MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

JANUARY 2026

THE NEW YEAR BRINGS IN NEW SURGICAL FACULTY

Inside this issue:


Dr. Sun Tso Hsieh

Dr. Sun Tso Hsieh has joined the Department of Surgery in the Division of Plastic and Reconstructive Surgery at the Children's Hospital of Michigan. He has had extensive experience with pediatric plastic and craniofacial surgery and has worked with the Pediatrix Medical Group from April of 2022 after having served as an Assistant Professor of Pediatric Surgery at the University of Minnesota through 2021.

Dr. Hsieh received his medical degree from the Medical College of Georgia (2012) after having obtained his Master's degree in Medical Physics and his Bachelor's degree in Aerospace Engineering from the Georgia Institute of Technology. He completed his residency in Plastic Surgery at Brown University and did a Fellowship in Pediatric Plastic and Craniofacial Surgery at the University of California in San Diego.

Dr. Hsieh has contributed to many scientific publications and chapters that deal with cleft surgery and craniofacial trauma. He has made several regional, national, and international presentations dealing with this special area of expertise. He has also been an important instructor for the surgical residents and has been actively involved in the national residency programs in this area.


Dr. Andrea Sisti

Dr. Andrea Sisti has joined the Division of Plastic and Reconstructive Surgery for the University and the Detroit Medical Center. Dr. Sisti received his medical degree from the University of Bologna in 2008, completed a Family Medicine residency at the University of Florence in Italy in 2012, and completed his Plastic Surgery residency at the University of Siena in Italy in 2019. He did a Research Fellowship at the Mayo Clinic in Jacksonville, Florida which he completed in 2019 and a subsequent Research Fellowship at the Cleveland Clinic in Ohio. He also did a Craniofacial Surgery Fellowship at the Cleveland Clinic and a further Maxillofacial Fellowship at the University of Tennessee in 2022. He then completed a Burn Reconstruction Fellowship at the University of Texas in 2023 and a Craniofacial Fellowship at the University of Texas in Austin in 2025.

Dr. Sisti has served as a reviewer for a number of medical journals dealing with his area of expertise. He is an Associate Editor of the Journal of Dermatology and Cosmetology since 2017. He is also an editorial board member for several journals

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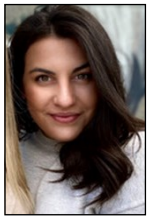
THE NEW YEAR BRINGS IN NEW SURGICAL FACULTY, cont..

dealing with advanced plastic surgical techniques. He has been a very productive author with many original articles, review articles, and case reports. He has also been the author of several book chapters dealing with his area of expertise.


Dr. Amilee Khoury

Dr. Amilee Khoury will be officially joining the Department of Surgery where she will be working in the Division of Trauma/Surgical Critical Care. Dr. Khoury completed her Bachelor's degree at Michigan State University, after which she completed her Doctorate degree at Michigan State University. She did her General Surgical residency at McLaren in Mount Clemens, Michigan and completed her Trauma/Critical Care Fellowship at Case Western Reserve in Cleveland, Ohio.

She has special interest in Trauma and Critical Care and in optimizing patient outcomes. She has had extensive experience with the teaching of students and residents. During her final year of Fellowship, she received the "Resident Educator of the Year (2024)" award related to her dedication to teaching.


Dr. Reid Bartholomew

Dr. Reid Bartholomew has joined the Department of Surgery in the Trauma/Surgical Critical Care division. Dr. Bartholomew completed his General Surgical residency at the University of North Dakota in 2023 and a Fellowship in Trauma/Surgical Critical Care at the University of Tennessee in Memphis in 2024 and served on the faculty prior to coming to Wayne State University.

Dr. Bartholomew is respected for his teaching, which includes his activities as an ATLS instructor. His research has covered many areas, including pulmonary compromise and surgical critical care, and he has published a number of peer-reviewed articles in these areas. He has been very active in the development of clinical guidelines as it relates to early assessment of the injured patient and holds certification in General Surgery, ATLS, and the Intuitive da Vinci Training. He has also been very active in the teaching of neurogenic shock, ventral hernia repair, and different types of bowel anastomoses.

