









#### October 14<sup>th</sup>

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2023 WSSS OFFICERS

President:

Larry Narkiewicz (WSV/GS 2004/09) **Vice-President:** Joseph Sferra (WSVGS 1991) **Secretary-Treasurer:** Bruce McIntosh (WSV/GS 1989/94) **Members-at-Large:** Jay Dujon (WSVGS 2011) Anita Antonioli (WSVGS 1998)

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**Resident Member:** Paige Aiello Molly Belisle The AAST held its 83<sup>rd</sup> annual meeting at the Las Vegas-Paris from September 11-14, 2024. The AAST has become more global and now as its annual meeting is held in conjunction with the Clinical Congress of Acute Care Surgery and the World Trauma Congress. All of the functions were held within the large multi-hotel complex which was fortunate since the temperatures were 100°F.

Dr. Bryant Oliphant, from the Detroit Medical Center Department of Orthopaedics was a coauthor on a paper entitled, "Association of Pre-and Post-Injury Mental Health with Long-Term Clinical and Financial Outcomes." This was a multi-institutional (19 trauma centers) study which identified that many patients with post-injury mental health concerns also had pre-



Dr. Bryant Oliphant

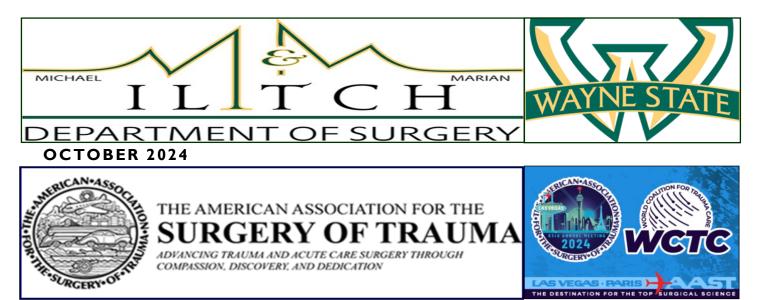
injury multi-health concerns which affected the long-term quality of life. The authors emphasized that increased efforts have to be taken in order to improve their long-term health.

Dr. Chris Dente (WSUGS 2002) was the Invited Discussant on a paper entitled, "Prophylactic Antibiotics in Non-Operative Facial Fractures: An AAST Multi-Center Trial." This study concluded that prophylactic antibiotics may be unnecessary with non-operative facial fractures. They showed that the avoidance of antibiotics in this setting was not associated with an increased risk of infection for most injury patterns. They



Dr. Chris Dente

concluded that in the absence of a randomized study, there is no evidence to support antibiotic therapy in this setting. Dr. Dente presented an excellent discussion and supported their findings.



Dr. Alison Karadjoff (WSUGS 2024) presented a paper entitled, "TXA Impact on Platelet Adhesion to the Endothelium After Shock Conditions: A Protective Effect." Her coauthors were Dr. Larry Diebel (WSUGS 1980/86) and Mr. David Liberati. These authors looked at the effect of TXA on endothelial glycocalyx (EG) degradation utilizing human umbilical vein endothelial cell mono-layers in microfluidic devices. They created shock conditions

with the administration of epinephrine. They then provided TXA in one group of studies and compared this to no TXA in a comparable second group. They also determined platelet adhesiveness using fluorescent microscopy. They monitored the EG thickness using wheat germ agglutinin staining and fluorescent microscopy. They showed that TXA decreased platelet adhesion in the group receiving the epinephrine and that the endothelial glycocalyx decreased by almost 50% in the epinephrine studies compared to the glycocalyx remaining the same thickness in the control studies. They concluded that TXA administration is associated with a time dependent decrease in the endothelial platelet adhesion following shock conditions.



Dr. Alison Karadjoff



Dr. Larry Diebel

These effects were thought to be related to TXA protection of the endothelial glycocalyx layer and suggested that early TXA in severely injured patients may have the same beneficial effect.

The presentation and the response to questions by Dr. Karadjoff were excellent, and the Editor predicts that ten years from now, she will be a very productive faculty member at some acute care surgical center. She is currently beginning her Fellowship in Trauma and Acute Care Surgery at Washington University in St. Louis.

