

MAY 2026

A LEGEND TRANSFERS TO THE PROMISED LAND



Sunday, May 10th

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2026 WSSS OFFICERS

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Jude Jaracki (WSUGS 2006)

Dr. Arthur W. Weaver was born on Thanksgiving Day, November 29, 1923; his parents gave thanks for this wonderful gift. His longevity allowed him to see firsthand many of the changes that have occurred in the past century. When his father took him to the big city on October 29, 1929 he was able to hear the news boys shouting "stock market crash" and later learned the significant implication of this newsboy shout. As part of the Great Depression, he learned how parents had to make do with little resources in order to raise their children. He also learned, by example, many of the jobs that can be performed by parents such as carpentry work and plumbing. He was a good student and took these lessons as important teachings to be used all of his life.



Dr. Arthur Weaver

During his high school years, Dr. Weaver was a multisport athlete. During this time he met his future bride, Ms. Natalie Wheeler. About this time England was at war with Germany and President Theodore Roosevelt had initiated the draft so that all young men had to register when they turned 18 years of age. Dr. Weaver was an admirer of Dr. Albert Schweitzer, the famous missionary, resulting in his entering college with plans to go to medical school.

These idealistic plans were disrupted when Japan bombed Pearl Harbor and Dr. Weaver was promptly called into the Army, where he learned many things including the fact that doing hundreds of "push-ups" or talking back to the Sgt. caused his pectoralis muscles to be so sore that it was difficult to take a deep breath. Following basic training, he was transferred to Fitzsimmons General Hospital to be trained as an Army pharmacist. Since he was a Seventh-Day Adventist, he did all the pharmaceutical work every Sunday since Saturday was his Sabbath.

Once his training was completed, Dr. Weaver was transferred on the cargo ship "Cape Flattery", which had been converted to a group ship in order to transfer hundreds of troops to the Pacific campaign. They traveled by way of Australia and Hawaii where he got to see many new things and learned to love fresh fruit and surfing. Many of the US and allied positions had been overwhelmed by the Japanese and had to be regained island by island. By this time, Germany had surrendered so that all attention was directed toward the Pacific campaign. This Pacific campaign was very violent, especially in "the slot" near Guadalcanal as the US and allies, in addition to the Japanese, were constantly trying to reinforce to their positions. Many ships were sunk in this area. Not long after his arrival, the invasion of Saipan took place utilizing the same techniques that were used during the invasion of Normandy. This was their first exposure to Kamikaze pilots who made suicidal dives into Allied ships with bomb-laden airplanes. Meanwhile, the allies increased their bombing of many islands followed by Japan itself with the end result being Japan's surrender following the bombing of Hiroshima and Nagasaki with atomic weapons.

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A LEGEND TRANSFERS TO THE PROMISED LAND, etc...

Soon thereafter Dr. Weaver began his medical school training and he and his bride, Mrs. Natalie Weaver started their family. Their son Donald was born on June 29, 1949, which happened to be the date of their fourth wedding anniversary. After medical school Dr. Weaver did his surgical residency at Pontiac General Hospital (PGH), after which he became a busy practicing surgeon. He had always been interested in missionary work, partially influenced by Dr. Albert Schweitzer, but with a private practice, a new house, and a growing family, this seemed out of the question.

His sister Aileen and her physician husband had spent several years doing missionary work in Karachi, Pakistan. They were planning to leave the missions and wondered if Dr. Weaver might be interested in replacing them. This led to Dr. Weaver and his family making the trip to Karachi in 1961, where he was identified as "the surgeon" and resulting in him doing all sorts of operations on all parts of the body. He learned that the most common cause of an acute abdomen with small bowel perforation was due to typhoid among many other things. There were also problems with congenital heart disease and, working with President Lyndon Johnson as well as the Pakistan authorities, he was able to negotiate for a team of cardiac surgeons from Loma Linda to form a cardiac surgery unit in Karachi.

When it became time for the growing family to receive their formal education in college, Dr. and Mrs. Weaver thought it would be a good idea to return to the good old USA. Dr. Weaver had an interview with Dr. Alex Walt, the WSU Chairman of Surgery, who learned that Dr. Weaver has special expertise in head and neck surgery. Dr. Weaver was established as the head and neck surgeon at the Veterans Administration Hospital in Allen Park, where it soon became apparent that his surgical skills extended far beyond the head and neck area. All the surgical residents wanted to operate with him since he was doing things that would often get transferred to one of the specialty services.

