

JULY 2026

SURGICAL GRAND ROUNDS



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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)

The *Surgical Grand Rounds on June 3, 2026*, was presented by *Dr. Nicholas Calvo* who is finishing up his general surgical training this spring. The title of his presentation was *"The Intersection of Automobile, Pedestrian, and Micro-Mobility."* Dr. Calvo pointed out that there were over 7000 pedestrian deaths and over 68,000 pedestrian injuries in 2023. This represents a 58% increase over the past ten years and an 18% increase in pedestrian deaths.



Dr. Nicholas Calvo

He demonstrated the Einstein Energy Equation whereby energy equals mass times velocity squared. He talked about the impediments that are associated with these injuries including poorly paved roads, the climate, slippery sidewalks, distracted driving, and impaired response times for multiple reasons. He emphasized the importance of the amount of energy which is transferred from the vehicle to the injured patient. Since velocity has an exponential relationship to energy, the amount of injury inflicted is related most to velocity rather than mass.

Dr. Calvo described the visibility factor as it relates to the construction of the vehicle so that some pickup trucks do not allow good visualization immediately in front of the vehicle in comparison to cars that have a low front end. Likewise, trucks, SUVs, and jeeps have more mass than many of the smaller cars transferring more energy to the patient. Unfortunately, the sales of heavy vehicles continue to increase.

He talked about the multiple injuries that we see in patients who are riding scooters and bikes, and how the new bicycle lanes which are designed to protect the bike riders, who sometimes ignore these lanes, become injured while on the main road. He emphasized the importance of wearing a helmet when riding one of these vehicles. The incidence of traumatic brain injury is markedly reduced, and lives are saved by wearing helmets.

The type of injury may affect which organ is injured. Blunt pancreatic and



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SURGICAL GRAND ROUNDS, cont...

duodenal injuries are often associated with a patient who was riding a bike and had impacted the handlebars at the time of collision. Traumatic brain injury is more commonly seen in those who are riding a scooter or a bike without a helmet. The electric bikes, which are commonly used these days, can reach a speed of approximately 15 mph. This is certainly fast enough to sustain serious traumatic brain injury or extremity fractures.

The Intersection of
**Automobile, Pedestrian,
 and Micro-mobility Trauma**

Nicholas Calvo, PGYS

Some of the areas where injury is more likely to occur include the roads without bicycle lanes and at the various intersections where vision is compromised or distractions occur because of "crossing islands" or unusual traffic flow. Often, certain "bad corners" are recognized by drivers and the Department of Transportation, which keeps records regarding where these collisions occur, has been able to identify some of these "bad corners". Drivers who pass through such areas are often aware that extra caution must be taken. Many safety issues are addressed by the NHTSA with the lessons learned being transferred to the states.

Some countries in Europe have developed "Pedestrian Protection Scores" for their cars which focus on such things as the height of the front portion of the car so that visualization is not compromised. The United States has not implemented such guidelines but may do so in the future.

The new automatic vehicles (VAYMO) have recently been introduced into Detroit. These self-driving vehicles are highly engineered in the hope that the vehicle will provide greater protection against collision than do the regular vehicles which are being driven. These self-driving vehicles, of course, will not be distracted via cell phone or under the influence of alcohol. There will be many future studies which will look at the safety record of these self-driven vehicles which will be a new challenge for the trauma surgeons throughout the country and for the trauma databanks in comparing pedestrian injuries with self-driven vehicles as opposed to normal vehicles that are driven by a human being.

Dr. Calvo finished by pointing out that we are entering into a new phase of pedestrian injuries and that the trauma surgeons will have to make careful study and adjustments to these new types of pedestrian injuries. There was an active question-and-answer session.



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SURGICAL GRAND ROUNDS, cont...

The *Surgical Grand Rounds on Wednesday, June 17, 2026*, was presented by *Dr. William Dailey* who is finishing his general surgical training this spring. The title of his presentation was *"Limb Salvage in the Endovascular Era: Decision-Making, Techniques, Open Versus Endovascular, Outcomes, and Life After Amputation"*.