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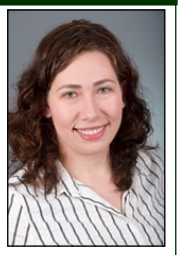
SURGICAL GRAND ROUNDS


Dr. Jessica McGee

The **Surgical Grand Rounds** on **December 10, 2025 was presented by Dr. Jessica McGee (WSUGS 2017),** who is a member of the Trauma Critical Care team. The title of her presentation was **"Management of Liver Trauma in 2025."** Dr. McGee began by presenting a patient with an interesting liver injury. This 30 year old man was involved in a motor vehicle collision and had evidence of abdominal injury upon arrival. The FAST exam was positive, and the imaging study demonstrated a severe injury. He was taken to the operating room promptly where he had a very large injury to the right lobe which was sutured and packed in order to get hemostasis and then taken to the ICU. He was stabilized in the ICU and taken back to the operating room the next day where he had removal of the pack and closure of the abdomen.

Subsequently, he developed an abdominal fluid collection, which was aspirated elsewhere and found to be bile. The imaging study confirmed that he had a biloma adjacent to the liver which was treated with percutaneous drainage and later with an ERCP placement of a stent.

Dr. McGee summarized the anatomy of the liver, including the eight anatomical segments, along with their arterial and venous vessels, in addition to the three hepatic veins which drain into the retrohepatic cava. She described the World Society of Emergency Surgery (WSES) criteria for operative or non-operative therapy for patients with liver injuries. Patients with serious injuries needed to be resuscitated and taken to the operating room for control of bleeding. The diagnostic techniques consist of an early FAST exam, followed promptly by a CT scan in order to identify the specific injuries, if the patient is stable enough to undergo these diagnostic procedures.

The AAST breakdown for Injury Severity Score (ISS) was described, beginning with a small subcapsular hematoma as a Grade I injury and extending to a large destructive injury involving more than 75% of one of the lobes, or a combination of three or more segmental injuries (Grade V). She compared the AAST criteria with the WSES criteria.

Non-operative management (NOM) may be applied in patients who are stable and have a Grade I or Grade II injury and sometimes a Grade III injury. The decision to operate is based primarily upon patient's stability, whereas NOM is based upon a combination of patient stability and a Grade I-III injury. In patients who are stable but have evidence of an injury which is extravasating, interventional radiography may be utilized in order to embolize and control the bleeding.

During operation, the different techniques for getting hemostasis were discussed. These included the liver suture or hepatorrhaphy, hepatic artery ligation, temporary packing, and postoperative interventional embolization. She also emphasized the importance of utilizing the massive transfusion protocol and on rare occasions, the potential benefit of the REBOA.

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SURGICAL GRAND ROUNDS

Sometimes compression of the liver with packs for a period of time will obtain hemostasis, even after the packs are removed. She discussed the role of suture ligation, electrocoagulation, the application of topical hemostatic agents, and the role of an omental pack to be placed in the liver injury and sutured in place. Sometimes the actively bleeding vessels in the depth of the wound can be individually ligated with sutures in order to get hemostasis.

This is more commonly true in patients with small arterial bleeders. Ligation of a branch of the hepatic artery or even the right or left hepatic artery can be performed if there is no evidence of a concomitant portal venous injury since the portal vein supplies most of the oxygenation of the liver. The first reported case of purposeful right hepatic artery ligation to successfully obtain liver hemostasis came from a patient treated at the Detroit Receiving Hospital in 1959. Also discussed was the Pringle maneuver which is utilized to demonstrate that control of the vascular inflow will obtain hemostasis.

Unusual techniques for obtaining hemostasis included the balloon tamponade, which is performed by placing a Penrose drain through a bleeding liver tract, and then blowing up the Penrose drain with ligation on each end in order to create pressure within the depths of the liver and get hemostasis.

The worst liver injuries may be temporarily controlled with vascular isolation of the liver by placement of a "Blaisdell" shunt in the retrohepatic cava from the suprarenal position to the supradiaphragmatic position. A chest tube has been described for this type of hepatic isolation. She highlighted the high mortality rate of retrohepatic injuries and the fact that when retrohepatic shunts have to be placed or even a venovenous bypass utilized, the mortality rate is extremely high. The editor has stated on a number of occasions that anyone who successfully treats a retrohepatic caval injury was treating someone who was not ready to meet his/her maker.