An interesting paper was presented by the medical center at the University of Texas entitled, "Clinical Management of Blunt Cerebrovascular Injury-Results from the AAST Prospective Observational Vascular Injury Trial (PROOVIT)." These authors looked at blunt cerebrovascular injury and monitored the different severity of injury and the type





of treatment. They pointed out that most patients with blunt cerebrovascular injury are treated with medical management alone. Their results demonstrated that endovascular therapy with stents conveys a significant increase in the risk of stroke and that this effect should be monitored closely in the future in order to determine whether these patients are better treated with anti-platelet therapy rater than stents.

Dr. Bryant Oliphant was also a coauthor on a paper entitled, "Uncovering the Iceberg: Tracking VTE Events in Trauma Patients After Discharge." These authors utilized a large multi-institutional trauma registry database to look at VTE events. They concluded that the likelihood for VTE extends well beyond the index hospitalization. They pointed out that the vast majority of VTE evets occur after discharge, which highlights the need for longitudinal patient record keeping in order to confirm such delayed complications. They also emphasized that one needs to look at how long VTE prophylaxis should be continued after severe injury.

Dr. Chipman and his coauthors from the University of Pittsburgh presented an interesting paper entitled, "Time to Hemostasis: A Possible Mechanism Responsible for Whole blood Survival Benefit." These authors looked at the role of whole blood as part of the resuscitation regiment for severe hemorrhagic shock. They demonstrated that early whole blood resuscitation was associated with a shorter time to obtaining hemostasis and was more likely to obtain hemostasis than component therapy. They suggested that achieving early hemostasis with whole blood may be responsible for the survival benefit when whole blood is used for resuscitation instead of packed red cells.

Dr. Steven Gregg from the East Carolina University and coauthors presented a paper entitled, "Traumatic Amputation: The Effect of Early Guillotine Amputation on Surgical Site Infection." These authors demonstrated that patients with mangled extremity with a high MESS score are better served with early amputation rather than multiple attempts at limb salvage, which is very unlikely with a very high MESS score. They concluded that futile attempts at limb salvage led to more operations, longer hospital length-of-stay, and eventually ended up with amputation. Continue page 4



Dr. Garofalo and his coauthors from the University of Colorado presented an interesting paper entitled, "Increased Pulmonary Morbidity and Mortality with Early Video-Assisted Thoracic Surgery for Retained Hemothorax." these authors demonstrated that, contrary to current publications, there is significantly increased morbidity and mortality in patients undergoing early video-assisted thoracic surgery for retained hemothorax and that this was true when patients were compared as relates to risk adjustment. The increased pulmonary morbidity associated with early video-assisted thoracic surgery is associated with higher rates of re-intervention. They suggested that a prospective randomized study be determined because of a fear that early intervention with this technique is increasing both morbidity and mortality.

Dr. Greenberg and coauthors from the Indiana University, presented a paper entitled, "Thromboembolic Events After Administration of Tranexamic Acid (TXA) in Patients with Blunt Thoracic Trauma." This study demonstrated that patients with severe blunt thoracic trauma who received TXA are 1-3 times more likely to have a thromboembolic complication compared to those who did not receive TXA. They suggest that this observation needs further studies. They did not report the work of Dr. Starzl who, many years ago, showed that the administration of anti-fibrinolinic agents is associated with increased mortality due to arterial and venous clotting in patients undergoing liver transplantation.

Following the scientific presentation on Thursday, September 12, the Journal of Trauma, which is now the Journal of Trauma and Acute Care Surgery, had their Editorial Board meeting. It was reported that the Journal of Trauma continues to have a rising Index Factor and is now among the leading journals in the surgical literature. Dr. Larry Diebel and Dr. Charlie Lucas (WSU/GS 1962/67), who are members of the Editorial Board, participated in this meeting.









ADVANCING TRAUMA AND ACUTE CARE SURGERY THROUGH

COMPASSION, DISCOVERY, AND DEDICATION



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THE DESTINATION FOR THE

Dr. Jerry Stassinopoulos (WSU/GS 2004/090 Dr. Peter Hammer (WSU/GS 2001/06), and Dr. Anna Ledgerwood at the AAST meeting



Dr. Larry Diebel and Dr. Anna Ledgerwood at the reception after the meeting of the Journal of Trauma Editorial Board



Dr. Alison Karadjoff (WSUGS 2024) presenting at the AAST meeting  $% \left( {{\rm AAST}} \right) = 0.01775$ 









# SURGICAL GRAND ROUNDS

The **Surgical Grand Rounds** on **9/04/2024**, entitled "Bone Healing and Outcomes: What is the Ortho Trauma Division Up To?" was presented by Dr. Rahul Vaidya, the chief of Orthopaedic Surgery at Detroit Receiving Hospital.

