

APRIL 2022

SURGICAL GRAND ROUNDS



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Every Wednesday at 8:00 a.m., Dr. David Edelman (WSU/GS 2002/09), our Program Director, arranges to have someone provide the Surgical Grand Rounds. The presenter for the February 16, 2022, Grand Rounds was Dr. Abigail Chaffin (WSUGS 2006), who presented a very comprehensive report on ventral hernia surgery.



Dr. Abigail Chaffin with her husband, Andrew, and their children, Annelise, Evan, Ewan, Emmett, and Aila.

Dr. Abigail Chaffin's presentation described in detail the anatomy of the abdominal wall muscles with excellent pictures of the different layers. This was supplemented by a detailed description of the innervation and the blood supply, particularly collateral supply, that must be protected in order to prevent problems with tissue ischemia. She described the different types of abdominal wall hernia but spent most of her time dealing with ventral hernias, which often grow to humongous sizes by the time the last definitive repair is performed. Her discussion included a lengthy summary of the different types of meshes that may be used for abdominal wall reconstruction and the risk of infection, depending upon several factors, including smoking, contaminated field due to enterotomy, and preoperative infection associated with patients who have an enterocutaneous fistula in association with the hernia. She described the various types of mesh that can be placed in different locations and emphasized the importance of the sublay placement in the vast majority of patients undergoing operation for recurrent ventral hernias. Part of her presentation included the distance beyond the hernia margin where meshes should be placed in order to decrease the likelihood of slippage and also described that most people now recommend that sutures be placed 5 mm from the wound end rather than 10 cm.

A good portion of her presentation dealt with component separation. She described the advancement flaps that are made of the external oblique muscle and fascia and also the deeper advancement flaps that are made of the transversalis muscle and fascia. All parts of her presentation were supported by excellent graphics. The surgical residents who were paying attention should get about six extra questions correct on their subsequent in-training examination because of her excellent presentation.

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SURGICAL GRAND ROUNDS, cont.

Dr. Jason Wilkinson, PhD, presented an excellent conference at the March 2, 2022, Grand Rounds, entitled “Navigating Wellness Practices Among Surgeons.” Dr. Wilkinson outlined his presentation, which began with identifying the differences between burnout as opposed to moral injury. He emphasized how the pandemic has led to a nationwide shortage of hospital personnel, including nurses, social workers, and operating personnel who have gone on leave or have found a different job elsewhere. Part of this exodus has been related to the stress, as they have witnessed many of their patients die while under their care and have found themselves working in association with travel nurses, who are moving to other cities in order to increase their pay scale by tremendous amounts, while the nurses who are loyal to their hospital get the same decreased pay. The whole scenario has resulted in demoralization, as the nurses are subjected to disrespect and are the victims of numerous accusations about meaningless things. He pointed out that this compromises leadership, which is associated with individual dedication to patients.



Dr. David Edelman (WSU/GS 2002/09) introduces Dr. Jason Wilkinson at the Grand Rounds

Dr. Wilkinson described a 2022 study of healthcare workers that highlighted the combination of anxiety, depression, post-traumatic stress disorder, and the feeling of inefficiency leading to burnout. He described that a recent report showed that 38% of residents are victims of burnout and that 4% have even considered suicide. Clearly, this is a major problem, which will hopefully be alleviated as the pandemic winds down. He described how the syndrome of burnout is associated with fatigue, poor appetite, anger, and a sense of anorexia and apathy. He described how “moral injury” is related to a feeling of guilt and self-criticism. He emphasized that stress is associated with action verbs, whereas burnout is associated with passive verbs. These symptoms in residents are not helped by the current 80-hour work week, and the vast majority (86%) of residents believe that this limitation on work hours should be flexible rather than rigid. He described how resident shame reflects their inability to be perfect at everything they do and that resident guilt is often related to what one “should do” vs. “could do”. His presentation was well received.

Dr. John Webber (WSU/GS 1992/99) provided the Grand Rounds on March 9, 2022, and talked about the problem related to medical liability for practicing physicians. He emphasized that the four groups most commonly sued are surgeons, anesthesiologists, obstetricians, and emergency physicians. He described various factors that contribute to one receiving a lawsuit. First and foremost, he emphasized that there must be a good relationship between patient and physician, so that should an adverse event occurs, the patient is not interested

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SURGICAL GRAND ROUNDS, cont.

in punishing the surgeon or getting revenge on the surgeon. He emphasized that the legal basis for a malpractice suit deals with a breach of care, and this, in turn, reflects a violation of a standard of care. He emphasized that there are many medical mishaps that do not fall into the category of a violation of care. When these errors in provision of medical care lead to harm, the potential for a malpractice suit increases. Dr. Webber emphasized that only about 4% of so-called medical errors lead to a malpractice suit, whereas about 14% of medical errors associated with death lead to litigation. The likelihood for litigation is much greater when the end result is death as opposed to patient impairment.



Dr. John Webber

Dr. Webber emphasized that the instigation of a lawsuit may relate to a system problem, such as may occur when there is no good, well-defined system for handling a problem in the hospital, inadequate staffing with inexperienced or inadequate number of people working within a certain area, poor communication between physician and patient, and most importantly, the lack of documentation in a patient's record. As part of poor communication, he emphasized how many of his patients in the office may wait 30 to 60 minutes to be seen by him for an average of six minutes. This would be an example where the system leads to patient unhappiness, which may result in litigation if there is a bad result from later operation.

Dr. Webber talked about the statute of limitations, which means that within the state of Michigan, a plaintiff has two years to file a claim after the plaintiff knows about the problem. He gave as an example the leaving of a small clamp within the patient's abdomen, which did not cause problems until four years after the operation, at which time the patient needed to have the clamp removed. The beginning of the statute of limitations would then be based upon when the patient knew that a clamp was left in the abdomen. If the mishap resulted in a death, then the statute of limitations extends to three years.

