MICHAEL M & M MARIAN
ILITCH
DEPARTMENT OF SURGERY
WAYNE STATE

SEPTEMBER 2024

September 2nd

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The MSA held its 67th annual meeting on August 4-6, 2024 at the Grand Hotel on Mackinac Island, Michigan. Council members for the MSA include the Recorder, Dr. Jonathan Saxe (WSUGS 1990); the Local Arrangements Chairperson, Dr. William Cirocco (WSUSOM 1985); and Dr. Heather Dolman (WSU/GS 2000/06), who is a member of the Program Committee. Dr. Saxe also chairs the Editorial Committee.

Dr Larry Stephenson giving his talk at MSA meeting on Sunday 8/4

Following the Welcome Reception on the famous west porch of the Grand Hotel and the subsequent dinner, Dr. Larry Stevenson, Professor Emeritus at the WSU Department of Cardiothoracic Surgery, delivered the Alexander J. Walt Memorial Lecture. Dr. Stevenson talked about the first heart operation which was done while the patient was on cardiac circulation by way of an artificial heart. This operation was performed by Dr. Forest Dewey Dodril on July 3, 1952. The patient was 41 years old and suffered severe congestive heart failure due to mitral valvular disease. During the circulation by the artificial heart, Dr. Dodril corrected the mitral valve disease, and the patient had a long life following this correction. Dr. Stevenson showed some long-term follow-up with the patient and the medical team. The artificial heart was a machine created by the General Motors Corporation who worked in close concert with Dr. Dodril in order to achieve this momentous operation which was very successful.

The Alexander J. Walt Historical Lecture was followed by Spectacular Problems in Surgery where many physicians from the Midwest area provided an unusual case report which had educational value.

The Monday morning session began with a series of posters presented by physicians from all over the Midwest, with each identifying a teaching point. Thee were 25 such educational posters.

The poster session was followed by the first scientific presentation of podium papers which lasted until 9 a.m. This was followed by the Scott

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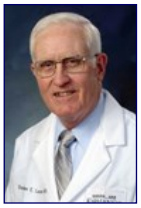
Warner Woods Memorial Lecture. Dr. Woods, a native Michiganian, did his undergraduate training at the University of Michigan after fulfilling his military obligation and then did his residency at WSU, finishing in 1960. He was a very busy practitioner for many years in Ypsilanti, Michigan and was a longtime supporter of the MSA and the WSU Department of Surgery. The Woods Memorial Lecture was delivered by Dr. Grace Kim, a general surgeon in Minimally Invasive Surgery and Director of the General Surgery Program at the Brighton Center for Specialty Care. Dr. Kim talked about the surgeon as a teacher and emphasized many of the important points regarding successful surgical mentoring of residents throughout all levels of their training.


Dr. Grace Kim

The Woods Memorial Lecture was followed by the second scientific session where a number of scientific papers were presented. Included was a paper in which Dr. Jonathan Saxe, who is the Program Director at the Ascension-St. Vincent Hospital in Indianapolis, was a co-author, entitled "A Personalized Smart Phone app for a Surgery Residency: Is it Useful?" This paper emphasized the importance for the surgeon and the Residency Program Director in helping with the teaching of residents. This session also included a paper by Dr. Jason Aubrey from the Corewell Health program at Michigan State University entitled, "AI-Generated Personal Statements are Difficult to Distinguish from Human Personal Statements by General Surgery Program Directors." Dr. Charles Lucas (WSU/GS 1962/67) was a discussant of this interesting paper.


Dr. Jonathan Saxe


Dr. Charles Lucas

<u>William Hunter Harridge Lecture</u>

The next part of the program was the annual Harridge Lecture named after Dr. William Harridge who was an important member in supporting the MSA when it was in difficulty of failing as an organization. Dr. Edward Cornwell, the Chief of Surgery at the Howard University Hospital in Washington DC, was the Harridge Memorial Lecturer. The title of his lecture was "Mount Rushmore of Black Academic Surgical Pioneers: Their Opportunities and Impact." He discussed the important contributions that have been made in the field of surgery by African-American surgeons over the past century. This was a very informative presentation which was appreciated by all.


Dr. Edward Cornwell

The Monday activities finished with a cocktail reception, followed by a marvelous dinner at the Grand Hotel. This was well attended and enjoyed by all of the membership and guests. During

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the dinner, there was a band playing which allowed for the youngsters (preschoolers) to be dancing with themselves prior to the completion of dinner, after which there was music and dancing by the more senior members of the MSA and their spouses.