There are a number of complications from liver trauma, including postoperative bleeding, abscess formation, and development of a bile leak with a biloma. There is also the unusual syndrome of hemobilia which may be suspected by the successful non-operative treatment of a severe liver injury, which is followed by delayed upper GI bleeding; this is due to an intrahepatic aneurysm that decompresses into the biliary system, enters the duodenum, and then is vomited as hematemesis. The treatment may be hepatic artery embolization or laparotomy with ligation of the feeding vessel which has decompressed into the biliary system.

Different types of drains were discussed, emphasizing that the selection should be based upon surgeon choice. When drainage is needed, the closed suction drain is preferred over the open Penrose drain. Healing time of liver injuries was discussed. The classic work on healing of liver injuries was done by Dr. Scott Dulchavsky (WSU/GS 1983/1988) who looked at tensile strength of liver injuries in a canine model and a porcine model. He demonstrated that with or without suture repair of the injury, the tensile strength of the liver is about 90% of normal at three weeks and greater than normal at six weeks.

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SURGICAL GRAND ROUNDS

Following this comprehensive presentation, Dr. McGee presented sample questions that the residents will be seeing when they take their SCORE examination. There was an active question-and-answer session.


Dr. Paige Aiello

The **Surgical Grand Rounds for December 17, 2025** was presented by **Dr. Paige Aiello (WSU/GS 2023)** who has finished her fellowship in breast surgery and is now back in the department working as a member of the breast surgery team. The title of her presentation was **"Management of the Axilla in Breast Cancer: The Past, Present and Future".** She began her presentation by reviewing some important historical milestones. She talked about the contributions made by Dr. Rudolph Virchow who emphasized, more than 150 years ago, that the axillary lymph nodes were the pathway from the breast to the more central venous system and served as a filter for cancer cells. She talked about the famous Dr. William Stewart Halstead who emphasized the importance of performing an aggressive operation in order to cure a woman of breast cancer. This included a total mastectomy in conjunction with resection of the pectoralis muscles and all of the axillary soft tissues with lymph nodes up to the level of the subclavian vein. She showed a number of pictures of this very extensive operation. The concept was that the best way to cure a woman of breast cancer was to excise all of the cancer. This is the procedure that was practiced by most surgeons until near the end of the 20th century.

Dr. Aiello discussed the later contributions that were made by Dr. Bernard Fisher, near the end of the 20th century, when he recommended a more conservative approach consisting of total mastectomy but without excision of the chest wall muscles. She described the many changes that have occurred since that time. The breast surgical community over the past 50 years has made tremendous scientific contributions which have decreased the prior overutilization of overly aggressive surgery for breast cancer.

The scientific studies have focused on the differences in outcome in patients with stage I or stage II breast cancer as opposed to advanced disease and of the differences in outcome in patients with positive versus negative axillary lymph nodes. The sentinel lymph node, which is the first lymph node to receive drainage from the breast, became a focus of great attention in order to define optimal therapy. She described how controlled studies evaluating the presence of a positive or negative sentinel lymph node demonstrated that a negative sentinel lymph node would predict a negative axillary dissection so that eventually patients who had a negative sentinel lymph node would not require complete axillary lymphatic dissection. Prior to that time a patient might have resection of a negative axillary lymph node which would then be followed by a complete axillary dissection.

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SURGICAL GRAND ROUNDS

Dr. Aiello described how the constant acquisition of data continues to convince the surgical community that partial mastectomy or lumpectomy should be implemented in patients with early breast cancer. This would be followed by an axillary dissection if the sentinel lymph node was positive. All of these advances were made by looking at the results of many prospective randomized trials on different options of therapy, particularly on early breast cancer. The results of these many studies demonstrated that the advances in chemotherapy, including hormonal therapy, reduces the need to do extensive operative procedures. The next step in the progress toward lesser operations occurred when controlled studies demonstrated that if a patient had a positive sentinel lymph node, the long-term results were the same whether the patient had a completion axillary lymph node dissection or simply radiation plus chemotherapy.