Dr. Webber emphasized the role that medical experts provide for both the plaintiff and the defense. He referred to it as a "battle of experts." He emphasized that the charge that somebody did not follow the standard of care relates to national standards rather than local standards. He also emphasized the importance of not altering the electronic medical record after a malpractice suit has been filed; this will be identified as deceptive by the courts. He also emphasized that when one is testifying, he/she must constantly be telling the truth because lawyers have access to all prior depositions provided by the person who is testifying, and any conflict between what is said in two different depositions will leave a terrible impression for the person being deposed, whether this be plaintiff, defense, or one of the experts for either.

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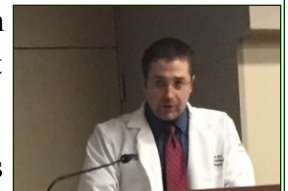
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SURGICAL GRAND ROUNDS, cont.

Dr. Webber emphasized the “Daubert” guideline, whereby an expert for either the plaintiff or the defense cannot rely purely on opinion; consequently, when one is going to support a position at trial or at deposition, there should be some literature that will back up one’s opinion.

Finally, he discussed the appeals process whereby one can appeal an undesirable decision by the court. There was an active question-and-answer session to this very important and timely presentation.

Dr. David Springstead (WSUGS 2022) presented a very interesting Grand Rounds on March 23, 2022, that dealt with art in surgical education. Clearly, Dr. Springstead is a bit of a philosopher. His presentation was titled “Anatomy and The Art of Surgery.”



Dr. David Springstead

Dr. Springstead made reference to some of the early challenges by Vesalius, who was committed to developing the best anatomic demonstrations. He was actively involved in dissections of patients who had recently died. He also obtained skeletons in order to reconstruct the bones of the body, and during this time, it was common that criminals would dig up fresh cadavers from the coffins in order to deliver them to Vesalius and other prosectors for anatomic dissection. He made reference to many other artists, including the outstanding drawings in textbooks provided by Frank Netter. Dr. Springstead then went into some of the historical aspects of anatomic dissection and ancient instruments used for such. He described some of the utensils that were used in ancient Egypt and other works that were described on the papyrus papers many years B.C. He described the vast amount of knowledge, some of which was lost as different societies collapsed and new societies developed strength in other areas. He eventually led to the great works dealing with the circulation by Harvey, many of which were described in the ancient Egyptian writings.

Dr. Springstead described how the Chinese authors had painted organs in different parts of the body and described their use, again many years B.C. He showed how artist Shruta, from India centuries ago, wrote a textbook with excellent artwork with many chapters dealing with anatomy. The Persian Empire also had artists who were dissecting recently executed prisoners and how Aristotle has sometimes been called the “father of comparative anatomy.” The many works by Galen in the second century showed in great detail the anatomy of animals; Galen was prevented from doing any anatomic studies on human cadavers because this was forbidden. He described the many reports that come from the Talmud where many descriptions of neurofibers throughout the body and brain are described. He also described the many articles in the Qur’an which deal with medical education.

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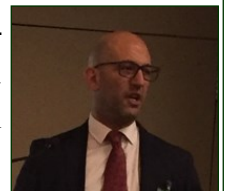


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SURGICAL GRAND ROUNDS, cont.

The prime contributions from European artists came during the second millennium and led from early artists to the great works of Michelangelo, Versalius, and da Vinci. He finished by re-describing the great work by Harvey as it relates to the circulation, which advanced some of the early works that had been published in Egypt centuries earlier.

The Surgery Grand Rounds for March 16, 2022, was presented by **Dr. Phillip Levy**, a professor in the Department of Emergency Medicine at Wayne State University. Dr. Levy talked about the challenges that are involved in developing a base for doing clinical research which merits peer review publication and generates external support by different granting agencies. He emphasized the importance of writing about the problems that you identify as part of your ongoing daily work. During his residency days in Romania, he and his teammates identified certain toxicities associated with Romanian home brew, where the brewers do not always follow the same protective guidelines seen in major distilleries. This initial project introduced him to the pleasures associated with ongoing evaluation of clinical problems in a scientific manner. The next project that he became involved with while he was still in Romania was the role of nitroglycerin in the treatment of pulmonary edema. He and his co-authors identified in a prospective randomized manner that this was beneficial. Following his move to WSU after he finished his residency, he followed the same principle of becoming interested in doing scientific studies on problems that he faced on a daily basis.



Dr. Phillip Levy

One of the first problems that he identified was the co-morbidity of hypertension in patients presenting to the Emergency Department. He and his colleagues were able to identify that co-morbid hypertension was more likely seen in patients with a poor socio-economic background and usually not related to genetics. His continued interest in this area evolved so that the Cardiology team became interested, and they were able to publish corroborative reports coming from both the Cardiology team and the Emergency Department. This led to local funding in order to identify means of providing earlier diagnosis of hypertension and getting patients into a treatment regimen.

Following the onset of the pandemic, this same team looked at the socio-economic conditions and other co-morbid factors as it relates to COVID. They identified similar socio-economic factors as they had published in relation to hypertension, and they also showed the problems that we have all read about as it relates to nursing homes and crowded conditions. Patients who were sick with COVID, of course, would then present themselves to the Emergency Department where treatment for COVID and the co-morbid condition hypertension was provided. These ongoing studies led to funding not only from local sources but from the National Institutes of Health. A lively question-and-answer period followed his presentation.

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Dr. Christopher Dente, MD

Dr. Christopher Dente (WSUGS 2002) continues his leadership role as an academic surgeon in Georgia. Below is a summary of Dr. Dente's activities.