Dr. William Dailey

Dr. Dailey discussed the epidemiology of chronic limb threatening ischemia (CLTI) which presents a huge burden to society and is suffered by millions of people. He discussed aspects of etiology, clinical presentation, prevention, and a medical approach including both operative and non-operative therapies.

Dr. Dailey emphasized the importance of exercise, rehabilitation, dietary alterations in order to maintain weight and decrease the likelihood of diabetes, and the clinical findings. Part of the decision-making is influenced by multiorgan function, patient frailty, and patient expectations associated with treatment. He described the importance of the ankle/brachial index, the tibial/brachial index, and of the different types of waveforms associated with arterial disease.

Dr. Dailey described some of the endovascular techniques and showed how endovascular therapy may be initiated by obtaining proximal access to these diseased vessels in order to approach the obstructed area intravascularly in order to dilate and stent areas of obstruction. When antegrade access is not possible, he described retrograde approaches where access to the diseased vessel is obtained distal to the point of narrowing. He described a balloon dilation followed by stent placement. When intraluminal advancement is compromised, he described how the subintimal approach may be used to get distal to the point of obstruction and go around the area of blockage.

Dr. Dailey discussed some of the drugs that are used to help obtain medical control of associated comorbidities but also emphasized that these techniques are associated with complications related to radiation exposure and renal induced compromise due to contrast agents.

He also discussed the open endarterectomy approach, particularly for carotid disease and also emphasized the role of bypass grafting for stenotic areas in different locations. He emphasized the importance of having good imaging studies to clearly define the anatomy. Prospective randomized controlled studies suggest that open carotid endarterectomy is probably superior to medical management in patients with comorbidities. Since the vascular disease is systemic, the patients are often not a good operative risk and that has to be incorporated into the decision-making.

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SURGICAL GRAND ROUNDS, cont...

Because of the severity of the disease and the associated comorbidities brought about by diffuse vascular disease, he emphasized that amputation is often the best form of therapy. The level of amputation is determined by viability of surrounding tissues and of the long-term outcomes and expectations of the patient. Rehabilitation, including exercise, range of motion, diet, and good medical management are important. Selecting the proper site for amputation will decrease the likelihood of infection and sepsis related to retaining the revitalized tissue. When this occurs, he described the importance of proper surgical debridement back to the point of good vascularity.

Limb Salvage in the Endovascular Era

Decision-making, techniques, open vs endovascular outcomes, and life after amputation

William Dailey, PGY-5
Grand Rounds

Besides viability, one has to be aware of the pain associated with amputation. One of the problems associated with amputation is the "phantom limb" associated with a neuroma. He suggested that attaching the end of the divided nerve to adjacent muscle might help decrease the likelihood of a patient developing a neuroma. A nerve carries its own blood supply so hemostasis must be obtained at the end of the divided nerve and the technique for obtaining homeostasis should not be a ligation of the nerve since it is associated with an increased incidence of neuroma.

Finally, Dr. Dailey discussed the importance of prosthetics and the need for proper adjustment of the prosthetic to the limb which has the end of the bone covered by sufficient soft tissue. A good working relationship between the rehabilitation team and the patient regarding a prosthetic device increases the likelihood of a good long-term outcome.





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A GIANT CROSSES THE BRIDGE TO TAKAMAGAHARA

Dr. Choichi Sugawa was a giant of a surgical endoscopist who was recognized around the world for his many contributions to his patients, his colleagues, regional and national physicians, and of the world knowledge of surgical endoscopy. Based upon a report from Dr. Arthur Carlin, the Chief of General Surgery at Henry Ford Hospital and a former pupil of Dr. Sugawa, he appears to have "Ame-no-ukihashi" this spring; which means he "crossed the floating bridge" to eternal happiness.