She discussed how the utilization of placing a clip at the site of a percutaneous biopsy would guide the subsequent excision so that the surgeon was comfortable that the bed of a percutaneous biopsy of an early breast cancer was located at the same site as the subsequent lumpectomy or partial mastectomy. The use of this technique allows the surgeon to be sure that all of the appropriate breast tissue or axillary tissue are removed at the open procedure. The surgical community knows that the addition of a completion axillary node dissection provides no benefit in patients with early breast cancer.

During the discussion, it was pointed out that the ultra-radical mastectomy was previously performed in patients with cancers along the medial side of the breast, where the metastases to the lymph nodes would occur along the distribution of the internal mammary veins. The ultra-radical mastectomy consists of resection of the costal cartilages of the second, third, and fourth ribs in order to resect these nodes as part of an en bloc resection of all the breast lymph nodes. This, of course, would leave the patient with an anterior flail chest as the only closure of the chest would be a fascia Lata graft taken from the lateral thigh on the ipsilateral side. Fortunately, the studies done in the last 70 years have demonstrated that these mutilating operations are not beneficial.

The next question to be answered by the rest of the surgical community is whether patients with early breast cancer can have the diagnosis confirmed by percutaneous biopsy and receptor response for the primary breast tumor and for the axillary node if present. All subsequent therapy to be provided by chemotherapy including hormonal therapy and radiation therapy if indicated. The editor predicts that this will be the status of care by the time the residents finish their career with the result being that patients with early breast cancer will not even undergo an excision of the small primary tumor.

January 19th

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY
WAYNE STATE
JANUARY 2026

Martin C. Robson, M.D., FACS, Hon FRCS, Hon FRACS

1939-2023

Dr. Marty Robson was the chief of plastic and reconstructive surgery at WSU from 1977 through 1982. He brought to our department Dr. David Smith, his plastics surgery partner, and Dr. John Heggers, who had his doctorate degree in physiology and had a special interest in wound healing and bacteriology. They worked as a team while at WSU. Dr. Robson then moved to accept the position of Chief of Plastic Surgery at the University of Texas in Galveston, while Dr. Smith became the chief of plastic surgery at the University of Michigan. Dr. Robson and Dr. Heggers continued to work on their scientific investigations in Texas. The following is a summary of some of the many accomplishments of Dr. Robson provided to the American Surgical Association by Dr. David Smith.


Dr. Martin Robson

Martin C. Robson, M.D., FACS, Hon FRCS, Hon FRACS died on April 15, 2023, in Chicago, Illinois. A distinguished and prolific Plastic Surgeon, Surgeon-Scientist, medical researcher, and Professor, he published and lectured extensively, primarily in the realm of wound healing, wound infection, burns, and proliferative scarring. He trained and educated several generations of Plastic Surgeons, Research Fellows, and Medical Students, many who have gone on to academic careers themselves.

Dr. Robson was born in Lancaster, Ohio to Martin and Agnes Robson on March 8, 1939. He graduated from Lancaster High School, Johns Hopkins University, and Johns Hopkins School of Medicine. He Interned in General Surgery at the University of Chicago and then began General Surgery Residency at the Baltimore City Hospitals. He was drafted into the Army in 1967 and completed General Surgery Residency at Brooke Army Medical Center in San Antonio, Texas. He served as the Chief of Surgery of the Seoul Military Hospital in Korea from 1969-1970, and then the Chief of Surgery at Fort Campbell Kentucky 1970-1971. He received the Army Commendation and the Meritorious Service Medals in 1971. He also received the Raymond Franklin Metcalfe Award by the U.S. Army for Surgical Research in 1968. He was honorably discharged from military active duty but continued his service as an Army Reservist for many years, retiring at the rank of full Colonel.

During his General Surgery training, Marty had become acquainted with and inspired by the work of Dr. Thomas Krizek, a Plastic Surgeon at the Baltimore City Hospitals. During Marty's time in Korea, he encountered numerous patient problems that further inspired him to seek training in Plastic Surgery under Dr. Krizek, who had relocated to Yale University as the Chief of Plastic Surgery. Marty was Tom's first Resident, and they became lifelong friends and colleagues.

Marty remained at Yale after Plastic Surgery Residency graduation, rising in academic rank to Associate Professor. He was then recruited to the University of Chicago as the Chief of Plastic Surgery and Director of the Burn Center. He was promoted to Professor in 1977. There he developed a partnership with John Heggers, Ph.D., which led to re-refining of the clinical applications of bacterial balance in burns and wounds.