Dr. Vaidya emphasized the different phases of bone healing following injury. The inflammatory phase lasts for up to two weeks and involves many

Dr. Rahul Vaidya

cellular activities which are very important for bone physiology. The repair phase begins in the second week and usually lasts up to about three months. The remodeling phase begins in the third month and may go as long as two years.

The inflammatory phase includes the activity of mini osteoclasts which provide lysis of bone tissue in order to facilitate other cellular responses and replacement of different bone tissue with new cells The repair phase begins with the formation of the soft callus which, over the extent of the repair phase, forms a hard callus. In a child with an angulated fracture, the remodeling phase is quite good so that even though a mid-shaft femur fracture may be casted with some overlie, the remodeling phase in the child will straighten that out and provide the appropriate length. This capability is not as good in the adult. Some of the things which are bad for bone physiology after injury, and these include smoking, angulation of the fracture, rotation, and length deformity. In certain parts of the world, a person who limps because of a shortened bone will "never get married." Other causes of bone abnormality not related to trauma include polio and congenital deformities.

Infection following healing in the 1800s was typically associated with amputation. He discussed the importance of clean technique, which was fostered by Lister in the 1880s, and the importance of the development of antibiotics by Fleming in the 1930s.

Patients with fractured femurs which are closed are often treated with a Thomas splint which keeps the fracture line stable and permits transportation prior to subsequent definitive repair which may include operation or casting. Heygraves used railroad ties in 1921 in order to provide stability during transport. The intermedullary nail for internal fixation was described by Kuntzler in the late 1950s, and Freeman described the role of external fixation not long after that. Bones which are well aligned and stable need not have





# SURGICAL GRAND ROUNDS

intraoperative fixation in that nature will allow for them to heal in a manner which provides good function.

He discussed in great detail the fractures which cross an articular surface. These are the types of injuries that are best treated with internal fixation. One of the major steps in allowing this to occur was the development of ether anesthesia by Morton and, of course, fol-



lowed by the principles defined by Lister and the use of antibiotics. During the 1800s and early 1900s, fractures requiring amputation were associated with a 50% mortality rate, but after the use of aseptic technique fostered by Lister, it decreased to 4% in the 20<sup>th</sup> century. Lister described Dakin solution which is now referred to as Listerine.

Some of the different types of instruments were discussed, including the lag screw which is good for holding an articular fracture in place. He also described how screws can be used with plates in order to provide for internal fixation with direct reduction of the fracture, which takes about three months to appropriately remodel. He provided several examples of patients limping and described the various angles at which people hold their legs, depending upon the environment. For example, patients who live in mountainous areas tend to be duck footed with their feet pointed out in order to prevent slipping when going up and down steep hills. It is not known whether this adaptation to the steep hills leads to a genetic change which is passed on from father to son and grandson or whether this is an adaptation beginning in the early years of life for those who live in hilly countries.

One of the important failures with bone healing is a gap between two ends of the fracture. Different types of instruments can be utilized, including the use of specific sized ball bearings to identify the exact distance of angulation between the fractured limb and the unfractured limb. The accuracy of bone realignment during reduction is as important as the cabinet maker's allowing for a door to properly close, and the measurements must be exact. Many patients who have bad fractures require a number of operative procedures, and this has been helped tremendously by the implementation of the Affordable Care Act (Obamacare) which facilitates reoperations for patients with complicated fractures. He described some of the techniques that his Division are doing in order to improve their results, and these techniques, of course, are being published in the orthopaedic journals.