Dr. Nicholas Stevens

The Tuesday morning session began with a series of scientific papers. One of these papers was presented by Dr Jeremy Mormol from the Michigan State University and was entitled, "Big 3 on Thinners: Risk of Anti-Coagulation and Anti-Platelet Therapy in Severe Intracranial Hemorrhage." Dr. Heather Dolman was a discussant on that paper. Another paper was presented by Dr. Nicholas Stevens from Western Michigan University entitled, "Gender Variations in 30-Day Outcomes Following Cholecystectomy in Patients with Acute Biliary (Gallstone) Pancreatitis." This paper was discussed by Dr. Anna Ledgerwood (WSUGS 1972).

The second half of the Tuesday morning scientific session included a series of nine papers which lasted until the noon hour.

Presidential Address


Dr. Akpofure Peter Ekeh

The final Tuesday morning scientific sessions were followed by the Presidential Address given by Dr. Akpofure Peter Ekeh from the Wright State University. Dr. Ekeh received his medical education in Nigeria, after which he did his residency in surgery at the Brooklyn Hospital Center in New York and his Fellowship in Critical Care at the University of Miami. He talked about the many challenges in his career as it relates to education, training, and patient care. His Presidential Address was entitled, "Preserving and Expanding the Pipelines of Surgeons." The Presidential Address was followed by the MA Annual Business Meeting when new officers and committee members were announced, and plans were finalized for the 68th Annual Meeting of the MSA in the summer of 2025.


Dr. Heather Dolman

During the Tuesday Business Meeting, Dr. Heather Dolman was promoted to Secretary of the MSA. Also, Dr. Jonathan Saxe was appointed to the editorial Committee of the American Journal of Surgery, which is the journal that publishes the articles presented at the MSA.

Dr. Larry Stevenson (left) shows off trophy for having delivered the Walt Lecture

Dr. Peter Ekeh, President of the MSA, presents Dr. Edward Cornwell with the Walt plaque after Dr. Cornwell gave the Harridge Lecture

(Left to right) Mrs. Janice Clink, her husband, Dr. Douglas Clink (WSU/GS 1978/83), Dr. Keith Hinshaw (WSU/GS 1982/87), Dr. Hinshaw's grandson, Theo Pewinski, and his daughter, Dr. Amie Hinshaw

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SURGICAL GRAND ROUNDS

The **Surgical Grand Rounds** for **Wednesday 8/7/24** was presented by Dr. Yevgeniy Rits, the Chief of Vascular Surgery at the DMC and the Program Director for the Vascular Surgery Fellowship. His lecture was entitled, "Endovascular Aneurysm Repair (EVAR)." Dr. Rits began his presentation by reporting that abdominal aortic aneurysm disease (AAA) is responsible for about 15,000 deaths in the U.S. each year, and currently there are about 120,000 operations performed annually for this disease. The anatomic segments of the aorta were described, beginning with site O at the level of the aortic valve and extending down to site 12 at the iliac arteries. The risk for developing AAA is related to age, male gender, Caucasian race, smoking, hyperlipidemia, and disease of the aortic matrix with alterations in the relationship between collagen and elastin. These diseases would include Ehlers-Danlos Syndrome, HIV, syphilis, tuberculosis, and idiopathic cystic medial necrosis.

Dr. Yevgeniy Rits

The Emerick Szilagyi Classification describes the risk for AAA rupture which is less than 1% for aneurysms less than 5 cm, 5 to 10% for aneurysms between 5.5 and 5.9 cm, 10% for aneurysms 6 to 7 cm, and more than 30% for aneurysms greater than 7 cm. Consequently, size is an important indicator of risk; likewise, growth of an AAA of more than 0.5 cm in six months represented a high risk for rupture.

Also described was the original development of the Dacron grafts for replacement of the aorta with the original studies and grafts being developed by Dr. DeBakey in 1952. Both Dr. DeBakey and Dr. Cooley, both from Houston, were pioneers in the development of AAA replacement. These procedures were done by the open technique. The endovascular aneurysm repair (EVAR) began in 1990. The first such repair was described in 1987 by Dr. Vololos, A Ukranian vascular surgeon who later moved to the Montefiore Medical Center and performed the first EVAR in the USA in 1992. Dr. Parodi, an Argentinian surgeon, reported his first EVAR in 1990.

Some of the physical characteristics of the EVAR grafts were described; they have a typical neck diameter of 10-15 mm, a neck length of 10 mm with other elements of the grafts being related to the patient's anatomy. Many of the technical aspects of EVAR were explained, including access through the groin and the use of sheath dilators in order to gradually expand the opening for proper passage of the endograft into the proper aortic position. This technique eliminates the need to actually resect the AAA which is done through a percutaneous approach rather than a full laparotomy or large retroperitoneal incision so that the EVAR placement can be done in a shorter period of time resulting in a shorter length of hospital stay and a decreased incidence of surgical site infections.

