

JUNE 2026



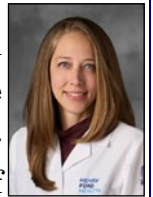
Inside this issue:

Michigan Chapter of the American College of Surgeons/Michigan Committee on Trauma Symposium	1-4
Surgical Grand Rounds	5-9
Alexander J. Walt Endowed Lecturer Reception	10
Our Graduating Residents	11-13
Reflection on the Passing of Dr. Arthur Weaver	14
Erratum	14
Upcoming WSU Alumni Reception/WSSS Dinner	14
Down Memory Lane	15-16
WSU Conferences	17
WSSS Dues	18
Wayne State Surgical Society	19



The 74th Annual Meeting of the Michigan Chapter of the American College of Surgeons occurred in conjunction with the Michigan Committee on Trauma with the meetings being held at the Boyne Highlands in Harbor Springs.

The Michigan Committee on Trauma Symposium took place on the morning of Wednesday, May 20, 2026. Dr. Rachel Qayed, from Henry Ford Hospital, provided a comprehensive update on neurosurgical trauma and neurovascular intervention for injured patients. She presented multiple examples of injuries and showed the typical breakdown into the level of severity based upon the BIG criteria representing mild, moderate, and severe injuries. She outlined the specific definitions and highlighted those injuries which are managed not operatively and discharged soon as opposed to those injuries that usually require some type of intervention.



Dr. Rachel Qayed

Dr. Bryant Oliphant then presented an overview on the quality improvement criteria for orthopedic trauma. Dr. Oliphant works at the Detroit Receiving Hospital with the orthopaedic team and is deeply involved in the Michigan TQIP which is centered at the University of Michigan. He described the principles as it relates to antibiotic therapy and the importance of the early initiation of antibiotics. He also described the levels of severity for different fractures involving, primarily, the femur and tibia. He presented controlled studies which demonstrate the importance of early initiation of antimicrobial therapy and operative intervention, particularly for open injuries.



Dr. Bryant Oliphant

2026 WSSS OFFICERS

President:

Bruce McIntosh (WSU/GS 1989/94)

Vice-President:

Michael Malian (WSU/GS 1987/92)

Secretary-Treasurer:

Members-at-Large:

Mallory Williams (WSUGS 2006)

Erin Perrone (WSUGS 2012)

Anita Antonoli (WSUGS 1998)

Resident Member:

Nicholas Calvo (WSUGS 2026)

Jude Jaracki (WSUGS 2006)

Continue page 2

JUNE 2026



The next session was provided by Dr. Peter Fischer, the Trauma Director at Washington Regional Hospital in Fayetteville, Arkansas. He presented the current recommendations regarding early hospital care, the importance of early initiation of blood and fluids, and the importance of restoring circulation when patients are hypotensive and will not tolerate relaxation or parallelization medicines in order to intubate.



Dr. Peter Fischer



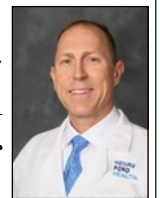
Dr. Jon Krohmer

The last paper of the morning session was provided by Dr. Jon Krohmer the Director at the Stryker Hospital at Western Michigan University. He presented the long story that eventually led up to the point of identifying the importance of providing blood as part of the prehospital resuscitation, especially when the run time by EMS is predicted to be long. He presented controlled data demonstrating the importance of prehospital blood, especially, whole blood resuscitation.

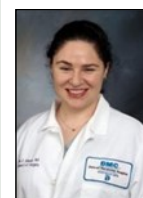


Dr. Vijay Mittal

The after session began with Dr. Michael Jacobs presenting Dr. Vijay Mittal as this year's "Living Legend" for the Michigan Chapter of the American College of Surgeons. Dr. Mittal has been an important source of teaching for residents, students, and also providing leadership for Michigan surgery and the Michigan Chapter of the American College of Surgeons.



Dr. Michael Jacobs



Dr. Heather Dolman

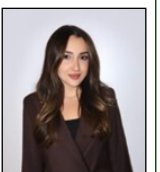
The Wednesday evening functions ended when Dr. Heather Dolman (WSU/GS 2000/06) and Dr. Erin Perrone (WSUGS 2012) presented a session entitled "Remarkable Cases" described by many surgeons across the state. One of the remarkable cases was presented by Dr. Dayan Zorkot who described a devastating forearm injury successfully treated with biodegradable matrix; Dr. Andrea Sisti from the DMC Children's Hospital was her sponsor.