Dr. Choichi Sugawa

Dr. Sugawa was born in Tokyo in 1935, received his medical education there, and worked in the "stomach division" of the Department of Surgery under the famous Professor Hayashida where the residents did the histories and physicals, all barium studies, all endoscopy's, all operations, and all microscopic examinations. He came to Wayne State University to do a one-year research Fellowship and then to go on to UCLA to do a second year before going back to Tokyo. His skills were so unique that he was convinced to cancel his year at UCLA and spend that second year at Wayne State University, by which time it was clear that he was needed in the WSU Department of Surgery on a full-time basis. His achievements over the next half-century are mind boggling in terms of patient care, development of new techniques, and basic research studies on the etiology and treatment of many different types of gastritis (see Monthly Report June 2021). Once on the faculty, he rapidly rose through the academic ranks and obtained his full professorship which recognized his many local, regional, and national contributions.

Following his retirement in 2021, Dr. Sugawa continued to attend department functions and continued his love for tennis. He persisted in playing competitive tennis right up until the time he crossed the bridge to the heavenly world. He is survived by his wife Natsuko and his two children Seuchi and Ken.



The Sugawa Family: Dr. Choichi Sugawa and his bride, Natsuko Sugawa, along with their sons, Seichi (left) and Ken (right)



JUNE 2026

OUR GRADUATING RESIDENTS THEIR NEXT CHAPTER UNFOLDS

The Wayne State University Department of Surgery honored the residents who are finishing their training this spring. The ceremony was held on Thursday, June 11, 2026 at the Colony Club close to downtown Detroit. Those who are finishing their training in General Surgery include Dr. Nicholas Calvo, Dr. Farhan Chaudhry, Dr. William Dailey, Dr. Jude Jaracki, Dr. Stephanie Joseph, and Dr. Monica Ramaswamy Sukes. Dr. David Edelman, the current interim chairman of the department, presided over the function.

Residents who are completing this portion of their training from the various specialties include Dr. Rachael Galvin who is completing her Pediatric Surgery Fellowship. Dr. Shamon Gumbs, Dr. Jason Kurlle and Dr. Nehal Ninad who are completing Surgical Critical Care Fellowships, and Dr. Ryan Rosen is completing his Surgical Critical Care Fellowship in Pediatrics. Dr. Daniel Matienzo is completing his Fellowship in Minimally Invasive Surgery while Dr. Maia Reiley and Dr. Michael Romani both are completing their Vascular Surgery Fellowships.

Following an enjoyable reception, the program was begun when the Reverend Dr. Alfred Baylor offered a reflection and encouraged the residents to always remember their origins and to provide good care to their patients in the future. He pointed out that they were all blessed to reach this stage in their training and they should always remember to strive to do their best.

Following an enjoyable dinner the graduating residents were introduced by faculty members from the various surgical specialties. Those faculty are Dr. Lydia Donoghue (WSU/GS 2001/08), Dr. David Edelman (WSU/GS 2002/09), Dr. Andrew Isaacson (WSUGS 2017), Dr. Scott Langenburg, Dr. Vevgenly Rits, and Dr. Steven Tennenberg. Dr. James Tyburski (WSUGS 1992), the former interim chairman of the department, offered a toast to the residents. The residents, in turn, offered a toast to the faculty. The whole evening was a great success, and everyone had a good time.



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**OUR GRADUATING RESIDENTS
 THEIR NEXT CHAPTER UNFOLDS**



Dr. Chaudhry's guests include (left to right) – his friend, Ms. Julie Stieber, Dr. Farhan Chaudhry, and his mother, Dr. Sophia Zeb



Dr. Dailey's guests from left to right: Tony, his father-in-law, Michelle, his mother-in-law, his friend, Caylan and his bride, Tenille, Dr. William Dailey and his bride, Ashle, and his two sisters-in-law, Shawndrea and Courtney



Dr. Jaraki's guest from left to right – his Michigan mom, Nisreen, his Michigan dad, Mohammed, his mother, Rafah, Dr. Anna Ledgerwood, Dr. Jude Jaraki, his father, Abdul, his Aunt Maissa, and his sister, Dima



Left to right: Matthew Koza, Janelle Koza, Edward Damm, Janet Damm and Marty Cooley