Shock wave or lithotripsy therapy is sometimes used to remove atherosclerotic disease within the aorta. This allows for the endograft to be better seated and to properly expand.

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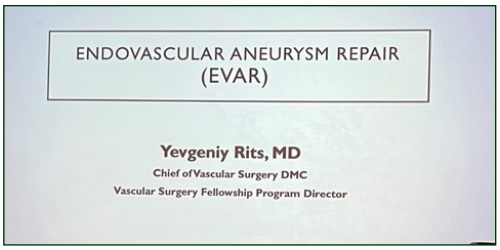
SURGICAL GRAND ROUNDS



Dr. Rits also discussed the different aspects of sealing the graft in place. The early grafts would have small hooks which went through the native aortic wall but were sometimes associated with complications. The grafts use trackers which allow the endograft to be tacked to the native aorta and have less problems with leakage. This is done circumferentially in order to secure the proximal aorta to the proximal endograft. He discussed the Cook Suprarenal Stent which provides proximal fixation, and he reported on the Gore data which describes how thee have been over 420,000 endografts performed over a short period of time. This has led to a decrease in mortality and a decrease in rupture from the AAA. How the Endologix Suprarenal Stent is placed was described, as well as some of the ongoing research, related to graft placement and long-term stability. One of the challenges is to reduce the amount of dye which is necessary for repeated angiograms during the placement of these endografts which has led to a significant incidence of acute kidney injury. Newer techniques are being worked on in order to eliminate this complication.

Dr. Rits also described the types of endoleaks, including: (1) proximal to the endograft, (2) between the graft and native aorta, (3) separation of the graft, (4) leak through the graft due to problems with porosity, and (5) refilling of the native aneurysmal sac due to the accumulation of blood.

Finally, Dr. Rits described how endobranches to the native branches of the aorta are placed. This is done by endoscopic technique of creating a small hole at the site of a native artery, such as the renal artery in order to pass a stent through the endograft into the native artery. It was also pointed out that the short-term mortality of endograft replacement of the AAA is much lower, but in those patients who have had the AAA treated more than eight years ago, there is a higher complication in those who have had the endograft compared to those who have had open aneurysmectomy. Future challenges relate to improving the custom-made endografts and identifying better ways for obtaining angiography with less contrast agent.

The **Surgical Grand Rounds** for **Wednesday, 8/14/24**, was given by Dr. Shunji Nagai who is the Surgical Director of liver, Intestine, and Multivisceral Transplantation at the Henry Ford Transplant Institute. He defined how the indications for transplantation have traditionally been liver malignancy namely hepatocellular carcinoma and to a lesser extent liver cirrhosis More recently, cirrhosis has been an increasing indication for transplantation, particularly now that there is medicine to help in the treatment of cirrhosis due to different viral infections. He also pointed out hat the survival after transplantation for hepatitis with cirrhosis has had a better survival with a 90% survival at one year and over an 80% survival at three years. When doing a liver transplant for cirrhosis or hepatitis, a biopsy is not needed, and one can make decisions based upon the clinical picture. An important prognostic factor is the MELD score which includes changes in the serum bilirubin.

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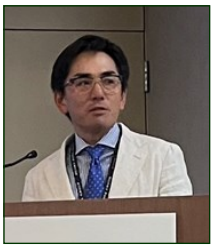
A rapid rise in the serum bilirubin is an ominous finding for patients who do not have liver transplantation.


Dr. Shunji Nagai

When doing a liver transplant for alcoholic hepatitis, one of the criteria is that the patient has to be abstinent from alcohol, preferably, for six months. Both preoperatively and postoperatively, this is an important factor in dealing with the Social Work team in order to facilitate abstinence. Other important social factors include smoking, psychological support, and family support. Recidivism as it relates to alcohol leads to a bad outcome.

He discussed the role of liver transplantation for different types of malignant tumors. Traditionally, the most common malignancy has been hepatocellular carcinoma. More recently there have been increased transplants done for hilar cholangiocarcinoma. The liver transplantation is done with excision of the biliary structures involved with the cholangiocarcinoma. There also have, more recently, been hepatic transplantation for patients with metastatic colorectal cancer who are otherwise cancer-free and for patients with mesentery desmoid tumors where the liver transplantation is done with an intestinal transplantation.