Dr. Erin Perrone



Dr. Andrea Sisti



Dr. Dayan Zorkot



Continue page 3



JUNE 2026



Dr. Joseph Buck and Dr. William Curtis

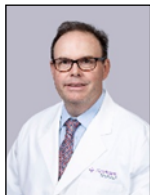
The Thursday morning session began with a resident competition program dealing with trauma. This was moderated by Dr. Joseph Buck (WSUGS 1987), the current President of the Michigan Committee on Trauma and Dr. William Curtis, one of our former students. Seven trauma papers were presented including one by Dr. Vanessa Anunobi who described the role of platelet receptor shedding as a factor of platelet impairment. She was sponsored by Dr. Larry Diebel (WSU/GS 19980/86) from Wayne State University.



Dr. Vanessa Anunobi



Dr. Larry Diebel



Dr. Peter Fischer

The next part of the program was the lecture named after Dr. "Mo" Henig who was a pioneer for trauma surgery in northern Michigan for many years. Dr. Peter Fischer presented the challenges that a medical director faces when developing a mature, trauma program. He highlighted the importance of becoming familiar with national activities and coordinating these with the new program guidelines. He compared the challenges of developing a mature trauma program to the challenges of fishing, which is one of his favorite pastimes. This provided some humor in the presentation. He emphasized the importance of sharing opinions even when mature surgeons disagree with each other since this develops a healthy and productive discussion at the morbidity and mortality meetings. He emphasized the importance for the surgical team to recognize the financial challenges of a mature trauma center and the importance of integrating with the community. Dr. Fischer also emphasized that the new center must be ready to take on different types of unusual challenges such as a regional flood when the nearby dam collapses. He finished his presentation by discussing the challenges of air rescue and the importance of everyone working together. He then concluded by emphasizing the importance that the surgeon be involved in the center and highlighted that emergency physicians should not assume the leadership role in providing care for injured patients.

The next session was the resident competition papers that dealt with general surgical challenges. There were seven such presentations highlighting the session and the resident paper competition dealing with vascular surgery during which six additional papers were presented.

Continue page 4



JUNE 2026



The last presentation of the Thursday morning session was made by Dr. Jeffrey Siracuse who is the Chief of Vascular and Endovascular Surgery at the Boston Medical Center. He presented an excellent overview which highlighted the new techniques which are now available as a relates to endovascular techniques for the repair of all sorts of vascular problems, both selectively and as an emergency.



Dr. Jeffrey Siracuse

The remaining portion of the Thursday program consisted of additional resident competition papers which included eight cancer surgical papers and four vascular surgery papers dealing with education. The session was moderated by Dr. Hugh Lindsey and Dr. David Edelman (WSU/GS 2002/09).



Dr. David Edelman



Dr. Hugh Lindsey

The mid-afternoon session on Thursday was presented by Mr. David Ellis and dealt with the ethical frontier of AI in surgery. The last resident competition paper dealt with ethics and was moderated by Dr. Heather Dolman and Dr. Lydia Donohue (WSU/GS 2001/08). There were eight presentations during the session. The resident presentation papers were provided from residents from many programs within the state including 18 papers from the Henry Ford Hospital, six papers from University of Michigan, five papers from Western Michigan University, three papers from the William Beaumont Hospital, two papers from Wayne State University, and one paper being presented from Central Michigan University, St. John Hospital, and Michigan State University. Hopefully, there will be more WSU papers at the 2027 meeting of the Michigan Chapter of the American College of Surgeons and of the Michigan Committee on Trauma.



Dr. Heather Dolman

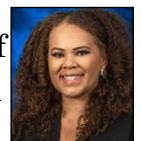


Mr. David Ellis



Dr. Lydia Donohue

The program finished on Friday afternoon with a series of "Quick Shots" with one of them being presented by Dr. Cherokee Turner (WSU/GS 2028) which was entitled "Cooperative Chaos: A Needs Assessment of Teamwork in Trauma Codes".



