MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

SEPTEMBER 2025

SURGICAL GRAND ROUNDS

Inside this issue:

Dr. Mohammed Jaffar

The **Surgical Grand Rounds on Wednesday, August 6, 2025 was presented by Dr. Mohammed Jaffer** who is the Program Director for the Department of Anesthesiology and a Clinical Professor of Anesthesiology and Critical Care at the Detroit Medical Center. The title of his presentation was **"Perioperative Fluid Management: Crystalloids or colloids?"** Dr. Jaffer talked about the physiology of balanced electrolyte solution versus colloid solution, with special emphasis on serum albumin. He went into some of the history as far back as the 13th century describing the early work of Iba Al-Nafis who observed that blood circulated from the right side of the heart to the lungs and then back to the left side of the heart. He also cited the work of Claude Bernard who is identified as the father of modern physiology. He then highlighted the contributions made by Dr. Starling in the description of the law of the capillary.

Dr. Jaffar highlighted the distribution of water including the fact that the body is made up of 60% water which is distributed into 40% in the intracellular space and the remaining 20% distributed into the extracellular space. The extracellular space is divided into the plasma volume and the interstitial fluid volume. He emphasized that preoperatively patients may be hypovolemic because they have been NPO after midnight and that they may have had a bowel preparation. Other things which may affect intraoperative hydration include patient temperature, sympathetic blockade, water evaporation and ongoing bleeding. Likewise the intraoperative volume status may be affected by comorbidities such as hypertension, age, and diabetes. Ongoing assessment is necessary and is facilitated by vital signs, skin turgor, and the type of operation being performed.

He highlighted the guidelines or enhanced recovery associated with surgery. These included the use of antibiotics, maintenance of normal plasma volume during operation, and even the avoidance of a bowel prep. He emphasized that plasma volume expansion should be provided by something that is cheap, readily available, and nontoxic.

Dr. Jaffer described the relationship between the capillary wall and the interstitial fluid matrix. He described how an inflammatory insult may lead to increased leakage of plasma fluid into the interstitial fluid space independent of the forces described by Dr. Starling. He described the different constituents of fluids used in the operating room and pointed out that plasmalyte is a valid solution which has the normal concentrations of the different electrolytes. He described the electrolyte composition of

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SURGICAL GRAND ROUNDS, cont..

lactated Ringers solution developed by Dr. Sidney Ringer in the 1880s and the modification of the solution described by Dr. Hartman in the early part of the 20th century. He also described other colloid solutions including dextran and hydroxyl-ethyl starch. Although an albumin containing solution should theoretically expand plasma volume, he pointed out that control trials do not demonstrate any therapeutic advantage of supplemental albumin.

He stressed the importance of monitoring the patient for decreased plasma volume by noting urine output, lactic acid levels, vital signs, pulse pressure variation, stroke volume, and base deficit. This monitoring should be continued in the postoperative phase, at which time blood gases provide important information in addition to monitoring central pressures by way of central venous pressure lines and pulmonary artery lines. He described the formula for monitoring post pressure variation, and he pointed out that the addition of positive end expiratory pressure may adversely affect both pressure variations, when the percent of pulse pressure variation exceeds 15%, which is bad for pulmonary function. There was an active question-and-answer session from this very comprehensive presentation.

The **Surgical Grand Rounds on August 13, 2025** was presented by **Dr. Alyssa Stroud (WSU GS/MIS 2023/25)** and the title was **"Residency to Reality: My First Year as an Attending Surgeon"**. Dr. Stroud talked about her early education including her medical school training at Central Michigan University, her general surgical training at WSU, and her fellowship in minimally invasive surgery at WSU. She described how finishing one's training should lead to the feeling that there is light at the end of the tunnel but in reality all one encounters is a brick wall which has to be disassembled one brick at a time.

Dr. Alyssa Stroud

She emphasized the huge increase in responsibility as the attending surgeon having to make all of the difficult "calls" which, during the residency years, were the responsibility of the attending surgeon. She talked about the "imposture syndrome", whereby, the new attending surgeon, including 90% of women and 67% of men, feel that they are really imposters pretending to know all the answers. She emphasized the importance of reflecting upon the things that were difficult during the internship year and are now simple things not causing any mental stress. She emphasized that competence always comes before confidence.