Dr. Nagai reported on some of the earlier experiences with hepatocellular carcinoma which was begun by Dr. Starzl beginning in 1991 He reported that the survival was directly related to the number of malignant lesions within the liver. Patients with less than three lesions within the liver had up to a 70% five-year survival. He also reported on studies where comparisons were made between liver transplantation vs. resection of the proximal ductal cholangiocarcinoma which demonstrated that the patients did better with liver transplantation. All of these studies demonstrate that hospitals that have a higher transplant volume tend to have better results in terms of long-term survival following liver transplantation. This is true for transplant centers in Europe and in the United States. Other factors which are associated with better survival besides a small number of lesions include a CEA less than 80 and all tumors less than 5 cm.

One of the challenges for al types of transplantation is organ procurement. The recipients who do the best have received organs from Brain Dead Donors (BDD) who are maintained on their normal circulation until the transplant is performed. He pointed out that cold storage should not be done for more than ten hours and that the shorter duration of cold storage yields the best results. He also described the mechanics of the different pumps that are used to maintain liver perfusion doing the transplantation period. Needless to say, the donors are in short supply as evidenced by the fact that there are over 24,000 potential recipients and far fewer potential donors, resulting in transplantation being done in only about 6,000 of these potential recipients. The new pumps allow for there to be normothermic perfusion, and the ischemic time is less than 60 minutes. Often in the BDD, other organs, especially the heart, are also provided at the time of harvesting.

Dr. Nagai also discussed live donor liver transplantations which would involve the right hepatic lobe or the left hepatic lobe. The right hepatic lobe represents about 65% of the liver volume compared to 35% for the

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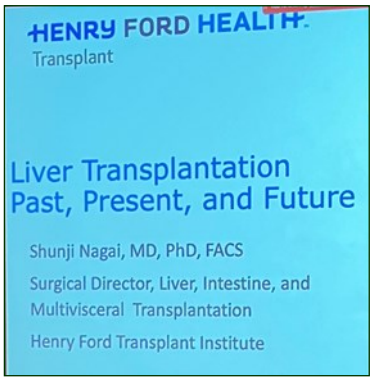
SURGICAL GRAND ROUNDS



left hepatic lobe. The recipients who receive the right lobe tend to do better, but the operation is safer for the donor when the left lobe is harvested. Complications of liver transplantation include biliary stricture, cholangitis, coagulopathy with major bleeding, and subsequent liver failure. When doing a left hepatic lobe transplantation, sometimes "Portal inflow modulation" can be performed by ligating the splenic artery in order to enhance the flow to the hepatic artery.

Since 2000, the Henry Ford Hospital Transplant program has performed over 200 liver transplantations with a one-year survival of over 95% and a five-year survival of 90%. These numbers are slightly better than the national average. Approximately 25% of patients have numbers that are slightly better than the national average. Approximately 25% of patients have some type of complication within the first three months, related to the complications listed above. He emphasized that "mini" incisions of less than 10 cm are now utilized in order to perform a right hepatic lobe transplantation and multivisceral transplantations where all the organs are harvested, including the pancreas, liver, and mesentery. He also described xenotransplantation where a pig has been used as the donor for a human with liver failure. The pig has been genetically modified in order to decrease the likelihood of rejection.

During the question-and-answer period, which was extensive, Dr. Nagai pointed out that anti-rejection agents are used to help decrease the likelihood of subsequent rejection.

The **Surgical Grand Rounds** on **8/21/24** was presented by Dr. Rupen Shah who is the Director of the Henry Ford Health Oncology Institute and was entitled, "Role of cytoreductive Surgery and HIPEC in the Management of Peritoneal Surface Malignancies." Dr. Shah pointed out that peritonectomy has been performed for many primary lesions that result in diffuse peritoneal metastases. The common ones, however, have been the ovary and appendix. There are different cell types which lead to diffuse peritoneal metastases which migrate from the inner lining of the bowel through the muscularis and outside of the serosa due, in some respect, to the deregulation of D-cadherin. This results in tumor deposits throughout the peritoneal lining and sometimes in the omentum and on the structures made up by the extracellular matrix. When patients present with a picture compatible with appendicitis, one can sometimes appreciate that there is thickened tissue in the abdomen, suggesting that this may not be a routine appendicitis. One of the common sites for diffuse peritoneal tumor is a mucinous cancer of the appendix which leads to the diffuse peritoneal seeding. These patients are candidates for appendectomy with right hemicolectomy and insertion of catheters in order to subsequently treat with hyperthermic intraperitoneal chemotherapy (HIPEC). When first seeing a patient with possible peritoneal carcinomatosis, the CT scan will often not identify the fine features of this process. Better imaging studies include the PET-CT or the ImmunoPET. Laparoscopic examination will sometimes aid in the confirming the diagnosis and in identifying the extent of peritoneal involvement.