Marty then became Chief of Plastic and Reconstructive Surgery at Wayne State University in Detroit, Michigan for the ensuing 5 years. Marty's next position was as the Truman G. Blocker, MD Distinguished

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Martin C. Robson, M.D., FACS, Hon FRCS, Hon FRACS

1939-2023

Professor and Chief of the Division of Plastic Surgery at the University of Texas Medical Branch at Galveston from 1988 until 1993.

He was again recruited by Dr. Krizek to the Division of Plastic Surgery at the University of South Florida in Tampa, Florida, where he served as the Chief of Surgical Services at the Bay Pines VA Hospital in St. Petersburg, Florida, retiring from clinical practice in 2000, but continued to oversee research there as the Director of the Institute for Tissue Regeneration, Repair, and Rehabilitation at Bay Pines. This unique research collaborative was born of cooperative efforts between (then) Congressman CW 'Bill' Young, the University of South Florida, and Bay Pines VAHCS.

Marty's further professional activities included numerous Board Memberships as surgical advisor to wound healing activities and product development.

Marty published 500 scientific, peer-reviewed journal articles and over 100 book chapters and books dedicated to Plastic Surgery, burns, wound healing and wound infection.

Dr. Robson held and served in leadership positions as President of the American Burn Association, Chairman of the American Board of Plastic Surgery, President of the American Council of Academic Plastic Surgeons, Chairman of the Plastic Surgery Research Council, and Chairman of the Residency Review Committee for Plastic Surgery, where he ushered in the now predominant Integrated Plastic Surgery Residency Program model. He was also a founding member and Past-President of the Wound Healing Society, helping to spotlight and focus efforts on the importance and need for organization in the realm of wound healing.

Marty was the recipient of many awards, honors, and accolades including honorary fellowship in the Royal College of Surgeons, and the Royal Australasian College of Surgeons, Lifetime Scientific Achievement Awards from the American Burn Association, the Wound Healing Society, the Association of Advanced Wound Care, and the World Union of Wound Healing. He was also the recipient of special awards from the American Association of Plastic Surgeons including the Distinguished Fellowship Award in recognition of his dedication and service to Plastic Surgery education and teaching, as well as the Clinician of the Year Award in recognition of the scientific precision that he brought to the practice of Plastic Surgery.

Marty was married to Leslie (nee Einhorn) for 39 years. His three children, Doug, Trip (Martin C Robson, III), and Karen are successful professionals. His 7 grandchildren were special delights in his eyes.

Marty was a well-traveled keen observer of places, people, and events. He enjoyed good company, good conversation, a good meal, a good scotch, and a good laugh.

Marty leaves a legacy of excellence, inspiration, and friendship to all of those whom he educated, taught, collaborated with and befriended. One of Marty's favorite quotes from Gertrude Stein was a frequent point in his lectures and teaching: "A Difference, To Be a Difference, Must Make a Difference." Marty will certainly be remembered as one who Made a Difference.

DAVID J. SMITH, JR., M.D.
WYATT G. PAYNE, M.D.

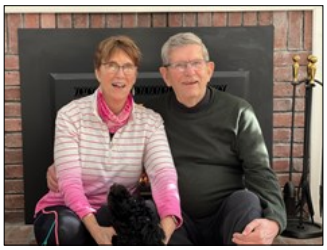
MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY
WAYNE STATE
JANUARY 2026

REPORTS FROM THE OUTFIELD

Dr. Volker Bradley, MD

Dr. Volker Bradley (WSU/GS 1976) was a very forward thinking and excellent surgical resident. During his residency years, he was involved in some of the classic studies which looked at the effects of loop diuresis on kidney function in patients who had sustained severe shock from hemorrhage or sepsis. He demonstrated that loop diuresis in these overloaded patients with excessive edema was detrimental when the effective plasma volume was decreased as evidenced by central pressure response to fluid therapy but was beneficial in patients who had associated myocardial compromise as demonstrated by the Frank – Starling curve following a fluid challenge. The following is an update on what's been happening with Dr. Bradley lately.

