

SURGICAL GRAND ROUNDS



November 2nd

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Jude Jaracki (WSUGS 2006)

The *Surgical Grand Rounds on September 3, 2025* was presented by **Dr. Miguel Tobon (WSGS 2021)**, one of our surgical faculty, and was entitled "*Cultures in Surgery*". He talked about healthcare systems and his exposure to them from the time of his residency training in surgery. He emphasized that sometimes his emotions, through ongoing events, might allow him to be identified as someone who is a "good doctor but can't control himself ". He joked that this might reflect his Latino background from Columbia. He then talked about the famous clinics in our great nation.



Dr. Miguel Tobon

The Mayo Clinic was developed in order to provide efficient care for all types of patients and was to include patient care, mature physician involvement, research, education, and quality. He emphasized that the admitting physicians were responsible for all aspects of care including the interrelationships with referring physicians, support services such as radiology, and family members. The physicians paid by the Mayo Clinic and were closely involved in all administrative activities. This allowed the physicians to maximize health care and ensure that the patients were pleased with their care. Part of this total approach to ensuring good care included prompt communications with the referring physicians by either a phone call or a letter, proper physician decorum, and respectful dress as one might expect in a physician.

He described the subsequent opening of the Cleveland Clinic under the leadership of Dr. George Crile and other leading physicians in the Cleveland area. The Cleveland Clinic was modeled after the Mayo Clinic and emphasized that all of the specialties had to work together for the benefit of the patients. He described how the physicians at the Cleveland Clinic were involved in healthcare teaching at the local high schools. The Cleveland Clinic physicians were always available for patients and their employees were part of the healthcare culture in order to facilitate happy patients.

The later developed Ochsner Clinic later was modeled after both of the Mayo Clinic and the Cleveland Clinic. Another latter clinic to open was the Lahey Clinic, which was started in 1923. The Lahey Clinic planners emphasized the same procedures that were developed at the Mayo Clinic and the Cleveland Clinic.

The Detroit Medical Center was actually created during the Civil War in 1864. Dr. Theodore McGraw was a leading surgeon at the time and worked with other leading physicians who create a large hospital for the citizens of Detroit. The hospital worked closely with the Wayne University (later Wayne State University) and created the new Medical Center of Detroit. Over the years, the Harper Hospital and the adjacent

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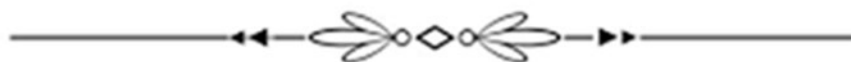
SURGICAL GRAND ROUNDS, cont..

Grace Hospital joined the medical center and later the Hutzel Hospital merged with the medical center. Subsequently, the Children's Hospital of Michigan was added and, finally, the Veterans Administration Hospital was moved from the suburbs to this huge medical complex. The complete complex now includes the modern DMC, Wayne Health as the extension of Wayne State University, and the huge medical complex known as the Detroit Medical Center.

Dr. Tobon emphasized the importance of shared values and how these values must be part of teamwork among all physicians, staff, trainees, and patients. He stressed teaching, which is part of the morbidity and mortality conferences, and he emphasized the importance of recognizing excellence. He stated that mutual respect for all participants including physicians, nurses, support staff, and patients is essential in order to have patients refer neighbors and friends to come to the hospital. This allows the citizens in the vicinity of the DMC to know that this is the place to be treated.

He stressed the importance of physicians and trainees paying attention during educational meetings and becoming involved in the principles being taught. He highlighted the concept of patient ownership while making rounds and the statement by the famous Dr. Charles Darwin that "things begin simply as a seed and grow into a wonderful tree". He quoted a study which indicated that the workforce is made up of stars (32%), those just there (51%), and those that "caved" (17%), this latter part are the people that really don't want to be there. He accentuated that Cesar Ritz, who created the Ritz Carlton chain, emphasized that "success requires that the people staying at the Ritz Carlton must be properly served". He emphasized the importance of rapport with patients and to know when to "de-escalate" any unpleasant encounter with the patient. The trainee should understand that the level of intelligence required to be accepted into medical school should be high enough that they know how to "de-escalate" a problem with a patient. Proper communication is the key to success.

He also underlined the importance of ensuring that a new employee knows that this is the proper place to be working as emphasized by benefits, professionalism, and a paid orientation. He stressed the importance of awards for faithful staff members, working together as teammates, and providing a "fond" farewell for those who are retiring or moving on to a second career. There was a good question-and-answer session to this very mature presentation.

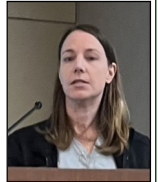


The **Surgical Grand Rounds** on Wednesday, October 15, 2025 was presented by **Dr. Michelle Veenstra**, who is in attending pediatric surgeon and pediatric critical care surgeon at the Children's Hospital of Michigan. The title of her presentation was **"Vomiting Baby: G.I. Obstruction in the Newborn"**. She began her lecture by

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emphasizing the importance of a good history as it relates to the newborn intra-uterine age, weight, any associated complications of pregnancy, presence or absence of diabetes in the mother, and the use of any legitimate or illegitimate drugs. She also emphasized doing a careful physical examination, particularly as it relates to the abdomen, and of the importance of a rectal examination in a newborn with any abdominal problems. Any newborn baby who needs to have an emergent or urgent operation needs to be properly hydrated and have all of the electrolytes in appropriate balance.



Dr. Michelle Veenstra

Dr. Veenstra talked about the problems associated with malrotation which may occur as frequently as one in 200 newborns and may be associated with a volvulus in one of 6000 newborns. Early evidence might include bilious vomiting which will draw attention to the possibility of a malrotation and lead to early diagnosis and early treatment. She described the so-called Ladd bands which obstruct the duodenum and must be divided as part of the urgent operation. Because the malrotation will lead to the small bowel being present on the right side and the right colon being present on the left side, she emphasized the importance of doing an appendectomy since the appendix will be in the left upper quadrant. Often patients with an incomplete rotation will survive with reasonable nutrition to the adult years when they may then develop problems with small bowel obstruction. The same operation is performed but in an elective manner if possible.