Dr. Joseph's guests left to right – her parents Mr. Carl Joseph and Mrs. Rose-Mai Joseph, Dr. Stephanie Joseph, Mr. Desmond Jones, Ms. Cathy Jones, Ms. Jill Frye, Dr. Stacey Joseph, Mr. Daniel Prud H'omme, and Mr. Brandon Joseph

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***OUR GRADUATING RESIDENTS
THEIR NEXT CHAPTER UNFOLDS***



Left to right: Graduating Vascular Fellow Dr. Michael Romani, Current Vascular Faculty/Former Vascular Fellow/General Surgery Resident, Dr. Luke Perry, Vascular Fellowship Program Director, Dr. Yevgeniy Rits, and Graduating Vascular Fellow, Dr. Maia Reiley



Dr. Sukes guests left to right: her father, Velraj, her mother, Kala, Dr. Monica Sukes holding her son Sai, her husband Jeff, and her sister, Heera



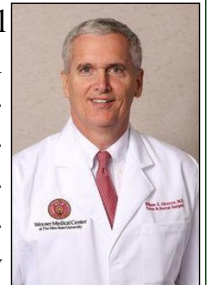
Dr. Calvo's guests left to right: Mr. Juan Carlos Fernandez, his father-in-law, Mrs. Odalys Fernandez, his mother-in-law, Dr. Calvo's bride, Annelise Fernandez, Dr. Nicholas Calvo, his mother Mrs. Maritza Calvo, his father, Mr. Jerry Calvo, and Dr. Anna Ledgerwood



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"THE WAYNE STATE UNIVERSITY CONTRIBUTION TO COLON AND RECTAL SURGERY"

Dr. William Cirocco was born and raised in Southeast Michigan and received his medical education at Wayne State University. Following his matriculation in 1985, he did his general surgical residency at St. John's Hospital on the east side and his training in colon and rectal disease in Pennsylvania. After completing his training, he has become a very prolific and successful colon and rectal surgeon and has been responsible for many institutions in the country becoming certified in colon and rectal surgery. Dr. Cirocco has been a leader in the American Society of Colon and Rectal surgery (ASCRS) and has been a prolific author. One of his many publications was that the Centennial Publication of the American Proctologic Society (APS) which appears in the 2022 journal entitled Diseases of the Colon and Rectum. This very comprehensive publication highlights, among other things, the important contribution that Detroit has made to the evolution of colon and rectal surgery.



Dr. William Cirocco

Part 1 of this review discusses the important contributions made by Dr. Louis J Hirschman. Dr. Hirschman's grandfather left Bavaria hearing of the multiple national revolutions that occurred in Europe in 1848. He had been an active participant in the revolutionary activities and came to the United States in Syracuse, New York the same year that Dr. Hirschman's father was born. Dr. Frederick Hirschman attended the German–American Seminary in Detroit and was later admitted to the Detroit Medical College (DMC) which was the first college that would eventually become Wayne State University (Figure 1). The young Dr. Louis J Hirschman attended the Detroit Public School System and later followed in the footsteps of his ancestors. He graduated from the DMC in 1899 and received his house officer training at the Harper Hospital. During his early years of practice, he observed that patients with rectal problems received substandard care because of ignorance of the physicians providing that care. He filled that void by dedicating his career to the practice of proctology and was probably the first proctologist in Michigan. He was elected as the 24th Fellow of the APS. He created and chaired the Department of Proctology at Harper Hospital in 1906 and doing the same for the Detroit Receiving Hospital which was close to Downtown Detroit in 1908. One year later, a Department of Proctology was established at the DMC and he chaired that department for many years. He was also one of the founding members of the ACS in 1913. During his leadership in this area, he was mainly responsible for extending the science of proctology to involve all of the large intestine. He often made the statement "the Proctologist is not or should not be content to remain a rectal specialist". When the AMA held their annual meeting in Detroit in 1916, he was able to encourage the development of a section dealing with proctology. Dr. Hirschman was commissioned as a major in the Medical Corps of the United States Expeditionary Forces in World War I, where he was assigned to base hospital number 17 which was of the Harper Hospital Unit. These multiple activities later led to the conclusion of the APS activities as a section of the American Board of Surgery. In 1950, Dr. Hirschman retired to northern Michigan where he enjoyed the outdoor life and what is called "God's Country" in Traverse City Michigan. When he expired in 1965, the APS President was Dr. Garnet W. Ault and the President-Elect was Dr. Norman D. Nigro.