Besides being a very busy surgeon at the Veterans Administration Hospital he also became involved at the Detroit Receiving Hospital where he provided excellent supervision regardless of the type of operation needed. His contributions extended far beyond the surgical world. Dr. Weaver became one of the leaders in Michigan and elsewhere regarding the teachings that were just becoming popular; that smoking indeed does cause lung cancer and many other cardiovascular abnormalities. The multiple campaigns that he had regarding kicking the habit of smoking was supplemented by education regarding nutrition. He worked closely with the Michigan Cancer Foundation and was actively involved in various programs dealing with weight control. He was involved in many study programs which looked at prospective assessment of smoking and diet cessation on overall health. These activities were combined with "better living seminars" which were well attended. Because of these nonsurgical contributions, he received many local, regional, and national recognitions. Dr. Weaver transferred to the promised land this month, April 2026, where we all know he will continue to look after us.



"Doctors Donald (WSUGS 1979) and Arthur Weaver" visit with Dr. Surya Sankaran (WSU/GS 1972)



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THE CHAIRMAN DECIDES TO SMELL THE ROSES

Dr. Donald Willard Weaver was born in June 1949. He and his siblings had an unusual education as the children of missionary parents. He had the opportunity, as a youngster, to be in many different countries with most of his time being spent in the missions in Karachi, Pakistan. He completed his undergraduate education at the Andrews Academy in Berrien Springs, Michigan in 1971 followed by his medical school education at Loma Linda University. He then entered the Wayne State University Surgical Residency Program which he completed in 1979.



Dr. Donald Weaver

Dr. Weaver came onto the Department of Surgery faculty at that time and rapidly rose through the academic ranks to become a full professor in 1996. Throughout his faculty years Dr. Weaver distinguished himself as an outstanding surgical technician so that the surgery residents would come in on their day off to be able to scrub with Dr. Weaver. He performed all types of general surgical procedures but had a strong expertise with oncologic surgical procedures. During these years he worked closely with Dr. David Bouwman. His interest in pancreatic cancer resulted in him performing over 1000 Whipple procedures during his career. He was also on the leading edge of minimally invasive surgery and developed a national and international reputation for skillful procedures and teaching thereof.

Dr. Weaver was a prolific researcher. During his early years on the faculty, he published some of the leading papers showing that the random addition of human serum albumin to patients with traumatic hypovolemic shock caused impaired function of the lungs, kidneys, and heart. His later publications dealt with iso-amylase in various conditions and included complicated findings in adults with pancreatitis and pancreatic related conditions. He and Dr. Bouwman also performed canine studies as it relates to isoamylase studies in various conditions. These were the classic studies on isoamylase at the time. Later in his career he published extensively in the area of oncology dealing with both his clinical results and basic physiologic studies related to malignancies. His total number of peer review publications is greater than 100.

Dr. Weaver has also been a great speaker and has had many presentations locally, nationally, and internationally. He has lectured throughout South America, Europe, and Asia. These international presentations have dealt with advanced techniques in minimally invasive surgical procedures, the details of complicated cancer operations, and the physiology of malignancy.

Dr. Weaver assumed the position of Chairman of the Department of Surgery in 2005 and was respected for his administrative skills. He was always approachable. During times of transition with other departments, his leadership skills were recognized as he was appointed at one time or another the interim chair of orthopedic surgery, the interim chair of neurosurgery, and the interim chair of anesthesiology at WSU. Dr. Weaver decided it is time for him to move onto the next phase of life to spend more time with his friends and family and to "smell the roses".