She next discussed the problems related to duodenal atresia which may be a partial atresia in 1/6,000 newborns and a full atresia in 1/40,000 newborns. She also described the trisomy associated with duodenal atresia and the common association with a cardiac abnormality. She showed pictures of the double bubble with distention of the stomach and duodenum suggesting the presence of duodenal atresia. Other conditions which may produce similar radiographic findings include an annular pancreas and a preduodenal location of the portal vein. She described the duodenal - duodenotomy as treatment for most patients with duodenal atresia. When the atresia is complete, one may have to bring a portion of the distal duodenum, or the proximal jejunum, up to the proximal duodenum in order to relieve the obstruction.

Dr. Veenstra next described all the problems associated with ilial atresia which occurs in about 1/5000 births. This is thought to be due to a vascular abnormality which may be related to some type of bowel infection, or to the maternal use of cocaine. There are different degrees of intestinal atresia with the worst type being associated with atresia of the small bowel and is associated with a mortality rate of over 20%. The symptoms of small bowel atresia include biliary emesis and complete obstruction leading to operation within the first two days. During operation, one should look for multiple atresias at different levels and not discontinue operation when the first atresia is identified and treated.

She next described of the problems associated with colonic atresia which occurs in about 1/20,000 newborns. These patients may also have small bowel atresia and 2% of these patients have Hirshsprung disease. This syndrome may also be associated with colonic perforation.

There also are groups of entities which are associated with functional obstruction of the G.I. tract. These include necrotizing enterocolitis, which is one of the leading causes of death in the NICU. The newborn may present with blood in the bowel movement, pneumatosis, portable vein air, and systemic sepsis with all of the

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SURGICAL GRAND ROUNDS, cont..

associated findings with sepsis including thrombocytopenia. She emphasized the importance of early operation with resection of dead bowel and ongoing treatment with antibiotics.

The next area that she covered included meconium ileus which is identified by abdominal distention, obstipation, and a "ground glass" appearance on the abdominal x-ray. Performance of a barium enema may break up the meconium plug and prevent operative intervention. When operation has to be performed, irrigation of the colon through the appendix may eliminate the need or doing any surgery on the colon.

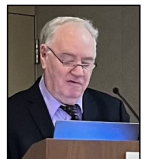
The last item that Dr. Veenstra covered is the syndrome of the small left colon which may be associated with diabetes, maternal use of drugs, and other factors. Treatment often is successful which watchful waiting and providing intravenous nutrition. There was an active question-and-answer session following this very comprehensive presentation.

VOMITING BABY:
GI OBSTRUCTION IN
THE NEWBORN

Michelle Veenstra, MD
Pediatric Surgery
October 2025



The **Surgical Grand Rounds on October 22, 2025** was presented by **David Ellis, MS** and was titled **"The Future of Surgery"**. This was a philosophical presentation which started by pointing out that prediction of anything is controversial and that goals to be achieved require meaningful conversation in order to determine optimal results. Identifying the big picture of the future of surgery provides multiple opportunities to participate in the evolving processes.



Mr. David Ellis

Many changes are occurring as it relates to the machine diagnosis of complicated problems and new technologies which may help operations to go more smoothly. Indeed the question arises as to whether the new technologies will function independently and allow for operations to be performed better by machine than to be performed by humans.

He discussed some of the historical aspects of surgery and the humoral treatments of them in the early 1800s. He described the classic works of Pasteur as it relates to immunology and vaccines followed by the descriptions of different types of germs by Koch and his classic postulates. He reminded us of the classic teachings by Osler who emphasized bedside communication and observation. The classic study of the efficacy of medicine was

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SURGICAL GRAND ROUNDS, cont..

performed by Flexner in the early 1900s and led to the modernization of medical schools. The significant changes following the report by Flexner continued for the next 50 years.

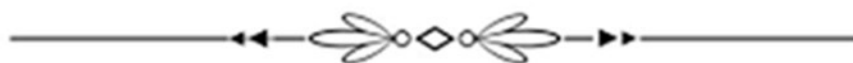
Modern medicine is faced with tremendous technical advances including the different types of robotic surgery, instituted by the DaVinci robot, and the innovation of artificial intelligence (AI). He described the gap that occurs following the discovery of new technologies and of the implementation of these technologies by hospitals. This requires the combination of regulation, bridging, and analysis of results by these new technical miracles. He presented different controlled studies which show the benefits of these technologies and emphasized that all hospitals will eventually be utilizing these instruments.



The role of AI continues to be assessed. He emphasized how all of the members of the operative team must learn to recognize early signs which will predict complications in order that action can be taken to prevent these complications. He also discussed the role of ethics and equity in the implementation of these new technologies and how the medical profession must be accountable and show evidence of humanity and empathy. The concept of "see one, do one, teach one" will be modified as we apply the new robotic technologies combined with the assistance of AI. There will be a tremendous need for leadership.

He speculated about the future advances which could possibly include remote operative procedures under the control of autonomous robots. He also described the future potentials for nonsurgical therapy for prostatic therapy, ear, nose and throat procedures, and thyroid surgery. He discussed the possibility of hybrid procedures as the field of bioengineering expands to the surgical domain.

The future of surgery will evolve from a combination of activities performed by surgeons, engineers, and biologists with surgeons, hopefully, serving as the conductor of this symphony. He emphasized the three themes of teaching, quality improvement, and patient protection. He emphasized the question as to whether we are "to shape or be shaped" and that surgeons must be the architects in order to ensure that there is a good blend between technology and humanity. There was an active question-and-answer session. There was also a handout available entitled "**The Future of Surgery**" which was authored by Dr. Donald Weaver (WSUGS 1979), Dr. Edson Pontes, Dr. David Edelman (WSU/GS 2002/09), Dr. Kiran Koya, and Mr. David Ellis.