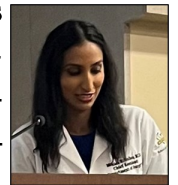
Dr. Cherokee Turner



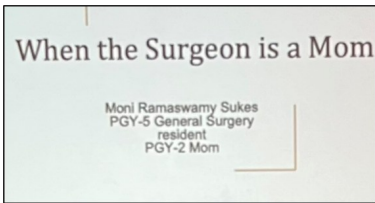
JUNE 2026

SURGICAL GRAND ROUNDS

The **Surgical Grand Rounds** on **Wednesday, May 6, 2026**, was presented by **Dr. Monica Sukes (Ramaswamy)** who is completing her general surgery training this spring. The title of her presentation was **"When the Surgeon is a Mom"**. She pointed out that at least 40% of pregnant surgical residents consider dropping out of their surgical training to accommodate their soon-to-be motherhood. She emphasized that there is a great need for surgeons in America and that the aging surgical population predicts a significant shortage for surgeons in the near future.



Dr. Monica Sukes



She emphasized that there is a significant increase in miscarriage in pregnant surgical residents. She quoted much of the excellent work by Dr. Shue from the University of Pittsburgh which demonstrated that there are significant challenges for the pregnant surgical resident in many of the national programs. She also emphasized the high level of ignorance regarding the challenge of temporary infertility. The combination of infertility and the challenges of surgical residents being pregnant are both important aspects that must be addressed in the surgical residency programs. Continued hard work during residency leads to multiple musculoskeletal problems. Despite being pregnant over half of the surgical residents work beyond the 60-hour work week. Those residents who work more than 12 hours per week in the operating room during their third trimester are more likely to have complications with the delivery and in the early postoperative period. There is also a problem with breast-feeding and integrating the challenges of providing the newborn with breast-milk when the maternity leave is over.

There is a great need to consider increasing the time of the maternity leave. Some pregnant surgical residents are advised to take a year of research working in the lab; but this may create a negative stigma among the other surgical residents. The pregnant surgical resident is not interested in temporarily dropping out of the program which would result in an increase in the duration of their residency, which may have financial ramifications. The American Board of Surgery has demonstrated that the pregnant resident does as well as the non-pregnant resident. Cardiopulmonary program directors have demonstrated that many of their pregnant residents end up doing more operative cases in order to demonstrate that they are not "lazy".

There is also the consideration for quality of life as it relates to the pregnant resident's partners. There is little data on oocyte preservation in order to become pregnant at a time which would be convenient as it relates to the training program. This may allow pregnancy and delivery to occur at a time which is less stressful.

Dr. Sukes stated that there continues to be a problem with physician attrition and that woman surgeons tend to retire sooner than their male counterparts. The reasons for these decisions may be related to the "wife/work

Continue page 6

JUNE 2026

SURGICAL GRAND ROUNDS, cont...

balance", demands at work, and mistreatment by male colleagues. The factors which encourage the woman surgeon to continue working include finances, patient satisfaction, and support by colleagues. Mentoring, at this time, is helpful in demonstrating that the combined role of surgeon and mom can be very rewarding. Some of the components which may improve these challenges include increased maternity leave time, decreased stigma from one's colleagues, and written guidelines describing the important approaches that should be taken to facilitate the pregnant surgical resident in the workforce.

The American Board of Surgery has recognized these challenges and has recommended increased maternity leave time. The University of Michigan has a long-detailed policy outlining some of the things that are helpful for pregnant surgical residents. Northwestern University has developed a protocol to allow for lactation to occur in the postdelivery and highlights the importance of protecting your career during early motherhood. During the question-and-answer session there were several comments made about how mothers in other professions have continued to lead large corporations throughout pregnancy and in the early years of motherhood.



Dr. Monica Sukes with her husband, Mr. Sai Sukes, and their son, Jeffrey Sukes



Jeffrey is a happy 2 year old who loves cars and books



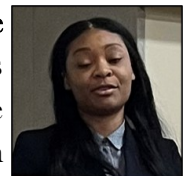
Dr. Monica Sukes husband, Sai, is a cinematographer



Both of Dr. Sukes men love to snowboard



The **Surgical Grand Rounds** on **Wednesday, May 13, 2026**, was presented by **Dr. Stephanie Joseph** who is finishing her general surgical training this spring. The title of her presentation was **"A Dive Into the Third Space: Third Space Endoscopy and Beyond"**. Dr. Joseph identified the third space as the submucosa where modern endoscopy has created a "working tunnel" through which multiple approaches and procedures are being performed. She highlighted how this advanced technique for endoscopies has allowed for many procedures to be performed with the use of modern endoscopes, heightened visualization, a well-placed needle, and a triangular knife to cut tissues through this tunnel.



Dr. Stephanie Joseph

Continue page 7



JUNE 2026

SURGICAL GRAND ROUNDS, cont...