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SURGICAL GRAND ROUNDS

The **Surgical Grand Rounds on Wednesday, April 1, 2026** was presented by **Dr. Maia Reiley** who is finishing her Vascular Surgery Fellowship this spring. The title of her presentation was **"The Rise and Fall of Carotid Endarterectomy?"**. She presented some of the important historical factors of carotid disease and carotid surgery. She pointed out that carotid endarterectomy is the most common procedure performed during a vascular fellowship. Many years ago, Dr. Gowers demonstrated that occlusion of the carotid artery was associated with stroke and with loss of vision on the same side. Dr. Chiari later documented this in a larger series, whereas, Dr. Fisher, in 1954, identified predictive factors associated with stroke and suggested that some type of therapy could be provided. Dr. Michael DeBakey, in 1953, performed the first carotid endarterectomy in a patient who had an excellent 19 year follow-up without stroke. There are many larger series which demonstrate the protective benefits of correcting the occlusive disease. Dr. Ashley Cooper more recently demonstrated the effects of carotid ligation.



Dr. Maia Reiley

Dr. Moniz, in 1927, performed the first percutaneous angiogram. The Editor recalls during his medical school years that the general surgeons were routinely performing percutaneous carotid angiograms in preparation for carotid endarterectomy which were performed by the general surgeons at the old Detroit Receiving Hospital. This has allowed a prospective assessment of the likelihood that patients with different levels of stenosis will develop a later stroke. Most of these strokes are ischemic in nature. Patients with asymptomatic stenosis greater than 50% have a greater likelihood of a stroke within the next three years. When this occurs in elderly patients over the age of 70, there is a high potential for stroke and death within the next three years.

Dr. Reiley described some of the anatomy surrounding the carotid vessels including the many muscles, arterial branches, venous anatomy, and of the anatomy of that area. She showed pictures of the operative approach to the carotid artery and the different types of repair, including the incision, the use of temporary shunts, and of the different types of shunts including the Pruitt shunt and the Javid shunt. Sometimes the incision in the carotid artery can be closed primarily, whereas other times some type of patch will be used with the type of patch used being a vein, Dacron, PTFE, or bovine pericardium. Often the patch extends from the common carotid artery on to the internal carotid artery.

Technical problems may occur when there is a high bifurcation of the common carotid artery. Technical maneuvers which may facilitate appropriate exposure to the common carotid artery and the internal carotid artery include excision of the styloid process, division of the digastric muscle, and subluxation of the mandible. There are anticipated complications of carotid artery surgery including bleeding, thrombosis, and unusual platelet aggregation. Rapid correction of these postoperative complications leads to better results.

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SURGICAL GRAND ROUNDS, cont..

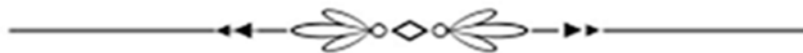
There have been many large trials which have compared medical therapy versus surgical therapy for carotid artery stenosis in patients who have had strokes and in patients who have not had strokes. These large, randomized studies have demonstrated that some type of mechanical correction over the stenosis produces better results. The types of medical therapies that are beneficial for these patients include weight loss, correction of diabetes mellitus, use of statins to lower blood lipids, and of the newer medications designed to decrease appetite. All these do better when there is extensive counseling so that the patient understands the importance of adhering to the recommendations. The best results are achieved when some type of mechanical intervention is combined with that of the medical recommendations.

The Rise and Fall of the Carotid Endarterectomy?

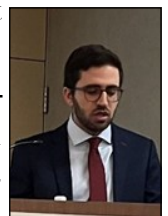
Maia Reiley
Vascular Surgery Fellow
2026

The timing of surgical correction following a stroke has been debated over the years. The general concession is that corrective surgery should be delayed for one or two days after any other problems are corrected and then should be performed within the first two weeks after a stroke.

The 21st-century has seen the evolution of stents being placed for all types of arterial abnormalities. This includes the correction of carotid artery stenosis. Typically, the uncovered stent is used and one likes to achieve a minimum diameter of 4 mm for the internal carotid artery and 6 mm for the common carotid artery. Studies are ongoing looking at the relative benefits of open repair as opposed to percutaneous stent placement. There was an active question-and-answer session. During this discussion Dr. Ritz pointed out that the vascular fellows are doing less carotid endarterectomy procedures than they did 30 years ago.