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"THE WAYNE STATE UNIVERSITY CONTRIBUTION TO COLON AND RECTAL SURGERY", cont...

Dr. Nigro, who taught many of us, was the son of Italian immigrants who moved from Naples, Italy to Syracuse, New York at the turn of the 20th century. During a period of difficulty after moving with his mother to Detroit, the future Dr. Nigro spent some time at the St. Francis Home for Orphan Boys prior to completing his grade school education within the Detroit public school system. He graduated from Cooley High School in Detroit in 1931. He returned to Syracuse to obtain his medical degree in 1937 and then returned to Detroit to do his surgical training at the Jennings Memorial Hospital just east of downtown Detroit. Following his residency, he spent the next four years as a military surgeon with the Harper Hospital Unit near Naples, Italy (figure 2). Following World War II, he returned to Detroit to complete his specialty training under the leadership of Dr. Hirschman in the Department of Proctology. When Dr. Hirschman retired in 1950, the Department of Proctology was eliminated. Dr. Nigro was the only remaining proctologist in the hospital.

Dr. Nigro became a local, national, and international leader in proctology. He was very active as a leader in the APS and convinced the Executive Council that the organization needed to have their own scientific journal. Dr. Nigro continued to be a leader of the American Board of Colon and Rectal Surgery (ABCRS) and, working with a full-time administrative person, Ms. Harriette Gipson, helped the organization grow and become more influential. Most of the administrative activities were conducted at the Ford Building at 615 Griswold St. in downtown Detroit. Starting in July 1980, all the ABCRS candidates had to pass a qualifying examination of the ABS in order to be eligible for a subsequent certifying examination. The organization clearly matured under the leadership of Dr. Nigro. One of the many testimonials given to Dr. Norman Nigro referred to him as being "a Titan among giants".

Dr. Nigro was a busy practitioner and was always available to provide help to his colleagues. The Editor, unhappy with the technique he was taught for doing a hemorrhoidectomy, requested that Dr. Nigro come down to the DRH so that the Editor could first assist Dr. Nigro in the performance of a hemorrhoidectomy. The gentleness and precision of watching this master do this procedure was an eye-opener and his technique continues to be used for performing this operation. He was always a resource for his colleagues. One of the big challenges he had in the late 1960s was a patient who had a very large squamous cell cancer of the anus. He did not believe that he would be able to remove the cancer because of its huge extent. He requested that the patient undergo a combination of chemotherapy and radiation therapy prior to operation hoping he would be able to do a complete excision. The chief of radiation oncology (Dr. Considine) and the chief of oncology (Dr. Vaitkevicius) complied with the result that there was a tremendous shrinkage of the tumor, and he was able to totally excise the tumor. Dr. Nigro later stated "Being a simple Italian (he used a slang word), I thought that what is good for the big tumors might be good for the small tumors". He began to give all patients with this disease preoperative radiation and chemotherapy; almost all of the tumors shrunk and some of the tumors disappeared. When they completely disappeared, he would do a partial excision of that portion of the

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"THE WAYNE STATE UNIVERSITY CONTRIBUTION TO COLON AND RECTAL SURGERY", cont...

anus which had the tumor and found that, in some patients, there was no remaining histological evidence of tumor. He then proceeded to simply do a biopsy of that portion of the anus which had the tumor and if the biopsy was negative, the patients would have no further surgery. This became a new "standard of care" which has now been accepted worldwide.

