondi M. Kauffmann, MD, MPH, FACS, FCS(ECSA)
Associate Professor of Surgery, Division of Oncologic and Endocrine Surgery
Vice Chair of Global Surgery, Section of Surgical Sciences, Vanderbilt University Medical Center, Vanderbilt Institute for Global Health
DMC/WSU School of Medicine

Wednesday, May 22
Death & Complications Conference
Puneet Bhatti, DO
Graduating Surgery Resident, DMC/WSU School of Medicine
DMC/WSU School of Medicine

Wednesday, May 29
Death & Complications Conference
Paige Aiello, MD
Graduating Surgery Resident, DMC/WSU School of Medicine
DMC/WSU School of Medicine

KRESGE 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, May-Aug 2024 CME Reflective Evaluation:
https://www.surveymonkey.com/r/XP9GTFC
Surgery Grand Rounds #2023321064, May-Aug 2024 CME Reflective Evaluation:
https://www.surveymonkey.com/r/KH7923B

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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.

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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

Midwest Surgical Association Annual Meeting
August 4-6, 2024
Grand Hotel
Mackinac Island, Michigan

83rd Annual Meeting of the American Association for the Surgery of Trauma/Clinical Congress of Acute Care Surgery
September 11-24, 2024
Las Vegas, Nevada

American College of Surgeons Clinical Congress Annual Meeting
October 19-22, 2024
San Francisco, California

May 27th

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 ILITCH 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 (Deceased)
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*.