Dr. Stroud talked about some of the difficult cases that one encounters as an attending surgeon. **She also emphasized that patients don't always read the textbook and, consequently, none present with textbook symptoms.** She stressed the importance of not being afraid to call for "help" when facing a difficult decision. She pointed out that obtaining a consult during operation is a complement to the physician receiving the consult.

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MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY
WAYNE STATE
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SURGICAL GRAND ROUNDS

The new attending surgeon soon recognizes that it is not a question of "if complications will occur" but "when complications will occur". All surgeons experience complications. The key to success is to handle these complications efficiently with one of the most important aspects of success being a rapid response to the complications. She pointed out that when unexpected events occur, this will lead to presentations at the morbidity and mortality conference. The purpose of this conference is not punishment but education so that the preventable complications that are being discussed are less likely to occur in the future.

Dr. Stroud talked about the workload and how everybody is in the hospital less than 80 hours per week but there is much work that continues after hours as it relates to communicating with patients and referring physicians. Over and over again she stressed the importance of documentation, particularly as it relates to operative notes and clinic notes. Developing a pattern which is efficient helps avoid the problem of "spinning your wheels".

The purpose of all of the training is to be employed as an attending surgeon. She stressed that the senior level resident should start looking for employment opportunities at least one year before completing his/her training. She talked about the decisions that have to be made including whether one is going to work in an urban or rural environment or participate in a university or private practice setting, the mechanisms of payment, the role of RVUs in compensation, the type of malpractice insurance, personal health insurance, retirement plans, and the opportunities for continuing medical education. She emphasized that contract negotiations are often helped when a lawyer becomes involved in order to identify "red flags" including such things as vague terminology, non-competitive clauses, lack of surgical support, and documentation. She emphasized that if something is not written, it doesn't exist.

Dr. Stroud pointed out that 50% of new attending surgeons leave their first place of employment within two years. This has been true with Dr. Stroud who initially joined a practice group with five partners and now is with a group containing six partners. She stressed the importance of controlling your lifestyle so that you don't become a "quick burnout". She pointed out that the new attending surgeon will likely be involved in acute care surgery challenges as their contribution to the new practice group. This additional activity should be carried out in a manner which does not interfere with the young surgeons personal growth.

She underlined the importance of a balance between work and other aspects of life. This includes placing limits on work activities and recognizing that all things are not "urgent". Consequently, the new attending surgeon must have a supporting network within the practice group. As part of her personal growth she shared her wedding photos with her new husband, Ryan Rosen.

She emphasized that the transition to a practicing attending surgeon required important knowledge about billing, documentation of everything, outpatient activities, and, in the midst of all of these activities, protecting one's time, autonomy, and support system.

Her take-away message was that the transition is overwhelming, but also that the new attending surgeon is ready for the transition. Things will never be perfect but importance should be placed on keeping the patient first.

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SURGICAL GRAND ROUNDS, cont..

Despite all of the concerns the new attending surgeon will experience, he/she will survive and quickly recognize that calling for help from a colleague is not a sign of weakness but a sign of maturity. There was an active question-and-answer session to this comprehensive presentation.

The **Surgical Grand Rounds for Wednesday, August 20, 2025** was presented by **Dr. Aron Liaw, Assistant Professor of Urology and Associate Program Director of the Department of Urology, DMC/WSUSOM**. The title of his presentation was **"The Training of the Surgeon".** Dr. Liaw began his presentation by talking about the individual who is considered the father of American surgery, namely, Dr. William Stewart Halsted, who served as the long-term chairman of surgery at Johns Hopkins Hospital during the latter part of the 19th century, where Dr. Halsted began the first surgical residency program in America. Dr. Halsted emphasized the importance of residents in training working with established surgeons and their level of responsibility gradually increasing. Dr. Halsted was also responsible for changing the surgical approach to operations. Prior to the innovations brought about by Dr. Halsted, surgical care was highlighted by placing emphasis on speed and using packs in order to obtain hemostasis. For example, the abdominal perineal resection performed by Dr. Miles would be accomplished in less than an hour. Dr. Halsted emphasized slow, meticulous dissection with careful hemostasis being obtained at all times of the operation so that packing was not necessary. He developed the "Halsted clamp" which we now call the "mosquito clamp".