Dr. Nigro was not only a clinician, but he was also an active researcher who was looking at the effects of different diets on the development of colon tumors. He supervised an active research program, and the financial support of this ongoing research came from donations from his patients who loved and respected him for being such a wonderful human being. He continued to be active with research until he retired, and he and his wife moved to Scottsdale Arizona. Ironically, as many institutions both locally and nationally expanded their work in colon and rectal surgery, there has been an evolution in the number of individuals dedicated to the specialty at WSU. After he died in 2009, he was interred at the Veteran's Cemetery in Syracuse, New York; his wife Mary joined him one year later. A more complete summary of this report appears in the article written by Dr. Cirocco in the 2024 issue of the Diseases of the Colon and Rectum which has Part 2 of this masterpiece.



ERRATUM

The photo used in Dr. Melvyn Westreich's (WSU/GS 1970/75) reflection on the passing of Dr. Arthur Weaver in the June Report was not Dr. Westreich but was instead, of Dr. Simon Kovalik (WSUGS 1982). Dr. Melvyn Westreich's correct photo is to the right. The editor will try and do better.



Dr. Melvyn Westreich

UPCOMING EVENT

Mark your calendar for the upcoming Wayne State University Alumni Reception and Annual Wayne State Surgical Society dinner:

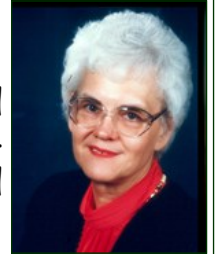
Wayne State Alumni Reception
Monday, September 28, 2026 from 6:00 p.m. to 7:00 p.m.
Wayne State Surgical Society Dinner
Monday, September 28, 2026 from 7:00 p.m. to 9:30 p.m.
The Westin DC



EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

10/22/72 - Staff: Dr. C. Lucas

1. AS: 56yo diabetic, hypertensive, with heart disease and an old mild left-sided stroke and very obese. Had incarcerated epigastric hernia. Had previous umbilical hernia repair. In O.R., repaired epigastric hernia under local; peritoneal cavity not entered.
2. NA: SGW back involving soft tissue; patient five months pregnant. In O.R., debrided back wound widely with primary closure with a Hemovac.
3. ME: 20yo with stab left flank with omentum eviscerated. Exploratory lap showed no hollow viscus injury; there was lacerated omentum with 150 ml blood in abdomen.



Dr. Anna Ledgerwood

10/23/72 - Staff: Dr. A. Weaver

1. LO: 50yo with GSW to epigastrium, bullet lying posterior to vertebral body L2. Abdomen distended. Patient shocky; taken to O.R. with left thoracotomy and aorta clamped. Abdomen explored; injury to suprarenal aorta in retropancreatic portion. Three holes, including two anterior wall, 1" in diameter, one posterior lateral; almost 50-60% transection of aorta. Thru-and-thru liver left lobe bleeding, given 23 units of whole blood, died on the table.

10/24/72 - Staff: Dr. Threlkeld

1. JM: 38yo with three-day history of hematemesis and melena. BP 90/50, Hgb 7.0. Had iced saline lavage and controlled bleeding. Given 5 units of blood and Hgb 9.6. Re-bled actively, not controlled with lavage; taken to O.R. and found to have severe erosive gastritis, treated with vagotomy and pyloroplasty. Postop, patient stable.

10/25/72 - Staff: Dr. A. Ledgerwood

1. FD: GSW right flank, exploratory laparotomy negative.

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

2. JM: GSW abdomen through stomach, lacerated splenic artery, left adrenal, and left kidney; treated with laparotomy, ligation of splenic artery, splenectomy, adrenalectomy, and closure of stomach hole

10/26/72 - Staff: Dr. S. Sankaran

1. RB: GSW abdomen, injury to spleen, kidney, and diaphragm, treated with splenectomy and heminephrectomy, and repaired diaphragm.

10/27/72 - Staff: Dr. A. Ledgerwood

- 1.
2. DE: GSW gluteal area near anus with fracture right femur, treated with debridement and sigmoidoscopy.
3. AW: Stab abdomen, negative laparotomy.
4. JO: Bowel obstruction, treated with lysis of adhesions.