Dr. Christopher Dente

Sometime in late June of this year, it will be 20 years exactly from the day that I walked out of the John D. Dingle VA, got in my old Ford Taurus, and drove 10 hours down I-75 from Detroit to Atlanta, Georgia. My last day of residency had seen me participate in what I believe was the first Aortic stent-graft that was placed at the Detroit VAMC and it put a cap on an incredible seven years of residency. I was privileged to have worked with a series of mentors that I still see regularly every year at the Wayne State Surgical Society dinners and many of the lessons they taught me, I use to this day. I was equally privileged to work under another set of mentors at Grady Memorial Hospital and am probably one of the few people that can say I was trained both by the faculty at Wayne State and the Emory faculty who built Grady into a modern trauma center. Drs. Lucas, Ledgerwood, Tyburski, Wilson, Dulchavsky, Diebel, Feliciano, Rozycki, and so many others left indelible footprints on my life and I am forever grateful to all of them. Indeed, I left Detroit that day with every intention of coming back after my Trauma fellowship, but the lure of Atlanta, and specifically the practice I was to develop at Grady, was stronger than I had anticipated.

It has been a fruitful 20-year career on the Emory faculty and I have been solely based at Grady Memorial Hospital, the Southeast's largest and busiest trauma center. Last year we had over 8,000 trauma activations and close to 5,000 admissions. Our penetrating trauma volume, sadly for the people of the city, still hovers in the mid-20% range which means we see roughly 2000 to 2,500 penetrating trauma victims annually (~6 to 8 a day!). It allows a surgeon to develop an unparalleled skill set and I am proud to say that I have done my best to develop and maintain well-rounded surgical skills so I can best care for the multitude of patients we see every day. I also have maintained a busy elective practice, one of the few Acute Care Surgeons in the current era of Grady to do so. While my practice was more diverse early in my career, I still have a respectfully-sized complex hernia practice and provide much of the endocrine surgery for the hospital, in addition to the standard bread-and-butter general surgery that fills much of my time several days a week. People always ask me about my most memorable cases (Actually, I can still remember my "most memorable case" presentation from my chief year) but I have seen and done almost everything during my 20 years at



Original Inscription over front door of the old hospital

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Dr. Christopher Dente, MD, cont..

Grady. There is really nothing quite like this institution in terms of volume and breadth of operative trauma surgery. So, it is nearly impossible for me to pick one case or even a handful of cases that are my “most memorable”.

As an aside (and mostly for those who have never been to Grady Memorial Hospital), I highly recommend some excuse for a visit to one of the most storied institutions in the country. The hospital was founded by Henry Woodfin Grady, an Atlanta newspaperman and philanthropist, opening its doors on June 2, 1892. Like so much else at Grady, its opening was delayed a day because of a lack of supplies. It had four floors, with the ground floor housing evaluation rooms and consultation rooms, the second and third were the inpatient wards with rooms for 10 patients and the fourth floor providing housing for the resident and nursing staff. The original red brick hospital still stands today and houses Grady’s HR department. Interestingly, Grady owns the oldest continuously operating hospital-based ground EMS system in the country and Grady EMS provides pre-hospital care for much of Fulton and DeKalb counties, which make up the bulk of the greater Atlanta metropolitan area. In fact, one of the hospital’s first patients, Mr. Allen Kimbull, became the hospital’s first ambulance driver. Unfortunately, he may not have been the best choice as the horse-drawn ambulance was destroyed in its first week of operation after being hit by a train! Mr. Kimbull did survive and continued to serve as the ambulance driver for a long period of time thereafter. At the time, the ambulance was called by the bell tower on the top of the hospital, which, again, still exists today. Grady’s subsequent history was often tumultuous and it has survived many trials over its 130-year existence, including intense racial unrest in the 1950s and, most recently, severe financial trouble that almost had it shut its door in the early 2000s. I can remember a time, early in my faculty tenure, where I hoarded central line kits in my office for fear of running out of them. Grady spent nearly a year rotating the vendors that they would pay to avoid getting cut off from critical supplies and, until they converted from a true county hospital run by a (very corrupt) county board to a not-for-profit institution in 2007 (or maybe 2008...my memories fail me), we all worried about the institution’s future. Fortunately, Grady is currently thriving as much as any hospital system is able to thrive through the pandemic and remains an



The Original Grady Memorial Hospital (Left) down the street from the modern Grady Memorial Hospital (Right)



Grady Memorial Hospital, 1892
 Horse Drawn Ambulance sits in front of the hospital

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Dr. Christopher Dente, MD, cont...

amazing place to work. I could write on and on about Grady's history, but instead I will refer anyone really interested to a great hardcover book entitled "Atlanta's Living Legacy: A History of Grady Memorial Hospital and Its People" by Martin Moran MD, published in 2012.

Grady itself has not been the only institution important to my career. Emory University (my actual employer), has a long and storied medical history, especially in the Department of Surgery. Two of the biggest figures being former chairman W. Dean Warren and the long-time chief of surgery for Emory at Grady, H. Harlan Stone. Dr. Warren is the first to describe the distal spleno-renal shunt for portal hypertension (the "Warren" shunt), and though he is deceased, many of his former faculty are still active in the department and Emory is one of the few institutions remaining who have surgeons with substantive experience in portocaval shunting. Harlan Stone is a legendary figure in trauma, having run the trauma services at Grady from 1968 to 1983, oftentimes as the only member of the Emory faculty based solely at Grady. He was truly a surgeon ahead of his time, and he was the driving force behind many landmark manuscripts on the management of various injuries in the 1970s and early 1980s. He was legendary for his turns of phrase ("Stoneisms") and, by report, was called in to help residents operate on over 100 consecutive nights. Dr. Stone is still alive today and, indeed, comes from his home in South Carolina every year in May to attend the H. Harlan Stone Lecture in trauma, which is part of Emory's Grand Rounds lectureships. He is a fascinating person to talk to and seems to remember his practice at Grady as if it was yesterday. Finally, I would be remiss not to mention the two Emory surgeons who were the biggest influence on my own career: Dr. David Feliciano, who was Emory's chief of surgery at Grady from the early 1990s until around 2010, and his wife, Dr. Grace Rozycki, who built the current two-year trauma/critical care fellowship, which was my introduction to the institution. Dr. Feliciano, with apologies to all my mentors at Wayne State University, is the most gifted technical surgeon I have ever worked with, and his broad-based general surgical practice (which included an open elective vascular practice in the early 2000s) was and is the ongoing inspiration for my own practice. Dr. Feliciano was also a gifted educator and probably the best public speaker of any surgeon I have known. What truly stood out to me when he participated in expert panels was that he would be generally the only one to present his clinical failures, and he would present them to share the things he had learned from them. Again, he was a true inspiration. Dr. Rozycki, on the other hand, had a different but equally important skill set. She was a gifted administrator, a strong intensivist and a much better team builder than her husband. Their

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Dr. Christopher Dente, MD, cont...

leadership styles were very complimentary, and it was a big loss to the institution when they moved on.