Dr. Aron Liaw

The surgeons who chaired the different specialties at Johns Hopkins often became known as the fathers of their particular specialty. This represents the influence that Dr. Halsted had on his colleagues. During the Halsted years, the residents had to be single males and work in the hospital 24/7. This regimen was considered necessary in order to properly train the next generation of surgeons.

Part of this training included the construction of amphitheaters which allowed the younger trainees who watched the older trainees being directed in their operations by the mature surgeons. Basic physiology was stressed and the trainees were expected to be surgical scientists. During the mid-portion of the 20th century, surgeons were expected to publish and the attending surgeons were promoted on the basis of their publications and clinical skills. Promotion to the associate professorship level coincided with the attainment of national funding.

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SURGICAL GRAND ROUNDS, cont..

Dr. Liaw pointed out that this emphasis on publication led to the development of predatory scientific journals whereby requests for submissions would be sent out to practicing surgeons who were expected to pay a certain fee to have a publication in that journal. Needless to say, the scientific value was often compromised.

The long working hours put in by the surgical trainees came to a screeching halt when a patient by the name of Libby Zion died in a New York hospital and her death was considered, by many, to be related to the overly tired and stressed in-house surgical residents. This patient died from an unusual condition which probably would have not even been diagnosed by a trainee who was well rested. This case led to many changes in the education of surgical trainees. This led to a mandatory number of working hours each week and of the number of hours that a trainee could be expected to be available without a break. Dr. Liaw pointed out that in 1973, the American Medical Association reported a high incidence of physicians who were addicted to drugs. He described the problem as the sick physician syndrome which included the potential for suicidal ideation.

Subsequent studies have demonstrated that "sleep deprivation" is seldom the reason for errors being created and that the restriction of duty hours has had some perceived complications. These included loss of professionalism in maintaining a good relationship with the patients, less technical training, and problems with the "handoff" when the trainees coming off duty are passing on information to the trainees coming on duty.

This concept that was perpetuated by Dr. Halstead, namely, that surgery was a calling and not simply a job was challenged. Mature physicians would claim that the decreased time spent doing one's job resulted in decreased skills, decreased experience, and a decrease in preparedness. Dr. Liaw pointed out that Aristotle, more than 2000 years ago, emphasized how the older generation always thinks that the next generation suffers by comparison. This probably reflects the loss of memory by the older generation who tend to remember "successes" but not failures.

All of the controlled studies regarding training and results of surgical procedures demonstrate that the results of operations have remained comparable over the generations. Part of the decrease in trainee autonomy reflects the increased legal mandates that stress the responsible surgeon needs to be able to demonstrate involvement in all cases.

Dr. Liaw did point out that there is a problem in training enough pediatric urologists in order to provide proximity to care in both a rural and an urban environment. He emphasized that in many places within West Virginia a person has to travel 4.75 hours in order to be seen by a pediatric urologist. He finished up by pointing out that the Halstedian principles of science, technical skills, and autonomy are all important for our trainees and future surgeons.

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SURGICAL GRAND ROUNDS, cont..


Mr. Cullen McKinley


Ms. Julianna Khalifeh

The **Surgical Grand Rounds on Wednesday, August 27, 2025** was presented by attorneys **Mr. Cullen McKinley and Ms. Julianna Khalifeh** who are members of the law firm **Nauts, McKinney, Dwaihy, and Beach**. The title of their presentation was **"Anatomy of a Lawsuit: The Good, The Bad, and The Ugly"**

They identified that the process of instituting a lawsuit is really "big business". They gave examples of advertisements which are seen on television identifying the huge payments that the lawyers and their clients have received as a result of these lawsuits. They pointed out that the plaintiff attorneys are working on a contingency fee basis, thus emphasizing the importance of having a large settlement.

