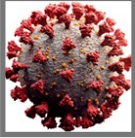


APRIL 2021



PANDEMIC EXPERIENCE



April 4th

Inside this issue:

<i>Pandemic Experience</i>	1-16
<i>Reports from the Outfield</i>	17-21
<i>Down Memory Lane</i>	22-23
<i>WSU Conferences</i>	24
<i>WSSS President's Letter</i>	25
<i>WSSS Dues</i>	26
<i>WSSS Members</i>	27-28



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Jay Dujon (WSUGS 2011)

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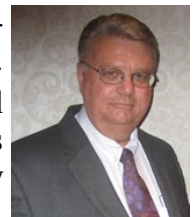
Resident Member:

Peter Cmorej (WSUGS 2021)

One year has passed since the world and the USA have been introduced into this horrible virus. All of us had changes in our lives due to this virus. Some of the surgical clan members have shared their stories about how the virus has affected them. Each of us has a different story to tell and below are summaries of their stories.

DONALD WEAVER (WSUGS 1979)

Dr. Donald Weaver, the Pemberthy Professor and Chairman of our Department of Surgery, did his medical school training at Loma Linda and began his surgical residency here in 1974. He had an unusual background in that his father, Dr. Arthur Weaver, spent many years doing missionary surgery in Pakistan, and Donald had the opportunity to be involved in many activities including patient care. During the next four years, he matured as a surgeon, was involved in many research projects, and was rapidly advanced through the academic ranks to become a full professor and Vice-Chairman of the department in the 1980s. He assumed the chairmanship of the department in 2003 and has been involved in many of the difficult challenges that the department has faced in the last many years while at the same time becoming recognized for his surgical skills, particularly in the area of pancreatic and biliary surgery. The following are his comments regarding the challenge of the new pandemic.



Dr. Donald Weaver

-The Chairman's Perspective -

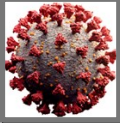
Nothing in my nearly 40-year career could have prepared me for the pandemic. It was impossible to see what was coming – one day business as usual – the next day complete shutdown. New words added to the common lexicon overnight; PPE, pandemic, COVID, social distancing, Zoom, super-spreader and contact tracing. The immediate emphasis was on patient care and how to balance emergency surgical needs against a lockdown imperative. In the first wave, the hospital was overwhelmed and this onslaught was defended with tools from our experience with ARDS. Regretfully, it took a while to learn that although this was often a disease of respiratory failure, effective treatment was consequently different. AKI and cardiac complications took the lives of many.

The faculty rose to the occasion by quickly making education, telehealth, and endless online meetings of strategy and logistics virtual. David Edelman immediately

Continue page 2



APRIL 2021



PANDEMIC EXPERIENCE

reset all of the conferences to WebEx, and Larry Diebel brilliantly transformed to the first virtual trauma symposium with nearly 600 participants. Residents demonstrated willingness and flexibility in the schedule and work assignments. Day after day as the death toll mounted, the real questions – often unspoken but on every one’s mind — was will this ever end, and if so, when? Will things ever return to “normal”? The impact on the African American community and the elderly was heartbreaking, and everyone lived in fear – am I next? Fortunately, only a handful of faculty and residents eventually tested positive and none of our surgical family required hospitalization. Only for one month was it necessary to adjust the pay of the faculty despite the nearly three-month cessation of elective surgery. During the height of the crisis, the young faculty made a decision to not allow the older faculty (>60) to care for COVID patients. Andy Isaacson, self-proclaimed to be the most youthful and most fit of the faculty, volunteered to staff the COVID outpatient clinic. This heartwarming display of bonhomie was reciprocated by some of the older faculty donating their salaries to the pool when the pay cuts were needed, taking the edge off the pay adjustments for the younger faculty. Most deeply appreciated were the many contacts we received from the alumni. Several retired alumni offered to return to help with patient care. This selfless call to duty displayed to me the real spirit of our alumni family – willingness to put themselves in harm’s way for the good of their patients and to help their alma mater. Other alumni donated money for PPE so that there would be no shortage for our residents. Still others sent prayers and well wishes – all of which were highly valued. One of the things for sure is that we have experienced change that will never go back. We have discovered many things about ourselves and the Department, which we might have never guessed — new ways to plan things, new ways to see things, new ways to do things.

In times of crisis, both the best and the worst are often exposed. From where I sit as Chairman, I couldn’t be more proud of our staff, residents, faculty, and alumni. Like the riots of 1967, this last year has been a defining point in our Departmental history. Writing this now, several month later, I swell up with pride at the selfless willingness that I’ve seen. To our staff, residents, and faculty, I am humbled by your devotion. To our alumni, I am grateful for your generosity and good will to the Department. To all I say, “Thank you and God bless.”

Surgical Grand Rounds

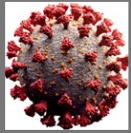
Subsequent to the shutdown, all of the teaching rounds, including the Wednesday morning Grand Rounds, have been conducted in a “virtual” manner. The first Grand Rounds to be conducted on site was Wednesday, June 10, 2020, with appropriate social distancing. The members in attendance wore the surgical masks, and there was only one seat per six-foot long table in the auditorium.

The preparation for the Grand Rounds included setting up the computer system, not only for the presenters, but also for those who would be attending the conference from remote areas. This pre-Grand Rounds function was performed by Dr. Michael White (WSU/GS 1990/97), Dr. Nina Delavari (WSUGS 2021), and Dr. David Edelman (WSU/GS 2002/09), our Surgical Resident Program Director. Following their setup, the Grand Rounds began as each of the senior residents summarized their experiences during their training.

Continue page 3



APRIL 2021



PANDEMIC EXPERIENCE

DAVID EDELMAN (WSU/GS 2002/09)

During the 2018-2019 academic year, Dr. David Edelman, our program director, decided that it was a waste of time and money for those students applying for a preliminary residency position in our program to have their interview in person. Therefore, before the rest of the world came to its senses, Dr. Edelman arranged for all of the senior students applying for a preliminary position beginning 2019 to be interviewed by “virtual” technique. This turned out to be an excellent decision and was appreciated by all of the faculty, who were more efficiently able to interview the prospective residents, and by all of the senior students, who were looking at our program for training as a preliminary resident in surgery. Dr. Edelman predicted at the time that this would become the routine nationally; little did he know how soon his prediction would come true once we became burdened by the Virus. The following represents his sequential thoughts about this process.



Dr. David Edelman

Thank you for your request to hear about how the COVID-19 pandemic affected my job as a Program Director.

My story is not that interesting. Like the rest of the world, my surgical practice stopped in March. Elective Surgery resumed in May and has been slowly picking up. Elective surgery is continuing now. The biggest change to my daily activities is learning how to teleconference - which has improved significantly. My kids have remained in virtual school this entire time, which has been the largest adjustment. We also had a COVID child named Joey - he is a 60-lb golden retriever.

Let me first provide a timeline that I reconstructed from my original email above.

February 27-29, 2020: I was in San Diego February at the Annual ACGME meeting

March 3, 2020: The GME office, in conjunction with DMC Tenet, suspended all non-essential travel.

March 10, 2020: The first COVID case was confirmed in Michigan.

March 12, 2020: I sent my first communication to the residents regarding COVID. As per guidelines at the time, they were instructed to wash hands often, avoid touching eyes, nose, and mouth, cover your mouth when sneezing, and to avoid crowds (>100 people).

March 16, 2020: I received my first email from DMC leadership about bed capacity and the COVID surge.

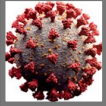
March 18, 2020: Educational conferences (Grand Rounds and M&M) were cancelled.

March 24, 2020: The State of Michigan enacted a “Stay Home, Stay Safe” executive order. All elective procedures were cancelled, and only those urgent/emergent procedures, which were necessary to sustain life, were permitted.

Continue page 4



APRIL 2021



PANDEMIC EXPERIENCE

March 25, 2020: Our institution declared a Stage 3 Pandemic Emergency Status with the ACGME. This status was renewed on April 24, 2020, and on May 24, 2020, the institution downgraded its status to Stage 2 with the ACGME.

March 27, 2020: SAGES mandated all FLS and FES testing centers close.

March 30, 2020: Resident clinical services switched to “holiday” mode, minimizing the number of residents at work each day. While other programs went into a sophisticated 7 days on / 7 days off, the Chief Resident of each service managed the schedule. Almost half of the residents were home on any given day.