The **Surgical Grand Rounds for October 29, 2025** was presented by **Dr. Haseeb Khan** who is certified in anesthesiology and critical care. The title of his presentation was "Monitoring: Integrating Tradition, Technology,

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SURGICAL GRAND ROUNDS, cont..

and Tomorrow". Dr. Khan described how there has been many changes in the monitoring of critical care over the past decades. He began by describing a surgical case involving an elderly patient who had a colectomy done for cancer and was hypotensive in the postoperative phase. He described the formula for calculating oxygen delivery by monitoring the cardiac output, which is obtained by the heart rate and stroke volume times the oxygen content. He pointed out in that window the oxygen delivery is compromised, there is cellular hypoperfusion associated with anaerobic metabolism and lactic acidosis. He described the different types of acidosis which may be related to hypoxia or not of hypoxic origin. He described the effect of inadequate perfusion on kidney function leading to low urine output.



Dr. Haseeb Khan

Dr. Khan described the historical use of the pulmonary artery catheter, which was used to monitor cardiac output, pulmonary artery wedge pressure, and the central venous pressure techniques. He described how prospective studies looking at a specific central pressure obtained through the central venous catheter or through the pulmonary artery catheter did not show any mortality benefits and that the routine use of these procedures has markedly decreased. Parenthetically, the Wayne State University Department of Surgery has had the opportunity of being taught by a famous surgical critical care physician, namely, Dr. Robert Wilson (WSUGS 1963) who taught that the absolute value of a central pressure was not a value in making a decision regarding a fluid administration. Dr. Wilson taught that, if the central venous pressure was 12 torr and stayed at 12 torr when a 500 ML fluid bolus was given while the cardiac output significantly increased, this meant that the patient was hypovolemic and needed fluid therapy. In contrast, he taught that when the pulmonary central venous pressure was 7 torr and went to 11 torr in response to a fluid bolus, the patient was overloaded and needed inotropic support. This followed the principles defined by Dr. Starling many years ago showing the relationship between cardiac output and central pressure in response to fluid therapy.

Dr. Khan described the many advances that have taken place in the analysis of waveforms. He outlined how there are many minimally invasive techniques that can be utilized in order to assess functional central pressures and changes in stroke volume in response to therapy. These included the esophageal Doppler, the finger cuff, thoracic bio resistance, and sublingual micro circulation. This allows for many point-of-care techniques to be utilized in the critical care unit. Ultrasonography allows for detailed assessment of left ventricular function and changes in the inferior vena cava diameter in response to fluid therapy. He described and showed images of Morrison's pouch, which can be monitored by ultrasonography.

Dr. Khan addressed some of the issues that may be identified by artificial intelligence (AI) in order to recognize warning signs that the patient may be about to have a cardiovascular collapse. These techniques are still evolving. He described some additional cases where postoperative hypotension was encountered and emphasized how many data points he gathered by using minimally invasive techniques, particularly, ultrasonography. He finished up by emphasizing the importance of a physician working closely with the patient since minimally invasive modalities, by themselves, don't save patient lives. There was an active question-and-answer session.



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ACS/Clinical Congress 2025

October 4-7 | Chicago, IL

The 102nd annual meeting of the American College of Surgeons took place in Chicago from October 4 through October 8, 2025. The meeting opened on Saturday evening with the 2025 convocation ceremony. Following the procession of over 2000 new initiates, the officers of the ACS, the Regents of the ACS, and those receiving special awards, the National Anthems of the United States and Canada were played.

Special recognition was given to those fellows who were celebrating their 25th anniversary or 50th anniversary as Fellows of the ACS. A number of honorary fellowships were granted to famous surgeons from around the world including such countries as the Netherlands, India, Spain, Ireland, Germany, Mexico, and Scotland.

A special award was presented to the recipient of the “Dr. Mary Edwards Walker Woman in Surgery” Award. This year's recipient of this prestigious award was Dr. Anna Marie Ledgerwood (WSUGS 1972) for her many contributions to the ACS. Dr. Mary Edwards Walker was born in 1832 and received her medical degree from Syracuse University in 1855. When the Civil War broke out, she tried to enlist in the United States Army as a surgeon but was turned down. She began taking care of injured patients in the Washington DC area and her proficiency convinced the military that she should be part of the Medical Corps. Her main concern was always taking care of injured patients. When she crossed into Confederate controlled areas to care for injured civilians, she was captured by the Confederates and made a prisoner of war. Following a number of negotiations she was released as part of a prisoner exchange between the North and the South. She continued to provide care for injured soldiers and following the war became the only woman to receive the Medal of Honor from the United States Army.



Dr. Anna
Ledgerwood

Dr. Ledgerwood was nominated for this award by Dr. William Cirocco (WSU/MS 1985) who has achieved great fame as a national colon and rectal surgeon and who has been responsible for creating fellowship programs at several universities. Dr. Ledgerwood was recognized for her many years as a teacher of students and residents rotating on her surgical service, serving as the residency program director for surgery for several years, leading the Detroit Receiving Hospital trauma program as of the Trauma Director for many years, and the many contributions that she has made to surgical societies including serving as President of the Academy of Surgery of Detroit, the Midwest Surgical Association, the American Association for the Surgery of Trauma, the American Surgical Association, and serving as Vice President for the American College of Surgeons. She has also delivered the prestigious Scudder Oration and the Olga Jonassen Lecture. More recently she was identified as one of the Icons for the ACS. She has also received a number of awards from her medical school, the Medical College of Wisconsin and from Wayne State University.



Dr. William
Cirocco

The following page includes an article from **This Week in Trauma Surgery News**.



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**ACS/Clinical
Congress 2025**
October 4-7 | Chicago, IL

Trauma Surgeon Is Recognized with Inspiring Women in Surgery Award



Dr. Anna Ledgerwood

Anna Marie Ledgerwood, MD, FACS, is the 2025 recipient of the Dr. Mary Edwards Walker Inspiring Women in Surgery Award.

Dr. Ledgerwood is a general and trauma surgeon with Wayne State University School of Medicine in Detroit, Michigan, where in her 40-year tenure as a full professor, she has built a reputation for mentoring and advising students and junior colleagues in surgery.

Excellence in Leadership

An ACS Fellow since 1975, Dr. Ledgerwood has been the President of ACS Michigan Chapter, a member of the Board of Governors, a First Vice-President of the Board of Regents, and the first woman to deliver the Scudder Oration on Trauma (1996).