These plaintiff witnesses often come from out-of-state and there are many programs which allow physicians who want to serve as plaintiff to be witnesses; adding their names and their areas of special expertise.

They pointed out that there may be "non-economic "financial damages related to pain and suffering, loss of companionship, and any ability to participate in societal activities. They also pointed out that there are "economic" claims which are related to loss of wages, increased care by third parties within the household, and funeral or burial expenses. They emphasize that the vast majority of cases end up with some type of settlement. The hospital and the insurance companies work hard to have a case settled out of court; but this means that the involved physician/surgeon is reported as having had to make a settlement for a patient's bad result.

The whole process is quite expensive and may be affected by the patient outcome, the amount of time that the lawyers spend reviewing the records, the analysis of many hospital and office records, the obtaining of witnesses for the plaintiff and the defense, and the length-of-time that is spent on each individual case. They pointed out that during the past calendar year only nine of their cases went to court, all of which were settled in favor of the physician. They stated the remainder of their cases were settled out of court.

They described the Expert Witness Training Company which gathers information on potential expert witnesses so that there are always over 2000 expert witnesses available. All one has to do is fill out a form provided by the company in order to be on the list for potential plaintiff experts.

They pointed out that some of the common reasons for the initiation of litigation include wrong site surgery, nerve or organ injury, unnecessary surgery on patients who could have been treated without operation, retention of a sponge or foreign object in the body, or some technical mishap, with many examples being provided. Other factors that have led to litigation include delayed diagnosis, lack of correct diagnosis, and misdiagnosis, such as might occur when one operates in order to do an appendectomy but finds out that the disease is really in the ovary.

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SURGICAL GRAND ROUNDS, cont..

They emphasized the importance of the consent and how it should identify the potential risk of operation, the complications that are commonly seen with the operation, and the typical results for treating that particular disease operatively. They stress the troubles that can occur in the postoperative period, and potential problems with inadequate monitoring, or delay in responding to complications.

The attorneys pointed out that a CAP on noneconomic damages may be set by the judge at the end of the trial when the case goes to the jury. They pointed out that when a surgeon is called to "bail out" a patient who has had a complication from another surgeon's operation, the second surgeon should not criticize the activities of the first surgeon but simply take care of the complication.

They described the "anatomy" of a malpractice suit. Once a problem occurs there will be a Notice of Intent, "NOI", which has to be sent within six months of the event. This leads to a review of all the activities described above and, if the patient dies, the Notice of Intent is to be sent within two years. Part of the problem with defending a malpractice suit deals with the current utilization of the EMR which tends to identify that nothing changes in the record day by day since the individuals communicating on the EMR simply "cut and paste", which looks to the outsider as if nothing has happened that is different. In the future, hospitals and medical centers will probably mandate that a new and distinctly different note will have to be created on a daily basis.

The attorneys highlighted that a very important part of prevention deals with the relationship that the surgeon has with not only the patient but also the family. They strongly emphasized the importance of the three "A"s. These include Ability, Availability and Affability with the latter being the most important factor in preventing a lawsuit. Following this very informative presentation, there was an active question-and-answer session.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY
WAYNE STATE
SEPTEMBER 2025

PRODUCTIVITY


Dr. Erin Perrone

Dr. Erin Perrone (WSU GS 2012), now a Professor of Pediatric Surgery at the University of Michigan, published an "Invited Commentary" in The American Journal of Surgery 2025; volume 243. She commented on a paper presented by Dr. Casubhoy and co-authors entitled "How Teaching Surgeons Communicate: An Analysis of Intraoperative Discourse Among Male and Female Surgeons". This article discusses the type of language that occurs between attending surgeons and resident surgeons during operative procedures. The authors point out that female surgical residents often face significant disadvantages in the operating room, including less autonomy and fewer cases. They point out that, linguistically, there are two primary categories of speech related to gender and power, namely Agentic and Communal language. Agentic language often is identified with "I", whereas communal language is identified as "we". Historically, Agentic language was attributed to male speech, whereas, communal language was attributed to female speech. Recent feminists, however, link the different types of speech to power dynamics.

