

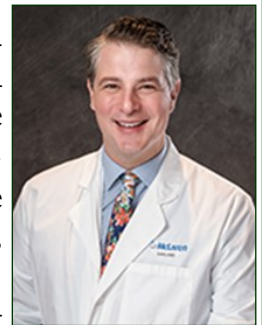
AUGUST 2023

New Leadership Ensures Continued Progress for the Department

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Individuals come and go, but universities and medical schools go on forever. Success with such institutions, however, requires excellence in the leadership and a plan for leadership replacement as individuals retire. The Wayne State University Department of Surgery is blessed with having two new leaders; with Dr. Jason Pasley becoming the new Chief of Surgery at the John D. Dingell Veterans Administration Hospital located in the Detroit Medical Center and Dr. Alfred Baylor (WSUGS 2005) becoming the new Chief of Surgery at the Detroit Receiving Hospital.



Dr. Jason Pasley

Dr. Pasley received his undergraduate B.S. degree in Chemistry at Emory University in Atlanta in 2000 and graduated from the Touro University College of Osteopathic Medicine in Vallejo, California in 2005. He served his internship at the Keesler Air Force Base in Biloxi, Mississippi, followed by his General Surgery residency at the Wright State/Wright Patterson Air Force Base in Dayton, Ohio in 2010. He then did a two-year Trauma Surgical Critical Care Fellowship at the University of Southern California/L.A. County Hospital, which he completed in 2012 and during that time served as a Clinical Instructor at the University of Southern California Keck School of Medicine. Dr. Pasley then served on the Division of Trauma/Critical Care/Acute Care Surgery at the University of Maryland, RA Cowley Shock Trauma Center from 2012 to 2018. He served as the Chief of Trauma/Critical Care at the Craig Joint Theater Hospital in Bagram Air Base in Afghanistan. Following his stint overseas, he joined the surgical team at Cedars-Sinai in Los Angeles where, as an Assistant Professor, he was involved in the Division of Trauma/Critical Care/Acute Care Surgery. In 2019, he moved to the great state of Michigan where he had an

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2023 WSSS OFFICERS

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Larry Narkiewicz (WSU/GS 2004/09)

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Joseph Sfera (WSUGS 1991)

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Bruce McIntosh (WSU/GS 1989/94)

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Jennifer Bradley (WSUGS 2015)

Resident Member:



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New Leadership Ensures Continued Progress for the Department, cont...

academic appointment at Michigan State University and has been involved in surgical critical care at the Beaumont Hospital in Farmington Hills and the McLaren Oakland Hospital in Pontiac through January of 2023. He then joined the faculty at the Dingell Veterans Administration Hospital in Detroit where he serves as the most recent Chief of Surgery.

Dr. Alfred Baylor received his B.A. degree in Biology at Hampton University in Hampton, Virginia. He then matriculated at Georgetown University School of Medicine, which he finished in 1998. He did his residency training at Wayne State University, after which he did a Trauma Research Fellowship, working with Dr. Larry Diebel (WSU/GS 1980/86). He also did his Critical Care Fellowship at Wayne State University. Dr. Baylor joined the faculty and has been very productive in clinical surgery, administration, student teaching, and academics. He has been a strong supporter of the ATLS program and is currently an instructor. Likewise, Dr. Baylor is an instructor in the ASSET program. He has received the highest grades by the students regarding his teaching of third- and fourth-year students. On the academic side, Dr. Baylor has published over 25 papers, several abstracts and posters, and has frequently been a lecturer, both locally and nationally. He also has a second job as a preacher where he and his wife, Michelle, alternate Sundays at presiding over the church service with their congregation. Everyone wishes Dr. Baylor the best of luck with his new assignment.



Dr. Al Baylor





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Remembrances of Dr. John Kirkpatrick and Dr. James Zito

Dr. Melvyn Westreich (WSU/GS 1970/75) shares his memories of Dr. John Kirkpatrick and Dr. James Zito:

Dr. John Kirkpatrick was my 'staff man' numerous times and I remember that he made us refer to the intestines as chitlins. He always displayed extreme empathy to all of his patients and expected us to do the same. He also was one of the first to do bypass surgery for obesity. When we admitted a four hundred or five hundred pound behemoth of a patient, all the residents on the service would immediately fall into a depressive state because we all knew how hard these patients were to treat from a medical and nursing stand point. No sooner did they reach the floor, when Dr. Kirkpatrick would arrive with an ebullient smile on his face. He had another candidate for his surgery. In addition he was my co-conspirator with that fictitious patient that I presented before Prof. Walt on that last M&M conference. He was the one that suggested I not tell anyone the patient was fictitious. You also paired him with me to treat patient "number three" as we waited for the wounded to arrive, on the day of the famous in house shooting at DGH of the assistant chief of the hospital and Mrs. Walt. In the end I treated patients three and four on my own because everyone got busy with the administrator.



Dr. Melvyn Westreich

Dr. Zito was a junior resident when I did my senior residency and a lively one at that. He was never my direct junior but I had some experience with him during interactions when we were on-call together, I was most impressed. I also remember hearing from the other seniors that he was reliable and dedicated. I also saw him with those same attributes as he became a senior resident when I was doing my Plastic Surgery residency at Wayne. They will both be missed.

Dr. Simon Kovalik recalls his fellow resident and his teacher:

Jim Zito befriended me in 1978 when I joined the program. He was my chief resident at the old Receiving Hospital. He was my mentor and showed me the ropes. His manner of speech was laced with humorous and obtuse idioms. He would say, "Do a Loretta Young and burst through the doors". Or, "Drive that Chevy like Dinah Shore". He often told me directly, "Don't Bogart that cigarette". I DID NOT EVEN SMOKE!



Dr. Simon Kovalik

Dr. Kirkpatrick was an effective teacher. He tackled the most difficult cases. He had a droll sense of humor. He often bought the residents lunch after rounds at Harper Hospital. I was grateful to learn from him.