The **Surgical Grand Rounds** on **April 8, 2026** was presented by **Dr. Jude Jaraki** who is in his last year of the general surgical residency. The title of his presentation was **"Innovation or Influence: Industry's Effect on Surgery"**. Dr. Jaraki discussed the fine balance which occurs between the marketing of new products in a capitalistic passion as opposed to the excessive use of gifts and financial support of medical programs in order to promulgate new products. He discussed some of the activities utilized by da Vinci in the marketing of other different types of robotic equipment. When



Dr. Jude Jaraki

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SURGICAL GRAND ROUNDS, cont...

private corporations making medical equipment have something new to offer, there is a fine balance between normal advertising and of the combining of normal advertising with payments to physicians to market their products or the financial support of various conferences in order to enhance their products.

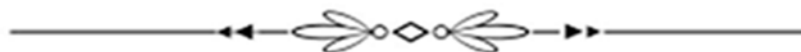
Innovation or Influence: Industry's Effect on Surgery

Dr. Jaraki, MD
4/8/2026

He went through many examples as he discussed the introduction of new devices and the fine balance between benefit and risk of using these new devices. This includes activities that are done in a "free market" situation or those devices that also have current widespread use. He also discussed host market surveillance and the importance of identifying complications including the level of severity of complications. He emphasized the importance of collecting accurate data and reporting on the results of these collections.

Dr. Jaraki emphasized that there has to be a plan which deals with this activity which involves the various individual organizations and of the medical institutions which must have some type of policy in order to create a positive environment without conflict-of-interest.

Following his presentation there was an interesting discussion. It was pointed out that the Journal Club meetings within the department are sponsored by industry and there is an agreement that none of the issues being discussed will relate to any of the products of that particular industry. However, there is an initial introductory statement by the representative of that industry dedicated to the advertising of their products. Likewise, there was a discussion about the new industry products that are brought to the operating surgeon and the importance of avoiding conflict-of-interest in this setting. It was pointed out that the Michigan Chapter of the American College of Surgeons provides teaching sessions on laparoscopic cholecystectomy and that the individuals being taught pay for this teaching, thus avoiding conflict-of-interest. The marketing related to the ROBOA were also discussed in detail. This interesting presentation stimulated the audience to be aware of the potential conflict-of-interest when an industry is volunteering to support one of the postgraduate medical programs.



The **Surgical Grand Rounds** on **Wednesday, April 15, 2026** was presented by **Dr. Farhan Chaudhry** who is finishing his last year's general surgery training. The title of his presentation was **"The Automation of Robotic**

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SURGICAL GRAND ROUNDS

Surgery: When Will The Machines Take Over?" He described how the robots have been improving and now allow for greater precision of surgical movements. The first of robotic studies were funded by NASA in 1970 and the first robotic operation was done by a neurosurgeon in 1988 and consisted of an open brain biopsy. The development of the laparoscopic camera in 1984 led to a revolution in laparoscopic surgery and identified the potential benefit of robotic surgery. The improvement in robots and the development of four independent arms in 2003, as part of the da Vinci system, increased the potential for more lifelike surgery providing the operating surgeon with greater feeling of force and tissue tension. The question now exists regarding the advancements in artificial intelligence (AI) as it relates to robotic surgery being more and more independent from the surgeon.



Dr. Farhan Chaudhry

Dr. Chaudhry went into the history of computer evolution and also about Professor Alan Turing, a famous English mathematician with a genius IQ of 185 and a short lifespan (1912 - 1954). Following the attainment of his doctorate degree, Dr. Turing came to Princeton which held the Institute for Advanced Studies, where the famous Albert Einstein worked. When World War II broke out after Germany invaded Czechoslovakia, Professor Turing returned to Bletchley Park in England to join a group of scientists dedicated to dealing with communications during World War II.

The Germans had developed a new portable communications instrument called "Enigma", which allowed for thousands of communications to take place each day in order to provide coordination regarding the military activities in the air, on land, and with the famous German U-boats. Turing and his team were able to unscramble these computer messages, and provided tremendous assistance to the war effort, which at the time was primarily a defensive effort. The German fighter planes and bombers were concentrating on destroying the City of London. Based upon the interceptions of the German communication device, the English learned that the Germans planned to fly over London and to go north and destroy Covington, which was where the English fighter planes were being manufactured. Although the English had this advanced warning, Winston Churchill decided not to warn the citizenry of Covington lest the Germans realize that their scrambled code had been broken. Many citizens in Covington died as a result of that decision. Later in the war, when the allies were in Europe, the city of Dresden was totally destroyed by USA bombers during the daytime and by English bombers during the nighttime. This effort was led by the English General Arthur Harris, and was considered to be, by many, revenge for Covington. Winston Churchill stated that Professor Turing had made the most important contributions to helping the allies being victorious in World War II.