April 2021: We took an “all hands-on deck” approach. All patients geographically admitted to 4Q, 4T, and 8-IMCU were admitted to the SICU team, independent of diagnosis (medical or surgical). Additional residents were placed on these services but were always supervised by surgeons. Additionally, a central line call schedule was created.

April 8, 2020: The first Wednesday morning was held remotely using the WebEx platform. This conference was 100% virtual, and 15 participants logged in. Educational conferences were scheduled on Wednesdays from 7:30 am - 8:30 am (Chief Resident Graduating Presentations) and on Fridays from 7:30 am - 8:30 am (SCORE presentations with faculty members) – 100% virtual. Dr. Mostafa also started with his review sessions via WebEx. Weekly links for the educational conference were sent, and CME was available.

May 6, 2020: Meyer’s lab opened to scheduled cases.

In early May, everyone was informed that graduation activities were cancelled. This was a major disappointment for all involved.

June 1, 2020: FES and FLS testing resumed

June 3, 2020: Elective surgery resumed and surgical teams were working “full strength.”

June 10, 2020: First hybrid conference - Most Memorable Case.

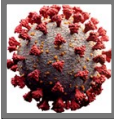
The pandemic will likely have long lasting effects for surgical residencies.

EDUCATION

We currently run our system-wide didactics through a hybrid approach: we use the WebEx platform; our meeting is still in Kresge Auditorium; and we have approximately 40 faculty, residents, and students socially distancing in the room and another 40 on WebEx. The advantage to a hybrid approach is increased faculty participation – we always have at least 15 involved. The disadvantage is even when residents are logged in, sometimes there are competing events that take their attention away. Even after we “clear” the pandemic, I am sure that faculty will ask for hybrid meetings. Dr. Mostafa’s review sessions also occur via WebEx.



APRIL 2021



PANDEMIC EXPERIENCE

INTERVIEW SEASON

This year we completed over 110 interviews with Zoom. Zoom allowed us to maintain a large common room and easily switch interviewers and interviewees into breakout rooms. We completed all evaluations electronically using survey tools. This allowed for a more efficient rank meeting – no paper. We printed no applications this cycle. We previously had been interviewing (last 2 years) preliminary residents using Skype – Zoom is much easier. We held a resident open house five times to allow candidates to interact with current residents. All program information, including introductions and a self-made tour were placed on our department website. Interviews will likely continue with teleconference. This is a huge advantage for residents applying into fellowship secondary to the cost and time saved.

OPERATIVE EXPERIENCE

Our elective numbers went down during COVID with a slight increase in operative trauma. We still have not returned to pre-COVID numbers. The Resident Program is watching this closely. Hopefully, the ACGME will move towards a competency-based system (Entrustable Professional Activities) and leave the old number system behind.

Our residents have done an outstanding job during the Pandemic. We have been successful because of our flexibility, grit, and resilience in addition to all the support we received by residents, faculty, and our medical community.

Cristiano Alpendre (WSUGS 2014)

Dr. Cristiano Alpendre is involved in a very busy general surgical practice at the Sun-coast Surgical Associates in Brandon, Florida. The following are his thoughts about the pandemic.

Cristiano Alpendre here, class of 2014, reporting from Tampa-FL. All is well in this part of the globe, but things were not as smooth as they are now.

Back in March, I was in the middle of an international trip to Brazil when coronavirus hit the USA. You can imagine what a fiasco that was. I was fortunate enough to cut my trip short and was extremely thankful to be back Home in Tampa without being stranded overseas.

Once I was back, all seemed strange. As elective practices shut down, my group took turns. We worked 2-3 times per week in an alternative schedule during the quarantine. Although the hospital was not busy, accomplishing anything was a big hurdle because all patients were thought to have COVID-19. At that time, there were no PPI or tests. Also, the acuity and complexity of the few cases that did happen during the quarantine were much worse; presumably due to the reluctance of our patients to come to the hospital.

Access to tests became slowly more available and results faster.

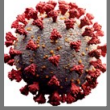


Dr. Cristiano Alpendre and family

Continue page 6



APRIL 2021



PANDEMIC EXPERIENCE

By July, cases in Florida were rising, but we had tests results as fast as 15 minutes. PPI also became slowly more available and about the same time or one month later, recycling of our N95 masks were no longer needed. Hospitals that were once on bypass due to the large amount of COVID-19 patients admitted are now well organized, well stocked and have low mortality. We now better understand the virus and how to treat it.

Currently our elective and emergent practice are back to normal. Anyone who requires surgery gets a rapid swab COVID-19.

As a relatively small group (private group of 9 surgeons), we are fortunate to be back on our feet. All of our employees were able to keep their jobs.

This week we started to be vaccinated, and I foresee a brighter future ahead.

Joseph M. Primrose (WSUGS 1972)

Dr. Joseph Primrose is retired after having a very busy career in general surgery and in emergency medicine. The following is his report from a retired physician's vantage point.

The virus did not affect my practice as I have been retired since 2012. My wife, Vicki, and I have met the challenges presented by the virus head-on. We have isolated ourselves using masks, socially distanced- which is easily done in the wide-open spaces of Wyoming, and we have been staying close to home.



Dr. Joseph Primrose

During the pandemic, we both have developed and improved on our retirement skills and interests. Vicki is very much into art using watercolors and acrylics and is also President of the ART 321 art guild here in Casper, WY. As for myself, I enjoy fly fishing for trout year-round (a big challenge in the wintertime), improving my model railroading techniques, and volunteering at our local fish hatchery.

We both appreciate more than ever the basics of life – food, shelter and a strong belief in our maker. Perseverance is obviously a must (both in surgery and emergency medicine) and also as it has been in the year of 2020.

Christopher Dente (WSUGS 2002)

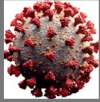
Dr. Chris Dente did a Trauma/Critical Care fellowship at the Grady Hospital in Atlanta, Georgia, after his residency, advanced through the ranks, and is now the chief of surgery at that institution. He has been very productive clinically and academically. These are his thoughts about the pandemic.

COVID Experiences in Atlanta

Continue page 7

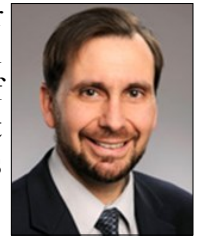


APRIL 2021



PANDEMIC EXPERIENCE

What a surreal year it has been. I had not paid SARS-COV2 much attention in December or January, and my first realization it was going to affect my life was when I boarded a plane in Idaho, returning from the Western Trauma Association meeting. I had just enjoyed a week of skiing and was almost completely unplugged from my daily life but when I stepped on that plane and half the passengers were in masks, I really wondered what was happening. That was the end of February.



Dr. Chris Dente

Over the ensuing three months, we cancelled all of our national and regional meetings, closed Grady Memorial Hospital to elective surgery for almost two months, and I spent most afternoons homeschooling my 8 and 12 year old children. My 8 year old has dyslexia, and we had planned on him finishing the school year in his current school and had been fortunate to get him enrolled in a nationally renowned school for dyslexic students in Atlanta to start in the fall. I honestly felt like those three months were wasted for both my children, in terms of their education, and worried what the fall would be like.

I watched with morbid fascination as the country floundered in its response to the pandemic with such a galling lack of state and federal leadership. The comments and lack of insight of the governor of Georgia hit especially close to home, as Georgia was one of the first states to reopen without a clear plan or any sort of clear guidelines. The spike in cases over the summer continued to limit our elective surgical practices. Interestingly, our trauma volumes, after being pretty slow in March, April and May, exploded over the summer, even more so than they normally do, with our admission volumes up 10-15% from prior years. There wasn't really a change in the most common mechanisms, and we remained around 25% penetrating injuries.

Our COVID case volumes never quite overwhelmed the hospital, but it was a constant concern. The case numbers in March and April stayed steady around 60-80 inpatients and had fallen almost to single digits until about 2 weeks after we reopened and then steadily climbed and stayed around 100-120 for much of the summer. We did reopen to elective surgeries at the end of May, but our elective volumes are about half of what they were previously. I will say that the pandemic pushed our hospital to marshal resources for tele-health and, what was not even a dream of a reality a year ago, is something we can currently use as we need it. I did end up wearing the same N95 mask from mid-March to mid-May until one of our OR front desk personnel pulled me aside and said I needed a new one and unlocked the cage that they kept the masks in to get me a new one. Now I get a new one every month or so when I ask.