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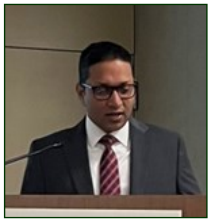
Dr. Rupen Shah

There are different regions of the peritoneum which may involve tumor spread. The 12 regions extend from the undersurface of the diaphragm, down into the deep pelvis, behind the rectum. The objective for therapy in these patients is to do a resection which is as complete as possible. Ideally, one would be able to resect all portions of the peritoneum so that any residual pieces of tumor are less than 0.25 cm. This is referred to as a complete cytoreduction. Patients who are left with larger residual tumors are considered to have had an incomplete cytoreduction. A complete resection of the peritoneum includes all of the anterior and lateral abdominal wall, extending laterally to the point where the right and left colons connect with the peritoneum, the undersurface of both hemidiaphragms, the omentum, and the peritoneal surfaces in the deep pelvis and overlying the uterus and adnexa.

Catheters are then left in place, and intraperitoneal HIPEC is instituted when the patient has recovered, resulting in chemotherapeutic agent concentrations which may be 20-50 times what is achieved by intravenous administration. This procedure may be done at the end of the operation if the patient is stable or in the postoperative period routinely. The temperature of the infusate is over 40°C and may be as high at 43°C.

The selection of patients who are candidates for this prolonged procedure is based upon the history of the tumor, the stability of the patient and whether the patient is able to tolerate a prolonged operative procedure, and the fact that the tumor is localized to the peritoneum without extraperitoneal metastases.

The survival following HIPEC varies upon the ECOG rating system, which varies from 1-3, depending upon the size and location of tumors. One of the classic examples of diffuse peritoneal tumor involvement is seen in patients who have a mucinous cancer of the appendix and present with “pseudomyxoma peritonei” or “jelly belly.” These patients are excellent candidates for HIPEC, and many have had good long-term results. Usually this can be recognized at the time of operation so that the appendectomy would include a right colectomy and omentectomy in preparation for the HIPEC. Cytoreductive surgery with peritonectomy has led to significant increases in survival in many series, and when a complete cytoreductive resection has been performed, the HIPEC has been associated with long-term survival in up to 50% of patients in some series. Again, the extent of disease varies with the extent of survival, but in all subsections, those patients who are able to tolerate HIPEC have increased benefit compared to those who do not receive this therapy.

One of the entities which is helped by cytoreduction is mesothelioma which may have different types of cell type with the best responses seen in patients with the papillary cell types Patients with a primary stomach tumor have improved survival with HIPEC compared to no HIPEC, but the results are not as optimistic as they can be for patients with mucinous cancers of the appendix. When the primary is ovarian, there is a significant prolongation of life with HIPEC, both in those patients with a complete cytoreduction and those with a partial cytoreduction.

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Dr. Shaw referred to the work of Dr. Paul Sugarbaker who was the pioneer for cytoreductive surgery to the extent that some people refer to this operation as being the "Sugarbaker procedure." Dr. Sugarbaker spent many years at the Washington Cancer Institute and was closely associated with the National Cancer Institute/ National Institute of Health in Washington, DC.

To some extent, cytoreductive surgery for diffuse peritoneal metastases is heroic surgery. Dr. Shah pointed out that the shortest operation that he has performed was six hours, whereas the longest was 21 hours. Some teams that perform HIPEC and complete cytoreductive surgery have, in selected cases, used a two team approach because of the length of these operations. The lecture was followed by a very active question-and-answer session.

Dr. Ira Winer

The **Surgical Grand Rounds** on **8/28/24**, entitled "Introduction to Gynecologic Malignancies," was presented by Dr. Ira Winer, MD, PHD who is a Professor in the Division of Gynecology/Oncology at Wayne State University and at the Karmanos Cancer Institute. He covered the waterfront and dealt with all types of gynecological malignancies.

Dr. Winer first discussed ovarian cancer. The staging includes patients with germline tumors which are inherited and somatic tumors which are associated with certain protein changes. The importance of screening was emphasized, particularly in patients who have symptoms of gastrointestinal problems or pelvic abnormalities. There may be simple ovarian removals for cysts, or there may be radical oophorectomy. Ovarian cancer is the second most common cancer in the United States and usually occurs between the ages of 54 and 64. The lifetime risk of developing ovarian cancer is about 1%. He described the different cell types that are associated with ovarian cancer and pointed out that the risk factors are related to a family history, infertility, early onset of menstrual cycles, and smoking. Use of contraceptive pills actually provides a protective effect, as does breast feeding.

The different types of hereditary causes for ovarian cancer include BRCA1, which represents about 70% of inherited ovarian cancers, and BRCA2, which represents another 20%. The Lynch syndrome is associated with about 1-2% of ovarian cancers.