Dr. Chaudhry emphasized that Professor Turing continued his great contributions to computer evolution following World War II and is considered by many to be the father of AI. He developed the Turing test, which was

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SURGICAL GRAND ROUNDS

designed to determine whether a computer exhibited human intelligence and was able to make independent decisions. He also created the Ferranti Mark 1, which was the first commercially available multipurpose digital computer. The famous inventor of the game theory, Dr. John von Neuman, clearly identified Professor Turing as the inventor of the modern computer.

The Automation of Robotic Surgery:
When will the Machines Take Over?

Farhan Chaudhry MD MS PGY V

Dr. Chaudhry referred to Professor Turing as the father of AI, which has led to the robot having varying degrees of independence. These various levels include: 1) robotic assist; 2) task autonomy 3;) condition home expanded autonomy such as "closing the bowel"; 4) high level autonomy where AI performs many tasks; and 5) total autonomy. Currently, the robots appear to be at the level I and level II states as are being promulgated by some of the orthopedic surgeons and urologists. The level II autonomy allows for the automation of the camera to be done with eye tracking. Dr. Chaudhry described how robots are no longer using simple binary systems but are making decisions based upon multiple simultaneous inputs allowing for more precise decision-making. The FDA regulates all surgical robots which perform level II activities and is evaluating the more sophisticated classifications of robots. Dr. Chaudhry raised the philosophical question as to whether a patient still needs a doctor! There was an active question-and-answer session.



May 5th

MAY 2026

MEET OUR NEW RESIDENTS

There will be 16 PGY-1 residents who will be joining us this July in the Detroit Medical Center/Wayne State University Program in Surgery. Let's, as we do each year, give them a warm welcome when we see them in the halls of the Detroit Medical Center. The New Faces for 2026-2027 are listed below:



Dr. Zyad Ayas will be joining us from the University of Texas Rio Grande Valley School of Medicine



Dr. William Ballew is a graduate of Central Michigan University College of Medicine



Dr. Angelica Cabatu is a graduate of our own Wayne State University School of Medicine



Dr. Sapna Chandran is a graduate of the Government Medical College Kottayam



Dr. Daniella Chrabuszcz graduated from the Mercer University School of Medicine



Dr. Era Cobani also joins us from our Wayne State University School of Medicine



Dr. Seth Diaz will be joining us from the Ross University School of Medicine

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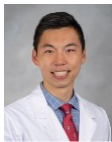
MEET OUR NEW RESIDENTS



Dr. Cayton Fivecoat is also a graduate of our Wayne State University School of Medicine



Dr. Keinnan Hares will be joining us from the Wayne State University School of Medicine as well.



Dr. Nathan Li graduated from our Wayne State University School of Medicine



Dr. Michael Melham is joining us from the Wayne State University School of Medicine



Dr. Emmanuel Meram is also a graduate of the Wayne State University School of Medicine



Dr. Armaan Naghdi graduated from the Wayne State University School of Medicine



Dr. Ardy Oraee comes to us from the University of Medicine and Health Sciences, St. Kitts



Dr. Gregory Schwing will be joining us also from the Wayne State University School of Medicine



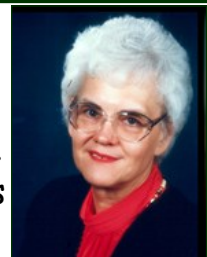
Dr. Emeil Steward hails to us from the University of Miami Leonard M. Miller School of Medicine



EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

10/2/72 - Staff: Dr. Zwi Steiger

1. LC: 13yo with acute appendicitis, treated with appendectomy.
2. JD: 54yo male with 7-10 days of abdominal pain, had acute abdomen. Laparotomy showed perforated anterior duodenal ulcer which was patched. There was 5L of mucopurulent fluid in abdomen.
3. FW: 40yo with hematemesis and melena for three days, hemoglobin 5.2. Exploratory laparotomy showed healed, scarred duodenal ulcer and active gastric ulcer in the antrum on the lesser curve, 4 cm in diameter, with bleeding vessel in the base. Patient had ligation of the bleeders and vagotomy and pyloroplasty (resident note states, "Could not sell gastrectomy to staff").