We did manage, over the summer, to have my 12-year-old daughter return to her travel softball team, and going to those tournaments was a fascinating study in sociology as we were generally the only team from the greater Metropolitan Atlanta area and the only team that took any COVID precautions. I wrote our team's guidelines with the help of their coach, who is a professor at Georgia Tech, and one of the other parents, who is a CDC researcher. We were able to have the girls compete safely and finished the fall travel season having played 12 or 14 tournaments without a single COVID case. Leadership really matters.

Continue page 8



APRIL 2021



PANDEMIC EXPERIENCE

In terms of my children's schooling, the fall brought a return to in-person schooling full time for my 8 year old. The "generous" tuition I paid for him to attend the Schenk School for dyslexia was worth every penny. The head of school sent out clear guidelines with mandatory mask utilization, lunches at their desk and meticulous sanitizing, with a detailed plan for the conversion to home schooling as needed. The school got through the whole fall semester without a single outbreak and almost no issues with parent complaining or noncompliance from the children in terms of mask wearing or sanitizing. Again, leadership really matters.

As of December, our elective volumes remain low, our trauma remains busy and my kids made it through the fall semester (the 12-year old spent most of the semester 50% in person and 50% at home) unscathed. I received my first dose of the Pfizer vaccine two days ago and have the next shot scheduled for early January. So, we are starting to see the light at the end of the tunnel. I hope the extended Wayne State family has managed to stay safe and healthy. I value the ongoing mentorship and comradery.

W. Charles (Chuck) Conway (WSU/GS 2001/07)

Dr. William (Chuck) Conway is currently involved with a large number of patients with abdominal cancers, particularly cancers of the hepatobiliary and pancreatic systems. He has been active in scientific publications regarding treatment for these patients and, along with his wife, Dr. Elizabeth Krenz, MD, have been affected by the Virus.

Hello from Montecito. Thank you for reaching out about our COVID experience in California.

As you can see in the graph I included, we didn't have a severe outbreak in the early months of 2020, like many cities did. We had a fairly aggressive stay-at-home order at that time, closing schools, etc., which likely limited our case numbers last winter. In Santa Barbara, the numbers were quite low, and at that time I was only involved in the care of one COVID patient (tracheostomy) while on call.

The summer months, especially after the July 4th holiday, brought a bit of a surge. This was primarily driven by an outbreak at the federal prison in Lompoc, just north of us. Overall though, the numbers continued to be low until shortly after Thanksgiving. Again looking at the graph, you can see a dramatic increase in the daily new cases over the past several months. At one point, our 7-day average of daily new cases was over 40,000, with a record of almost 65,000 new cases in a single day. The number of patients in the hospital (Cottage Santa Barbara) went from averaging 5 or 6 to almost 100. We converted several units to COVID areas and repurposed the ICUs as needed. I recently saw a 90 y/o lady in the pediatric ICU. While taking call, the increase was very noticeable as it seemed almost half the consults were also COVID positive; even higher if the patient was transferred from a nursing home. We have a large number of multigenerational households in the area, likely related to the extreme housing cost in California. I think this contributed to the recent outbreak as social distancing was difficult for families. My surgery scheduler has lost a grandfather, 2 uncles, and currently her mother, another uncle, and grandmother are currently in the hospital with high oxygen requirements. Fortunately, the numbers are finally receding with only 9500 new cases yesterday in California. Our total case count so far is 3.47 million. This is quite high, but with a population of almost 40 million, our per capita

Continue page 9

APRIL 2021



PANDEMIC EXPERIENCE

Daily change

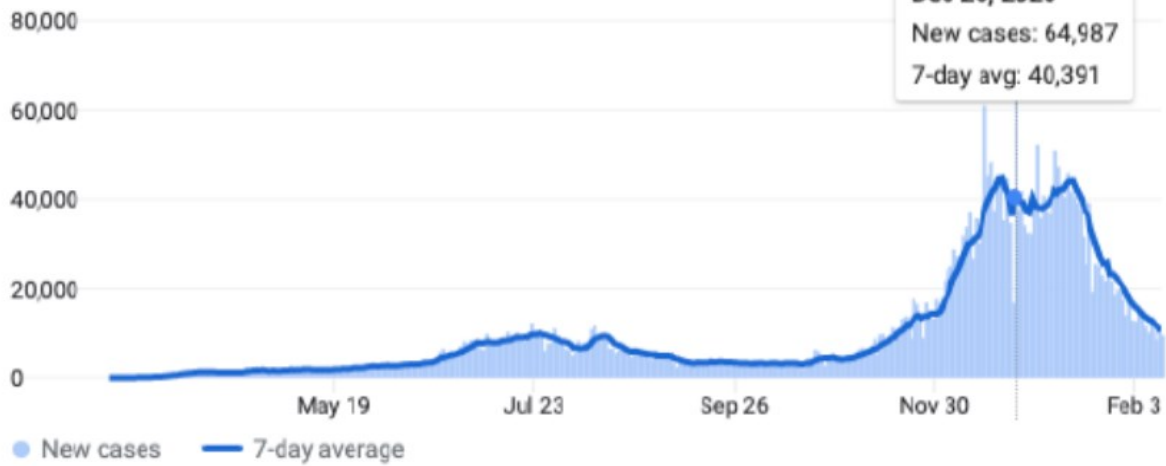
New cases ▾



United States ▾

California ▾

All time ▾



Each day shows new cases reported since the previous day · Updated less than 15 hours ago ·
 Source: [The New York Times](#) · [About this data](#)

Cases

Total ▾



United States ▾

California ▾

Cases

3.47M

+9,533

Deaths

46,435

+459

APRIL 2021



PANDEMIC EXPERIENCE

numbers are actually less than several other states. While the hospital cut back on elective procedures during the period since early 2020, they have allowed me to continue doing the cancer resections, so I have stayed reasonably busy. Early on in the pandemic, elective cases were cancelled. You may remember my wife, Ellie, is an anesthesiologist. She works at an outpatient center, which closed for several months last spring. More recently, cases have been limited by inpatient bed availability. The current strategy has been to allow elective outpatient procedures but limit elective cases that require admission, so she has been working steadily again for the past several months.



Dr. Chuck Conway, his bride, Dr. Elizabeth Krenz, MD, and their children, Oliver (6), Penelope (10) and Clementine (14).

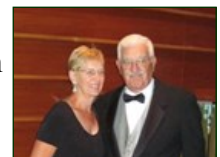
We've been fortunate to be weathering this pandemic in a moderate climate. Our kids (Clementine 14, Penelope 10, Oliver 6) were able to go back to school this past fall and are doing a large part of their schoolwork outdoors. A lot of other schools in Santa Barbara County have been doing online school all year, which has been very difficult for parents. Our kids have gotten used to wearing masks but are sad to have missed summer camps and vacations we cancelled. They miss regular socializing with their friends and wish they could have seen their grandparents and cousins over Christmas, but generally are doing well.

Unfortunately, our side business, Surgistrong, hasn't fared as well as our kids. Like many other small businesses during the pandemic, ours is really struggling. We make a pre-surgery complex carbohydrate drink (RecoverAid) and also pre-surgery kits (pre-op drink, respiratory trainer, chlorhexidine scrub, pedometer, surgery specific instruction booklet, etc.) so hospitals can easily implement the pre-surgery portion of their ERAS program. COVID has not been kind to our efforts on this front.

Overall, though, I think we've been pretty fortunate considering what others have gone through. With the added free time, my wife and I have been doing a lot of trail running and getting down to the beach. I started swimming in the ocean more (I finally got a wetsuit, but the inflatable hot tub was definitely my favorite COVID purchase), although the fact that there are great whites in the area is a little frightening, and playing more golf, the perfect sport for social distancing. I've certainly spent more time with the kids, which has been great. I, as I'm sure everyone does, really miss the social events. I am very much looking forward to a future in-person ACS Clinical Congress and the WSU dinner.

Dr. Larry LaGattuta (WSUGS 1967)

Dr. Larry LaGattuta, a friend and classmate of the Editor, philosophizes about the pandemic from a retired surgeon's point of view.



Dr. Larry LaGattuta and his bride, Dottie

Coming up on the age of 91. Dottie and I are weathering the pandemic from our rural Michigan home. Surgical practice is just a memory.