The early symptoms of ovarian cancer might include gastrointestinal problems, urinary tract infections, and other non-specific pelvic-related symptoms. Consequently, there is often a significant delay of more than five months before specific diagnostic tests are implemented and a definitive diagnosis is made. Anyone with non-specific pelvic symptoms which persist for more than one month is a candidate to have imaging studies looking for ovarian cancer. One of the early imaging studies would be ultrasound, including an intra-vaginal image.

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Many of the patients present with Stage 3 ovarian cancer (peritoneal seeding), and about 10% of those patients survive three years. Patients with Stage 4 (distal metastases) have a worse outcome. The ovarian cancer may be related to a serous type, which is most common, followed by a mucinous type. The endometrioid cell type is uncommon. Treatment consists of oophorectomy, followed by chemotherapy. This combination may lead to remission in many patients with Stage 3 and Stage 4 cancer, though a five-year survival is not common.

Dr. Winer next discussed uterine cancer which is very common and involves up to 60,000 people per year. The average age is in the early 50's. Symptoms include bleeding, discharge, abnormal menstrual periods, and pelvic discomfort. The diagnosis is made by endothelial biopsy using a specially designed endoscope. He presented the different stages of uterine cancer and pointed out that radical hysterectomy is the procedure of choice, followed by chemotherapy.

Cervical cancer is a fairly common cancer throughout the world, particularly in Africa. The United States sees about 14,000 patients per year. The mean age is in the mid-40's, and it is often related to sexually transmitted diseases, frequent sexual partners, smoking, and even vitamin C deficiency. Human papillomavirus is also a problem throughout the world and in the United States. This is likewise associated with sexually transmitted diseases, and there are many subtypes of this particular virus. He recommended that during the sexually active years, patients should be tested for human papillomavirus every three years or when there is a change in sexual partner. He recommended the vaccination for human papillomavirus at an early age and pointed out that the vaccination covers many subtypes of this virus. He also discussed the staging, which spreads up proximal to the cervix to involve the vagina at different levels, with Stage 4 involving the rectum or bladder. Symptoms include discharge, pain, and itching. The diagnosis is most often by cone biopsy.

Vulva and labial cancers often begin as dysplasia and are associated with inflammation. Symptoms include itching, ulceration, urinary tract infection, pain, and discharge. Local excision provides ideal therapy in most patients. Topical therapy would include Aldara and Podofilox.

Dr. Winer concluded by talking about some of the unusual malignancies in the vulvar area. These include melanoma and cancer of the Bartholin glands. During the question-and-answer period, he identified the fact that CA-125 is quite specific for ovarian cancer at very high levels but that at lower levels, there are many false positives.

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REPORTS FROM THE OUTFIELD


Dr. Jofrances Marquez

Dr. Jofrances Marquez (WSUGS 2014) recently sent the Editor an email of what has been going on in his life after graduating from the WSU Department of Surgery Residency Program in 2014. Below is his summary.

I'm doing what I love, working in the trenches here at Odessa Regional Medical Center in an area that serves 17 counties, aside from the immediate service area or 300,000 give or take 10,000. Busy is what I want to be.

My eldest, Raymond, is a Junior at Miami University at Oxford, Ohio pursuing Microbiology Pre-Med. My daughter, Lucianna, will be an incoming Freshman at Emory University in Atlanta tis fall. She will be pursuing International Studies and Policy as a Pre-Law pathway. My youngest, Detroit born Nathaniel Ernest, is still in 8th grade. My better half, Tanya, is doing well but is not too happy about making plans to move from Mississippi to Texas, as selling the house and finding another one around Odessa is very challenging.

As always, I send my love and regards to you, Dr. Ledgerwood, Dr. Weaver, Dr. Tyburski, Dr. Diebel, and the entire Wayne State Surgical Family.

Jofrances Marquez (WSUGS 2014)


Dr. Timothy McGuire

Dr. Timothy McGuire (WSUGS 2003) is concerned that his intraoperative teammate, including the circulating nurse, nurse anesthetist, and scrub nurse have forgotten their basic knowledge about physiology. He reports that most of the people in the operating room have no idea what "CC" means and suggests that we as a profession are failing in our early teaching. This is also true in our medical school training so that almost none of our third-year medical students can accurately relate the concentration of their serum albumin.

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EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE


Dr. Anna Ledgerwood

4/24/72 - Staff: Dr. A. Weaver; Chief Resident: Dr. S. Sankarin

1. SW: Right femoral embolectomy for thrombus plus fasciotomy (done without dividing the skin).
2. JP: Laceration wrist, repair right flexor carpi radialis.
3. WD: Tracheostomy for GSW of face with fracture mandible, maxilla, and laceration tongue.
4. AH: GSW chest with hemothorax, treated with a chest tube, exploratory laparotomy with repair diaphragm, closure two holes stomach, closure diaphragm, and distal pancreatectomy and splenectomy for wound of distal body of the pancreas.
5. MD: Dressing change and re-coverage of exposed bone and vascular graft.
6. SW: Completion of fasciotomy with incising the skin over the previous fasciotomy.