### Detroit Trauma Symposium

November 7 - 8, 2024 72nd Annual Event MGM Grand Detroit

In-Person and On-Demand Options DetroitTrauma.org

In-Person and On-Demand Registration Options Will be Available

## **REGISTRATION FEES**

Early Bird Pricing Through October 10th: Physician – Full Conference \$425, Single-Day \$250, Virtual \$250 (on-demand, not live-stream)

Physician in Training (Resident/Fellow) – Full Conference \$250, Single-Day \$200, Virtual \$100 (on-demand, not live-stream)

Allied Professional (RN, NP, PA, EMT, etc.) – Full Conference \$150, Single-Day

\$75, Virtual \$75 (on-demand, not live-stream)

Medical Student – Complimentary

Wayne State Surgical Society Members - Complimentary

Highlights of the program include:

Evaluation and Implementation of PTSD Screening Program Use of Evidence Based Quality as well as Addressing Health Disparities in Trauma Updates in Trauma Resuscitation with Whole Blood and Catheter Based Stop the Bleeding Review of Current Management for Critical Care in TBI patients

### The Detroit Trauma Symposium

Designed to address the continuum of care of the injured person. Presenters and attendees will represent physicians, nurses and allied health providers who work together to maintain the interdisciplinary cooperation, which is one hallmark of a coordinated system of trauma care. Attendees will gain knowledge about their own specialties as well as an increased knowledge and appreciation of the work of others on the trauma team.

For Further Information:

Contact Amy Weber at 317-409-0873 or email her at amy@DetroitTrauma.org



### **Detroit Trauma Symposium**

November 7 - 8, 2024 72nd Annual Event MGM Grand Detroit

In-Person and On-Demand Options DetroitTrauma.org



AGENDA NOVEMBER 7-8, 2024 MGM GRAND DETROIT www.DetroitTrauma.org

#### THURSDAY, NOVEMBER 7, 2024

6:00am - 6:00pm	Registration Open
6:00am - 7:00am	Continental Breakfast
7:00am - 7:10am	Welcome/Introduction Lawrence N. Diebel, MD
7:15am – 7:45am	SWAT Approach for Prehospital Trauma Care Paul Gladden, MD
7:45am - 8:15am	Recognition of Shock Joseph Cuschieri, MD
8:15am - 8:45am	Whole Blood in Trauma Resuscitation Martin Schreiber, MD
8:45am - 9:15am	Just Say No to Anglo! Angloembolization for Solid Organ Injuries Matthew Martin, MD
9:15am - 9:45am	Break & Visit Exhibitors
9:45am - 10:00am	Q & A Session 1
10:00am - 10:30am	Screening and Treating for PTSD Following Injury Terri A. deRoon Cassini, PhD, MS
10:30am - 10:45am	PTSD Panel Terri A. deRoon Cassini, PhD, MS, David Moore, PsyD, and Omar Soubani, MD
10:45am - 11:15am	Sustained Improvement: Implementing Evidence Based Quality and Practice Joseph Cuschieri, MD
11:15am — 11:45am	Addressing Health Disparaties in Injured Populations: Is it the Responsibility of Trauma Centers? Terri A deRoon Cassini, PhD, MS
11:45am - 12:15pm	Trauma in the Geratiric Population Deborah Stein, MD, PhD

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SYMPOSIUM



**Detroit Trauma Symposium** 

November 7 - 8, 2024 72nd Annual Event MGM Grand Detroit

In-Person and On-Demand Options DetroitTrauma.org



12:15pm - 12:30pm	Q & A Session 2
12:30pm - 1:15pm	Lunch
1:15pm - 1:45pm	Update in Neurocritical Care Deborah Stein, MD, PhD
1:45pm - 2:15pm	Traumatic Brain Injury: BIG SIBCC and DC (Decompressive Cranlotomy) Lena Napolitano, MD
2:15pm - 2:45pm	Too Much Is Too Bad Martin Schreiber, MD
2:45pm - 3:15pm	From Baghdad to Boston: Top 10 MASCAL Lessons Learned Matthew Martin, MD
3:15pm - 3:30pm	Break Grand Foyer
3:30pm - 4:00pm	Disaster Preparedness In a Hospital Resource-Restrained Environment Jason Smith, MD, PhD
4:00pm - 4:15pm	Q & A Session 3
4:15pm - 5:15pm	Expert Trauma Panel Moderator: Anna Ledgerwood, MD Panelists: Jason Smith, MD, PhD, Matthew Martin, MD, Lena Napolitano MD, Martin Schreiber, MD, Jospeh Cuschieri, MD
5:15pm - 6:00pm	Networking Reception
	FRIDAY, NOVEMBER 8, 2024
7:00am - 12:00pm	Registration Open
7:00am - 8:00am	Continental Breakfast
7:30am - 8:00am	Sunrise Session Pediatric Readiness for Adult Trauma Centers Alita Pitogo
8:00am – 8:45am	Life After Trauma Center Discharge Moderator: Mark Hemmila, MD
	Panelists: Bryant Oliphant, MD: Post-discharge VTE Wayne VanderKolk, MD: Trauma surgeon and caregiver perspective
8:45am - 9:15am	Direct Peritoneal Resusciation Jason Smith, MD, PhD