APRIL 2021



PANDEMIC EXPERIENCE

Dr. Randall W. Smith, MD (WSU/GS 1981/86)



Dr. Randy Smith

Dr. Randall (Randy) Smith is a product of the WSU School of Medicine (1981) and the WSU Department of General Surgery Residency program (1986). Randy is a product of Southeast Michigan but, like many of our graduating residents, he set up a practice close to where his lovely bride, Patti, was raised. Randy has been at the Scott and White Clinic in Temple, Texas, for over 21 years. For 12 of those years he served as the Residency Program Director and, more recently, served as the Trauma Medical Director leading the way for the Scott and White Clinic to become a verified trauma center by the American College of Surgeons. Dr. Smith is also certified in surgical critical care and is currently the Director of Acute Care Surgery at the Scott and White Clinic. Randy and Pattie have raised three wonderful children. The following are his thoughts on the pandemic.

Hi Dr. Lucas and Members of the WSSS,

Your request is timely, as I received my first COVID vaccine today! I have worked at Baylor Scott and White in Temple, Texas, for 34 years. We have 120 COVID patients hospitalized today in our 600-bed hospital. Fortunately, only 20 are on ventilators. Fortunately for me, the SICU is COVID-free. Trauma and ACS patients get tested with one hour results, so most of the time I know if I am operating on a COVID patient. Everyone on our team has operated on COVID patients, but none have gotten sick. Elective surgical patients that require hospitalization are severely restricted, and I expect that to continue for the next month. Current modeling shows our peak COVID hospitalizations on January 10.

Personally, five of our 15 immediate family members have contracted COVID. The worst symptoms besides the standard fever and malaise have been loss of taste and smell, slow to return.

I remain so appreciative of my training that I get emotional thinking about it. Please give my regards to Drs. Ledgerwood, D. Weaver, M. Busuito, and all members of the WSSS.

Dr. Agustin Arbulu (WSUGS 1961)

Dr. Agustin Arbulu, long-term colleague and teacher of the Editor, and his niece Maria Arbulu, send these thoughts regarding the pandemic.



Dr. Agustin Arbulu

“This is a hard time for everybody. We learn so many things and must be strong and show compassion to our loved ones.” They want everyone to be safe and are happy to be able to express their thoughts to the extended surgical clan.

Continue page 12

APRIL 2021



PANDEMIC EXPERIENCE

Dr. Mark A. Herman (WSU/GS 1994/2001)

Dr. Mark A. Herman met his future wife, Dr. Shiva Maralani, during one of the parties that Dr. Ledgerwood has for the residents and students finishing their rotations as a way of relaxing and getting to know one another after months of working at Detroit Receiving Hospital and the Harper University Hospital. The following is Dr. Herman's thoughts about the pandemic.

I am in a private practice of five surgeons with about 12 office staff. We are based at Troy Beaumont Hospital, which, for some reason, was especially hard hit with COVID patients. At one point, Troy Beaumont had more COVID cases in-house than the rest of Beaumont Health combined. Our senior-most partner, Mike Lucas, accepted our offer to stay home rather than risk exposure. There was actually little work to be done anyway, with no ability to board elective cases. Troy Beaumont's cadre of trauma/critical care surgeons were called upon to exclusively tend to the large burden of COVID ICU patients. My group, along with Drs. Renato Albaran (WSUGS 19998) and Daniel Sullivan (WSUGS 2000), took over their trauma duties.



Dr. Mark Herman, his bride, Dr. Shiva Maralani and their daughters, Arina and Sophia

Frankly, the work wasn't difficult. Despite being a Level II trauma hospital, there was little trauma volume for reasons that seem clear: people were staying home. The acute general surgery cases also seemed to disappear, although the reasons remain less clear. We began to wonder if COVID was actually a cure for appendicitis.

With little work, our practice revenue naturally dried up. A PPP loan was able to fund our staff salaries. Our corporate fiscal state was thankfully sound enough that we could weather about six months of diminished revenue. I was honestly quite shocked to learn of other medical practices that operated on much leaner month-to-month budgets and had little capacity to survive.

I look back on that time as a type of sabbatical. This seems paradoxical to say during a global pandemic. It is also hard to say, because so many people have fallen ill or died. But I was able to spend more time at home with my family, have lunch and dinner with the kids daily, exercise more regularly, and catch up on reading and CME. If there can be a bright side to the pandemic, this was certainly it for me. I can say this because, thankfully, we have all been healthy so far. Keeping my fingers crossed and my mask on.

Dr. Jeffrey Johnson (WSUGS 1984)

Hope the white-haired editor is well. I am enjoying my retirement with a lot more family time, which has been wonderful. Stay Safe.





APRIL 2021



PANDEMIC EXPERIENCE

Dr. Christopher Jeffries (WSU/GS 2002/07)

Dr. Chris Jeffries finished his general surgery training at WSU in 2007. He then entered into the plastic surgery program at Indiana University in Indianapolis. He is in his second year of a two-year fellowship and reports that he is becoming more and more comfortable with the technical challenges of his new specialty. During his residency training, Chris presented a paper at the Midwest Surgical Association on the potential bradycardia with cardiac arrest associated with a form of tertiary hyperparathyroidism resulting from multiple organ failure. His report is included in the discussions about critical care in the 2008 version of SESAP, produced by the American College of Surgeons. The following are his current thoughts about the pandemic.



Dr. Chris Jeffries

The practice of plastic surgery in northern Michigan has been a roller coaster since March. At that time, there were calls within our professional society to shut down operations, particularly elective procedures, immediately; other pundits suggested we keep going for the sake of the economy (and ourselves). I remember in mid-March coming out of a case and having an understanding that things had changed just while I was in that room. Our staff was scared and they were questioning our direction. Emergency meetings and crisis decision-making are not our norm, but we closed operations, except for emergency cases, and identified key employees who were comfortable to rotate thru the office to continue providing this care (I am immensely grateful for these several people who are the core of our business success, before and after the pandemic).

The stay-home time was fascinating. So many Zoom calls and moving pieces on the chess board. We were trying to find ways to position our practice to return to function, perhaps better than before. There were some significant stumbles --trying to implement a new EMR software while staff worked from home, for example. Some things just need to be done in person. Very fortunately, when restrictions were lifted, patients came back in droves. I really suspected our practice would be down for years as a result of consumer apprehension and financial hardship. I am still acting very conservatively personally, as I feel the economic fallout may lie ahead. But we have been so fortunate to have patients say, "I have to be home anyway . . . I'm just getting this surgery I've been thinking about for years." The pandemic scare, followed by easing of social and business restrictions, has unlocked demand for services. I am fascinated by all the opportunities in our region at the moment including, but not exclusive, to medicine. People are deciding to move to northern Michigan in significant numbers from the bigger cities, while businesses are right-sizing and changing to adapt. Ski hills are packed this week. It's fun to watch right now, though I'm still apprehensive about what lies around the corner. I wonder if we will ever come together again, such as at a ballgame, shoulder-to-shoulder, without worry. Hoping for that soon.

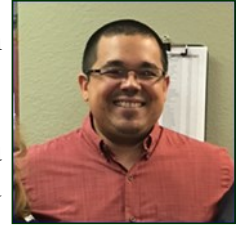
APRIL 2021



PANDEMIC EXPERIENCE

Dr. Jorge Carmona Rodriguez (WSUGS 2017)

Dr. Jorge Carmona Rodriguez is a very busy general surgeon at the Mercy Clinic in Ardmore, Oklahoma. The following are his thoughts about the pandemic.



Dr. Jorge Carmona-Rodriguez

This year has definitely been one to remember . . . or forget? It's been difficult, as you know, because our daily lives have changed dramatically. Both my wife Hillary and I had COVID back in July. We were sick but safe at home. We both recovered back to normal. Now gladly, I'm also vaccinated. My practice has changed, just like everyone else's. Changing schedules and testing for COVID is now routine. I have operated on COVID patients now multiple times for multiple reasons, i.e. perforations, bowel ischemia, tracheostomies, etc. We have a big surge in Oklahoma, so we are limiting elective inpatient surgeries and trying to do as much outpatient as possible. One of the most difficult challenges of this might be convincing the community of how real this problem is. Everything has become political, which creates a huge wall between reality and "beliefs," if you will. Regular folks don't believe until they see it. My hope is the vaccine will change the game in our favor so we can continue to provide the best care possible.

Dr. Daniel Ziegler (WSUGS 1998)

Dr. Daniel Ziegler is a very busy trauma and acute care surgeon at a Level I trauma center in Fort Worth, Texas. He and his partners see the worst patients from their county who come to John Peter Smith Hospital. The following represents his thoughts on the pandemic.