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DR. STEFAN H. FROMM CROSSES THE RIVER

Dr. Stefan Fromm (WSUGS 1968) was born in Vienna in 1936. Because of the rapidly growing influence of Adolf Hitler on the activities within Austria, Stefan's parents decided to move to Puerto Rico in the late 1930's. Stefan's father was a highly respected analytical scientist, and his mother had graduate degrees in Language. After arriving in Puerto Rico, he chaired one of the science departments at the University of Puerto Rico, while she was in the Language Department. Both were professors. Stefan received his undergraduate and medical education at the University of Puerto Rico, finishing in 1959 and then served his internship at the San Francisco General Hospital. Following his internship, he began his general surgical residency at the WSU which at the time involved rotations at the old Detroit General Hospital, the Allen Park VA Hospital, and the Children's Hospital. He took two years out of his residency in order to serve Uncle Sam so that he did not finish his surgical training until 1966. Following the completion of his residency, he was actively engaged on the faculty at DRH and at the VA Hospital. Shortly thereafter in about 1970, his good surgical pal, Dr. Gus Esquelera, was invited to create a trauma center at the University Hospital in San Juan. He requested that Stefan help him in that endeavor, so the family moved to San Juan where Stefan was actively engaged as a busy general surgeon and trauma surgeon at the University Hospital in San Juan and at the Veterans Administration Hospital. He was highly respected for his leadership in the education of their medical students and their surgical residents.



Dr. Stefan Fromm and his bride,
Mrs. Shirley Fromm

Dr. Fromm helped Gus develop a trauma service which was patterned after the old emergency surgical service at DRH. This was during the years when there were no emergency physicians, and the emergency surgical team was in charge of all of the Emergency Department. Stefan also became actively involved in the Puerto Rican Chapter of the American College of Surgeons and served as the president of this Chapter from 1975 thru 1978. Besides being involved with the VA Hospital and the University Hospital, Stefan also was involved in a busy private practice and served as Chief of Surgery at the Maestros Hospital in one of the suburbs of San Juan.

Stefan and Shirley had five children and as they advanced in their education, Stefan and Shirley thought that they would be better served on the mainland and moved to Dalton, Georgia where Stefan was quickly identified as a very well-trained surgeon, resulting in the rapid development of a busy practice and surgical leader at the Hamilton Medical Center. He subsequently served as Chief of Surgery for many years at that institution.

Prior to leaving Detroit for San Juan, Stefan was involved in a number of research projects. He worked with Dr. Robert Wilson and helped define the effects of phenoxybenzamine in patients with septic shock. WSU was a leader in doing investigative studies on patients with septic shock during those years. Dr. Fromm was also an author of the first paper that described cecal perforation due to adynamic ileus in patients who had major operations and had too much narcotic administration in the postoperative period. He was the lead author in the first paper describing the role of the obturator iliopopliteal bypass in patients who had ischemic limbs due to mycotic aneurysms from infected heroin injections. Stefan was also the lead author of a very important manuscript describing the primary repair of abdominal aortic gunshot wounds by placement of synthetic grafts, even though there were associated hollow viscus injuries. This was considered a "no no" prior to the publication by Dr.

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DR. STEFAN H. FROMM CROSSES THE RIVER, cont..

Fromm. Stefan was also an important contributor to a paper that dealt with penetrating neck wounds, and he worked with Dr. Arthur Weaver, the father of our current Chairman, Donald Weaver, who was a well recognized expert in dealing with all sorts of neck problems, including trauma.

Prior to heading back to Puerto Rico, Stefan, along with the Editor, worked on the development of the Detroit Trauma System, which was created in 1969. The Michigan Highway Safety Research Institute was provided a grant by the U.S. Department of Transportation (DOT) to develop a Trauma System within the city of Detroit, which was probably the busiest trauma center per population in the country at that time. Dr. Fromm and the Editor reviewed all of the EMS transports for trauma throughout the city and, based upon the numbers and transport times, divided the city into four regions in order to optimize the transport time from site of injury to one of the trauma centers. Meetings with the leaders with each of the four hospitals which would be designated as trauma centers identified for everyone the specific needs that would have to be present in order to optimize patient care. A pilot project comparing EMS air transportation with ground transportation within a city identified that ground transportation was optimal so that air transportation was reserved for those patients being transferred into the city from further regions. Police who volunteered to be part of the EMS were provided Basic Trauma Life Support, which included CPR, splinting, dressing, and all of the elements that are now called "Stop the Bleed." Before the project was completed, two police officers successfully provided CPR and salvaged a teenage girl; Stefan and the Editor were invited to the precinct where they received special citations. The final designation of Detroit as a Trauma System was the first such designation in the country and, as a Trauma System, was second only to the San Diego County Trauma System, which was designated one year earlier.

During the next three decades when Stefan was very involved in the private practice of surgery, he also developed a deep commitment to missionary work and spent a number of weeks each year contributing his surgical skills to communities in need. He often describes how major surgery can be performed without blood in very trying circumstances in these underdeveloped areas as long as one goes slowly and carefully. His wife, Shirley, also had a Detroit connection in that she did her nursing training at the Henry Ford nursing school, and she continued to practice nursing wherever they went while raising their family. One of the last times that the two of them were in Detroit together was to celebrate one of the reunions at the nursing school and his graduation from the surgical residency program.

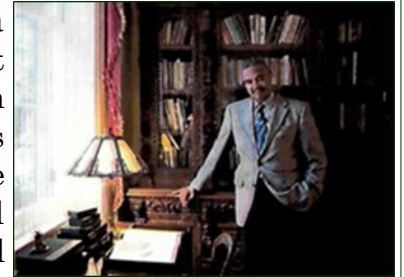
Stefan and Shirley both sang with their church choirs and were involved in many volunteer activities. Stefan continued to run a free surgery clinic following his retirement, in addition to his missionary work, and they would often get together with their extended families during holidays, such as Thanksgiving or the year-end holidays.