Additionally, Dr. Ledgerwood also was the first woman to serve as president of the Academy of Surgery of Detroit, the ACS Michigan Chapter, Midwest Surgical Association, The American Association for the Surgery of Trauma, and American Surgical Association.

Throughout her career, she has won accolades for excellence in surgery. These include the Nina Starr Braunwald Award from the Association of Women Surgeons, the Trailblazer Award, Lawrence M. Weiner Award, and Munuswamy Dayanandan, MD, Humanitarian Award, all from Wayne State University, and an Honorary Alumna Award from her alma mater, the Medical College of Wisconsin in Milwaukee.

Despite her impressive curriculum vitae, Dr. Ledgerwood remains humble. When asked about her feelings on winning the Inspiring Women in Surgery Award, she offered a few simple words, "I was very honored."

Advancing Trauma Surgery

Dr. Ledgerwood's achievements have extended to her entire institution, state, and specialty. The points of pride many cite about the Detroit Receiving Hospital, including its status as a site of education for roughly half of all Michigan physicians and the first Level I trauma center in the state, have been made possible in part by her work.

For example, after witnessing quality improvement efforts at another institution, Dr. Ledgerwood became involved with the ACS Committee on Trauma's Verification, Review, and Consultation Program at the time of its inception in the mid-1980s. That program has since become the basis for accrediting trauma centers nationwide at levels I through IV, including her own Level I hospital.

In large part because of the design Dr. Ledgerwood and other committee members put in place and sustained, ACS trauma center verification has since been shown to significantly decrease mortality in adult and pediatric patients. Dr. Ledgerwood also noted that the program "has now gone on to be pretty important to quite a lot of hospitals," in that it has helped inspire the development of quality programs across several other surgical disciplines.

The Inspiring Women in Surgery Award is presented annually at Clinical Congress in recognition of an individual's contributions to the advancement of women in the field of surgery. The award honors the fortitude and accomplishments of Mary Edwards Walker, MD, the first female surgeon to serve in the US Army and the only female recipient of the Congressional Medal of Honor.

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WAYNE STATE SURGICAL SOCIETY

On Sunday, October 5, 2025 the Wayne State Surgical Society had their annual meeting during the American College of Surgeons convention. Dr. Joseph Sferra (WSU/GS 1991), who is completing his second year as president, welcomed the membership and provided an update as to the financial status of the organization. Dr. Sferra acknowledged the new officers of the organization. Effective the end of this meeting, Dr. Bruce McIntosh (WSU/GS1989/94) replaces Dr. Sferra as he begins his two years as president of the organization.



Dr. Joe Sferra

The new president elect, who will replace Dr. McIntosh, is Dr. Michael Malian (WSU/GS 1987/92). He will serve as our vice president for the next two years. The Board of Directors are now Dr. Mallory Williams (WSUGS 2006), Dr. Erin Perrone (WSUGS 2012), and Dr. Anita Antoniolli (WSUGS 1998). Our president also introduced our two administrative chief residents who will complete their general surgical training next June, Dr. Nicholas Calvo and Dr. Jude Jaracki.



Dr. Bruce McIntosh

Dr. Sferra informed all the membership that the 73rd annual meeting of the Detroit Trauma Symposium will take place on November 6 –7, 2025 at the MGM Grand Casino in Detroit. He reminded the membership that one of the perks of a membership in the Wayne State Surgical Society is free admission to this symposium which, under the leadership of Dr. Larry Diebel (WSU/GS 1980/86), has become one of the largest trauma symposium in the country and is also the oldest symposium in the country. There will be about 700 attendees at this symposium, which is highly regarded across the country. One of the speakers at this year's symposium will be Dr. Thomas Scalea, a famous trauma surgeon who is the Honorary Francis Kelly Physician-in-Chief at the Adams Cowley Shock Trauma Center in Baltimore, Maryland. Dr. Scalea will also deliver the annual Wayne State surgical Society Lecture at the Wednesday morning Surgical Grand Rounds prior to the trauma symposium beginning that Thursday, November 6.



Dr. Michael Malian



Dr. Mallory Williams

Dr. David Edelman, our Residency Program Director, provided an update on the surgical residents and arranged for all of the senior residents who will be finishing in June of 2026 to introduce themselves and to indicate what they plan to do following their June graduation. These included Dr. Nicholas Calvo, Dr. Farhan Chaudhry, Dr. William Dailey, Dr. Jude Jaracki, Dr. Stephanie Joseph, and Dr. Monica Sukes.



Dr. Erin Perrone

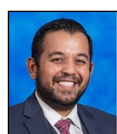
Dr. James Tyburski (WSUGS 1992) provided a department update in lieu of Dr. Donald Weaver who was unable to attend the meeting. Many important factors were covered. Everyone attending the meeting knew that Dr. Donald Weaver will be stepping down as chairman of the Department of surgery at the end of this calendar year.



Dr. Anita Antoniolli



Dr. Jude Jaracki



Dr. Farhan Chaudhry



Dr. Nicholas Calvo



Dr. William Dailey



Dr. Stephanie Joseph



Dr. Monica Sukes



Dr. David Edelman



Dr. James Tyburski



Dr. Thomas Scalea



Dr. Larry Diebel

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Dr. Chris Dente (WSUGS 2002), his bride, Lori Mabry, and his senior resident Dr. Kailey Oppat, who is the daughter of our former resident Dr. William Oppat.



Dr. Farhan Chaudhry (WSUGS 2026) and his mother, Dr. Sophia Chaudhry, MD.



Dr. Duane Sands (WSUGS 1991) (right) and Dr. Anthony Smith (WSUGSD 1984).



(Left to right) Dr. Wesley Francis (WSUGS 2007), Dr. Erin Perrone (WSU/GS 2005/12), Dr. Christopher Gayer (WSU/GS 2003/10), and Dr. Patrick Kato.



Dr. Bill Cirocco (WSU 1985) and his bride, Susan Cirocco.