Dr. Daniel Ziegler

2020 was certainly an interesting and trying year. In March, my hospital, John Peter Smith, the indigent county hospital in Fort Worth, Texas, went into a lockdown situation along with the rest of Tarrant County. The only things allowed to stay open in the county were grocery stores, liquor stores, and golf courses. The only time I was allowed in the hospital was when I was on trauma call, once a week. By April, the hospital had created a COVID ICU. With my critical care credentials, I was asked to work in the COVID ICU. Being in the COVID ICU was otherworldly. I would do 12-hour shifts walking around in a space suit, also called a personal airway protection regulator (PAPR). I felt very safe in my PAPR, but it was depressing seeing so many patients die. One of the medical intensivists is a huge hockey fan and knows I am a diehard Red Wing fan. One day she surprised me and emblazoned my PAPR with the Red Wing logo. It really lifted my spirits. I don't care how many holes my PAPR gets, it will be hard to take away my PAPR with the Red Wing logo.

By June, things were starting to lighten up, and I was allowed to do elective surgery again. Thanks to the training I received from Dr. Sugawa and also Dr. Bowman and Dr. Weaver, I do a lot of endoscopy, 500 cases

Continued page 15



APRIL 2021



PANDEMIC EXPERIENCE

a year. I formed a committee to tackle the backlog of endoscopy cases that had been postponed. Unfortunately, I did find a few patients who should not have had their endoscopy postponed.

Throughout the rest of summer and fall, things were returning to normal. I was doing elective cases, the usual hernias, cholecystectomies, bowel resections, and ports. I do some of them robotically. I read with interest Dr. Weaver’s comment in the last newsletter that laparoscopy will be a thing of the past. I do feel that robotic surgery is here to stay, but robotic surgery still has to prove itself from a standpoint of cost and outcomes. Also, trauma and emergency surgeries has been very steady. Unfortunately for Fort Worth, we have seen more gun violence this past year.

By November, the COVID numbers were increasing again. By the end of December, we had to stop doing elective cases and I have had to do shifts in the COVID ICU. Right now, our COVID Steering Committee is saying we cannot resume elective surgery until February. Who knows when all this will end. Fortunately, the vaccine is here. I received my vaccine two weeks ago.

Dr. Lindsay Reilly (WSUGS 2019)

Dr. Lindsay Reilly went from her general surgical training into a surgical critical care and trauma fellowship at the University of California in San Diego. These are her thoughts about the pandemic.



Dr. Lindsay Reilly

When the pandemic started, I was 3/4 of the way through my surgical critical care and trauma fellowship at UC-San Diego. We had an almost immediate drop-off in trauma when stay-at-home orders went into effect in California, largely due to the decrease in motor vehicle collisions. We had a subsequent increase in self-harm related trauma and interpersonal violence traumas (especially stabbings, for some reason). There was also a decrease in the number of emergency general surgery case like appendicitis, and, anecdotally, I had a number of patients who presented with late pathology.

Personally, my day-to-day life did not change much — I still got to go to work every day and do my job, which was a blessing in what is an uncertain and chaotic time in so many people’s lives. I delivered a healthy baby boy in September, and started my first job as an attending in December at a Level I trauma center in San Jose.

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APRIL 2021



REPORTS FROM THE OUTFIELD

Response to Dr. Nabil Othman's Book "Vigilance"

Dr. Lucas:

Chapter 2 of Dr. Orthman's book brought back some memories - bad and good.

Many of my fellow residents - including Dr. Ledgerwood - of our years at DGH-WSU from 1968 - 1972, I think would confirm, were all disgusted with ourselves and ashamed of disappointing you when we did not always know the answers to your question(s). In addition, I think some of Anna's personality rubbed off on our entire class as we were all very quick to be empathetic to patients and quick to rage at other residents.

Some of my residents and students at WU in St. Louis accused me of being "old school" - I told them they were correct and they were not going to graduate from my old school until they shaped up - Ha Ha.

p.s. Tell Anna hello for me - I remember her fondly.

Joe
Joseph Primrose, MD

Dr. Daniel Huang (WSUGS 2001)

Dear Dr. Lucas,

My family has ben well for the pandemic. None of us got sick. My older son, Matthew, works for a commercial fire alarm installation company (considered essential business) and has been commuting on the NYC bus system since May. My younger son, Mark, is a special needs adult participating in "day habilitation without walls" program since September. The program has limited venues because of the pandemic so they have been visiting as many NYC landmarks as possible via subways and busses. It's hard to believe that they were toddlers when we brought them to Dr. Ledgerwood's get-togethers. Currently, our weekends have been at a local mountain ski resort in the Catskills. The older son is a snowboard instructor and the younger son is on a ski-race team program. My wife, Joyce, volunteers with the program at the lodge. We try to keep them busy. Both my wife and I recently were vaccinated for COVID and, from the two shots, were the sickest since the pandemic started. When not skiing, I try to fish once a month.



The Huang's (left to right): Mark, Joyce, Dan, and Matthew

Joyce and I started the practice in 2003 (she is the practice manager, aka my boss). I am a solo private practice plastic surgeon. I operate out of multiple hospitals and a surgery center in Queens (NYC) and Long

Continue page 17

APRIL 2021



REPORTS FROM THE OUTFIELD

Dr. Daniel Huang (WSUGS 2001), continued



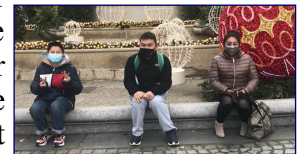
Mark is my fishing buddy. I like to go these "Party" boats all over Long Island.

Island. The pandemic stopped elective surgery in NY State for 3-4 months. Because of that, and the patient fear of going to the hospital, I started doing more in the office. Due to patient preference, I had taken out an extruding breast tissue expander in the office under local anesthesia. In the December COVID uptick shutting down hospitals for elective surgery, I had difficulty managing a breast cancer patient with an aggressive local recurrence. She contracted COVID earlier and PCR testing positive was in pretesting despite having no symptoms for weeks. I resected her recurrent tumor down to the ribs in the office under local anesthesia because the hospital/anesthesia was resistant to letting us do the surgery in their OR. Once the final pathology had negative margins and in order to reconstruct the wound, I had to appeal to the chief of surgery at the hospital to allow me to skin graft the open wound because she was still PCR tested positive in pretesting.



Matthew teaching

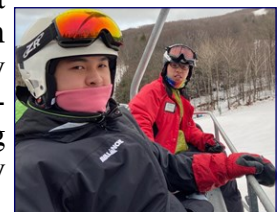
My breast surgeon and orthopaedic oncologist are both considering retirement in the next few years. Unfortunately, with competition with large groups and healthcare systems in the area, the future of my inpatient reconstruction practice is not promising. I recently walked into the OR looking at a wound without a knee joint and proximal femur, but everything was intact distally. Other than being impressed with the wound, I was not feeling the joy of a challenging case anymore, so moving on from inpatient reconstruction may not be so bad.



Mark with his Day Habilitation Program

As always, I am grateful for the training received at WSU/DMC. Both you and Dr. Ledgerwood are great mentors and aspirations for all young surgeons, myself still included.

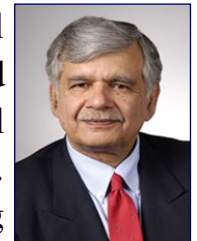
Daniel



Mark and Matthew taking lift ride with dad

Dr. S. Amjad Hussain, MD (WSUTS 1970)

Many of the WSSS members have a need to be creative outside of their surgical practice. Dr. S. Amjad Hussain (WSUTS 1970) is an example of that. He has had a very interesting surgical career and has been involved in many diverse surgical and nonsurgical activities. His new book summarizes many of these experiences. Many of the WSSS members probably had similar experiences in their ongoing careers.



Dr. S. Amjad Hussain

Continue page 18

APRIL 2021



REPORTS FROM THE OUTFIELD

Dr. S. Amjad Hussain, MD (WSUTS 1970), cont..

Hello Chuck,

Here is a news item that might be of interest to the alumni.

In his retirement, Dr. Sayed Amjad Hussain (cardiothoracic surgery 1970) has been active and productive. Last year he published his 20th book, "A Tapestry of Medicine and Life". Also, in December 2020, he was admitted as a Foreign Fellow in the Pakistan Academy of Sciences.

Dr. Hussain holds emeritus professorship in cardiothoracic surgery and also holds emeritus professorship in humanities at the University of Toledo.