She described some of the innovations by the endoscopic surgical pioneer, Dr. Haruhiro Inou from Japan, who experimented with this procedure in the early part of the 21st century and performed the first per-oral endoscopic myotomy (POEM) in man in 2010. Dr. Joseph showed images and videos of the POEM technique being performed including the initial injection into the submucosa tunnel, the incision of the mucosa, the dissection in the submucosa tunnel, and the myotomy were formed from within the gastroesophageal junction, and finally the clip closing of the mucosa. The POEM is now commonly used for the treatment of achalasia and there have been controlled studies comparing the effects of POEM with pneumatic dilation of the gastroesophageal junction. She described the classification of achalasia based upon severity of symptoms with the most severe form being associated with spasticity contractions.

A Dive Into The Third Space

Third Space Endoscopy and Beyond
Stephanie Joseph, PGY5

Dr. Joseph then described the results of prospective randomized clinical trials in comparing the POEM procedure with the laparoscopic Heller myotomy which have demonstrated excellent results for this minimally invasive procedure. She also described how patients with severe proximal dilation and a tendency to perform the so-called "sigmoid" esophagus are not candidates for this procedure. She emphasized that whether the treatment is provided by POEM or by the laparoscopic Heller myotomy, postoperative care should include acid suppression, and continued follow-up to see long-term results to make sure that the patient does not develop a Barrett's esophagus.

There are a number of other procedures being performed by this technique including I Laurel myotomy which is less invasive than the laparoscopic pie Laurel myotomy and may be associated with a lower incidence of the dumping syndrome. This technique has also been applied for endoscopic gastroplasty by Dr. Barham K. Abu Dayyeh in 2013 on morbidly obese patients.

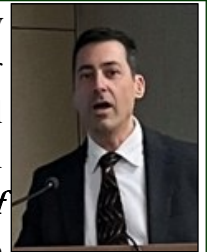
Dr. Joseph showed a manuscript where she is the first author demonstrating this technique along with graphics that appear to come from Hollywood as well as a video. The sleeve gastrectomy has been applied to patients with type II and type III obesity and has undergone randomized controlled studies compared with the laparoscopic sleeve gastrectomy; these studies have demonstrated excellent results with this new technique. She emphasized that further long-term studies are needed. One of her slides identified 11 different surgical procedures that are being performed on the basis of these new technical skills. There was an active question-and-answer session. One of the questions raised was who will be doing this in the near future - surgeons or gastroenterologists.

Continue page 8

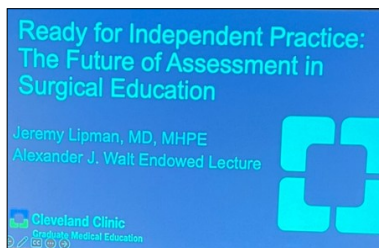
JUNE 2026

SURGICAL GRAND ROUNDS, cont...

The *Surgical Grand Rounds and Wednesday, May 27, 2026* was presented by Dr. Jeremy Lipman who was the visiting “*Alexander J. Walt Endowed Lecturer*”, named after our former chairman Dr. Alexander J Walt. Dr. Lipman is a well-known expert on inflammatory bowel disease at the Cleveland Clinic and has also been involved in regional and national education activities. The title of his presentation was “*Ready for Independent Practice: The Future of Assessment in Surgical Education*”. During his presentation he made several references to the educational lectures provided over many years by Dr. Walt. He emphasized the difficulties involved in identifying when a surgical resident is ready for independent practice and be “signed out” in order to enter practice and take the surgical board examinations. He highlighted the statement that Justice Porter Stewart made in 1964 when ruling on a case that dealt with obscenity or pornography “I may not be able to define it but I know it when I see it”. He cited several cases where “so-called” mature surgeons made horrible mistakes which caused irreparable injury or death and resulted in the surgeon being incarcerated.



Dr. Jeremy Lipman



Dr. Lipman pointed out that everybody does not learn at the same rate. Our surgical training programs are designed for a fixed period of time but some residents become ready for independent practice before their fixed time is completed and other residents are not quite there after having completed the required number of years of training. Consequently, there are many mechanisms in place to try and determine when a resident is ready for independent practice. He described the “Zwisch Scale” which basically refers to the attending surgeon providing only passive help as the surgical resident independently performs an operation. This process must be extended to many different operative procedures the independent surgical resident will be performing when he or she enters practice.