Stefan is survived by his wife Shirley and their five children: Terrie Jones of Palm Harbor, Florida; Steve Fromm and his wife Corina of Ellijay; Rick Fromm and his wife Samantha in Dalton; Mike Fromm and his wife Kim in Dalton; and Sandy Calloway of Dalton. They have 19 grandchildren. Stefan died peacefully at home, surrounded by his family on March 22, 2023. A large group of people were in attendance at the visitation which took place at the First Baptist Church of Dalton on March 31, 2023. We all know that Stefan had a safe and glorious trip across the river to the new world.

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Dr. Walter O. Evans is Recognized Again!

Dr. David B. Adams from the Medical University of South Carolina presented an address about Dr. Walter O. Evans (WSUGS 1976) at the 134th Annual Meeting of the Southern Surgical Association in Palm Beach, Florida in December of 2022. He has published his presentation in the April issue of the *Journal of the American College of Surgeons*, which is entitled, “Walter O. Evans, MD: Surgeon and Collector Extraordinaire of African American Art, Rare Books, and Manuscripts.” The first part of this manuscript is presented as published.



Dr. Walter Evans

Yale historian David Blight had just finished speaking to Savannah middle school history teachers about Frederick Douglass when a retired general surgeon, Walter Evans, was introduced to him and said that he had some materials at home that might interest Blight. Blight had received similar invitations many times where nothing of importance was discovered but nevertheless politely accepted the invitation to visit the Evans home. On the dining room table, Evans began laying out some carefully rebound scrapbooks with page after page of newspaper clippings, letters, photographs, and personal reminiscences of one of the most famous men in nineteenth century America. Blight was looking at the Douglass family scrapbooks, carefully assembled and annotated by Douglass’s sons, largely unknown to scholars. The year was 2006, and when Blight saw the collection, Evans heard him say, “I’m going to have to write another book.” “I was astonished,” Blight later recalled, “I’m not even sure I knew what I was seeing at first.” Evans described it a bit more vividly: “I could see David’s head exploding.” The scrapbooks on Evans’s dining room table were the inspiration for Blight’s Pulitzer Prize-winning biography *Frederick Douglass: Prophet of Freedom* published 12 years later with a dedication to Walter O. Evans and Linda Evans. Blight described Evans as “a collector extraordinaire of African American Art, rare books, and manuscripts.” Blight visited the Evans home twice a year for more than a decade. “I have spent countless days and weeks doing research on the dining room table – at ‘my chair’ – at the Evans house,” Blight remembers. The nine scrapbooks constructed by Douglass’s sons described a period of Douglass’s life that was previously unstudied. Blight described the collection as “the most extraordinary private collection of Douglass manuscript material in the world.” As Blight completed each chapter, he asked Evans to read it. Evans realized immediately that Blight was on the pathway to a Pulitzer Prize.

The Douglass collection was acquisitioned by the James Weldon Johnson Memorial Collection at the Yale University Beinecke Library in 2020. Melissa Barton, curator of the Johnson Collection, described Evans as “one who has long been known both for his extraordinary collections and as someone devoted to sharing those collections with the public in an effort to bring much-

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Dr. Walter O. Evans is Recognized Again!

deserved attention to African American artists, writers, and other historical figures.” Evans commented, “I believe that the past informs the future. America has not yet successfully addressed the wrongs of the past. Frederick Douglass’s struggles, acts, and words are relevant and essential today. My hope is that scholars, students, and researchers will find this collection a wellspring of profound thought and analysis from which to construct a new path to understanding, resolution, and reconciliation for America.”

The remainder of this manuscript details many of the contributions that Dr. Evans has made outside of his specialty in surgery. He has become a world famous institution. All of the members of the WSSS are encouraged to read this complete article by Dr. Adams in the April 2023 issue of the Journal of the American College of Surgeons.

2023 RESIDENT WELCOME BARBECUE

Dr. David Edelman and his wife, Nicole, hosted the welcome barbecue/pool party at their home to say “hello” to the new interns and welcome back not only the WSU residents still in the program, but also a couple of recent grads who likewise attended. Everyone enjoyed getting to know each other and the family members of the new interns who are joining the department of surgery. Dr. Molly Belisle (WSUGS 2024) would like the newsletter to award Dr. Frank Baciewicz with the best pirate costume if possible! It was a fun and good day for all!





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DR. SELWAN BARBAT - A RISING STAR!

Dr. Selwan Barbat (WSUGS 2018) is a native Michigianian who got his B.S. degree in Behavior and Cognitive Science at the University of Michigan and his Doctorate degree from Wayne State University where he graduated in 2013. He then entered into the Wayne State University Internship/Residency Program which he completed in 2018, after which he went to the Carolinas Medical Center to obtain his Fellowship in Minimally Invasive Surgery/Bariatric Surgery which he completed in 2019. He then became employed in the Atrium Health System-Minimally Invasive/Bariatric Surgical program where he now serves as the Program Director for the Bariatric Fellowship. He has been certified by the American Board of Surgery and the Fundamental Laparoscopic Skills course and the Fundamental Endoscopic Skills course.



Dr. Selwan Barbat

During his short tenure in this position, he has made six national presentations and has published 19 peer-reviewed manuscripts. These multiple publications deal with propensity score related outcomes after emergency surgery, the role of the biliopancreatic diversion with duodenal switch in morbidly obese patients, the length of the Roux-en-Y in gastric bypass surgery, gastrojejunal anastomotic stricture after Roux-en-Y gastric bypass, ambulatory bariatric surgery, bariatric surgery in African-Americans and Hispanics, and bariatric surgery outcomes following intraoperative assistance by Fellows and residents. The Wayne State Surgical Society looks for continued productivity from this rising star.