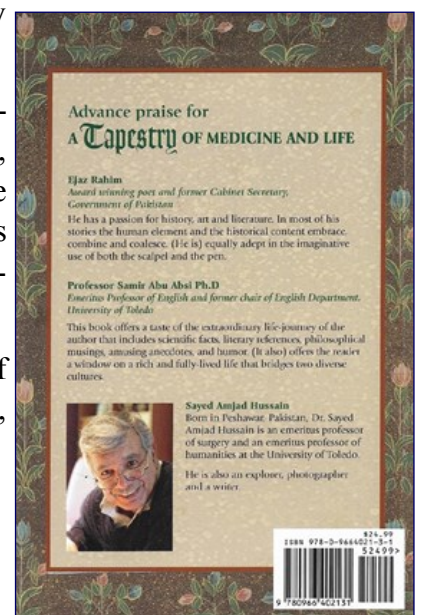
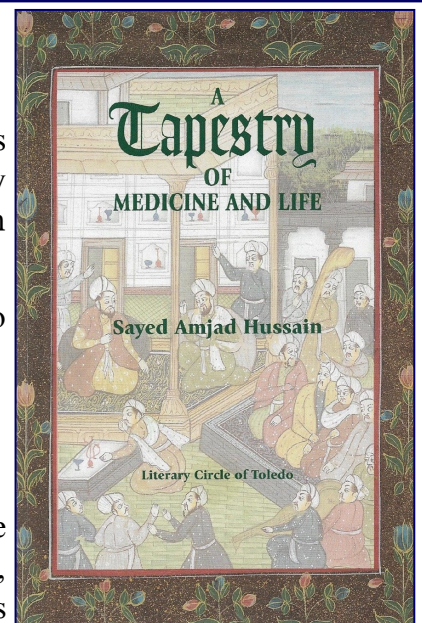
Thank you,

Amjad

THE BOOK: The book contains 68 short (2-3 page) stories, all true, that the author experienced during his life. It has stories from the field of medicine, Pakistani, and American culture as well as stories from the author's numerous Indus River expeditions. These stories touch on ethical dilemmas faced by practicing physicians.

Carlo Wolff, in his review of the book in the Pittsburgh Post-Gazette, introduces the author as a thoracic surgeon, a scholar, a journalist, a photographer, and a captivating raconteur. His recollections, he writes, spans the bawdy, the touching, and the harrowing. They also speak to family, to ethical dilemmas that elevate medicine above procedure, and to paying heed to one's better angels.

The book is available on Amazon. It is also available at a discounted rate of \$20 from the publisher, Literary Circle of Toledo, 2836 Manley Road, Maumee, Ohio 43537.



APRIL 2021



REPORTS FROM THE OUTFIELD

Dr. Aaron Stone, MD (WSUGS 1991)

Dr. Aaron Stone (WSUGS 1991) was an outstanding general surgical resident who always scored in the 99th percentile on his examinations. He was a workaholic and felt insulted that some outside agents should interfere with his natural right to work as many hours as he felt appropriate for him to increase his knowledge, his experience, and his care of his patients. He prided himself on knowing all of the staircases that each faculty member used in the medical center so that he would never be caught working more than 80 hours per week. He also prided himself on knowing which faculty members would never report him if he or she thought that he might be working more than 80 hours in the care of his patients. This seems, to the Editor, to be an old-fashioned positive thought process of a great American.

Dear Dr. Lucas,

So nice and surprising to hear from you and glad that you are still going strong as ever. Many moons have gone by, and I remember a lot of things from my Detroit days. Sadly, I don't remember the tracheostomy episode. I am surviving. How I got here is a very long circuitous route. After Detroit, I spent two or three months in NYC at a Manhattan Eye, Ear and Throat Hospital rotation learning cosmetic surgery. I then moved to Brazil, taught myself Portuguese and thought I would settle in Rio until I lived there for awhile. After that, I was at the University of São Paulo, and my name got around as a first assistant, so surgeons invited me to their offices and operating rooms. I also spent one day a week in the lab doing microsurgery on rats. I had an offer for a free office, etc.... but decided to come back to the US and settled in LA where I had some friends and connections. The first few years was a washout, but then I became busy doing mostly trauma, hand, and whatever anybody else didn't want to do at the seven hospitals in the area. For the first 10 years, I spent one day a week in a dermatologist's office doing cancer surgery and lasers and learning dermatology. At that time, I was on call nearly every night. The laws, fees, and hospital regulations changed making that type of practice untenable and fiscally impossible. Even the dermatologists could no longer practice that way. A period of cosmetic surgery followed, then I worked with a wound company on the side treating and closing wounds in nursing home patients. That ended when I wouldn't commit insurance fraud. Then my practice morphed to making money from paperwork and operating on poor people and refugees at a clinic "I run at Cedars." That's mostly skin cancers, nerve surgery, etc., on people with multiple financial and medical problems. This Friday, I have a multilevel median nerve decompression on a Russian gentleman at the hospital, which just started allowing elective surgery after a two-month pandemic hiatus. Next month, I have a carpal tunnel release and liposuction on a post-breast cancer lymphedematous arm in an Iraqi refugee. The paper-



Dr. Aaron Stone

Continue page 20



APRIL 2021



REPORTS FROM THE OUTFIELD

Dr. Aaron Stone, MD (WSUGS 1991), cont...

work is voluminous. I work with seven companies that help insurance companies write insurance policies and decide on coverage for operations. I routinely talk to surgeons around the country, including well recognized university institutions and participate in panel calls in order to write my reports. I work with 8 or 10 local law firms finding missed injuries in personal injury cases to increase the value of the cases and allow the injured parties access to funds so they can get the reconstruction surgery they need and otherwise would not have access to. I worked for the state medical board over the years reviewing complaints from patients and even worked with the DA's office for awhile, testifying in a murder trial. That pays the bills and surprisingly kept me through an unforeseen pandemic.

Back in December a local company with surgery centers around the state hired me to do cosmetic surgery so that was temporarily added. They haven't fired me yet but, the spigot was shut down, presumably because I don't do conveyor belt surgery. In the mean time, they slowly started to send me the cases no one else wants that will need hospital care. The first one just called me again this morning anxious to get started. She has multiple hernias and needs plastic and general surgery.

It sounds like a lot but, it really isn't as I control the pace and a lot of the paperwork is done at home. I built a new computer with an i9 latest generation chip and have a large flat screen monitor so it's actually easy on the eyes and fingers.

I never married and I have no kids or family in the US so there is nothing to report on that end.

I teach martial arts and have a small group of loyal students and supportive friends who let me use their dojo. That's almost 30 years in a nutshell.

This is my martial arts YouTube channel:

<https://www.youtube.com/channel/UC8VIPtI3iWPC5QPpPAYMQhA/videos>

This is my surgery YouTube channel: <https://www.youtube.com/channel/UCHx8QPWyae7Yib8BA8enIOA>

I have learned a lot about video editing in creating these channels.

Give my best and fondest regards to Dr. Ledgerwood and Dr. Weaver.

Sincerely,

Aaron Stone, MD



APRIL 2021



REPORTS FROM THE OUTFIELD

Dr. Peter C. Meade

Dr. Peter C. Meade

I recently heard from Ms. Waring on one of her last days working in the Department of Surgery. She spoke to me about you and the Wayne State Surgical Society. I realized then that I'd better make sure that I thanked you.

Thank you for talking with Dr. William Stahl at Lincoln Hospital in New York City on my behalf, back in 1982-83, when I was in need of a third-year position in order to continue my career as a surgeon. Thank you for saving my career. Nothing about my training was ever easy, but you helped me when I most needed help and gave me a way to carry on.



Dr. Peter Meade

Thank you for my surgical life.

It's been an interesting ride. And it continues to this day.

There are many things I could tell you. We'd have to have a dinner to do it.

There is more than I could tell you in a small letter like this.

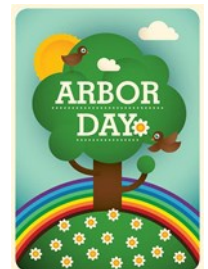
You need to know that you matter to me.

And I am fully aware of the pivotal role you played.

You made a tremendous difference in my life.

Thank you.

Thank you.