4/25/72 - Staff: Dr. S. Woods

1. JS: Incarcerated left inguinal hernia, treated with reduction and Cooper ligament repair.
2. WD: 23yo with perforated anterior duodenal ulcer, treated with closure with omental patch.
3. FM: 24yo male with perirectal abscess, treated with I&D.

4/26/72 - Staff: Dr. Tumacder

1. OV: GSW right floor of mouth with fracture right mandible and into right neck; had negative exploration of right neck vessels.
2. DH: 20yo female with GSW right chest through right diaphragm, right lobe of liver, right kidney, and out the back. Required right hepatectomy and 18 units of blood. Had cardiac arrest and died on the table.
3. MS: 17yo with GSW left chest and abdomen with left hemothorax, treated with a left chest tube; GSW to spleen with splenectomy; perforation diaphragm treated with repair.

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

4/27/72 - Staff: Dr. Harrity

1. CT: Right subphrenic abscess, treated with right twelfth rib resection and drainage.
2. MD: Dressing change wound of thigh.

4/28/72 - Staff: Dr. C. Lucas

1. DL: Replacement of exteriorized colon anastomosis into the abdomen.
2. CN: 20yo, ten days postop omental patch for closure of perforated duodenal ulcer; had a leak from the ulcer repair and upper GI bleeding, treated with vagotomy, antrectomy, gastrojejunostomy, and tube duodenostomy.
3. AG: GSW left thigh with injury left femoral artery, treated with resection and saphenous vein graft; injury to femoral vein repaired; femoral nerve distal to major muscular branches not repaired.
4. CN: Intra-abdominal bleeding postop vagotomy and antrectomy for leaking duodenal ulcer repair; had intra-abdominal bleeding requiring nine units of blood; taken to O.R. for laparotomy and control of bleeding from the liver.
5. TW: 23yo with GSW abdomen with small bowel injury, treated with resection and closure.

4/29/72 - Staff: Dr. A. Arbulu

1. MM: GSW abdomen with injury to jejunum and IVC, both were repaired.
2. HB: 45yo female, shotgun wound left thigh, treated with debridement.
3. MM: GSW left chest with hemopneumothorax, treated with chest tube and laparotomy with repair of diaphragm, stomach, and drainage of liver wound.
4. HG: GSW abdomen, negative exploratory laparotomy.
5. WM: 20yo with acute appendicitis, treated with appendectomy.

4/30/72 - Staff: Dr. Y. Silva

1. JJ: 28yo in MVC with fracture both tibia and fibula, left femoral shaft, right pubic ramus, and separation of symphysis pubis and right sacro-iliac bone and compression fracture L5. Had aspiration prior to anesthesia for orthopedic problem. Had exploratory laparotomy, repair of serosal tear sigmoid colon, and a tracheostomy.
2. AG: Stab left flank with left pneumothorax, treated with chest tube and repair of left diaphragm, left colon, and exteriorized as a loop colostomy. Left kidney was transected and treated with left nephrectomy.

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, September 4
Death & Complications Conference
Rahul Vaidya, MD
Chair of Orthopaedic Surgery, Chair of Physical Medicine and Rehabilitation
DMC/WSU School of Medicine

Wednesday, September 11
Death & Complications Conference
David I. Sternberg, MD
Thoracic and Cardiothoracic Surgery, Karmanos Cancer Institute
DMC/WSU School of Medicine

Wednesday, September 25
Death & Complications Conference
Lauren Hamel, PHD
Population Science, Oncology/Karmanos Cancer Institute
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 #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

WAYNE STATE UNIVERSITY
School of Medicine

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

wayne state surgical society

April 2024

Dear WSSS Alumni and Friends:

The Wayne State Surgical Society (WSSS) was conceived by our former Chairman, Dr. Alexander J. Walt, who saw this as a means of keeping the current and past members of the department together as family. During the early years, it was arranged for the Grand Rounds, which took place on Saturday, to be delivered by alumni who were planning to go to the American College of Surgeons (ACS) meeting which, every three years, is held in Chicago. This resulted in a nice group of alumni at the College meeting and also some very interesting short presentations by our alumni who were working elsewhere. Our last ACS meeting was held this past October in Boston, and there was a good turnout of faculty, alumni, and residents. During the meeting, the senior residents were able to report on what their plans are for completion of their general surgical training. Many of the alumni who work in different parts of our great country gave an update as to their current activities and shared some pleasant memories of their training days. This year, the ACS meeting takes place in San Francisco, and there has been a change in the times of the meeting. Over the past many years, the annual meeting of the WSSS would take place on Tuesday evening during the week that the ACS meets, but this year the ACS meeting begins earlier and ends earlier so that **our WSSS meeting will take place on Sunday evening** at a place to be determined. Ms. Janet Damm is working on that now, and you will all be informed well ahead of the meeting date.