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GRAND ROUNDS - 7/19/23

The Surgical Grand Rounds for 7/19/23 was presented by Dr. Muhammad Jaffar who is a Professor and Program Director for WSU and DMC, Department of Anesthesiology. The title of his presentation was, "Your Patient Is On Fire." Dr. Jaffar emphasized the triangle of danger which leads to an operating room fire. This includes a fuel source, which could be alcohol, wet drapes, bowel gas; an oxidizer which would include oxygen and nitrous oxide; and an ignition source, which would include electrical instruments such as the electric coagulator, lasers, drills, and any other electrical equipment. He presented two sample cases which led to burns in the head and neck area and were associated with isopropyl alcohol use and lack of complete drying of the skin prep prior to placement of the drapes. The burns are usually associated with electric coagulation and more likely involved the ears, neck, and face.



Dr. Muhammad Jaffar

He pointed out that once a fire occurs, oxygen should be discontinued and saline-soaked sponges need to be applied to the area involved. He described how recent attention to this problem by the Pennsylvania Patient Safety Authority has led to a decreased incidence of operating room fires from 650 down to 217, which includes at least two deaths. From a medicolegal vantage point, this problem represents 2% of the suits brought against anesthesiologists, and the average settlement has been \$120,000 per case.

The more common procedures associated with operating room fires are head and neck cases, tracheostomies, tonsil and adenoidectomies, and C-sections. He defined enriched oxygen as anything which is greater than 23.5%, and he pointed out that oxygen is heavier than air. He also described how the fire will follow the oxygen and, therefore, expand in a relatively close space, such as under a face mask.

He emphasized many preventive activities and pointed out that prevention is a team effort. He emphasized the importance of making sure that the skin has dried after the prep before the draping takes place. He described where the fire extinguishers are located within Harper Hospital and emphasized that each surgeon who works there should find out where they are located.

There is a fire assessment risk which ranges from 0 to 4 and should be part of all of the time-outs that occur prior to operation. Anyone who has a fire risk of 3 or 4 should not have the operative procedure started until the fire extinguisher is in the room. He also pointed out that one fuel source is methane, which comes from the patient's gut and that the use of electric coagulation around the anus or with the bowel open should be done in conjunction with having wet gauze near the area of coagulation. He also pointed out that one of the preventive methods for preventing an operating room fire is to suction out any trapped oxygen underneath the drapes when doing head and neck cases. This is a simple technique where a suction catheter is placed around the patient's head in order to suction out the oxygen and prevent its accumulation. He also pointed out that the bi-polar electric coagulator is the safest technique and that there needs to be education regarding prevention and treatment of this preventable injury.

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GRAND ROUNDS - 7/26/23

The Surgery Grand Rounds for Wednesday, July 26, 2023 was provided by Dr. Whitney Minard, the Chief of Anesthesiology at the Detroit Receiving Hospital. The title was, “Anesthesia – The Other Side of the Curtain.” Dr. Minard described how the risk of patients undergoing general anesthesia is gradually increasing and that one-third of such patients are over the age of 65. One of the big problems with general anesthesia is myocardial injury occurring in the post-operative period since this is associated with an increase in death rate. Indeed, patients who have a serious myocardial injury have a significant intraoperative or intrahospital death rate within the next 30 days. Myocardial injury is suspected by a rise in troponins and the development of arrhythmias. She pointed out that many higher risk patients are hypercoagulable, have significant hemodynamic changes during operation, and are more likely to be anemic with a hemoglobin of <12 gms/dL. She also pointed out that many elderly patients have ongoing medical therapies which are typically withdrawn in preparation for major operation.



Dr. Whitney Minard

She described the different types of risk and numerous tests which can be used to assess risk. She emphasized that the patient with a normal hemoglobin and the ability to walk up two flights of steps without developing shortness of breath is probably a good risk despite advanced age. On the other hand, patients who have preoperative risk factors are at greater risk for developing a heart event following surgery and that this is increased in patients who have stents in place.

She described the Major Adverse Case Event (MACE) system of monitoring postoperative cardiac events. Major factors contributing to MACE include coronary artery disease (CAD), the amount of balanced electrolyte solution (BES) required during surgery, the preoperative hemoglobin, age over 75 years, serum creatinine >2.0 mg/dL, need for type 2 diabetes medications, and scores of >3 on the Revised Cardiac Risk Index (RCRI). She also pointed out that the NSQIP has many points that are used for evaluation (>20) and that detailed completion of the NSQIP data forms help identify those patients who are going to have complications.

Dr. Minard pointed out that the insurance companies do not always cover specific tests which are performed prior to major surgery. For example, a Stress Test may cost \$5,000 and not be covered by the insurance carrier so that the cost of obtaining that test will come out of the monies that would be going to either the hospital or to the physician specialist.

She also discussed the use of medications for known coronary artery disease, such as beta blockers. Often these medicines are discontinued the day of surgery, but controlled studies have demonstrated that this is associated with an increase in perioperative mortality. On the other hand, these types of medicines usually have to

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GRAND ROUNDS - 7/26/23

be given for one to two weeks before they show any benefit and any protection from cardiac arrhythmias and a negative outcome. Beta blockers which are started immediately before surgery are associated with increased morbidity from cardiac events. Consequently, the anesthesiologist has to make treatment decisions during operation, depending upon how the patient is responding to the anesthetic and to ongoing operative dissection.

She also described the risk scale as developed by the American Society of Anesthesiology (ASA), which has a scale that ranges from 1 to 6, with 1 being totally normal and 6 being dead.

A 5 within this system would be an organ donor. Any patient who has ever smoked in their life or drinks alcohol socially could not be listed as an ASA 1. A number of the surgeons in the audience emphasized that this ASA scale is on the oral boards for the completed surgical residents.