Hi Dr. Lucas,



Dr. Volker Bradley and his bride, Jyl, at their home

You have an amazing memory. I remember Greektown but don't remember LAM (Lucas avoidance maneuver) (though I don't doubt it!).

I remember that you were the most supportive staff member during residency. Whenever I recalled details of my residency, you were always first to come to mind. Thank you again for your patient support, instruction and help during those days.

I retired from active practice in 2008. I was 70 then and felt it was time to pass the reins on to someone younger. Our practice consisted of two general surgeons and one gastroenterologist. We were very busy in the office, our ambulatory surgical center and at the hospital. Unfortunately, we found it hard to learn new techniques because our hospital was small. However, during those years we practiced a wide range of surgery which included thoracic surgery, vascular surgery, some gynecologic surgery and a few head-and-neck procedures.

I live in a small, rather wealthy town in New Hampshire. There is a beautiful college here, a fine small hospital, a well maintained library, multiple restaurants, access to local ski areas and many wonderful hiking trails.

Jyl and I live very close to our daughter, her husband and their two children. Their young daughter walks to our house each morning and then we walk her to school. It is a real privilege to see our grandchildren grow up.

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REPORTS FROM THE OUTFIELD, cont..

I am in good health and enjoy traveling to see other family members. My oldest daughter, who soon will be 56 years old, is an Obstetrician-Gynecologist living in Utah. She and her husband are already planning their retirement - hard to believe. Their children are adults and living on their own.

My youngest daughter is married to a retired Army Lt. Colonel and they are enjoying retirement in St. Augustine, Florida. Our boy and his family of four children live in St. Paul, Minnesota, and our other daughter lives here.

We are living an active and healthy life.

I miss seeing you and Dr. Ledgerwood. Perhaps I will see you in Detroit at a conference sometime. Is Dr. Sugawa still attending conferences?

(Left to right) Dr. Bradley's granddaughter's husband, his daughter, Karen, his daughter Katherine, Dr. Bradley and on top is his wife, Jyl at the Tillamook Creamery in Tillamook, Oregon

Jyl and I wish you a healthy and most enjoyable holiday season. Please give my greetings to Drs. Ledgerwood and Sugawa.

Your friend and grateful resident,
Volker

PS. The photo to the right is a recent picture taken at our 70th high-school reunion in St. Joseph, Michigan. The other gentleman is Leonart Shik, a former exchange student who traveled from Kiel, Germany to be with us at the reunion.

(Left to right) Leonart Shik and Dr. Volker Bradley

REPORTS FROM THE OUTFIELD, cont..

Dr. Erin Perrone, MD


Dr. Erin Perrone

Dr. Erin Perrone (WSU/GS 2012) performed her pediatric surgical fellowship after completing general surgery and then joined the faculty of the Department of Pediatric Surgery at the University of Michigan. Her first or two children were born during her residency training. She is married to Dr. Bryant Oliphant who is a member of the University of Michigan and the DMC Orthopedic Departments. Following the birth of her first child, she became not only a mother to her son but also a mother to all of the residents and students rotating on her service. Somebody needs to publish a paper showing how the graduation to parenthood leads to increased concern for all of the junior residents and students on a surgical rotation. During the last meeting of the American College of Surgeons, her oldest son was taken to Northwestern University where he will be starting his college career. Maybe he will come back to WSU for his medical school training and emulate his mother.

Dr. Anna Ledgerwood and Dr. Charlie Lucas with two of Dr. Erin Perrone and Dr. Bryant Oliphant's children, Maxwell and Isabella (not pictured is their daughter, Charlotte)

Dr. Suresh Goyal (WSU/GS 1973) and his bride Dr. Suman Goyal extend their best holiday wishes to all of the current and former surgical faculty and his fellow graduates. They emphasize that after more than half a century they still feel that they are part of the WSU family. Dr. Goyal has had a very busy general surgical practice and is currently living in New York.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

Wayne State Surgical Society

2026 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:

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Phone:

Email: _____@_____

MARK YOUR CALENDARS

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
Hyatt 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.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE


Dr. Anna Ledgerwood

8/23/72 - Staff: Dr. R. Wilson

1. PG: GSW abdomen, had removal of bullet from abdominal wall.
2. SJ: GSW bilateral chest, abdomen, right neck, right arm, and left arm. Patient had bilateral chest tubes placed, exploration of neck, and subclavian vessel exposure with repair axillary artery and ligation of subclavian vein, followed by laparotomy and ligation of intercostal vessel from inside the abdomen.