One of the techniques used to try and ensure that each resident is ready for independent practice is to define a specific number of operations that have to be performed on each organ system. Currently, the guidelines call for the surgical resident to have been involved in 40 large intestinal cases and 20 stomach cases. These numbers are educated guesses, particularly, when one recognizes that the learning rate varies from resident to resident.

He also discussed some of the factors that lead to acceptance into a surgical program for training. These

Continue page 9

JUNE 2026

SURGICAL GRAND ROUNDS

included the medical licensing examination, the grade-point average during medical school training, Dean letters, and letters from individual medical schools indicating support of their graduating students. During the discussion, it was pointed out that not all the surgical faculty who are assessing prospective residents have ever read a supporting letter which was negative about the applicant. The actual interviewing of the applicant is helpful but, like so many of the other activities, is not very scientific. During such interviews one simply doesn't have enough time to get into what the individual knowledge the applicant has about many different surgical areas. He pointed out that the program director has to make a decision as to whether the knowledge of a resident is 1) limited; 2) requires active direction during operation; 3) requires indirect supervision during operation; or 4) operates independently and is ready for practice. He referred to the fact that the training of the surgical residents is in some ways representative of the training that a sergeant provides to the new soldiers in boot camp. He made reference to the so-called sub-internship, where the senior medical school student has the opportunity to become more familiar with surgery prior to beginning their surgical residency.



Dr. David Edelman introducing Dr. Jeremy Lipman

Dr. Lipman finished his lectureship by discussing the 21st-century techniques wherein one can dictate into a cell phone and describe the various aspects of a resident's performance for multiple surgical procedures. He gave as an example of the capability of a resident to identify the critical view of safety during a laparoscopic or robotic cholecystectomy. There was an active question-and-answer session to this very comprehensive lecture.



JUNE 2026

ALEXANDER J. WALT ENDOWED LECTURE RECEPTION FOR DR. JEREMY LIPMAN

Each year, the Wayne State University Michael and Marian Ilitch Department of Surgery has the privilege of sponsoring the "*Annual Alexander J. Walt Endowed Lecture*" named after our previous departmental chairman, Dr. Alexander J Walt, who was a well-known surgical educator. This year's lectureship was provided by Dr. Jeremy Lipman. On the evening prior to the lectureship, there was a dinner in his honor. A number of surgical faculty and residents participated in this function and all enjoyed wonderful food and conversation.



Dr. Eliza Beal, Oncology faculty, APD, a guest, and Dr. Morgan Jackson, (WSUGS 2027)



Mrs. Janet Damm, Dr Michael White (WSU/GS 1990/97), and Dr. Jessica McGee (WSUGS 2017)



Mr. Patrick McGee, husband of Dr Jessica McGee



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



Dr. Andre Sisti, Plastic Surgery faculty, Dr. Miguel Tobon (WSUGS 2021), and Dr. David Gorski, Breast Surgeon



JUNE 2026

OUR GRADUATING RESIDENTS THEIR FUTURE BEGINS

The 2026 graduation celebration of our future surgeons who have completed their general surgery residency and those who have completed their fellowships will be held on Thursday, June 11, at the Colony Club Grand Ballroom in Detroit. Dr. Donald Weaver (WSU/GS 1979), our Penberthy Professor of Surgery and Chairman of the Department of Surgery, will once again be presiding over the festivities. They have shared below where their future will be taking them. We wish them all a very bright and successful future in their chosen fields.

General Surgery:

Dr. Nicholas Calvo will be heading to Miami, Florida to partake in a Minimally Invasive Surgery Fellowship at South Miami Hospital.



Dr. Farhan Chaudhry is looking forward to partaking in a Surgical Critical Care Fellowship at Stanford Medicine in Stanford, California



Dr. William Dailey shares that he will be heading to the Mayo Clinic School of Graduate Medical Education-Arizona in Phoenix and Scottsdale, Arizona to join a Thoracic and Vascular Surgery Fellowship.



Dr. Jude Jaraki Thoracic will also participate in a Thoracic and Vascular Surgery Fellowship at the University of Maryland Medical Center, Vascular Surgery in College Park, Maryland.



Dr. Stephanie Joseph tells us that she will partaking in a Minimally Invasive Surgery Fellowship at UNC Chapel Hill in Chapel Hill, North Carolina.