My own career has seen some successes as well, and I have held a variety of jobs and titles. I've been part of the Guild of the Acute Care Surgery fellowship paradigm as a long-time member of the AAST's Acute Care Surgery Committee. I have run our trauma program. I have run our state COT and am the incoming Region IV COT chief. I've run our state quality collaborative. I stood on the shoulders of Dr. Rozycki, expanding our trauma fellowship and obtaining certification for it as an AAST Acute Care Surgery fellowship. But none of it compares to my joy in my clinical practice.

I haven't just built a practice in Atlanta, however, I've been lucky enough to build a pretty great life. Atlanta is a wonderful place to live. It is a very cosmopolitan city (unlike say Nashville which is a very southern city) and there is just about anything you want to do in easy reach. It is an active city, with a large running and biking community. There are plenty of sporting events (as a Philadelphia sports fan, one of the only things that have kept me sane over the years is that I've spent most of my adult life living in Detroit and Atlanta, which are maybe the only two most tortured fan bases in the country), great restaurants and (for the young people) plenty of night life. The state park system in Georgia is excellent. Atlanta has an extraordinarily large number of craft breweries (I am a hop head). There are lakes to boat on and trails to run on. The Gulf is about six hours away and the South Carolina beaches are about the same distance. We are too far inland for hurricanes to be much of a threat, and you can be outside comfortably for most of the year. The only weather problems we've ever had are the occasional ice storms and the rare tornado. The ice storm which paralyzed the city a few years ago made the national news as people spent all night stranded on the highways in their cars. I was actually on call that night at Grady and never knew any of it happened. We got an unfortunate man who sustained a shotgun wound to his right upper quadrant about 11 p.m., and I spent the next few hours in the operating room dealing with a bad liver injury and then pivoted to a second room to fix a femoral artery in another gunshot wound victim. It wasn't until I wandered into the surgeon's lounge at 6 a.m. or so that I saw the news report. I ended up spending nearly 96 hours at work since the whole city was paralyzed. Fortunately, the rest of my family had made it home before it had become a problem. For the next week, I then continued to come to work while the city stood paralyzed by cold and ice. Driving down I-85 was just like what I imagine it would look like after a zombie apocalypse with hundreds of stranded cars on the side of the highway and just myself, a recovering northerner who knows how to drive in bad weather, driving

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Dr. Christopher Dente, MD, cont...

right down the middle of the highway. The fact that the University was closed for two weeks so infuriated Dr. Feliciano that he hired a temporary administrative assistant out-of-pocket because he had slides due for some talk or another. It was literally him, me, and her in the office building for a week. I could tell Grady stories for weeks, but I think that's probably more than most want to hear.

Despite a career, I have been very happy with the two joys of my life, my daughter Anabella, age 13, and my son, James, age nine. I made the fortunate decision to wait a little while before starting a family and have been privileged to play an active role in their lives. Anabella is, even at age 13, an old soul. She has eclectic tastes and loves foreign languages, sword-and-sorcery fantasy novels, horror movies, playing the guitar and, above all else, playing softball. She started the latter around 7 years of age and now plays on a travel team, participating in tournaments year-round. Most Saturdays, when I'm not working, you can find us in rural Georgia playing in 5 to 6 games during those long hot days. She pitches and plays third base, with an occasional inning in a corner outfield position. She has soft hands, a moderately strong arm and a pretty left-handed swing. She is working on her curve ball, which will compliment a high-40s fastball, a low-40s change-up, and a mean drop-ball. Playing the game so regularly has led to a keen interest in Major League Baseball and she is a devoted, third-generation Mets fan. She is also intensely introverted and has never wanted to be the center of attention unless she truly understands people's expectations of the role she is to play, which is why pitching has been so good for her development. She is looking forward to starting high school and currently plans to be a forensic pathologist like her favorite TV character from "Bones."

My son, James, is much less interested in organized activities and prefers his own games with his own rules. He was diagnosed with dyslexia early in life, and we are fortunate in Atlanta to have one of the best schools for dyslexia in the country. After some early struggles, he is now thriving in school, and he is as creative and enthusiastic a soul as you can possibly imagine. To the extent that Anabella is introverted, he is her exact opposite, feeding off any sort of social interaction. If you ever run into him, he will gladly tell you everything that has ever happened to him and his perception of every event that he has ever witnessed. I always say that he wakes up talking and continues talking



Anabella Dente - the softball player



Anabella pitching



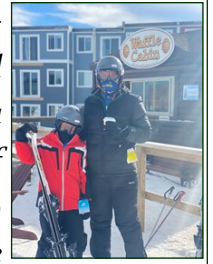
Dr. Dente and his son, James, enjoying summer in Atlanta

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Dr. Christopher Dente, MD, cont...

until he goes to sleep. And then he talks in his sleep. He is sharp, empathetic and surprisingly insightful for a nine-year-old. He is also unrelentingly positive about everything and everyone. He is an avid Lego builder and all-around hoarder who never bypasses a “quarter machine” and its hidden treasures. You will never find him without a pocket of quarters on the off chance any establishment he visits has a “good” one. His room is so full of trinkets and little pieces of plastic junk that it is a true hazard zone unless you have boots on. On a warm summer day, he will go door to door on our street (like it was the 1970s) and see if anyone can come out and run around with him, equally comfortable playing with the twins next door (who are his age) and the kids across the street who are three and five years younger. He is considered the mayor of Lavista Court. I managed to corral him long enough to get him enrolled in Karate, to give his life some structure. He has stuck with it for over a year now and is testing for his blue belt. I have been proud of his willingness to practice and his growing discipline.