The authors monitored transcripts involving attending and resident surgeons from five specialties at a Midwestern academic teaching hospital. They adapted and expanded the Grebelsky-Lichtman's codes, assessed rater agreement, and assessed the different types of language. There are statistical correlations that were made using the Mann-Whitney *U* test.

The authors concluded that the language used in the operating room is more closely associated with the professional role of the speaker rather than gender and may reflect underlying power dynamics in the nature of the surgical teaching environment.

Dr. Perrone, in her commentary, pointed out that the results were not what the authors expected but that the language in the operating room reflected the different roles played by the attending surgeon as opposed to the resident surgeon. This speaks well for the attending surgeons who were more interested in providing communal instruction rather than displaying power. Dr. Perrone suggested that, collectively, surgeons recognize that learning is optimized in a supportive environment and not in an intimidating environment. Dr. Perrone added that the results of their study was a welcome recognition that attending surgeons have, as their primary objective, the instruction of their residents.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

SEPTEMBER 2025

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

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

Alumni Reception

Sunday, October 5, 2025
6:00 p.m. – 7:00 p.m.

Marriott Marquis Chicago
2121 South Prairie Avenue, Chicago, IL
Room – Shedd A & B, 2nd Floor

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

RSVP by **September 17, 2025** to jdamm@med.wayne.edu or
Call Janet Damm at 313-745-8778

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DEPARTMENT OF SURGERY

WAYNE STATE

SEPTEMBER 2025

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

The Department of Surgery cordially invites you to the **Annual Dinner Meeting** of the **Wayne State Surgical Society** on **Sunday, October 5, 2025.** The dinner will begin promptly at 7:00 p.m., immediately following the **WSU Alumni Reception at the Marriott Marquis Chicago, 2121 South Prairie Avenue, Chicago, IL, Room – Shedd A & B, 2nd Floor**

~ Choice of Entree ~

____**Braised Beef Short Rib –**
With Natural Pan Jus, Shallot Rosemary, Potatoes, Roasted Asparagus, and Blistered Tomato

____**Herb Roasted Atlantic Salmon-**
Beluga Lentil Pilaf, Butter Poached Radish, Green Beans, Rock Shrimp

_____**VEGAN -**
Open Faced Lasagna/Sautéed Spinach, Eggplant, Squash, Edamame, Basil, Oregano, Roasted Pepper Coulis

RSVP by **September 17, 2025** to jdamm@med.wayne.edu or
Call Janet Damm at 313-745-8778

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wayne state surgical society

July 2025


Dr. Joseph Sferra

Dear WSSS Alumni and Friends:

The Wayne State Surgical Society (WSSS) was conceived by our former Chairman, Dr. Alexander J. Walt, who envisioned this organization as a means of gluing the current and past members of the department together as a family. The annual meeting of the WSSS at the American College of Surgeons (ACS) Fall meeting allows for the membership to get together, renew old friendships, and tell exaggerated stories about their great triumphs. During this meeting, there are comments made by many of those attending and all of the senior residents who are supported by the WSSS who provide a brief statement about their surgical training and where they will be working following completion of their training. This year the ACS meets in Chicago, and the WSSS meeting will take place on Sunday evening. The final details as to the time and location for that meeting will be forthcoming later this summer.