**Detroit Trauma Symposium** 

November 7 - 8, 2024 72nd Annual Event MGM Grand Detroit

In-Person and On-Demand Options DetroitTrauma.org



9:15am – 9:45am	Non-Flail Rib Fracture: What is the Role for Operative Fixation Jeffrey Johnson, MD
9:45am - 10:15am	Break
10:15am - 10:30am	Q & A Session 4
10:30am - 10:50am	Urologic Trauma: Updates on Current Guidelines Brandi Miller, DO
10:50am – 11:10am	Preventing VAP in the ICU with a Toothbrush Joseph R. Buck, MD
11:10am - 11:30am	Managing patients on Anticoagulants with TBI Wazin Mohamed, MD
11:30am - 11:50am	Hypocalcemia in Trauma Alex Marinica, DO
11:50am - 12:10pm	TXA: When to drop the ACID Lawrence N. Diebel, MD
12:10pm - 12:30pm	Q & A Session 5
12:30pm	Adjourn



Each summer, the WSU Department of Surgery is honored to be invited to one of the suites at Comerica Park in order to see our favorite Detroit Tigers. Everyone thanks Mr. llitch for this wonderful privilege. This year, the event occurred on August 28, 2024 when the Tigers beat the Los Angeles Angels for their sixth straight win. That evening was a rainy evening, and the Tiger field was covered by the tarp because of rain earlier in the day so that they did not remove the tarp until well over an hour after the game was due to start. During that period of time, the department faculty and residents enjoyed all of the goodies provided in the suite in preparation for the Tigers dramatic win. Spencer Torkelson had a two-run homer in the second inning, and Kerry Carpenter added an RBI single in the third inning which was enough to beat the Angels by the score of 3-2. Those in attendance enjoyed this very dramatic victory.



Dr. David Edelman (WSU/GS 2002/09)

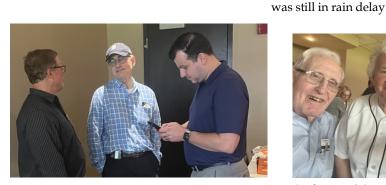


(Left to right) Dr. Andrew Isaacson (WSUGS 2017), Dr. Manuel Tobon (WSUGS 2021), Dr. Jude Jaraki (WSUGS 2026) and friend, and Dr. Eliza Beal





Dr. James Tyburski (WSUGS 1992) and his bride, Mrs. Julie Tyburski



(Left to right) Suite Staff Employee, Dr. Frank Baciewicz and Dr. Andrew Isaacson

(Left to right) Dr. Charles Lucas, Dr. Anna Ledgerwood and Dr. Keiva Bland (WSUGS 2006)



The following update is from Dr. Hale Wills (WSU/GS 2004/10):

I have the pleasure of working with Dillon Patel, a recent graduate of the Wayne State University School of Medicine. His application caught my attention last year. He started this week on the Pediatric Surgery service at McLane Children's Hospital. We shared some stories of our surgery experiences at the Detroit Medical Center. It is great to see that Wayne State continues to turn out solid doctors



Center. It is great to see that Wayne State continues to turn out solid doctors. Dr. Hale Wills Dillon is off to a strong start.

Lora and the kids are doing well. Liam (16) was born during my research year. He is now driving and just started his junior year of high school. Colin (15) is doing driver training using the parent taught option that Texas offers. He was our second Detroit baby who arrived when I was on night float in y PGY-4 year. He is a sophomore. Rowan (13) in in eight grade, which tends to be the toughest at our school. He was born in St. Louis, but still cheers for the Redwings, Lions, and Tigers. Juliet (10) arrived just as I started my first staff job in Rhode Island. She is in the 5<sup>th</sup> grade. Jack (9) is our exuberant final child, also born in Rhode Island. Juliet and Jack, though born in New England, both have learned to cheer for the "right" teams from Detroit.