8/24/72 - Staff: Dr. Hartzell

1. JC: SB obstruction, had laparotomy with lysis of adhesions, reduction of intussusception, and insertion of Baker tube.

8/25/72 - Staff: Dr. Benevides

1. MM: GSW right chest, had chest tube placed with drainage of 3L of blood and shock. Underwent right thoracotomy and wedge resection middle and lower lobe.
2. BB: GSW right chest, fourth intercostal space, 3 cm from midline. Had repair of lacerated right atrium and lacerated IVC at point of entrance from diaphragm. Also had lacerated dome of right lobe of liver which was superficial.
3. MM: Patient previously operated, had repeat right thoracotomy with small arterial bleeder in the inferior pulmonary ligament which was ligated.

8/26/72 - Staff: Dr. Y. Silva

1. CH: SGW left arm with weak radial pulse, had exploration with resection of 1 cm of brachial artery with end-to-end anastomosis with good pulse postop.

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WAYNE STATE

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

8/27/72 - Staff: Dr. Ledgerwood

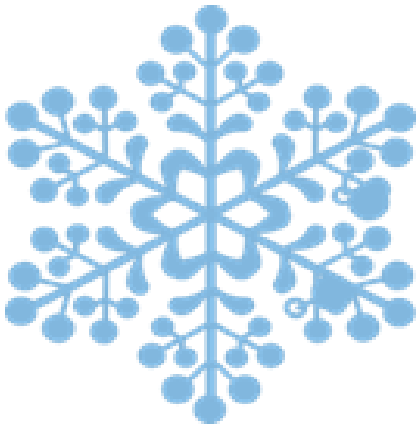
1. MP: 68yo with three-day history of abdominal pain after blunt injury, had ruptured spleen and underwent splenectomy.

8/28/72 - Staff: Dr. Shannon

1. WJ: GSW right chest, had wedge resection right middle and right lower lobe and ligation of intercostal vessel.

8/29/72 - Staff: Dr. Kirkpatrick

1. CB: Abscess of index finger in heroin user, had I&D.
2. JH: GSW abdomen with entry in left epigastrium. Bullet was lying posteriorly at L2-3. Patient was shocky with distending abdomen. Had laparotomy with laceration aorta, left renal vein, inferior vena cava, liver, and pancreas. Patient died on the table.
3. CT: Blunt injury with multiple fractures of left ribs 3-12. Had positive flail chest and small pneumothorax. Underwent left chest tube placement and tracheostomy.
4. BD: Stab abdomen x2. Had laceration anterior wall of stomach near the lesser curvature, which was closed. Had liver laceration x2 which was superficial and not bleeding and was treated with drainage.



MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

WSU MONTLY CONFERENCES 2026

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, January 7
Death & Complications Conference
Andrew Isaacson, MD
Assistant Professor of Surgery
WSU School of Medicine Surgical Residency

Wednesday, January 14
Death & Complications Conference
"What I Learned at the American College of Surgeons Meeting"
Nicholas Calvo, MD, Farhan Chaudhry, MD, William Dailey, MD, Jude Jaraki, MD, Stephanie Joseph, MD, Monica Suikes (Ramaswamy) MD
Senior Graduating Surgical Residents DMC/WSU School of Medicine

Wednesday, January 21
Death & Complications Conference
"ABSITE Quest Review"
David Edelman, MD
Program Director, DMC/WSU School of Medicine

Wednesday, January 28
Death & Complications Conference
"Updates and Controversies in CPR"
Cassondra Cramer-Bour, MD
Assistant Professor of Medicine, Director of Point of Care Ultrasound, Associate Program Director, Pulmonary & Critical Care Fellowship, Department of Internal Medicine 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." The Planning Committee and Presenters have no commercial relationships.

EVALUATIONS
Surgery Grand Rounds #2026321064, Jan-Apr 2026 CME Reflective Evaluation:
Surgical Death and Complications Rounds #2026321125, Jan-Apr 2026 CME Reflective Evaluation:

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. 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*.