The WSSS sponsors a lectureship in memory of Dr. Walt. Last year's lecture was provided by Dr. Joseph Cuschieri, a former WSU medical school student and currently a national figure who is the Director of the Trauma Service at the San Francisco General Hospital. This year's lecturer will be Dr. Thomas Scalea who is a national and international figure, particularly as it relates to the care of sick and injured patients. Dr. Scalea has an interesting background. He comes from humble origins and had to work during off hours in a factory in order to pay his college tuition. During his early years, he did not want to be a physician but wanted to specialize in experimental psychology. One of his good friends and Tom wagered a six pack as to whether Tom could pass the MCAT in order to be accepted for medical school. Dr. Scalea accepted the wager, did well on the MCAT, and was turned down for his laboratory position to become an experimental psychologist. The result is all history. He went to medical school, eventually developed an interest in surgery, and has become a famous trauma and acute care surgeon. He has published hundreds of manuscripts and has given an extensive number of invited lectures, including the Scudder oration and the Churchillian oration. He is currently the Chief of Surgery at the University of Maryland Medical Center and in charge of the R. Adams Cowley Shock Trauma Center in Baltimore. In that position, he has helped train over 4,000 military personnel as part of a CSTAN program in which the Trauma Center works closely with the military. Among his many accomplishments, Dr. Scalea is recognized as the "father" of REBOA. Dr. Scalea will be delivering the Walt Lectureship on Wednesday, November 5, 2025 and will be delivering additional lectures at the Detroit Trauma Symposium which runs from November 6-8, 2025.

Dr. Scalea 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 form for 2025, 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. As you all know, inflation is affecting the cost of everything. The WSSS is still financially solvent, but the reserve for 2025 is less than it was in 2024, reflecting the increased cost of supporting residents. Hopefully you will think of that as you submit your Dues and other finances in support of the WSSS.
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,

Joseph Sferra, 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

2025

President: (2 year position)
- □ Joseph Sferra (2nd year)

President-Elect: (2 year position)
- □ Bruce McIntosh (2nd year)

Treasurer: (2 year position)
- □ Michael Malian (2nd year)

Members-At-Large: (3 year position)
- □ Mallory Williams (1st year)
- □ Erin Perrone (2nd year)
- □ Anita Antoniolli (3rd year)

Resident Member: (1 year position)
- □ Nicholas Calvo
- □ Jude Jaraki

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

EXCERPTS FROM THE LOG BOOK
DOWN MEMORY LANE


Dr. Anna Ledgerwood

8/1/72 - Staff: Dr. C. Huang; Chief Resident: Dr. Ali

1. BC: Amputation lower leg and upper arm, had change of dressing.
2. GP: Postop respiratory distress, tracheostomy.
3. DI: Acute abdomen, had laparotomy with findings of pelvic inflammatory disease.
4. DT: Appendiceal abscess, patient had intussusception requiring small bowel resection.

8/2/72 - Staff: Dr. Tumacoder

1. DG: GSW chest and abdomen with injuries to spleen, stomach, and diaphragm; treated with splenectomy and closure holes in stomach and diaphragm.
2. WA: Stab abdomen and exploratory laparotomy with closure holes in stomach and suture of laceration of pancreas with Penrose drains.
3. RH: SGW left shoulder with fracture left humerus, treated with debridement and exploration of axillary vessels and nerve.
4. BC: Change of dressing for massive wounds leg and arm.
5. CR: Patient with internal bleeding following a total gastrectomy and splenectomy who had internal bleeding, treated with laparotomy and control of bleeding.
6. PR: Small bowel obstruction secondary to adhesions, treated with laparotomy and lysis of adhesions.

8/3/72 - Staff: Dr. E. Hershey

1. JD: GSW abdomen with injury to left renal artery, spleen, and pancreas. Patient had thoracotomy with cross clamp of aorta but expired in O.R.
2. GS: GSW left neck with false aneurysm of left internal carotid artery, treated with left neck exploration with ligation of internal carotid artery.

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WAYNE STATE

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

1. LG: GSW right groin and scrotum, treated with exploration of left femoral vessels; they were intact and had debridement of scrotum.
2. BD: GSW left buttock, treated with laparotomy which demonstrated a retroperitoneal hematoma with no injuries to structures.
3. BC: Amputation leg and arm, treated with change of dressing in O.R.
4. SH: GSW leg with laceration popliteal artery, treated with end-to-end anastomosis and fasciotomy.