April 30th



"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

4/25/70: Chief resident, Dr. Sukumaran; staff, Dr. Hill

1. GW: Multiple gunshot wounds involving the liver, stomach, and colon. Stomach and colon repaired. Liver drained.
2. JD #214: GSW abdomen with injury to the aorta, duodenum, stomach, and IVC. Patient expired on the table.
3. DM: MVC with avulsion of skin left leg. Treated with debridement and partial closure.
4. LM: Abdominal pain, acute appendicitis. Appendectomy done.
5. DS: GSW left hand, abdomen, buttocks, and trunk. Treated with exploratory laparotomy and small bowel resection with ligation of iliac veins. The patient expired on the table.
6. JH: Previous operation for ulcers. Had small bowel obstruction. Treated with laparotomy and lysis of adhesions.
7. ET: Laceration left hand. Treated with irrigation and debridement and repair of the nerves of the left thumb.



Dr. Anna Ledgerwood

4/26/70: Staff, Dr. Silva (inhospital for a while but kept contact by phone from Dr. Walt's house); chief resident, Carlos Carrasquilla

1. JS: MVC, tender abdomen. Exploratory laparotomy. Found ruptured spleen. Treated with splenectomy.
2. FR: Had V&P done for bleeding gastritis 11 days previously. Now with small bowel obstruction. Had laparotomy and found adhesions and adherent Meckel's diverticulum forming a "ring" and an internal hernia. Treated with lysis of adhesions and resection of Meckel's.
3. RC: Abdominal pain with nausea and tenderness. Exploratory laparotomy found ruptured gallbladder with severe inflammation and pus draining from the gallbladder and filling the abdomen and pelvis. Treated with open cholecystostomy and sump tube insertions for continuous peritoneal irrigation.

Continue page 23



DOWN MEMORY LANE

Anna M. Ledgerwood, MD

4. SJ: Stab of chest, right anterior third intercostal space with 2.3 liters out of chest tube. Thoracotomy done and found transection of internal mammary artery. Treated with ligation.

4/27/70: Staff, Dr. R. Allaben; chief resident, Dr. Carrasquilla

1. WG: GSW left hip, in shock. Laparotomy found bullet crossed pelvis and lacerated both iliac veins, superficial on the left and deep on the right. Exploratory laparotomy done and bleeding controlled. The patient arrested on the table. Thoracotomy done. With massage, the heart improved but again arrested and patient expired.

4/28/70: Staff, Dr. S. Wood; chief, Dr. Carrasquilla

1. AH: Ten-year-old with recurrent abdominal pain. Tender in right lower quadrant with preoperative diagnosis of acute appendicitis. Operative findings were mesenteric adenitis and a normal appendix.

4/29/70: Staff, Dr. R. F. Wilson; chief, Dr. Carrasquilla

1. LA: Laceration right wrist from window glass. Operation was suture repair of partially lacerated ulnar nerve and complete laceration of flexor carpi ulnaris. Both repaired.

4/30/70: Staff, Dr. Silbergleit; chief, Dr. Carrasquilla

1. JL: Stab right lower costal margin. Laparotomy found laceration of the liver and diaphragm. Insertion of chest tube and repair diaphragm..
2. JB: GSW of both legs. Arteriogram showed a filling defect of the lumen of the femoral artery. Exploration of the femoral artery found laceration of the femoral vein and intimal tear of the femoral artery. Vein was repaired. Artery was excised with end-to-end anastomosis.
3. BF: Abscess neck due to drug injection. Treated with I&D.

5/1/70: Staff, Dr. Benavides; chief, Dr. Carrasquilla

1. WB: GSW right neck with laceration of right common carotid and right internal jugular vein. Repair done with end-to-end anastomosis.
2. RP: Stab of abdomen with laceration of the stomach times two. Treated with suture repair.



WSU MONTLY CONFERENCES

2021

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, April 7

Death & Complications Conference

“Carotid Artery Revascularization”

Rema Malik, MD

Vascular Surgery Resident

Wayne State University Michael & Marian Ilitch Department of Surgery

Wednesday, April 14

Death & Complications Conference

“Past, Present, and Future of Endoscopic Surgery”

Michael Damit, MD

PGY-5 Surgery Resident

Wayne State University Michael & Marian Ilitch Department of Surgery

Wednesday, April 21

Death & Complications Conference

“Women in Surgery and Cardiothoracic Surgery”

Sheel Patel, MD

PGY-5 surgery Resident

Wayne State University Michael & Marian Ilitch Department of Surgery

Wednesday, April 28

Death & Complications Conference

“TBD”

Allison Springstead, MD

PGY-5 Surgery Resident

Wayne State University Michael & Marian Ilitch Department of Surgery



Department of Surgery
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Detroit, Michigan 48201
(313) 577-5013
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March 8, 2021

Dear WSSS Alumni and Friends:

The Wayne State Surgical Society (WSSS) continues to thrive, offering support to our members and the current general surgical residents at WSU. As the president of the WSSS, I would like to review our new business year-end report on the Society's activities in 2020. Our annual meeting of the American College of Surgeons was supposed to take place in Chicago, but as everyone knows, the meeting was held virtually and, of course, we did not have our annual reception and report to the membership by our chairman, Dr. Don Weaver. This year's meeting of the ACLS will be in Washington, D.C. from October 24-28, and we will enjoy a good reunion of the department on Tuesday evening. The details of where the meeting will take place for the alumni will be forthcoming in a subsequent monthly report. The WSSS supports the senior surgical residents with their attendance at that meeting, and each of the graduating residents will give the alumni a summary as to what their plans are for the next step in their career after completing their surgical residency.

The Society also sponsors the annual WSSS Lectureship in memory of Dr. Walt. The 2020 Lecturer was presented virtually by Dr. Joseph Maroon, who is a Clinical Professor of Neurosurgery at the University of Pittsburgh. Dr. Maroon presented an outstanding talk, "From Icarus to Aequanimitas -Overcoming Adversity and Building Resilience." Dr. Maroon summarized the statements made by Sir William Osler when he addressed the University of Pennsylvania medical students in 1890. Dr. Osler always emphasized the importance of a good relationship between physician and patient. Dr. Maroon's presentation highlighted how Icarus was directed to avoid hubris when he flew with waxed wings and was told by his father to not fly close to the sun, lest the heat melt the wax on the wings, and not to fly close to the water, lest the waves moisten his wings and cause them to sink into the ocean. He emphasized how he (Dr. Maroon) was a workaholic when he became a member of the Department of Surgery at the University of Pittsburgh. He focused on his successful research, clinical care, publications, and left little time for anything else, including family. While at the peak of his academic career, his dad died and his wife took the kids and said goodbye. Faced with this overwhelming challenge, he dropped out of surgery and worked at a truck stop, which his father had owned, and he experienced financial difficulty in the midst of his depression. He read the book by William Dansforth, "Balance Your Life," which emphasized the importance of a spiritual life, physical activity, and communication with others. Dr. Maroon became a competitive runner, won many triathlons, avoided anti-depressant medications, ate a balanced diet without fatty foods, and returned to his first love, namely, surgery. While doing a triathlon in Hawaii, Dr. Maroon noted that the triple amputee who lost both legs and one arm fighting for our country was just ahead of him, running on metal legs. The individual was about to give up when Dr. Maroon badgered him and told him that he must finish the race, which he did. They became close friends, and later the two of them climbed Mount Kilimanjaro in Japan. His presentation was outstanding, and those who had the privilege of listening to this virtual presentation were rewarded.

This year's WSSS Lectureship will be provided by Dr. David Spain, one of our own medical school graduates who credits his favorite teacher, Dr. Anna Ledgerwood, for directing him to a career in Trauma/Acute Care Surgery. Dr. Spain is the Trauma Director, Critical Care Director, and Vice-Chairman of the Department of Surgery at Stanford University. He is the past president of the American Association for the Surgery of Trauma. He will give an outstanding WSSS Lectureship, which will be provided on Wednesday, November 10 at the Harper Hospital Kresge Auditorium. This will certainly be an outstanding lecture, and the membership should plan to come downtown to support Dr. Spain in his effort. Those who cannot make it downtown should follow the directions provided by Dr. David Edelman, our program director, in order to hear the lecture virtually.

The Detroit Trauma Symposium for 2020 was quite successful, even though the entire symposium was done virtually. The presenters were all outstanding, and their presentations came thru quite clearly via ZOOM. Dr. Diebel was able to provide appropriate questions for each of the presenters, who provided excellent responses to these questions. The virtual technique allowed these lectures to be seen online for approximately five weeks after the symposium ended. This year's Trauma Symposium has already been planned and will occur on November 11-12 at the MGM Casino in downtown Detroit. Dr. Diebel already has a fine list of outstanding presenters who are going to come to Detroit and make personal presentations, rather than having the meeting done virtually. You should set those days aside and plan to come down to hear these great presentations and mix with your fellow members of the WSSS.