She discussed how obtaining different types of preoperative tests must fit into the equation of Value = Quality/Cost. This led into a discussion of the Early Recovery Pathways (ERP). A number of multidiscipline bundles have been developed by physicians of different specialties who are concerned about a patient's operative risk. Some of these bundles have been developed under the influence of Blue Cross/Blue Shield, and the results of these bundles have been adapted by Medicare/Medicaid as it relates to reimbursement. Part of these bundles uniformly include a decrease in opioid use, early ambulation, early feeding, and increased activity in the early postoperative period.

She finished her excellent presentation by discussing the guidelines for what can be eaten before operation. She emphasized that clear liquids do not interfere with gastric retention and potential aspiration but that liquids containing milk or cream should be avoided. She also discussed the more popular Glucagon-Like Peptide Agonists which have become popular for weight loss. Their mechanism of action is to decrease gastric emptying, thereby maintaining satiety for a longer period of time. Some of these drugs are taken once a week and have a prolonged effect so that anybody who is on one of these drugs should have elective surgery delayed for at least one week.

Following her presentation, there was an active question-and-answer session.



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PRODUCTIVITY

DR. MICHAEL H. WOOD:

Dr. Michael H. Wood (WSU/GS 1977) did his medical school training at Meharry Medical College in Nashville in 1972 and completed his surgical training at WSU in 1977. He then came on the full-time faculty where he was actively involved with our surgical residents and medical students. During the early 1980's, Mike joined with Dr. Waldo Cain who was a very busy and skillful surgeon who had a very busy practice. All of the residents who trained during those years liked to scrub with Waldo or Mike in order to be guided through various difficult operations. He advanced through the clinical ranks and was promoted to a Clinical Full Professor of Surgery in 1999. Dr. Waldo Cain was highly respected for his teaching of surgical residents and was often chosen by the surgical residents to receive the Theodore McGraw Clinical Faculty Teaching Award; he received this award on many occasions so now the award is named the Waldo Cain Award. Dr. Wood emulated Dr. Cain by also being the recipient of the "Theodore McGraw Clinical Faculty Teaching Award" on more than one occasion.



Dr. Michael Wood

Dr. Wood was not only a busy surgeon within southeast Michigan but contributed his time to various administrative activities, including serving on committees at the Westland Medical Center from 1984-1988 and as Chief of the Surgical Service at the St. John Riverview program from 1988-2002. He has also served on the Advisory Board of Surgery at the Harper-Grace Hospital, Hutzel Hospital, and Mt. Carmel Hospital. Likewise, he has served on the Board of Directors at St. John Hospital and the Medical Executive Committee at the Detroit Medical Center.



Dr. Michael Wood presenting

Over the years, his practice became more and more involved with minimally invasive surgery, and he has become an important contributor to the surgical resident education in this specialty. His contributions were such that he became the medical director of the CORI Centers from 2003-2006 and then became the Medical Director of the American Bariatric Medical Institute from 2007 to present. He has also been involved in the



Dr. Amy Somerset, Dr. Michael Wood, Dr. Annie Stevens-Chase (WSUGS 2020), and Dr. Terry Carman

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PRODUCTIVITY

research domain and has published several articles. One of the publications that he made before becoming totally dedicated to bariatric surgery was a case report describing the primary repair of a ruptured right lower lobe bronchus following blunt trauma without doing a lobectomy. This was the first such report of this particular technique. His scientific publications for the 21st century have been related to his many contributions regarding bariatric surgery. Over the years, Mike has made many presentations. This past month on June 28, 2023, he presented a paper entitled, "I Did It 'My Way': Lessons Learned from 50 Years of Practice." This presentation was made in Las Vegas at the annual meeting of the American Society of Metabolic and Bariatric Surgery conference. His presentation emphasized important principles to having a successful practice, whether it be bariatric surgery or any type of surgery. These important lessons include: 1) Learn to be patient; 2) you have to be resilient; 3) lean on your experience; 4) look toward creativity; 5) develop a work-life balance; 6) accept new challenges; 7) embrace the future. A number of our former residents were present during this presentation.



Annie Stevens-Chase (WSUGS 2020), Nolan Desa (WSUGS 2018), and Dr. Selwan Barbat (WSUGS 2018)

DR. AWNI SHAHAIT:

Dr. Awni Shahait (WSU/GS 2021) published a paper in the June issue of the Archives of Surgery entitled, "Outcomes of Umbilical Hernia Repair in Cirrhotic Veterans: A VASQIP Study." His co-authors are Dr. Jose Wilson B. Mesquita-Neto, Dr. Donald Weaver, and Dr. Gamal Mostafa. Dr. Shahait looked at patients who had cirrhosis with ascites who presented with umbilical hernias. They looked at patients who had operation and compared these patients to those who were treated non-operatively. They examined a total of 383 patients with a mean age of 59 years and a body mass index of 26.7 kg/m². Most of the patients had a very high American Society of Anesthesiologists classification, typifying their increased risk for operation. One-third of the patients underwent emergency umbilical hernia repair (37.6%) and these patients, when compared to the patients treated non-operatively, were older, more likely to be functionally dependent, had a higher MELD score, and had a greater degree of



Dr. Awni Shahait

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hypoalbuminemia. They identified that umbilical hernia repair in cirrhotic veterans led to worse outcomes in comparison to those treated non-operatively. They demonstrated that the mortality rates at 30 days, 90 days, six months, and one year were 7%, 14%, 18%, and 29%, thus emphasizing the morbid nature of this disease. They concluded that umbilical hernia in cirrhotic patients is a significant surgical challenge, and they recommended that elective repair at a time when the patient is controlled is optimal in order to avoid the need for emergency operation.