Dr. Anna Ledgerwood

10/3/72 - Staff: Dr. Ron Krome

1. AW: Pneumothorax, had anterior chest tube inserted.
2. MH: 40yo with stab of abdomen with eviscerated omentum, had exploratory laparotomy which was essentially negative with exception of cirrhotic liver.
3. TJ: 19yo with abdominal pain and anorexia. Looked ill and toxic. Had been seen in E.D. day before and discharged. H/O a blow to abdomen. Exploratory laparotomy showed fatty liver and hepatitis.

10/4/72- Staff: Dr. C. Huang

1. CI: 22yo with stab of abdomen, had perforated hepatic flexure colon x3 which was closed and exteriorized. Stab of duodenum closed. Stab of right ureter closed and area drained.

10/5/72 - Staff: Dr. Silva

1. AH: Flail chest with respiratory failure 30 hrs. after admission, treated with tracheostomy.

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

10/6/72 - Staff: Dr. Immamglu

1. WF: GSW abdomen with small bowel perforation x8, treated with resection and closure of one additional hole.
2. BS: 33yo with incarcerated umbilical hernia, repaired.
3. WK: 35yo with GSW abdomen with lacerated kidney, left renal vein, aorta, duodenum, stomach, small bowel, colon, right lobe of liver. Died on table.
4. WN: GSW abdomen with injury to small bowel resected and ligation of bleeding gastroepiploic vessel.

10/7/72 - Staff: Dr. Plant

1. CM: Preoperative diagnosis: Appendicitis. Postoperative diagnosis: Pelvic inflammatory disease. Treated with appendectomy.

10/8/72 - Staff: Dr. Allaben

1. MH: 10yo with acute appendicitis, treated with appendectomy.

10/10/72 - Staff: Dr. Arbulu

1. PB: MVC as a front seat passenger; had fracture of left 5,8,9 ribs and ruptured spleen, treated with splenectomy.
2. JR: 27yo had perforated ulcer that was patched two weeks previously; presents with large suprapubic mass, fever, burning on urination, vomiting, and abdominal distention. Mass still present after Foley placed. Treated with drainage of anterior suprapubic pelvic abscess with laparotomy and pelvic drain.



May 16th



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, May 6

Death & Complications Conference
“When the Mom is a Surgeon”
Monica Sukes (Ramaswamy), MD
Graduating Surgery Resident
DMC/WSUSOM

Wednesday, May 13

Death & Complications Conference
Stephanie Joseph, MD
Graduating Surgery Resident
DMC/WSUSOM

Wednesday, May 27

Death & Complications Conference
Grand Rounds – Alexander J. Walt Endowed Lecture
“Ready for Independent Practice: The Future of Assessment in Surgical Education”
Jeremy Lipman, MD, MHPE, FACS, FASCRS, Colorectal Surgeon
DIO and Associate Dean for Graduate Medical Education
Professor of Surgery, Lerner College of Medicine of Case Western Reserve University
James E. Sampliner, MD Endowed Chair in Surgical Education

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, May-Sept 2026 CME Reflective Evaluation: <https://www.surveymonkey.com/r/ZXJNLMD>
Surgical Death and Complications Rounds #2026321125, May-Sept 2026 CME Reflective Evaluation: <https://www.surveymonkey.com/r/OKYNC8P>



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: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____@_____



MARK YOUR CALENDARS

*72nd Meeting of the Michigan Chapter, ACS
 May 20-22, 2026
 The Highlands at Harbor Springs
 Harbor Springs, Michigan*

*Midwest Surgical Association 69th Annual Meeting
 August 2-4, 2026
 Grand Hotel
 Mackinac Island, Michigan*

*85th Annual Meeting of the AACS & Clinical
 Congress of Acute Care Surgery
 September 16-19, 2026
 Hyatt Regency Dallas
 Dallas, Texas*

*American College of Surgeons Clinical Congress 2026
 Annual Meeting
 September 26-29, 2026
 Washington, DC*



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.



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.