Dr. Dente and James skiing in West Virginia



Anabella and James enjoy a game at City Field, summer 2021

A career is a funny thing and I've taken mine a bunch of different places. I've had successes and failures but, overall, I think I've helped my patients and helped my kids understand life a little bit. I've always wanted to be a contributor. If anyone ever asked me for advice, I would say simply that one should look for ways to contribute to society, in whatever form that takes. Titles, leadership roles, and the like come and go, but if you keep contributing, you will find success. I am eternally grateful to my colleagues and friends at Wayne State University for the many gifts they have given me and I look forward to the monthly newsletter every first day of the month with its “Reports from the Outfield” section. If you are ever coming through Atlanta, don't hesitate to look me up. I can find you the best beer in the city. James would be happy to tell you about his week, and you might even get a slight nod of greeting from Anabella. Although I doubt it.

To everyone's ongoing success.

Christopher Dente, MD

“On the national scene, Dr. Dente has continued his leadership role with many publications and presentations. After serving as the State Chairman of the American College of Surgeons Committee on Trauma for many years, he has been promoted to Region Chief representing the States in the Southeast United States.”



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 Highest Standards, Better Outcomes*

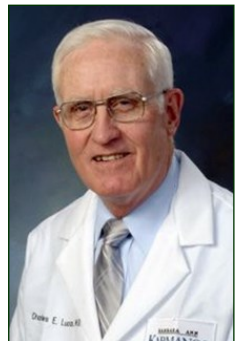


Committee on Trauma Celebrates Centennial

The American College of Surgeons (ACS) was established in 1913 with the express purpose of providing guidelines for improving care of surgical patients nationally. The Committee on Trauma (COT) developed as the Committee on Fractures in 1922 under the leadership of Dr. Charles L. Scudder. Dr. Scudder created the Committee on Fractures in order to improve the care of orthopaedic management of fractures. It quickly became apparent that trauma was more than just fractures, and during the activities of World War II, the Committee on Fractures became the COT. Part of the centennial project included the publication of a book entitled “Looking to the Future Through the Lens of Legacy.” This publication highlighted the past, present, and spoke of the future. This publication identified important contributions made by three WSU surgeons: Dr. Anna Ledgerwood (WSUGS 1972) was recognized for being a prior Scudder Orator, her continued support of the COT, and her leadership in promoting women leaders in driving the future of the COT. Dr. Charlie Lucas (WSU/GS 1962/67) was recognized for being a Scudder Orator, his continued support of the COT, and chair of the Verification Review Committee (VRC), and the introduction of the template type report in order to increase the efficiency of the VCR in identifying strengths and deficiencies.



Dr. Anna Ledgerwood



Dr. Charlie Lucas



Dr. Larry Diebel

Dr. Larry Diebel (WSU/GS 1980/86) was recognized for his early development of a cadaver-based training course which was the precursor to ACS courses, such as AT-OM and ASSET. Over the past 100 years, the COT has advanced from being basically a North American trauma organization to becoming a worldwide organization, so that four of the 17 regions represent countries all over the world.





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*Inspiring Quality:
Highest Standards, Better Outcomes*

Surgical Education and Self-Assessment Program (SESAP)

SESAP ANSWER—HYPERTONIC SALINE/EARLY ABDOMINAL CLOSURE

Dear Teammates:

The 2017 version of SESAP has, as the answer to one of their questions, that the use of hypertonic saline will facilitate earlier closure of the abdomen, which is left open as part of damage control laparotomy. Although I strongly recommend SESAP as the best guide for studying, to pass your yearly in-training examinations and subsequent board examinations, I have always disagreed entirely with that answer. Dr. Ledgerwood and myself had the opportunity to attend the 100th anniversary meeting of the American College of Surgeons Committee on Trauma where the best paper from each of the ACS regions was presented. Dr. Julian Chica and his co-authors presented a paper, "Hypertonic Saline for Early Abdominal Fascia Closure After Damage Control Laparotomy: Results of a Double-Blind Randomized Clinical Trial." Dr. Chica clearly showed that the use of hypertonic saline has absolutely no value in decreasing the time from initial operation until closure of the abdomen following damage control. Indeed, their prospective randomized study was discontinued before completion because the preliminary data identified futility. The times of closure were identical in the two groups, which demonstrates what you have been taught - that it is the underlying hemorrhagic shock insult that determines the extent and duration of extravascular fluid retention. When you do your next in-training examination, the use of hypertonic saline will probably still be the correct answer, but by one year from now, hopefully the results of this study, the only randomized study ever published, will get to the ACS Committee that is responsible for the SESAP program. At the time of the presentation, I requested that Dr. Chica send a copy of this paper to that Committee so that they can make an addendum in their discussion of their answer, which is now the correct answer.



APRIL 2022



REPORTS FROM THE OUTFIELD



PRODUCTIVITY

Dr. Awni Shahait (WSUGS 2022) is finishing his general surgery training this June and will be a well-known endocrine surgeon 10 years from now. He presented “Two Decades’ Outcomes and Trends of Adrenalectomy for Benign Pathologies in Veterans” at the recent SAGES 2022 meeting, and his co-authors are Kara Girten, MSN, RN, CNOR, Donald Weaver, MD, Khaled Saleh, MD, MPH, and Gamal Mostafa, MD. The following is the abstract for his presentation.