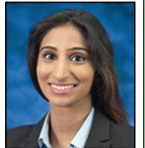


Continue page 12

JUNE 2026

***OUR GRADUATING RESIDENTS
 THEIR FUTURE BEGINS***

Dr. Monica Sukes is thrilled to be doing a Thoracic and Vascular Surgery Fellowship at the HCA Houston Healthcare/University of Houston in Houston, Texas.



VASCULAR SURGERY:

Dr. Michael Romani will be doing an Advanced Aortic Fellowship at Western University with the Schulich School of Medicine. After which he then plans to pursue a career in complex aortic surgery

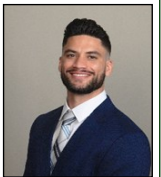


Dr. Mai Reiley is heading to Parkview Regional Medical Center, a community hospital, in Fort Wayne, Indiana.



MINIMALLY INVASIVE SURGERY (MIS):

Dr. Daniel Matienzo will be moving back to Florida. He will be joining a private practice of three surgeons specializing in Acute Care Surgery, Trauma, and Bariatric Surgery called South Florida Premier Surgery in Delray Beach, Florida.



SURGICAL CRITICAL CARE (SCC):

Dr. Shamon Gumbs (our Adult SCC-Burn fellow) will be heading to OSF HealthCare in Peoria, Illinois. He will be doing trauma, acute care surgery and surgical critical care.



Dr. Jason Kurle (our Adult SCC fellow) will be returning to SGH in Detroit, Michigan. He will resume his practice in trauma and acute care surgery and will now also do some work as a surgical intensivist.



Continue page 13



JUNE 2026

**OUR GRADUATING RESIDENTS
THEIR FUTURE BEGINS**

Dr. Nehal Ninad (our Adult SCC fellow) will be at the Phoebe Putney Trauma Center in Albany, Georgia. He will be doing acute care and trauma surgery and surgical intensivists work in the Surgical ICU and the Cardiovascular ICU.



Dr. Ryan Rosen (our Pediatric SCC fellow) will be doing a year of research at the Children’s Hospital of Michigan in Detroit. He will be in the Department of Pediatric Surgery and will then join their Pediatric Surgery Fellowship the following year.



PEDIATRIC SURGERY:

Following fellowship, Dr. Galvin will be returning to Spokane, Washington, to practice pediatric surgery at Providence Sacred Heart Children's Hospital. Sacred Heart is special, as it was there that she first discovered her passion for pediatric surgery and was inspired by mentors who helped shape her career path. She shares how it is both humbling and rewarding to come full circle – returning not only as a pediatric surgeon but as a colleague and partner to those same mentors. She is also excited for the opportunity to teach residents from her home general surgery residency program, contributing to the next generation of surgeons in the place where her own journey began.





JUNE 2026

REFLECTION ON THE PASSING OF DR. ARTHUR WEAVER

The following is a reflection on Dr. Arthur Weaver by Dr. Melvyn Westreich (WSU/GS/PS 1970/75/77):

My condolences to Don Weaver and all the family. Dr. Arthur Weaver was a great surgeon and an even better instructor in the craft of surgery. I learned an immense amount from him and thank him for the effort he made in teaching me. When he was chief of surgery at the old VA, all the scrub suits were one size. His size. He said he couldn't make the short outfits longer but everyone else could fold up the pants if they were too long. I still have the vegetarian cookbook he gave me. His sense of humor and keen surgical insight will be sorely missed.



Dr. Melvyn Westreich

Melvyn Westreich, MD (1975 - Surgery, 1977, Plastic Surgery)



ERRATUM and REFLECTION

Dear Charlie,

I found an error in Dr Farhan Chaudhry's Grand Rounds presentation in May 2026. The English city that was bombed and destroyed by the Germans is Coventry, not Covington. (The Editor will do better next time.)

I read and enjoy every monthly email report and thank you for all the hard work you put into it. I do miss, though, the listing of all of the charter members at the end of the report. If for nothing else when someone passes away it would be noted and that was the only way I would be aware of it.

I still reflect on last year's event when we got together for the reception at DRH and the tribute for Dr. Ledgerwood at Scott Hall. It was a very happy event. I am particularly glad that I able to see Dr. Arthur Weaver and Don.

Take care and keep healthy,

Bob Holmes

(Robert Holmes WSUGS 1983)



Dr. Robert Holmes

UPCOMING EVENT

Mark your calendar for the upcoming Wayne State University Alumni Reception and Annual Wayne State Surgical Society dinner which will take place on Monday evening, September 28, 2026, during the American College of Surgeons Clinical Congress 2026 meeting. Look for more details in future monthly reports.