Last year, I was asked to become an Associate Program Director for the Baylor Scott & White/Baylor College of Medicine General Surgery Residency in Temple, Texas. I continue to make annual trips abroad for mission surgery. In October, I will be in Madagascar with Mercy Ships. Unfortunately, that trip overlaps with the ACS Clinical Congress so I will not make the annual dinner. This will be my second trip with Mercy Ships. I have made three trips to Tenwek Hospital in Kenya in alternate years to teach with the Pan African Academy of Christian Surgeons (PAACS).

I could not be happier with the team here in Temple. I have great partners, and that makes life and work a joy! All the best to the team in Detroit!



Hale

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MICHAEL ILITCH WAYN	STATE		
DEPARTMENT OF SURGERY 💦 💦			
EXCERPTS FROM THE LOG BOOK			
DOWN MEMORY LANE			
4/30/72 - Staff: Dr. Y. Silva; Chief Resident: Dr. Sankarin			
<ol> <li>JJ: MVC with fracture both tibia and fibula, left femur, right pubic ramus, separation symphysis pubis, separation right sacroiliac joint, compression fracture L5. Patient aspirated prior to anesthesia for orthopedic problem. Also facial laceration and concussion. Explor atory laparotomy, repair of serosal tear sigmoid colon, and tracheostomy.</li> </ol>	10 mg		
<ol> <li>AG: Stab left flank with left pneumothorax, treated with chest tube, laparotomy, and re- pair of left diaphragm and left colon. Injury repaired with exteriorization as a loop colos- tomy per Dr. Kirkpatrick study. Left kidney transected almost in two, treated with left neg</li> </ol>	Dr. Anna Ledgerwood		
5/1/72 - Staff: Dr. Harrity			
1. EH: Acute appendicitis, treated with appendectomy.			
2. RH: GSW abdomen involving liver only, treated with laparotomy and Penrose drain.			
5/2/72 - Staff: Dr. LeBlanc			
1. BB: Replacement of colonic anastomosis into abdomen.			
<ol> <li>RAL: GSW neck and chest with thru-and-thru injury left common carotid artery, treated v and end-to-end anastomosis. Left subclavian artery ligated, left subclavian vein repaired, ligated.</li> </ol>			
3. WD: GSW abdomen x2 with injury to small bowel and spleen, treated with splenectomy, small bowel, and exteriorization of a colon anastomosis.	repair 16 holes		
5/3/72 - Staff: Dr. R. Birks			
1. ES: Stab abdomen with injury to external iliac artery and vein, both repaired.			
2. CW: GSW left chest involving left upper lobe, lingula and massive hemothorax, treated w and no bleeding noted at surgery.	ith thoracotomy		
	***		



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

### 5/4/72 - Staff: Dr. J.C. Rosenberg

- 1. CS: MVC with skull fracture, tracheal cricoid dislocation, left pneumothorax, a massive subcutaneous emphysema, and fracture left 2-8 ribs, treated with repair of cricotracheal dislocation and tracheostomy.
- 2. JD207: 31yo with SGW left lower chest and abdomen with massive injury to left and right lobes of liver, requiring left thoracotomy and internal massage. Patient expired in O.R.
- 3. SD: GSW abdomen with negative laparotomy, and GSW superior mediastinum with right upper lobe lung injury and negative exploration

#### 5/5/72 - Staff: Dr. C. Lucas

- 1. AH: 40yo female post GSW left lower chest and abdomen with drainage left subphrenic abscess, postop distal pancreatectomy, and splenectomy.
- 2. CN: 60yo with bleeding from left Penrose site with 1.5 L of blood over two hours, exploration showed bleeder in the abdominal wall, treated with ligation.
- 3. CM: GSW abdomen x2 with small bowel resection and closure of holes of the terminal ileum and repair of urinary bladder with suprapubic cystostomy.

### 5/6/72 - Staff: Dr. C. Huang

- 1. CJ: MVC with ruptured left diaphragm, treated with laparotomy and repair.
- 2. CP: Stab left ventricle, negative laparotomy, thoracotomy, and repair of stab of left ventricle.
- 3. AH: Postop day #12 from multiple injuries, tracheostomy.
- 4. JA: SGW left hand and chest, treated with debridement in O.R. and hand dressing.
- 5. SP: 37yo with lacerated extensor tendons of right fourth and fifth finger, treated with repair.