(Left to right) Mr. Desmond Jones (husband of Dr. Stephanie Joseph), Dr. Stephanie Joseph (WSUGS 2026), Dr. Monica Sukes (WSUGS 2026), Dr. Puneet Bhatti (WSUGS 2024), and his bride, Dr. Hennah Patel.



Dr. Charlie Lucas (WSU/GS 1962/67) and Dr. Duane Sands (WSUGS 1991).

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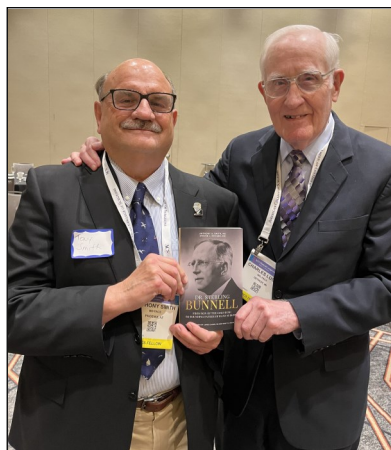
Dr. Samantha Tarras (WSUGS 2011) and Dr. Eliza Beal.



(Left to right) Dr. Kevin Greer (WSUGS 2012), Dr. Steve Madry (WSUGS 1004), and Dr. Bruce McIntosh (WSU/GS 1989/94).



Dr. David Edelman (WSU/GS 2002/09) and Dr. Abubaker Ali (WSUGS 2015).



Dr. Charlie Lucas (WSU/GS 1962/67) and Dr. Anthony Smith (WSUGS 1984).



Dr. Joseph Sferra (WSUGS 1991) and Dr. Jude Jaraki (WSUGS 2026).



(Standing left to right) Mrs. Janet Damm and her husband, Ed Damm, and Ms. Dana Cooley. (Sitting left to right) Ms. Janelle Koza and her parents, Dawn and Michael Paparelli.



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The following advertisement for this distinguished physician has been Sakr at wsakr@med.wayne.edu.

Wayne State University School of Medicine

Chair, The Michael and Marian Ilitch Department of Surgery

Surgeon-in-Chief, Detroit Medical Center

The Wayne State University School of Medicine (WSUSOM) invites applications and nominations for the position of the Chair of The Michael and Marian Ilitch Department of Surgery. This is a distinguished leadership opportunity to guide one of Michigan's most prominent academic surgical departments, based in the heart of Detroit, and to serve as Surgeon-in-Chief at the Detroit Medical Center (DMC).

The Chair will report directly to the Dean of the Wayne State University School of Medicine and will lead the department's core mission of clinical excellence, education, and research. In addition to their role at WSUSOM, the Chair will hold key clinical and academic leadership responsibilities across a network of partner institutions, including serving as Surgeon-in-Chief at the DMC and overseeing surgical faculty at the Karmanos Cancer Institute (KCI) and the John D. Dingell VA Medical Center (VAMC).

This is an exceptional opportunity for a visionary surgical leader to build on the legacy of a nationally recognized department, expand clinical programs, strengthen academic collaboration across institutions, and shape the next generation of surgical leaders in one of the nation's most diverse and medically underserved urban communities.

Key Responsibilities

- Provide strategic leadership and direction for all academic, clinical, and administrative activities within the Department of Surgery.
- Serve as Surgeon-in-Chief at the DMC, working in partnership with hospital and system leadership to optimize surgical services and patient outcomes.
- Oversee and align surgical faculty efforts across WSUSOM, DMC, KCI, and the VAMC, fostering collaboration and excellence.
- Recruit, retain, and mentor a diverse and talented surgical faculty, with an emphasis on academic productivity, clinical impact, and community engagement.
- Promote and expand centers of excellence and interdisciplinary clinical programs.
- Advance the department's research mission, including basic, translational, clinical, and health services research.
- Strengthen graduate and postgraduate surgical education, ensuring a supportive and high-quality learning environment for medical students, residents, and fellows.

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Qualifications

- M.D. or M.D./Ph.D. with board certification in a surgical specialty and eligibility for licensure in the State of Michigan.
- Distinguished academic surgeon with a strong clinical background and a national reputation for excellence.
- Demonstrated ability to build and expand clinical programs and centers of excellence.
- Proven record of recruiting and retaining top surgical faculty.
- Considerable experience navigating diverse healthcare systems and working with academic, community, and federal partners.
- Passion for urban health and improving care for underserved populations.
- Business acumen and operational experience, including budget oversight and strategic planning.
- Strong research credentials, with scholarly productivity and, ideally, extramural funding.
- Deep commitment to medical education and excellence in surgical training programs.
- Visionary leadership, with the capacity to unify faculty across multiple institutions and build a nationally recognized department.

About the Institutions

Wayne State University School of Medicine, located in Midtown Detroit, is the largest single-campus medical school in the nation and a leader in urban health, biomedical research, and medical education.

The Detroit Medical Center is a leading academic medical center comprising several hospitals and serving as a primary clinical affiliate of Wayne State University School of Medicine. The Karmanos Cancer Institute is one of only 56 National Cancer Institute-designated comprehensive cancer centers in the country. The John D. Dingell VA Medical Center is a major hospital serving veterans across Southeast Michigan and is an important partner in the academic and clinical mission of the School of Medicine.

Application Process

Please upload your curriculum vitae and a cover letter addressed to Dr. Wael Sakr, Dean, WSU School of Medicine addressing vision, mission, and areas of interest.

Anyone who is interested in replacing Dr. Weaver, or knows of someone who might be a good candidate, should contact the chairman of the search committee, Dr. Soubani at asoubani@med.wayne.edu, or our Dean, Dr. Wael Sakr. Any interested party should send their curriculum vitae to Dr. Sakr at wsakr@med.wayne.edu.