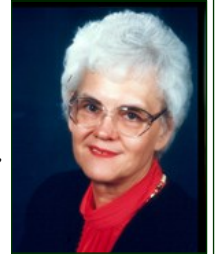


EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

JUNE 2026:

10/13/72 - Staff: Dr. I.K. Rosenberg

1. RF: 27yo male with GSW to abdomen, had four holes SB that were closed. Thru-and-thru wound of sigmoid colon was treated with a loop colostomy per study card, and laceration of mesocolon was closed.
2. JC: 32yo male with perirectal abscess, treated with I&D.



Dr. Anna Ledgerwood

10/14/72 - Staff: Dr. Steiger

1. LH: 25yo with acute appendicitis, treated with appendectomy.
2. DL: 52yo intoxicated patient fell asleep while driving and ran up a pole. Had been observed in E.R. for 14 hrs. Hemoglobin stable, amylase normal, repeat amylase normal. Complained of LUQ pain. Had tender abdomen; peritoneal lavage was positive. Laparotomy showed contused neck of pancreas with small laceration, measuring 1 cm. Treated with gastrostomy, feeding jejunostomy, and drainage of pancreatic injury.
3. LG: 30yo with laceration of wrist, had flexor carpi radialis repaired.

10/15/72 - Staff: Dr. Lucas

1. JS: 48yo male with perforated duodenal ulcer, treated with a patch.
2. SB: Ice pick was protruding out of the precordium; vital signs were stable. CVP was 25. Taken to O.R., thoracotomy was done; the pick just penetrated the pericardium.
3. SJW: Stab abdomen, treated with laparotomy with lacerated liver, not bleeding. One suture placed.
4. LJ: 12yo male with acute appendicitis, treated with appendectomy.

Continue page 16



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

10/16/72 - Staff: Dr. Bernys

1. CW: 31yo male with ischiorectal abscess, treated with I&D.
2. AS: Laceration thigh with laceration quadriceps muscle, treated with repair of muscle after debridement.

10/17/72 - Staff: Dr. Bernys

1. BB: Had placement of right chest tube after previous chest tube was removed and showed a pneumothorax.
2. RG: 36yo with GSW to abdomen; had serosal tear ileum and thru-and-thru bladder wound. Patient had gross hematuria. Bladder wounds closed.
3. JL: 17yo with GSW thru-and-thru left arm with absent radial pulse and hematoma, treated with exploration and repair of injured brachial artery with resection of 1 cm and end-to-end anastomosis; had good pulse postop.
4. DP: 54yo with fever and mass RUQ and normal WBC. Had exploration of mass which showed a rectus sheath hematoma and laceration rectus muscle. Hematoma evacuated and bleeding controlled.
5. JS: 29yo with acute appendicitis, treated with appendectomy.

10/19/72 - Staff: Dr. S. Woods

1. NE: Bowel obstruction, treated with lysis of adhesions and exploratory laparotomy (had previous GSW to abdomen).
2. SC: 21yo male with stab third intercostal space in left parasternal area. Had positive Beck's triad. Chest x-ray showed globular heart. Taken to O.R. with median sternotomy and suture laceration bleeding fourth intercostal and laceration right ventricle, not bleeding, not disturbed (0.5 cm long and 0.1 cm deep).
3. PB: GSW neck at level of thyroid cartilage. Bullet was posterior and midline at C6. Gastrografin showed leak from esophagus. Neck was explored, vessels were intact, and a thru-and-thru wound of the esophagus was repaired in two layers and drained.



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, June 3

Death & Complications Conference

“The Intersection of Automobile, Pedestrian, and Micromobility Trauma”

Nicholas Calvo, MD

Graduating Surgery Resident

Detroit Medical Center/Wayne State University School of Medicine

Wednesday, June 10

Death & Complications Conference

“My Most Memorable Case”

Nicholas Calvo, MD; Farhan Chaudhry, MD; Jude Jaraki, MD; Nehal Ninad, MD;

Monica Sukes (Ramaswamy), MD

Graduating Surgery Residents

Detroit Medical Center/Wayne State University School of Medicine

Wednesday, June 17

Death & Complications Conference

William Dailey, MD

Graduating Surgery Resident

Detroit Medical Center/Wayne State University 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, 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

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

85th Annual Meeting of the AEC & 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.