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OCTOBER 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 Lec-

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

turer.

-	MICHAEL ILITC DEPARTMENT OF S OCTOBER 2024	C H SURGERY	VAYNE STATE
	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 S	SURGICAL SOCIETY	
		RS BALLOT	
		2024	
	President: (2 year position)		
	□ Joseph Sferra (1 <sup>st</sup> year)		
	President-Elect: (2 year position	on)	
	Bruce McIntosh (1 <sup>st</sup> year)	ar)	
	Treasurer: (2 year position)		
	D Michael Malian (1 <sup>st</sup> year)	r)	
	Members-At-Large: (3 year po	osition)	
	<ul> <li>Erin Perrone (1<sup>st</sup> year)</li> </ul>		
	□ Anita Antoniolli (2 <sup>nd</sup> year)		
	□ Jennifer Bradley (3 <sup>rd</sup> ye	ear)	
	Resident Member: (1 year po	sition)	
	□ Michelle Coughlin	,	
	□ Amanda Dooley Romerc	)	





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, 2<sup>nd</sup> 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





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, 2<sup>nd</sup> 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

Page 21	OCTOBER 2024
MICHAEL ILITCH	WAYNE STATE
DEPARTMENT OF SURGER	
Wayne State Surgical Society	MARK YOUR CALENDARS
2024 Donation	
	American College of Surgeons Clinical Congress
Name:	Annual Meeting October 19-22, 2024
Address:	San Francisco, California
City/State/Zip:	
Service Description Amount	72ª Annual Detroit Irauma Symposium Kovember 7-8, 2024
2024 Dues Payment\$200	Detxoit, Michigan
My contribution for "An Operation A Year for WSU"	132nd Western Surgical Association Scientific
*Charter Life Member\$1000	Session
	November 2-5, 2024
	The Broadmoor Colorado Springs, CO
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	Hoppo-
Name as it appears on card:	
Signature:	
Billing address of card (if different from above):	
Street Address	e-mail
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.	Please Update Your Information
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	The WSUSOM Department of Sur- gery wants to stay in touch. Please email Charles Lucas at clucas@med.wayne.edu to update your contact information.



### **Missing Emails**

Over the years the WSU Department of Surgery has lost touch with many of its alumni. If you know the email, address, or phone number of the following WSU Department of Surgery Residency Program graduates please email us at clucas@med.wayne.edu with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973) David B. Allen (1992) Tayful R. Ayalp (1979) Juan C. Aletta (1982) Kuan-Cheng Chen (1976) Elizabeth Colaiuta (2001) Fernando I. Colon (1991) David Davis (1984) Teoman Demir (1996) Judy A. Emanuele (1997) Lawrence J. Goldstein (1993) Raghuram Gorti (2002) Karin Haji (1973) Morteza Hariri (1970) Harrison, Vincent L. (2009) Abdul A. Hassan (1971)

Rose L. Jumah (2006) R. Kambhampati (2003) Aftab Khan (1973) Samuel D. Lyons (1988) Dean R. Marson (1997) Syed A. Mehmood (2007) Toby Meltzer (1987) Roberto Mendez (1997) Mark D. Morasch (1998) Daniel J. Olson (1993) David Packer (1998) Y. Park (1972) Bhavik G. Patel (2004) Ami Raafat (1998) Kevin Radecki (2001) Sudarshan R. Reddy (1984) Renato G. Ruggiero (1994) Parvid Sadjadi (1971) Samson P. Samuel (1996) Knavery D. 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 Surgícal 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.

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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 Llovd. 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.



### Operatíon-A-Year January 1—December 31, 2024

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.

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Holmes, Robert J. Johnson, Jeffrey R. Johnson, Pamela D. Joseph, Anthony Lim, John J. Malian, Michael

Marquez, Jofrance

McGuire, Timothy McIntosh, Bruce Porter, Donald Prendergast, Michael Siegel, Thomas S. Smith, Daniel Smith, Randall Sullivan, Daniel M. Wood, Michael H. Ziegler, Daniel

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



### WSU SOM ENDOWMENT

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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. An yone 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*.