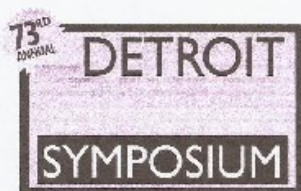
OCTOBER/NOVEMBER 2025



Detroit Trauma Symposium

MGM Grand, Detroit
November 6 - 7, 2025

In-Person and On-Demand Registration Options



AGENDA

NOVEMBER 6-7, 2025

MGM GRAND DETROIT

www.DetroitTrauma.org

WEDNESDAY, NOVEMBER 5, 2025

3:00pm - 6:00pm

Pre-Conference Workshop - Death By Neurological Criteria/Brain Death (additional registration fee)
Course Directors: Wazim Mohamed MD, Arun Sherma MD, Philip Ross DO, Morgan Aguilre DO, Neurology/Neurocritical Care, Wayne State University

THURSDAY, NOVEMBER 6, 2025

6:45am - 6:30pm

Registration Open

6:45am - 8:00am

Continental Breakfast

7:00am - 7:45am

Minimally Invasive Approach to Pelvic and Acetabular Injuries
Adam Starr MD, UT Southwestern Medical Center

7:45am - 8:15am

Current and Updated Management of Blunt Thoracic Aortic Injuries
David Shatz MD, University of California, Davis

8:15am - 8:45am

Penetrating Neck Injuries
Kenji Inaba MD, Keck Medicine of USC/LA General Medical Center

8:45am - 9:05am

BREAK - VISIT EXHIBITS - SUBMIT QUESTION CARDS

9:05am - 9:20am

Q&A (Starr, Shatz, Inaba)

9:20am - 9:50am

Critical Decisions in Management of Mangled Extremities
Andrew Kerwin MD, University of Tennessee, Memphis

9:50am - 10:20am

The Spleen: A Simple Organ with a Complicated History
David Shatz MD, University of California, Davis

10:20am - 10:50am

Police First Responders
Kenji Inaba MD, Keck Medicine of USC/LA General Medical Center



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- | | |
|-------------------|---|
| 10:50am - 11:05am | Q&A (Kerwin, Shatz, Inaba) |
| 11:05am - 11:50am | 2 nd Annual Walt Lecture on Trauma Education: Training Future Trauma Surgeons
<i>Thomas Scalea MD, R Adams Cowley Shock Trauma Center</i> |
| 11:50am - 12:05pm | Q&A (Scalea) |
| 12:05pm - 12:50pm | Lunch and Visit Exhibits |
| 12:50pm - 1:20pm | Management of Pelvic Trauma
<i>Jamie Coleman MD, University of Louisville</i> |
| 1:20pm - 1:50pm | Spinal Cord Injury: Role of Diaphragm Pacing for Ventilator Liberation
<i>Andrew Kerwin MD, University of Tennessee, Memphis</i> |
| 1:50pm - 2:20pm | Geriatric Trauma in "G60" We Must Own It
<i>Alicia Mangram MD, FACS, HonorHealth John C. Lincoln Medical Center</i> |
| 2:20pm - 2:40pm | BREAK - VISIT EXHIBITORS - TURN IN QUESTION CARDS |
| 2:40pm - 2:55pm | Q&A (Coleman, Kerwin, Mangram) |
| 2:55pm - 3:25pm | Caring for the Caregiver
<i>Jamie Coleman MD, University of Louisville</i> |
| 3:25pm - 3:55pm | Compassionate Gift - Wellness While Working in Trauma
<i>Alicia Mangram MD, FACS, HonorHealth John C. Lincoln Medical Center</i> |
| 3:55pm - 4:15pm | BREAK - VISIT EXHIBITS - TURN IN QUESTION CARDS |
| 4:15pm - 4:30pm | Q&A (Coleman, Mangram) |
| 4:30pm - 5:30pm | Dr. Ledgerwood's Panel of Experts
<i>Moderator: Anna Ledgerwood MD</i> |
| 5:30pm - 6:30pm | Networking Reception |

FRIDAY, NOVEMBER 7, 2025

- | | |
|------------------|---|
| 6:45am - 12:00pm | Registration Open |
| 6:45am - 8:00am | Continental Breakfast |
| 7:00am - 7:30am | What Are the Expectations of Trauma Centers In Regards to Pediatric Readiness?
<i>Christina Colosimo DO, MS, University of Arizona</i> |



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- | | |
|-------------------|---|
| 7:30am - 8:00am | Chasing Zero Preventable Death with AI, REBOA and ECMO
<i>Jeremy W. Cannon MD, University of Pennsylvania</i> |
| 8:00am - 8:30am | Inhalation Injury and Burns, Myths, Management and Treatment
<i>Gary Vercruysse MD, University of Michigan</i> |
| 8:30am - 9:00 am | Large Scale Combat is Coming, Are You Ready?
<i>Jeremy W. Cannon MD, University of Pennsylvania</i> |
| 9:00am - 9:15am | BREAK – VISIT EXHIBITS – TURN IN QUESTION CARDS |
| 9:15am - 9:30am | Q&A (Colosimo, Cannon, Vercruysse) |
| 9:30am - 10:00am | The Endothelial Glycocalyx following Shock and Trauma: What You Need to Know
<i>Lawrence Diebel MD, Wayne State University</i> |
| 10:00am - 10:30am | What Can You Do to Improve Firearm Culture?
<i>Christina Colosimo DO, MS, University of Arizona</i> |
| 10:30am - 10:35am | End Gun Violence and the Spirit of Detroit
<i>Leah K. Diebel, MSW</i> |
| 10:35am - 11:15am | The American Problem: Understanding what the Evidence Really Says About Gun Violence, Mass Shootings and Mental Illness
<i>John "Jack" Rozel, MD, MSL, University of Pittsburgh</i> |
| 11:15am - 12:00pm | Gun Violence Panel
<i>Jack Rozel, Christina Colosimo, Detroit City Officials and TBD</i> |
| 12:00pm | ADJOURN |



OCTOBER/NOVEMBER 2025



REPORTS FROM THE OUTFIELD

DR. ANTHONY A. SMITH BRINGS US AN UPDATE FROM THE PAST

Dr. Lucas:

One year ago at the Wayne reception at ACS you asked me to provide you with this information. It took a while and I hope you find it satisfactory. Please let me know if there are any issues. I will be at the ACS in Chicago and to make it to the Wayne reception.