DR. ARTHUR CARLIN:

Dr. Arthur Carlin (WSU/GS 92/98) is a native Michigianian who grew up in St. Clair Shores where he got his early education prior to doing his medical school training and surgical residency at WSU. He was an outstanding surgical resident, and Dr. Mike Klein, the Chief of Surgery at Children's Hospital of Michigan, tried to convince him to become a pediatric surgeon and do his Pediatric Surgical Fellowship at CHM. Besides being an excellent clinical resident, Art was also involved in academic pursuits and published three important papers dealing with the Rule of Pancreatico-Duodenectomy for Recurrent Alcoholic Pancreatitis, the Rule of ARS Operon of Escherichia coli as it Relates to Arsenical and Antimonial Resistance, and the Topological Analysis of the Lysine-Specific Permease of Escherichia coli. Dr. Carlin stayed on the faculty at WSU for his initial postgraduate years, and then was lured over to the Henry Ford Hospital by Dr. Scott Dulchavsky in the early part of the 21st century.



Dr. Arthur Carlin

He has continued to be productive as a clinical surgeon, teacher, and researcher, having published many scientific articles related to his clinical interests.

One of his recent publications was, "Feasibility of an Opioid Sparing Discharge Protocol Following Laparoscopic Bariatric Surgery." His co-authors were Drs. Haley Lehman, Sarah Diaz, and Alissa Dandalides. These authors showed that opioids are commonly described after laparoscopic bariatric surgery and that they may have untoward effects, including dependence and diversion. They looked at the feasibility of an opioid-sparing discharge protocol in order to circumvent these problems. They looked at 212 patients who underwent laparoscopic bariatric

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PRODUCTIVITY

surgery who were divided into two groups of 106 cohort A patients before implementation of the protocol and 106 cohort B patients following the implementation of their protocol. They studied opioids as morphine milligram equivalents (MME) and their postoperative consumption. None of the cohort B patients received an opioid discharge prescription, whereas 55% of the cohort A patients received an opioid discharge prescription (37.5 MME). The cohort A patients took greater amounts of opioids than the cohort B patients following discharge. Likewise, the cohort A patients with greater amounts of opioids during hospitalization had lower amounts of methocarbamol than cohort B patients. They concluded that following laparoscopic bariatric surgery, opioid sparing discharge protocol is well tolerated and does not lead to an increase in Emergency Room visits. Diffuse education of such a protocol may be beneficial in the long run.

Prior to implementing this study, these co-authors published a paper entitled, "Hospital Opioid Use Predicts the Need for Discharge Opioid Prescriptions Following Laparoscopic Bariatric Surgery." As suggested by the title, the routine use of discharge medications including opioids led to a greater need for opioid therapy in the postoperative period, and this related to the amount of opioids that were taken prior to discharge. This preliminary report led to the implementation of the above described study.

Dr. Carlin and many of his co-authors also looked at the problem of portomesenteric vein thrombosis (PVT) after bariatric surgery. They identified all patients who underwent bariatric surgery from 2006 thru 2011 within a statewide clinical registry. Over 100,000 patients were included in their analysis. They showed that 117 patients developed postoperative portomesenteric vein thrombosis which was fatal in 6 of these patients. Most patients with PVT had sleeve gastrectomy (93%), and the PVT occurred most commonly during the first four weeks after surgery (91%). Risk factors include a prior history of venous thromboembolism, liver disease, and postoperative complications, including obstruction, leak, or hemorrhage. A prior history of venous thromboembolism in patients who undergo sleeve gastrectomy could result in serious postoperative complications. The risk of DVT is common and should be anticipated so that it can be optimally treated.

The WSSS looks forward to many more scientific publications by Dr. Carlin and his team.

Continue page 16

AUGUST 2023



PRODUCTIVITY

Dr. Christopher Dente:

Dr. Christopher Dente (WSU/GS 2002), the Chief of Surgery at the Grady Memorial Hospital in Atlanta, Georgia, was one of ten authors from the Eastern Association for the Surgery of Trauma (EAST) entitled, "A Random Forest Model Using Flow Cytometry Data Identifies Pulmonary Infection After Thoracic Injury." These authors pointed out that chest injury causes impaired pulmonary function which may lead to various respiratory complications, especially pneumonia (PNA). They described the available evidence that central memory T cells of the adaptive immune system play a key role in pulmonary immunity. They explored whether assessment of cell phenotypes using flow cytometry (FCM) could identify pulmonary infection after chest injury.



Dr. Christopher Dente

They looked at patients with chest injury who survived more than two days at a Level I trauma center from 2014-2020. Clinical and FCM data from serum samples were collected during day one. Random Forest and logistic regression models were developed to estimate the risk of hospital-acquired and ventilator-associated PNA. They found in their 70 patients so studied that the most common injuries were rib fractures (52 patients) and pulmonary contusion (26 patients). Fourteen patients developed PNA. The final random Forest model selected three variables, including the Acute Physiology and Chronic Health Evaluation score, highest pulse rate, and frequency of CD4 central memory cells that identified PNA with an area under the curve of 0.93, sensitivity of 0.91, and specificity of 0.88. Logistic regression demonstrated similar findings with the area under the curve of 0.86, sensitivity of 0.76, and specificity of 0.85. These authors concluded that clinical and FCM data have diagnostic utility in the early identification of patients at risk for nosocomial PNA following chest injury. They also concluded that the signs of physiologic stress and lower frequency of central memory cells appear to be associated with higher rates of PNA in these patients.



AUGUST 2023



REPORTS FROM THE OUTFIELD

FROM DR. DONALD PORTER:

Dr. Don Porter (WSU/GS 1980) supposedly retired some years ago. He just can't get the idea of helping people with operation become part of his past. He is still working in Kalamazoo at Bronson Hospital. He is happy to be working with a fellow Wayne State U graduate, namely Bob Osmer (WSU/GS 1980-/85), and Don described how he was lucky to have Bob on call when he perforated a diverticulum in 2019. Don remembers at the senior residents' goodbye gathering, he told the residency director that he hoped someone would tell him when it was time to quit. He was told that he could continue to work into his 80's. The Editor advises Don to keep working as long as he is having fun because it will no longer be fun when his technical skills have fallen below the level required for a particular patient.