Dr. Awni Shahait

Two Decades’ Outcomes and Trends of Adrenalectomy for Benign Pathologies in Veterans

Awni Shahait MD; Kara Girten MSN, RN, CNOR; Donald Weaver MD; Khaled Saleh MD, MPH, and Gamal Mostafa MD

Introduction:

Since the introduction of laparoscopic adrenalectomy in 1992, it became the standard of care for most adrenal pathologies. This study aims to compare the outcomes and trends of open (OA) vs. laparoscopic adrenalectomy (LA) in veterans.

Methods:

VASQIP was queried for adrenalectomies performed for benign pathologies during the period 2000-2019. Data collection included demographics, comorbidities, operative details, and postoperative outcomes. Univariate and multivariate regression analyses were performed, and a *p-value* of ≤ 0.05 was considered significant.

Results:

A total of 1,683 patients were included (91.4% males, mean age 59.6, mean BMI 31.2, and 87.2% with ASA class \geq III). Overall, majority performed by general surgeons (71.4%), and mean length of stay (LOS) 4.1 days. There were 0.7% mortalities and 8.8% morbidities. LA was performed in 70.9%, with conversion rate of 0.85%. When compared with OA, patients with laparoscopic approach had shorter OT (3.1-hr vs. 3.4-hr, $p < 0.001$), less intraoperative transfusion (1.5% vs. 15.7%, $p < 0.001$), shorter LOS (3.3-day vs. 6.2-day, $p < 0.001$), and lower mortality (0.4% vs. 1.3%, $p = 0.025$). LA was associated with lower morbidity (6.25 vs. 15.1%, $p < 0.001$), including superficial surgical site infection (0.9% vs. 2.9%, $p < 0.001$), reoperation (1.6% vs. 3.9%, $p = 0.003$), and UTI (0.9% vs. 2.4%, $p = 0.011$). Dependent functional status (OR 29, $p < 0.001$), ASA class \geq III (OR 3.3, $p = 0.046$), and smoking (OR 2.6, $p = 0.029$) were predictors of mortality, while transfusions (OR .9, $p < 0.001$), COPD (OR 2.8, $p < 0.001$), and dependent functional status (OR 2.8, $p < 0.001$) were

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REPORTS FROM THE OUTFIELD



PRODUCTIVITY

predictors of morbidity. Laparoscopic approach has a protective effect with reduction in morbidity (OR 0.56, $p=0.004$). Trend analysis showed eight-fold increase in use of LA [0.8% (2000) to 6.4% (2019)]. Moreover, trend analysis for morbidity and mortality showed significant reduction in the OA group only.

Conclusion:

Laparoscopic adrenalectomy is being well adopted in the VA system with 8-fold increase over 20 years, with lower morbidity and mortality compared to OA for benign adrenal pathologies.



April 29th



Dr. Awni Shahait answering questions from the audience

Dr. Bill Oppat, one of our former medical students, was the co-author of a paper emanating from the Providence Hospital in Southfield, Michigan, entitled “Is Partial Cholecystectomy a Better Alternative to Percutaneous Cholecystectomy Tube Placement? A Population-Based Outcomes Analysis of Partial Cholecystectomy and Percutaneous Cholecystostomy Tube Placement in 2141 Patients with Acute Cholecystitis.”

These authors looked at the National Inpatient Database from 1998 to 2014 for patients who had partial open cholecystectomy (POC), partial laparoscopic cholecystectomy (PLC), and percutaneous cholecystostomy tube (PCCT). They identified, in this high-risk group of patients, that the highest percentage of PCCT was performed in urban teaching hospitals in comparison to non-teaching hospitals. The patients who had POC or PLC were more likely to be discharged home in comparison to patients who had PCCT. Likewise, the mortality rate was greater in those patients who had PCCT, but, since this was not a randomized study, this observation needs to be investigated.



Dr. Bill Oppat

APRIL 2022



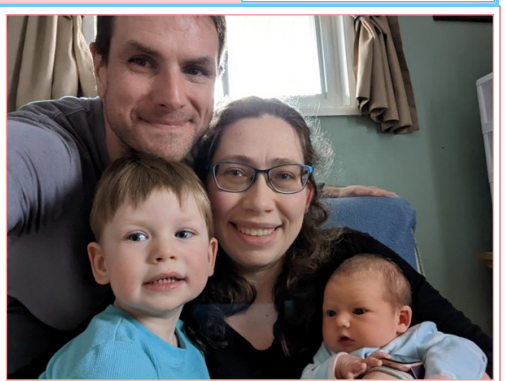
REPORTS FROM THE OUTFIELD



EXTRA-CURRICULAR PRODUCTIVITY



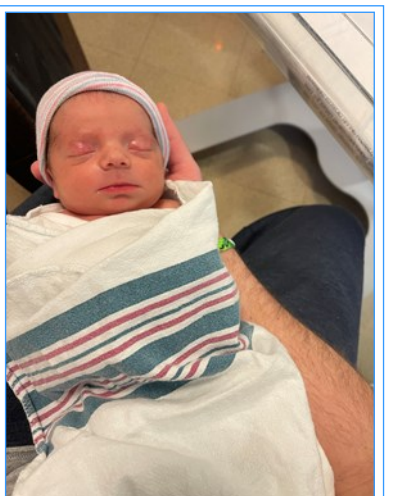
Dr. Jessica McGee (WSUGS 2017) and her husband, Mr. Patrick McGee are very excited to announce the birth of their daughter, Abigail Louise McGee who was born on Wednesday, March 2, 2022. She arrived at 12:40 p.m. and weighed in at 7 lbs, 8 oz and was 20.5 inches in length. Dr. McGee and Patrick were excited to have Abigail home and introduce her to her big brother, William McGee (2 years, 3 months). He was so excited to meet his "baby sister." Dr. McGee would like to thank everyone for their continued support! The extended WSSS clan welcomes little Abigail to the family.