Best, Tony

I started my Plastic Surgery Residency at Wayne July 1st, 1986 after completing my general surgery residency two years earlier at Brooke Army Medical Center in San Antonio. Between completing general surgery and starting at Wayne, I had a two-year military obligation. The first year of my obligation was spent serving as Chief of Surgery at Weed Army Community Hospital at the National Training Center, Fort Irwin, California. We were newly married and my wife, Sandra, and I lived on post. The hospital was only 30 beds; we had two ORs staffed by two Army nurse anesthetists. The National Training Center had 5000 active duty Army troopers who engaged in mock warfare 26 days of the month, while wearing Russian uniforms. There were only 11 doctors on post and by default I was also head of the Emergency Department. I started treating traumatic hand injuries out of necessity. It was a great job for someone who did not plan to become a career general surgeon. Our oldest son Matthew was born while we were at Ft. Irwin and I was able to deliver him. We returned to San Antonio for the second year of my obligation which I served as a staff general surgeon at the U.S. Army Institute of Surgical Research (The Army Burn Unit). The ISR was commanded by Col. Basil Pruitt, a true icon in American Surgery and I headed one of the two clinical teams. I was offered an opportunity to train in Plastic Surgery at Walter Reed but decided to leave the Army after my two year military obligation and it was Col. Pruitt who recommended I train in Plastic Surgery with Dr. Martin Robson in Detroit.

I knew very little about the program when I started. In fact, I did not realize the plastic surgery residents took in-house call until the first day of the residency. My first rotation was at Detroit Receiving Hospital with Dr. Jonathan Saxe, a PGY-3 in general surgery as my junior. Jonathan and I got along great and I staffed him on many cases. We also helped out in the burn unit as the burn fellow, Dr. Toby Meltzer, from LSU in New Orleans, had little burn experience and needed help getting through the cases every day. At Receiving, the attending surgeons, in addition to Dr. Robson, were Dr. David Smith, who was the Chief at Receiving and also head of the burn unit, Dr. Linda Phillips, Dr. Walter Sullivan, and Dr. Eti Gursel. Dr. Gursel gave the residents lots of autonomy and always told the circulating nurses the residents could go ahead and start the case since he was "in the tunnel." The residents joked that this happened so frequently that we thought Dr. Gursel lived in the tunnel. At Harper, I met Dr. Rick Singer, and we have been friends ever since. The residents training in my year were Dr. Mike Busuito, who became a lifelong friend, and Dr. John Anton, who unfortunately was asked to leave the program after only one year in training. We did lots of acute hand trauma at Receiving which I particularly enjoyed. I will never forget a transmetacarpal amputation of the hand which happened when Dr. Sullivan was on-call and he

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OCTOBER/NOVEMBER 2025



REPORTS FROM THE OUTFIELD

DR. ANTHONY A. SMITH BRINGS US AN UPDATE FROM THE PAST

let Mike Busuito and I replant the hand. We were hot stuff that day. A new attending, Dr. Paul Zidel, who had just completed his hand fellowship at New York University, arrived for my second year of training in Detroit. Dr. Zidel and I did many wonderful cases together including an emergency rectus abdominis free flap at Detroit Receiving for a shotgun wound of the foot. Like Mike Busuito, he became a lifelong friend, and I was able to recruit him to come to Phoenix over 15 years ago.

Hand surgery became my chosen area of interest and I was able to obtain a Hand Fellowship in the Department of Orthopedic Surgery at the University of South Florida in Tampa. This was followed by a year of Reconstructive Microsurgery at the University of Toronto, where I spent much of my time at the Toronto General Hospital, the same hospital my wife Sandra was born in. That year in Toronto was truly magical. We were only 90 miles from Sandra's family, our youngest son, Christopher, was born, the training was superb, and I made one more lifelong friend, Dr. Steve McCabe.

I completed my training as an AO Fellow in Hand Surgery at the Inselspital in Bern, Switzerland. Matthew was five years and Christopher was six months of age when we left Canada. We were there for three months. The first month we lived in Bern but the last two months we lived one mile outside of Gstaad, Switzerland. Gstaad was in the middle of the Alps and beautiful in the summer.

After Switzerland, I joined the faculty of Case Western in Cleveland with my practice at Metro Health Medical Center, the Level I Trauma Center for northeast Ohio. I was one of two plastic surgeons assigned of the hospital and my practice was vigorous. I was the only surgeon at the hospital who could do a free flap and we worked closely with the orthopedic trauma service, headed by Dr. Brendan Patterson, now Chief of Orthopedic Surgery at the Cleveland Clinic. I also did an extensive amount of burn reconstructive surgery as Metro had a busy burn center, headed by Dr. Richard Frattiane. Both Dr. Patterson and Dr. Frattiane became lifelong friends.

In August 1995 I was recruited to join in the Mayo Clinic in Phoenix, Arizona as their first full-time hand surgeon. It was a great move, both professionally and personally. Professionally, I took over as Chair of the Division of Plastic Surgery in 2000 and started a plastic surgery residency in Phoenix in 2008. I recruited Dr. Paul Zidel to join the staff at Maricopa Medical Center, our municipal hospital in Phoenix, in 2008 and he and I worked together at Maricopa for a number of years. I became active in plastic surgery resident education nationally and in 2019 was selected as President of the American Council of Academic Plastic Surgeons. Personally, our children are now adults with Matthew having an MBA from Thunderbird here in Phoenix. He is a successful tech entrepreneur in San Diego and about to publish his first book. His younger brother, Christopher, has begun his senior year at Arizona State University and is studying architecture. My wife, Sandra, has been a community activist for nearly 20 years and on the board of Circle the City, which provides respite care for the homeless.