Dr. Donald Porter

Don and Maris Kazmers (WSU/GS 1972/77) will be going scuba diving later this summer. Maris is apparently especially interested in photographing sharks. Don is mostly interested in returning to the surface (the Editor sides with Don on this one!). Hopefully Maris will forward some of his artistic photographs to the Editor so that the rest of the WSSS members can enjoy

FROM DR. TIMOTHY MCGUIRE:

Dr. Tim McGuire (WSUGS 2003), always the philosopher, reports how Leviticus pre-dates Semmelweis and Lister. All of these wise sayings are probably profusely stated in the Talmud. Maybe Dr. Tennenberg could teach us more?

Cheryl (Tim's bride) has been reading the "Geneva Bible" and has been keeping me apprised of important information therein. She reviews a chapter from the old testament then one from the new testament. The current offering is from Leviticus. Chapter XV goes into great detail about "issue" and "washing with water" Ex: "whoever hath an issue from his flesh is unclean". I presume "issue" is pus, blood or other drainage. He then spends a number of paragraphs discussing, in great detail, the washing with water of the body, hands and bedding or anything that touches the person with "issue". I found this remarkable as it predated our current understanding of infectious disease by 2000 years. Lister has nothing on Leviticus (or Semmelweis). Funny, my life is consumed with hand washing...and I rarely get sick.



Dr. Timothy McGuire

On a similar note, Pablo Picasso, after seeing the cave paintings of Altamira said: "In 15,000 years, we have invented nothing".

I truly appreciate the time we spent together in residency and the positive impact you have had on my life. (Cheryl says hello!)



"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

8/13/71 - Staff: Dr. J.C. Rosenberg; Chief Resident: Dr. I. Asfaw

1. KK: Shotgun wound buttocks with laceration distal ileum, rectum, bladder, and membranous urethra. Operation included resection and anastomosis small bowel, sigmoid colostomy with mucous fistula, repair of bladder with suprapubic cystostomy, and repair urethra.
2. DM: GSW right supraclavicular fossa with laceration medial and lateral cords of the brachial plexus, treated with exploration and repair.
3. JW: GSW abdomen; bullet entered the right flank and exited the epigastrium. Laparotomy showed no penetration of peritoneal cavity. Operation included debridement of the bullet tract.



Dr. Anna Ledgerwood

8/14/71 - Staff: Dr. Norman Thoms; Chief Resident: Dr. Ledgerwood

1. SL: GSW abdomen with laceration of ileum, treated with laparotomy and closure.
2. JJ: GSW left neck with laceration cervical esophagus, treated with bilateral neck exploration, median sternotomy, and repair of esophagus.
3. CS: GSW abdomen and left chest with laceration diaphragm, spleen, stomach, and liver. Treated with laparotomy, insertion left chest tube, splenectomy, closure diaphragm and stomach, and T-tube choledochostomy for liver study.
4. DM: Acute appendicitis, treated with open appendectomy.

8/15/71 - Staff: Dr. R. Krome; Chief Resident: Dr. I. Asfaw

1. FT: Flail chest treated with insertion of left chest tube and tracheostomy.

8/16/71 - Staff: Dr. Y. Silva

1. DC: GSW abdomen with thru-and-thru laceration left and right lobes of liver with a 5 cm tract that was bleeding. Treated with laparotomy, suture laceration of liver, and cholecystostomy tube for liver study.

8/17/71 - Staff: Dr. Bernys

1. JC: GSW abdomen with thru-and-thru laceration of left lobe of liver which was bleeding, thru-and-thru laceration of stomach, tail of pancreas, and upper pole left kidney. Treated with laparotomy, suture laceration of liver, closure laceration of stomach and pancreas, and insertion of T-tube in common duct for liver study.

Continue page 18



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

8/18/71 - Staff: Dr. Kambouris

1. RJ: GSW neck with thru-and-thru laceration of trachea and esophagus. Operation consisted of exploration of neck with closure laceration of esophagus and trachea and tracheostomy.
2. HD: GSW left shoulder and neck with 90% transection of left subclavian vein and transection left cephalic vein and thoracic duct. Treated with ligation of left subclavian and cephalic veins and thoracic duct and insertion of right chest tube.

8/19/71 - Staff: Dr. Lipka

1. RW: Small bowel obstruction due to herniation in the greater omentum, treated with exploratory laparotomy and release of omental band.
2. MB: Descending colon, fecal fistula, and left retroperitoneal abscess, treated with diverting colostomy of the mid-transverse colon and drainage of retroperitoneal abscess through a left flank incision. Of note, this patient had left nephrectomy for a staghorn calculus in late June of 1971.

8/20/71 - Staff: Dr. G. Baker

1. JL: GSW chest and abdomen with contusion of right lobe of liver and laceration of greater omentum. Treated with exploratory laparotomy and insertion of right chest tube.
2. ES: SGW back, treated with debridement.
3. RT: SGW left distal thigh with laceration of left distal superficial femoral artery, treated with resection and end-to-end anastomosis.
4. EM: Incarcerated right inguinal hernia with findings of appendix in hernia sac, treated with repair of right inguinal hernia.

8/23/71 - Staff: Dr. A. Weaver

1. JJ: GSW abdomen with thru-and-thru laceration of stomach, superior mesenteric artery, transverse colon, and proximal jejunum. Treated with closure of laceration stomach, colon, and jejunum and repair of laceration of superior mesenteric artery.
2. CG: Perforated gastric ulcer (antrum), treated with closure and omental patch.
3. JF: Previous motorcycle crash of 8/6/71 which was explored and found a non-expanding, non-pulsatile retroperitoneal hematoma. On 8/23/71, this patient had a rapidly expanding retroperitoneal hematoma with dissection into the scrotum and gross hematuria. Patient was re-explored and found a very large retroperitoneal hematoma and a fractured infarcted left kidney, treated with left nephrectomy and evacuation of retroperitoneal hematoma.