10/28/72 - Staff: Dr. C. Huang

1. AE: Ruptured appendix, treated with appendectomy.

10/29/72 - Staff: Dr. A. Arbulu

1. WB: GSW right lower chest, extensive laceration of right lobe of liver, treated with right lobectomy and right chest tube.





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, July 8

Death & Complications Conference

“Extracorporeal Membrane Oxygenation: Utility in Burn Patients with ARDS” Shamon Gumbs, MD

Graduating Surgical Critical Care Fellow

Detroit Medical Center/Wayne State University School of Medicine

Wednesday, July 15

Death & Complications Conference

“Famous Fatalities, Indispensable Lessons: Reviewing Historical Trauma Cases to Inform Modern Surgical Thinking”

Ryan Rosen, DO

Graduating Surgical Critical Care Fellow

Detroit Medical Center/Wayne State University School of Medicine

Wednesday, July 22

Death & Complications Conference

“The Spleen: From Antiquity to the 21st Century”

Charles E. Lucas, MD, Professor of Surgery

Wayne State University School of Medicine

Wednesday, July 29

Death & Complications Conference

Steve H. Kim, MD, FACS, Professor of Surgery
Chief of Surgical Oncology, Karmanos Cancer Center
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.⁷ 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>



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.



Lifetime Members of the Wayne State Surgical Society

Charter Life Members

Ahn, Dean
 Albaran, Renato G
 Allaben, Robert D. (Deceased)
 Ames, Elliot L.
 Amirikia, Kathryn C.
 Anslow, Richard D.
 Antonioli, Anita L.
 Auer, George
 Babel, James B.
 Bassett, Joseph (Deceased)
 Baute, Peter
 Baylor, Alfred
 Bouwman, David
 Bradley, Jennifer
 Chmielewski, Gary
 Cirocco, William C.
 Clink, Douglas
 Colon, Fernando I.
 Conway, W. Charles
 Davidson, Scott B.
 Dente, Christopher
 Dittenbir, Mark
 Dujon, Jay
 Edelman, David A.
 Engwell, Sandra
 Evans, Walter
 Francis, Wesley
 Flynn, Lisa M.
 Fromm, Stefan H.
 Fromm, David G
 Galpin, Peter A.
 Gayer, Christopher P.
 Gerrick Stanley
 Grifka Thomas J. (Deceased)
 Gutowski, Tomasz D.
 Herman, Mark A.
 Hinshaw, Keith A.

Holmes, Robert J.
 Huebl, Herbert C.
 Johnson, Jeffrey R.
 Johnson, Pamela D.
 Kovalik, Simon G.
 Lange, William (Deceased)
 Lau, David
 Ledgerwood, Anna M.
 Lim, John J.
 Lucas, Charles E.
 Malian, Michael S.
 Martin, David
 Maxwell, Norman
 McGuire, Timothy
 McIntosh, Bruce
 Mehmood, Syed
 Missavage, Anne
 Montenegro, Carlos E.
 Narkiewicz, Lawrence
 Nicholas, Jeffrey M.
 Novakovic, Rachel L.
 Patel, Bhavik
 Perrone, Erin
 Porter, Donald
 Prendergast, Michael
 Ramnauth, Subhash
 Rector, Frederick
 Rose, Alexander
 Rosenberg, Jerry C.
 Sankaran, Surya
 Sarin, Susan
 Schwarz, Karl
 Sferra, Joseph
 Shanti, Christina
 Shapiro, Brian
 Silbergleit, Allen (Deceased)
 Smith, Daniel

Smith, Randall W.
 Stassinopoulos, Jerry
 Sullivan, Daniel M.
 Sugawa, Choichi (Deceased)
 Taylor, Jamokay
 vonBerg, Vollrad J. (Deceased)
 Washington, Bruce C.
 Walt, Alexander (Deceased)
 Weaver, Donald
 Whittle, Thomas J.
 Williams, Mallory
 Wilson, Robert F.
 Wood, Michael H.
 Zahriya, Karim
 Ziegler, Daniel