Your WSSS membership also covers your admission to the annual Detroit Trauma Symposium. Incidentally, the Detroit Trauma Symposium is the oldest trauma symposium in the country and has been very successful under the leadership of Dr. Diebel. He typically attracts over 700 people to this excellent event. The details as to the specific speakers will come out in one of the later editions of the monthly report.

The WSSS membership is currently approaching 150 members, with over 70 of those members being Charter Life members who have, or are in the process of, donating \$10,000 to the Society, tax-deductible! **If you are not receiving the newsletter, please let us know your e-mail address so that you can be included to receive this very fun and informative newsletter for all the alumni of the Department of Surgery.** It gives me great pleasure to tell you that we have over \$219,432 in the bank, and are in the process of investing a portion to ensure the Society will exist in perpetuity. Consider becoming a Life Member, invest in the future, and one of these outstanding residents may just become your partner!

Typically, enclosed with this letter is a ballot for new officers and Board members. However, the ballot will not be included this year, since none of the officers and Board members had an opportunity to carry out their functions for 2020 and have agreed to continue in the same function for 2021. Also included with this mailing is the form for your Annual Dues. I always thought the standards and skills learned during my residency formed the foundation for my professional career. The Society offers the opportunity to continue a relationship with the program, both by continued fellowship with peers and mentors, as well as the support of those who will be replacing us when we retire. I think the WSSS is worthy of your support. Serving as our Society president this year will be an honor. The WSU Michael and Marian Ilitch Department of Surgery and the WSSS is responsible for a large part of our success as surgeons. It is an organization that brings old friends together with mentors and future partners. It is worthy of our participation and support.

Sincerely yours,
Scott Davidson, MD, FACS
President, Wayne State Surgical Society



Wayne State Surgical Society
2021 Dues Notice

Name: _____

Address: _____

City/State/Zip: _____

Service Description	Amount
2021 Dues Payment _____ \$200	_____
My contribution for "An Operation A Year for WSU"	_____
*Charter Life Member _____ \$1000	_____
Total Paid _____	_____

Payment by Credit Card

Include your credit card information below and mail it or fax it to 313-993-7729.

Credit Card Number: _____

Type: MasterCard Visa Expiration Date: (MM/YY) _____ Code _____

Name as it appears on card: _____

Signature: _____

Billing address of card (if different from above):

Street Address _____

City _____ State _____ Zip Code _____

*I want to commit to becoming a charter life member with payment of \$1000 per year for the next ten (10) years.

Send check made payable to **Wayne State Surgical Society** to:

Charles Lucas, MD
Department of Surgery
Detroit Receiving Hospital, Room 2V
4201 St. Antoine Street
Detroit, Michigan 48201

MARK YOUR CALENDARS



*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.



Missing Emails

Over the years the WSU Department of Surgery has lost touch with many of its alumni. If you know the email, address, or phone number of the following WSU Department of Surgery Residency Program graduates please email us at clucas@med.wayne.edu with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. Aletta (1982)

Kuan-Cheng Chen (1976)

Elizabeth Colaiuta (2001)

Fernando I. Colon (1991)

David Davis (1984)

Teoman Demir (1996)

Judy A. Emanuele (1997)

Lawrence J. Goldstein (1993)

David M. Gordon (1993)

Raghuram Gorti (2002)

Karin Haji (1973)

Morteza Hariri (1970)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

D. Sukumaran (1972)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)



Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander 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. Jeffrey Johnson (WSU/GS 1984) passed the baton of presidency to Dr. Scott Davidson WSU/GS 1990/96) at the WSSS Gathering during the American College of Surgeons meeting in October 2018. Members of the WSSS are listed on the next page. Dr. Davidson continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.



*Members of the Wayne State Surgical Society
Charter Life Members*

Ahn, Dean	Bouwman, David	Fromm, David G	Johnson, Pamela D.	Narkiewicz, Lawrence	Smith, Daniel	Williams, Mallory
Albaran, Renato G	Bradley, Jennifer	Galpin, Peter A.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Smith, Randall W.	Wilson, Robert F.
Allaben, Robert D. (Deceased)	Cirocco, William C.	Gayer, Christopher P.	Lange, William (Deceased)	Novakovic, Rachel L.	Stassinopoulos, Jerry	Wood, Michael H.
Ames, Elliot L.	Clink, Douglas	Gerrick Stanley	Lau, David	Perrone, Erin	Sullivan, Daniel M.	Zahriya, Karim
Amirikia, Kathryn C.	Colon, Fernando I.	Grifka Thomas J. (Deceased)	Ledgerwood, Anna M.	Porter, Donald	Sugawa, Choichi	
Anslow, Richard D.	Conway, W. Charles	Gutowski, Tomasz D.	Lim, John J.	Ramnauth, Subhash	vonBerg, Vollrad J. (Deceased)	
Sntoniolli, Anita L.	Davidson, Scott B.	Herman, Mark A.	Lucas, Charles E.	Rector, Frederick	Washington, Bruce C.	
Auer, George	Dujon, Jay	Hinshaw, Keith A.	Malian, Michael S.	Rosenberg, Jerry C.	Walt, Alexander (Deceased)	
Babel, James B.	Edelman, David A.	Holmes, Robert J.	McIntosh, Bruce	Sarin, Susan	Weaver, Donald	
Bassett, Joseph	Francis, Wesley	Huebl, Herbert C.	Missavage, Anne	Shapiro, Brian	Whittle, Thomas J.	
Baylor, Alfred	Flynn, Lisa M.	Johnson, Jeffrey R.	Montenegro, Carlos E.	Silbergleit, Allen		

Members of the Wayne State Surgical Society—2021 Dues

Alpendre, Cristiano V.	Edwards, Ryan	Kosir, Mary Ann	Paley, Daniel S.	Ziegler, Daniel W.
Asfaw, Ingida	Fernandez-Gerena, Jose	Larson, Sarah	Phillips, Linda G.	Zoellner, Steven M.
Bambach, Gregory A.	Gallick, Harold	Liebold, Walt	Schwarz, Karl W.	
Baylor, Alfred	Goltz, Christopher J.	Lopez, Peter	Shaheen, Kenneth W.	
Carlin, Arthur	Hilu, John	Malian, Michael S.	Siegel, Thomas S.	
Dawson, Konrad L.	Jeffries, Christopher	McGee, Jessica D.	Taylor, Michael G.	
Dente, Christopher	Joseph, Anthony	Meade, Peter C.	Thomas, Gregory A.	
Dolman, Heather	Kaderabek, Douglas J.	Mueller, Michael J.	Thoms, Norman W.	
Dulchavsky, Scott A.	Klein, Michael D.	Noorily, Michael	Vasquez, Julio	



*Operation-A-Year
January 1—December 31, 2021*



The WSU department of Surgery has instituted a new group of alumni who are remembering their training by donating the proceeds of one operation a year to the department. Those who join this new effort will be recognized herein as annual contributors. We hope that all of you will remember the department by donating one operation, regardless of difficulty or reimbursement, to the department to help train your replacements. Please send you donation to the Wayne State Surgical Society in care of Dr. Charles E. Lucas at Detroit Receiving Hospital, 4201 St. Antoine Street (Room 2V), Detroit, MI, 48201.

Albaran, Renato G.	Crocco, William C.	Gallick, Harold	Huebel, Hubert C.	Lopez, Peter	Perrone, Erin	Sullivan, Daniel M.
Anslow, Richard D.	Conway, W. Charles	Gayer, Christopher P.	Johnson, Jeffrey R.	Malian, Michael	Porter, Donald	Whittle, Thomas J.
Antoniolli, Anita L.	Davidson, Scott	Gutowski, Tomasz D.	Johnson, Pamela D.	McIntosh, Bruce	Siegel, Thomas S.	Williams, Mallory
Anthony, Joseph	Dujon, Jay	Herman, Mark A.	Joseph, Anthony	Missavage, Anne	Silbergleit, Allen	Wood, Michael H.
Bambach, Gregory A.	Edelman, David A.	Hinshaw, Keith A.	Ledgerwood Anna M.	Nicholas, Jeffrey	Smith, Randall W.	
Bradley, Jennifer	Francis, Wesley	Holmes, Robert J.	Lim, John J.	Novakovic, Rachel L.	Sugawa, Choichi	

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.