WSU MONTHLY CONFERENCES 2023

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, August 2

Death & Complications Conference

“Urologic Considerations for the General Surgeon”

Kevin Ginsburg, MD, MS

Urologic Oncology, Karmanos Cancer Institute/Wayne Health, Assistant Professor of Urology, WSU School of Medicine, J. Edson Pontes, MD Distinguished Endowed Chair in Men’s Health, Co-Director, MUSIC Prostate Program

Wednesday, August 9

Death & Complications Conference

To Be Determined

Jessica McGee, MD

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, August 16

Death & Complications Conference

“Gunshot Wounds and Ballistics”

Bruce Washington, MD

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, August 23

Death & Complications Conference

To Be Determined

Amy Somerset, MD

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, August 30

Death & Complications Conference

“Mass/Multiple Casualty Incidents: Maintaining Order in Chaos”

Jason Pasley, DO

WSU Michael & Marian Ilitch Department of Surgery

NOTE: NEW EVALUATION CODES:

Surgical Death and Complications Rounds #2022321125 Sept-Dec2022 CME Reflective Evaluation,

<https://www.surveymonkey.com/r/SQ2929T>

Surgery Grand Rounds #2022321064 Sept-Dec2022 CME Reflective Evaluation,

<https://www.surveymonkey.com/r/SW&VQNL>



May, 2023

Dear WSSS Alumni and Friends:

The WSSS continues to thrive and provides support to our membership and the current General Surgical residents at WSU. As your new President of the WSSS, I would like to greet you for the new year and report on the society's 2022 activities. Our annual meeting, held during the meeting of the American College of Surgeons, took place last October in San Diego, and a good time was had by all. There was an excellent turnout at the cocktail reception which was hosted by our Chairman, Dr. Don Weaver, and was followed by the WSSS meeting and banquet. The banquet is free to all WSSS members with the current residents attending as our guests. There was an excellent turnout of the old timers at the 2022 meeting, and we hope a similar turnout will occur next October at the 2023 meeting. Our banquet meeting and dinner always occurs on Tuesday evening of the week of the American College of Surgeons.

The WSSS also sponsors a lectureship in memory of Dr. Walt. This lectureship will be held immediately prior to the Detroit Trauma Symposium, which is organized and directed by Dr. Larry Diebel. This year's WSSS lecturer is Dr. Scott Dulchavsky and will be given on November 8 at 8 a.m. As your President, I will have the privilege of introducing Dr. Dulchavsky who has become a famous graduate of our program, actively involved in education throughout the country and one of the astronauts involved in our space program. He has a wealth of information on many different fronts and will certainly give an outstanding lecture so all of you should plan to attend. This will be followed the next morning by the Detroit Trauma Symposium, which is the oldest trauma symposium in the country and will probably be attended by at least 700 people in order to hear the many outstanding lectures that Dr. Diebel arranges from trauma surgeons throughout the country.

The WSSS continues to thrive based upon the generous support of all of you. Enclosed with this communication is the Dues form for 2023. Note that you can pay by check or credit card, and I encourage all of you to become Lifetime Members of the WSSS. When Dr. Walt organized the WSSS, he envisioned it as a mechanism to bring the alumni together as family in order that we could all have closer communication and participate in various learning activities as we all try to update our knowledge in the field of surgery. Serving as our Society President is a great honor. The WSU Michael and Marian Ilitch Department of Surgery and the WSSS is responsible for a large part of our success as surgeons. Hopefully all of you will find time to get together and renew old friendships at the upcoming ACS meeting and at the subsequent DTS.

Sincerely yours,

Lawrence Narkiewicz, M.D.
 President, Wayne State Surgical Society

 <p>I L T C H</p> <p>DEPARTMENT OF SURGERY</p>	
	<p>Department of Surgery 6C/UHC, 4201 St. Antoine Detroit, Michigan 48201 (313) 577-5013 FAX: 577-5310</p> 

WAYNE STATE SURGICAL SOCIETY

OFFICERS BALLOT

2023

President: (2 year position)

- Lawrence Narkiewicz (1st year)

President-Elect: (2 year position)

- Joseph Sferra (1st year)

Treasurer: (2 year position)

- Bruce McIntosh (2nd year)

Members-At-Large: (3 year position)

- Jay Dujon
- Jennifer Bradley
- Anita Antonioli

Resident Member: (1 year position)

- Paige Aiello
- Molly Belisle



**Wayne State Surgical Society
2023 Donation**

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

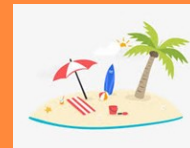
MARK YOUR CALENDARS

*American Association for the Surgery of Trauma
82nd Annual Meeting
September 20-23, 2023
Anaheim, California*

*American College of Surgeons Clinical Congress
October 22-25, 2023
Boston, Massachusetts*

*Western Surgical Association Annual Meeting
November 2-5, 2023
Laguna Cliffs Resort and Spa
Dana Point, California*

*71st Annual Detroit Trauma Symposium
November 9-10, 2023
MGM Grand Hotel
Detroit, Michigan*



**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)

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)

Lawrence S. Zachary (1985)

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) passed 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. Narkiewicz 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.



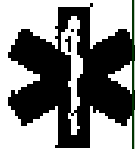
*Members of the Wayne State Surgical Society
Charter Life Members*

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

Members of the Wayne State Surgical Society—2023-24 Dues

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

*Operation-A-Year
January 1—December 31, 2024*



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

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.