The McGee Clan: Patrick, Jessica, William and baby Abigail



Dr. Laurence Lentz (WSUGS 2023) and his bride, Mrs. Kaydi Lentz, are excited to let the WSSS clan know of their new baby boy, Laurence Thompson Lentz III. Baby Laurence entered the world on Monday, March 28 and weighed in at 6 lb, 1 oz. Mom and baby, whose nickname is "Tripp," are doing great. The extended clan also welcomes little "Tripp" to the family.



Laurence "Tripp" Thompson Lentz III



"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

Chief resident: Dr. John Watts

2/5/71: Staff, Dr. Thoms

1. VS: Auto accident (driver) with segmental fractures of ribs left three, four, and five with left hemopneumothorax and flail segment. Treated with tracheostomy, left chest tube, and a volume ventilator.
2. HH: GSW abdomen and left upper arm, through-and-through perforation liver with entrance left lobe and exit right lobe. Wounds were 1-2 cm in size. Treated with Penrose drain. Left brachial artery explored and had perforation with a 4-cm defect after debridement. Repaired with a saphenous vein graft.
3. LP: GSW right chest and abdomen with right hemopneumothorax. Treated with a chest tube. Perforation distal ileum repaired. Perforations times two of the right common iliac vein, treated with ligation.
4. GS: GSW abdomen. Traversed region of retroperitoneal bladder with exploration of the bladder, which was negative. Treated with a suprapubic tube.



Dr. Anna Ledgerwood

2/6/71: Staff, Dr. Pelok; chief resident, Z. Ascension

1. WM: Stab abdomen with laceration left lobe of the liver. Treated with exploratory lap and Penrose drainage.
2. John Doe #64: GSW left chest. Treated with a left chest tube for a hemopneumothorax.
3. John Doe #60: Pedestrian struck by a car. Exploratory lap showed a ruptured duodenum in the second portion with laceration of the liver. Treated with repair of the duodenum, gastrojejunostomy, vagotomy, tracheostomy, and t-tube for liver study.
4. WM: GSW abdomen, perforation small bowel. Treated with resection and anastomosis.
5. JE: Blunt trauma with perforation small bowel. Treated with repair. (Chief resident, Z. Ascension)

2/7/71: Staff, Dr. R. Krome

1. LG: GSW abdomen, multiple perforations small bowel. Treated with resection and primary anastomosis times two.
2. GH: GSW right thigh with hematoma. Exploration of femoral vessels was negative.
3. AW: Seven days postop GSW chest and abdomen with injury to the left ventricle, which was repaired. Patient developed hypotension and CVP of 26. Diagnosed with pericardial effusion and cardiac tamponade. Taken to OR with left anterior lateral thoracotomy and drainage of 500 -700 cc of straw-colored pericardial fluid. A pericardial window was created. The patient arrested multiple times on the table, and we were unable to resuscitate. Patient probably had infarct with conduction defect.
4. SS: Perforated appendix with pelvic abscess. Treated with appendectomy and drainage.



DOWN MEMORY LANE — Anna M. Ledgerwood, MD

2/8/71: Staff, Dr. A. Arbulu

1. CP: GSW right chest with right hemopneumothorax. Treated with a right chest tube, and exploratory laparotomy was negative.
2. HC: Two-year-old with incarcerated right inguinal hernia. Treated with herniorrhaphy.
3. VS: Four days post admission with fractured ribs three, four, and five and segmental flail chest. Developed massive subcutaneous emphysema with “ballooning” of skin over fracture site and progression of subcutaneous emphysema in spite of tracheostomy and chest tube. Treated with left thoracotomy and repair of large parietal pleural laceration and stabilization of rib fractures with internal fixation and repair of lung laceration.
4. CW: Perforated appendix with generalized purulent peritonitis, appendectomy, tracheostomy, and Penrose drainage.

Note from Dr. A.J. Walt: “Where is the ninth? Please. And also 6 February? Who is shooting who? You certainly set new records, I think.”

2/9/71: Staff, Dr. F. Lippa

1. HS: Upper GI bleed, bleeding esophageal varices. Transgastric ligation of varices.
2. JH: Obstructing carcinoma of proximal descending colon. Treated with transverse loop colostomy.

2/10/71: Staff, Dr. R.F. Wilson

1. TW: Removal of foreign body, right lower quadrant.
2. WH: Stab abdomen, left flank. Laceration sigmoid colon with large amount of spill. Treated with loop sigmoid colostomy.
3. EB: GSW abdomen, left thigh, right arm with multiple perforations jejunum and ileum. Had exploratory lap with repair of perforations times four and resections times two. Perforation distal sigmoid colon, treated with end colostomy and mucous fistula, exploration femoral vessels negative, fracture right radius splinted.
4. HL: Obstructing carcinoma sigmoid colon. Treated with decompressive cecostomy.

2/11/71: Staff, Dr. Carrasquilla

1. LW: GSW abdomen, left lower quadrant. Exploratory lap was negative.
2. HB: Acute appendicitis. Treated with appendectomy.
3. EC: GSW abdomen with perforation cecum times two. Treated with repair of cecum and appendectomy as one hole was at base of appendix.