The WSSS also sponsors a lectureship in memory of Dr. Walt. This last year's lecture was provided by Dr. Scott Dulchavsky who gave an excellent talk about successes and failures during his surgical training which was well received by all the attendings and residents. Dr. Dulchavsky was also a visiting speaker at the subsequent Detroit Trauma Symposium where he provided an update on the NASA program and both past and future ventures into space. As your President, I will have the privilege of introducing the 2024 WSSS Lecturer, Dr. Joseph Cuschieri, who is one of the leading trauma figures in America. Dr. Cuschieri is a native Michiganian who did his undergraduate training at the University of Michigan after which he matriculated at the WSUSOM where he finished in 1994. He did his post medical school training at the Henry Ford Hospital and followed that training with a Critical Care Fellowship and an NIH Fellowship under the guidance of Dr. Ronald Maier at the University of Washington. Dr. Cuschieri moved to the University of San Francisco in 2021 and now serves as the Trauma Medical Director at the San Francisco Hospital and the Chief of the Department of Surgery. He has served on many committees at all of his hospital locations and on many surgical societies.
Dr. Cuschieri is both a clinical giant and a researcher who has been continuously funded for very large amounts for the past 20 years. He has been an important contributor to the literature, having had at least 220 major publications and over 200 presentations, both nationally and internationally. He will make a very important contribution to our Detroit Trauma Symposium and as our WSSS Lecturer.

The Detroit Trauma Symposium is the oldest trauma symposium in the country, and there will probably be at least 700 attendees to hear the many outstanding lectures from the experts whom Dr. Diebel has attracted for this symposium. All members of the WSSS are invited to attend this symposium without cost. Enclosed with this communication is the Dues for 2024, which can be paid by check or credit card. I would encourage those of you who are not Lifetime Members of the WSSS to elevate your status. This is achieved by a total contribution of $10,000 which goes entirely for the support of our surgical residents. Serving as the WSSS president is a great honor, and I hope to have the opportunity to meet with many of you and renew old friendships at the upcoming meetings of the American College of Surgeons and the Detroit Trauma Symposium.

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

WAYNE STATE UNIVERSITY
School of Medicine

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

wayne state surgical society

WAYNE STATE SURGICAL SOCIETY
OFFICERS BALLOT
2024

President: (2 year position)

□ Joseph Sferra (1st year)

President-Elect: (2 year position)

□ Bruce McIntosh (1st year)

Treasurer: (2 year position)

□ Michael Malian (1st year)

Members-At-Large: (3 year position)

□ Erin Perrone (1st year)

□ Anita Antoniolli (2nd year)

□ Jennifer Bradley (3rd year)

Resident Member: (1 year position)

□ Michelle Coughlin

□ Amanda Dooley Romero

MICHAEL & MARIAN ILTCH DEPARTMENT OF SURGERY

WAYNE STATE

SEPTEMBER 2024

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

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

Alumni Reception

Sunday, October 20, 2024
6:00 p.m. – 7:00 p.m.

San Francisco Marriott Marquis
780 Mission Street, Sand Francisco, CA
Reception Rm. – Foothill F&G, 2nd Floor

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

RSVP by October 4, 2024 to jdamm@med.wayne.edu or
Call Janet Damm at 313-745-8778

1868

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

wayne state surgical society

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

Sunday, October 20, 2024

The dinner will begin promptly at 7:00 p.m.
immediately following the WSU Alumni Reception
at the San Francisco Marriott Marquis,
780 Mission Street, San Francisco, CA
Room – Foothill F & G, 2nd Floor

~ Choice of Entree ~

____Grilled and Smoked Niman Ranch Filet Mignon

Potato Gratin, Truffle Madeira Sauce

____Cedar Plank Salmon

Brown Sugar Curry House Rub, Sweet Potato Pepper Hash, Herb Butter Sauce

_____VEGETARIAN

Chef's Choice

RSVP by October 4, 2024 to jdamm@med.wayne.edu or
Call Janet Damm at 313-745-8778

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

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

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

72nd Annual Detroit Trauma Symposium
November 7-8, 2024
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.

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*.