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OCTOBER/NOVEMBER 2025



REPORTS FROM THE OUTFIELD

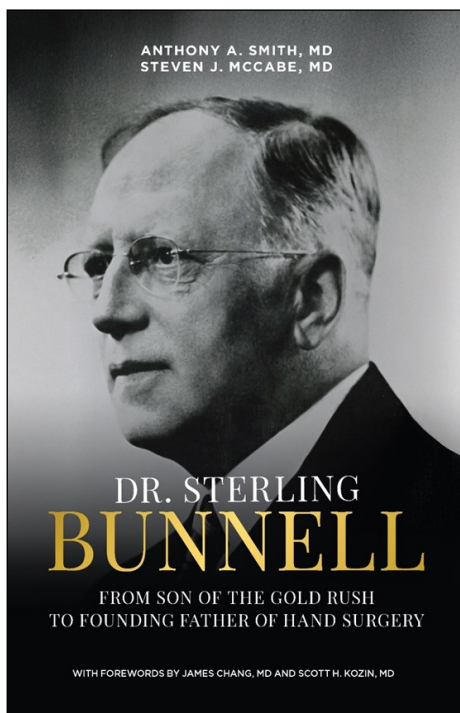
DR. ANTHONY A. SMITH BRINGS US AN UPDATE FROM THE PAST

Most recently, I recruited Dr. Steve McCabe from Toronto, and he and I have written the biography of Dr. Sterling Bunnell, considered the Founding Father of Hand Surgery. Our book was published by the American Society for Surgery of the Hand and we have donated all monies to their Foundation. It is available for purchase at the following website:

<https://american-society-for-surgery-of-the-hand.myshopify.com/products/dr-sterling-bunnell-from-son-of-the-gold-rush-to-founding-father-of-hand-surgery>



Dr. Anthony Smith and his bride, Sandra, at a Circle the City Fundraiser.



Dr. Anthony Smith and his youngest son, Christopher, researching Bunnell's travels in Yosemite.





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: _____@_____



November 11th

MARK YOUR CALENDARS

Western Surgical Association 133rd Scientific Session

November 1-4, 2025

Fairmont Scottsdale Princess

Scottsdale, Arizona

2026 Critical Care Congress

March 22-24, 2026

McCormick Place, West Building

Chicago, Illinois

146th Meeting of the American Surgical Society

April 23-25, 2026

Kyatt Regency Seattle

Seattle, Washington

72nd Meeting of the Michigan Chapter, ACS

May 20-22, 2026

The Highlands at Harbor Springs

Harbor Springs, 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.



EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

8/8/72 - Staff: Dr. Zwi Steiger; Chief Resident: Dr. Ali

1. EP: Stab abdomen with laceration liver and omentum, had laparotomy with drainage.
2. CD: Perirectal abscess, treated with I&D.
3. BC: Traumatic amputation right arm and leg, had change of dressing.
4. RS: Closure of abdominal wound dehiscence (had negative laparotomy for stab abdomen one week ago).
5. TB: Infected right index finger, treated with I&D.



Dr. Anna Ledgerwood

8/9/72 - Staff: Dr. Joe Bassett

1. DM: GSW right thigh, aortogram abnormal, had exploration with no pathology of femoral vessels.
2. BC: Change of dressing.
3. RB: Bronchoscopy for atelectatic right upper lobe.
4. AU: Closure of right above knee amputation stump.

8/10/72 - Staff: Dr. K. Immamoglu

1. EC: Laceration tendon and nerve right index finger, treated with repair.
2. ME: GSW mouth with profuse intraoral bleeding, treated with tracheostomy, exploration of right neck, and closure of pharyngeal perforation, ligation of lingual artery, and internal fixation of mandible.

8/11/72 - Staff: Dr. A.J. Walt

BC: Change of dressing.

EW: Drainage of perirectal abscess.

VH: GSW lower abdomen with perforation left internal iliac vein, treated with laparotomy and ligation of vein.

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

8/12/72 - Staff: Dr. J.C. Rosenberg

1. OG: Stab left chest with clotted hemothorax, treated with thoracotomy and irrigation and drainage.
2. BC: Change of dressing.
3. JC: Chest tube insertion for hemopneumothorax.
4. AW: Small bowel obstruction postop, laparotomy for stab abdomen. Treated with laparotomy and lysis of adhesions and insertion of Leonard tube.
5. AC: Five days postop for GSW abdomen with exploration and repair of small bowel, vena cava, and pancreas; had tracheostomy for respiratory failure.

8/13/72 - Staff: Dr. John Plant

1. BC: Change of dressing.
2. AC: Laceration of extensor tendon, treated with repair.
3. SG: GSW left leg, treated with split-thickness skin graft.
4. FG: Stab wound anterior chest with shock, had thoraco-abdominal incision with repair left hepatic vein and dome of liver, cholecystectomy, and closure of diaphragm perforation.
5. VD: GSW right neck with perforation right pharyngeal wall treated with repair, and puncture of thyrohyoid membrane treated with repair and tracheostomy.

8/14/72 - Staff: Dr. Norm Thoms

1. TM: Stab left flank, treated with laparotomy and splenectomy and closure of three lacerations of transverse colon.
2. BC: Change of dressing.
3. TD: Stab abdomen with perforation into the peritoneum with no visceral injury.
4. DG: Postop GSW chest, treated with chest tube for pyothorax.





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, November 5

Death & Complications Conference

WAYNE STATE SURGICAL SOCIETY LECTURER

“Evolution of Caring for Vascular Injuries: The Journey Continued”

Thomas M. Scalea, MD, FACS, MCCM, MAMSE

Physician-in-Chief, R. Adams Cowley Shock Trauma Center

System Chief for Critical Care Services, University of Maryland Medical Center

The Honorable Francis S. Kelly Distinguished Professor Trauma Surgery Director, Program in Trauma
University of Maryland School of Medicine, Baltimore

Wednesday, November 12

Death & Complications Conference

“The Surgical Approach to Thyroid Nodules and Goiters: A Resident’s Guide”

Noah Stern, DO, Program Director

Department of Otolaryngology, Detroit Medical Center

Wednesday, November 19

Death & Complications Conference

Amilee Khoury, DO

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/MJMN5V>

Surgery Grand Rounds #2024321064, Jan-April 2024 CME Reflective Evaluation:

<https://www.surveymonkey.com/r/MJW12XF>



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. Joseph Sferra (WSUGS 1991) passed the baton of presidency to Dr. Bruce McIntosh (WSU/GS 1989/94) at the WSSS gathering during the American College of Surgeons meeting in October 2025. 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.