APRIL 2022



WSU MONTLY CONFERENCES

2022

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 6

Death & Complications Conference

“Post-ICU Syndrome”

Richa Khatri, MD

Wayne State University Michael & Marian Ilitch Department of Surgery, SICU

Wednesday, April 13

Death & Complications Conference

“Obesity in Surgical Critical Care”

Awni Shahait, MD

Wayne State University Michael & Marian Ilitch Department of Surgery, SICU

Wednesday, April 20

Death & Complications Conference

“Transcarotid Artery Revascularization for Treatment of Cerebrovascular Disease in High-Risk Patients”

Sun Kim, MD

Wayne State University Michael & Marian Ilitch Department of Surgery, Vascular Surgery

Wednesday, April 27

Death & Complications Conference

“Blunt Thoracic Aortic Injury”

Michael L. Perry, MD

Wayne State University Michael & Marian Ilitch Department of Surgery, Vascular Surgery



**Wayne State Surgical Society
2022 Donation**

Name: _____

Address: _____

City/State/Zip: _____

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

*American Surgical Association 142nd
Annual Meeting
Chicago Marriott Downtown, Magnificent Mile
Chicago, Illinois
April 7-9, 2022*

*WSU Medical Alumni Reunion
Weekend
Detroit, Michigan
May 13-15, 2022*

*Michigan Chapter of the American
College of Surgeons Annual
Meeting
Grand Traverse Resort and Spa
Traverse City, Michigan
May 18-20, 2022*



**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)

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)

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. Scott Davidson (WSU/GS 1990/96) will pass the baton of presidency to Dr. Larry Narkiewicz (WSU/GS 2004/09) at the WSSS Gathering during the American College of Surgeons meeting in October 2022. 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	Clink, Douglas	Gerrick Stanley	Lucas, Charles E.	Rector, Frederick	vonBerg, Vollrad J. (Deceased)
Albaran, Renato G	Chmielewski, Gary W.	Grifka Thomas J. (Deceased)	Malian, Michael S.	Rose, Alexander	Washington, Bruce C.
Allaben, Robert D. (Deceased)	Colon, Fernando I.	Gutowski, Tomasz D.	Martin, Donald J., Jr.	Rosenberg, Jerry C.	Walt, Alexander (Deceased)
Ames, Elliot L.	Conway, William Charles	Herman, Mark A.	Maxwell, Nicholas	Sankaran, Surya	Weaver, Donald
Amirikia, Kathryn C.	Davidson, Scott B.	Hinshaw, Keith A.	McGuire, Timothy	Sarin, Susan	Whittle, Thomas J.
Anslow, Richard D.	Dente, Christopher	Holmes, Robert J.	McIntosh, Bruce	Sferra, Joseph	Williams, Mallory
Antoniolli, Anita L.	Dujon, Jay	Huebl, Herbert C.	Missavage, Anne	Shapiro, Brian	Wills, Hale
Auer, George	Edelman, David A.	Johnson, Jeffrey R.	Montenegro, Carlos E.	Silbergleit, Allen	Wilson, Robert F.
Babel, James B.	Francis, Wesley	Johnson, Pamela D.	Narkiewicz, Lawrence	Smith, Daniel	Wood, Michael H.
Bassett, Joseph	Flynn, Lisa M.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Smith, Randall W.	Zahriya, Karim
Baylor, Alfred	Fromm, Stefan H.	Lange, William (Deceased)	Novakovic, Rachel L.	Stassinopoulos, Jerry	
Bouwman, David	Fromm, David G	Lau, David	Perrone, Erin	Sullivan, Daniel M.	
Bradley, Jennifer	Galpin, Peter A.	Ledgerwood, Anna M.	Porter, Donald	Sugawa, Choichi	
Crocchio, William C.	Gayer, Christopher P.	Lim, John J.	Ramnauth, Subhash	Tuma, Martin	

Members of the Wayne State Surgical Society—2022 Dues

Alpandre, Cristiano V.	Dolman, Heather	Hilu, John	Larson, Sarah	Mueller, Michael J.	Taylor, Michael G.
Asfaw, Ingida	Dulchavsky, Scott A.	Hollenbeck, Andrew	Liebold, Walter	Noorily, Michael	Tennenberg, Steven
Bambach, Gregory A.	Edwards, Ryan	Holmes, Robert	Lloyd, Larry	Paley, Daniel S.	Thomas, Gregory A.
Baylor, Alfred	Fernandez-Gerena, Jose	Jeffries, Christopher	Lopez, Peter	Phillips, Linda G.	Thoms, Norman W.
Bucci, Lorenzo	Field, Erin	Joseph, Anthony	Malian, Michael S.	Porterfield, Lee	Vasquez, Julio
Camero, Luis	Gallick, Harold	Kaderabek, Douglas J.	Marquez, Jofrances	Schwarz, Karl W.	Ziegler, Daniel W.
Carlin, Arthur	Goltz, Christopher J.	Klein, Michael D.	Mayuiers, Matt	Shaheen, Kenneth W.	Zoellner, Steven M.
Dawson, Konrad L.	Hall, Jeffrey	Kline, Gary	McGee, Jessica D.	Siegel, Thomas S.	
Dittinbir, Mark	Hamamdjian, Khatch	Kosir, Mary Ann	Meade, Peter C.	Spencer, Amy	



April 16th

*Operation-A-Year
January 1—December 31, 2022*



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.	Chmielewski, Gary W.	Gallick, Harold	Huebel, Hubert C.	Malian, Michael	Nicholas, Jeffrey	Silbergleit, Allen	Wills, Hale
Anslow, Richard D.	Conway, William Charles	Gayer, Christopher P.	Johnson, Jeffrey R.	Marquez, Jofrances	Novakovic, Rachel L.	Smith, Randall W.	Wood, Michael H.
Antoniolli, Anita L.	Davidson, Scott	Gutowski, Tomasz D.	Johnson, Pamela D.	Martin, Donald J.	Perrone, Erin	Sugawa, Choichi	Ziegler, Daniel
Anthony, Joseph	Dente, Christopher	Hamamdjian, Khatch	Joseph, Anthony	Maxwell, Nicholas	Porter, Donald	Sullivan, Daniel M.	
Bambach, Gregory A.	Dujon, Jay	Herman, Mark A.	Ledgerwood Anna M.	McGuire, Timothy	Sankaran, Surya	Tuma, Martin	
Bradley, Jennifer	Edelman, David A.	Hinshaw, Keith A.	Lim, John J.	McIntosh, Bruce	Sferra, Joseph	Whittle, Thomas J.	
Crocchio, William C.	Francis, Wesley	Holmes, Robert J.	Lopez, Peter	Missavage, Anne	Siegel, Thomas S.	Williams, Mallory	

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.