8/4/72 - Staff: Dr. C. Lucas

1. BC: Post amputation arm and leg, had change of dressing.
2. LJ: GSW left neck, treated with exploration and ligation of left lingual artery.
3. LJ: Stab wound abdomen and chest, had negative exploratory laparotomy.
4. DE: Small bowel obstruction, treated with laparotomy and lysis of adhesions with Leonard tube insertion.
5. GP: Postop GSW abdomen and chest from 8/1/72, treated with insertion of left chest tube.

8/5/72 - Staff: Dr. T. Grifka

1. JC: Postop stab abdomen, treated with laparotomy and lysis of adhesions with right colectomy and a Baker tube gastrostomy.
2. BC: Change of dressings for amputation stumps.
3. JH: Stab of abdomen with laceration spleen and omentum, had repair with splenectomy.
4. HW: Stab abdomen with perforation small bowel x4, treated with primary closure.
5. DM: Laceration of left brachial artery, treated with end-to-end anastomosis.
6. CF: GSW abdomen, had laparotomy with closure jejunal holes, colostomy and mucous fistula and had a huge retroperitoneal hematoma and crushed left iliac bone.
7. KM: Stab wound left flank, laparotomy with closure of diaphragm perforations, and splenectomy for perforation spleen.

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WAYNE STATE

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

8/6/72 - Staff: Dr. P. LeBlanc

1. BC: Change of dressings to arm and leg stump.
2. CB: Incarcerated umbilical hernia, treated with laparotomy and repair of hernia.
3. AJ: Avulsion and laceration middle finger, treated with full-thickness cross finger flap.
4. HD: Laceration left arm, treated with repair of biceps tendon.

8/7/72 - Staff: Dr. R. Birks

1. BC: Change of dressing for stumps.
2. JW: Blunt trauma to abdomen, had laparotomy and lysis of adhesions.
3. RM: Stab of chest, had insertion of chest tube.
4. HC: GSW abdomen and right chest, had injury to liver which was repaired and injury to pancreas which was drained. There was also injury to inferior vena cava repaired, a small bowel resection for injury x1, and a tube cecostomy.
5. LP: 19yo with acute appendicitis, had appendectomy.
6. DM: 11yo with appendicitis, had appendectomy for red swollen appendix.

Note from Dr. A.J. Walt to Dr. Ali: 8/8/72: ***"I don't see any record of cases since 8/3/72, nor any names of the staff men who were in the house. I really cannot understand these omissions. Please rectify immediately and accurately."***

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

WSU MONTLY CONFERENCES 2025

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 3
Death & Complications Conference
Scott Woods Lecturer
Mark Diebel, MD
Jacksonville, FL

Wednesday, September 10
Death & Complications Conference
James Tyburski, MD
Professor of Surgery
WSU School of Medicine

Wednesday, September 17
Death & Complications Conference
"Surgical Culture"
Miguel Tobon, MD
Assistant Professor of Surgery
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

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

Wayne State Surgical Society

2025 Dues Notice –

RETURN TO: *Charles E. Lucas, M.D*
Detroit Receiving Hospital, Room 2V / Surgery
4201 St. Antoine Street
Detroit, MI 48201

PLEASE COMPLETE ↓↓↓

Name:

Address:

City/State/Zip:

Phone:

Email: _____@_____

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MARK YOUR CALENDARS

ACS Clinical Congress 2025
October 4-7, 2025
McCormick Place
Chicago, Illinois

Western Surgical Association 133rd Scientific Session
November 1-4, 2025
Fairmont Scottsdale Princess
Scottsdale, Arizona

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

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. Larry Narkiewicz (WSU/GS 2004/09) passed the baton of presidency to Dr. Joseph Sferra (WSUGS 1991) at the WSSS gathering during the American College of Surgeons meeting in October 2024. There are hundreds of Charter Life Members who have made contributions of well over $10,000 to the WSSS and hundreds of regular Dues-paying members of the WSSS, including many of the above who donate the payment for one operation a year to the WSSS. The residents thank all of these former residents for their support of the surgical program and hope that they will have the opportunity to meet these individuals at the annual American College of Surgeons reunion.

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*.