MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

DECEMBER 2018

December 2nd

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Dr. Mallory Williams (WSUGS 2006) attended the ACS function where Drs. Lucas and Ledgerwood were identified as ACS icons. He was kind enough to forward some of the pictures that were taken during this event. This includes Dr. Larry Diebel at the podium introducing the program. Dr. Diebel had the extraordinarily difficult task of meeting with many different people and developing a short video program summarizing the activities of Drs. Lucas and Ledgerwood. The video shown at the Clinical Congress will be available for viewing on the American College of Surgeons Icons in Surgery.

Dr. Larry Diebel introducing the video on Dr. Charlie Lucas and Dr. Anna Ledgerwood

Dr. Charlie Lucas and Dr. Anna Ledgerwood
2018 ACS Icons in Surgery

Dr. Steven Schwaitzberg, from the AMC, summarizes some of the data included in the video as Dr. Lucas, Dr. Ledgerwood, and Dr. Diebel look on

The 66th Annual Detroit Trauma Symposium (DTS) was held at the MGM Casino on Thursday and Friday, November 8-9, 2018. Dr. Larry Diebel (WSU/GS 1980/86) organized the symposium and, as usual, there were well over 700 attendees to hear outstanding lectures provided by national experts.

The DTS began with Sunrise Sessions where coffee and donuts were provided. Dr. Paula Ferrada, Professor of Surgery and Director, Surgical Critical Care Fellowship Program at Virginia Commonwealth University, led Sunrise Session A with a presentation on "Cardiac Echo – Part 1." Dr. Ferrada presented many examples of how the emergency echo examination can lead to very important decisions regarding emergency pericardiotomy or resuscitation.

The Sunrise Session B was presented by Dr. Andrew Petrosoniak, emergency physician and trauma team leader at St. Michael's Hospital at the University of Toronto. His presentation dealt with the technical aspects of "Cricothyroidotomy Performance in Trauma." Dr. Petrosoniak emphasized the importance of reserving cricothyroidotomy for patients with a critical need in whom there is little likelihood of succeeding in a standard airway placement because of various anatomic problems.

Sunrise Session C was presented by Dr. Christopher Hicks, Emergency Physician and Trauma Team Leader at St. Michael's Hospital at the University of Toronto. Dr. Hicks discussed "The Trauma Team: How to Create a Seamless Trauma Care Team." He emphasized the importance of working together as each member of the team accomplishes his/her goal without compromising the total team effort.

Following the Sunrise Sessions, Dr. Diebel introduced Dr. Christopher Hicks and Dr. Andrew Petrosoniak from the University of Toronto who presented "Resuscitation Resequenced: Early Priorities in Trauma Care." Dr. Hicks and Dr. Petrosoniak provided a very interesting presentation with both of them sharing the stage at the same time and presenting different aspects of resuscitation in sequence. The main issue was to identify how to treat hemorrhagic shock. They discussed the volume challenge and emphasized that the volume challenge can be given with blood products and not simply crystalloid. The endpoints of resuscitation should be the multiple including blood pressure, pulse, mean arterial pressure, pulse pressure, and general look of the patient. While supporting the concept of the so-called ABCs, they pointed out that some simple thinking must take place so that one knows that worrying about an airway when somebody is actively bleeding from a radial artery is foolish. They also emphasized the fact that elderly patients are frequently hypertensive so that the so-called "normotensive" elderly patient is often a fallacy. They stressed the importance of utilizing ultrasound in order to make a rapid diagnosis of pneumothorax, pericardial tamponade, and inferior vena cava filling as part of the response to resuscitation. They supported the use of the shock index (SI), which represents the pulse/systolic blood pressure. Whenever the SI is greater than 1, the patient is in trouble regardless of what the other parameters might be.

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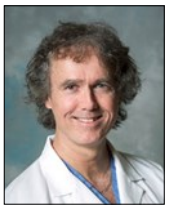
The next presentation that morning was made by Dr. Paul Ferrada who highlighted the important aspects of ultrasonography in the early resuscitation and care of the injured patient. She stated that there is no perfect endpoint in defining the endpoint of resuscitation, but there must be evidence of good volume replacement and this is often well seen by the inferior vena cava response to resuscitation. Dr. Ferrada showed that the transesophageal ECHO can be obtained within 4 minutes and provide much information regarding the heart, lungs, and vena cava. She also emphasized that 20% of patients with hypotension do not have a decrease in plasma volume and that this can be identified by a transthoracic ECHO examination. She demonstrated a number of ultrasonographies that highlighted the points she was trying to make. She also highlighted the importance of the FAST examination when looking to the abdomen as the source of hemorrhage. In summary, she pointed out that beginning with ultrasongraphy allows one to rapidly examine the heart, lung, the abdomen, and the pelvis in the severely injured patient.



The next presentation was made by Dr. Randall Chesnut, who is the Chief of the Trauma Division at the Harborview Medical Center in Los Angeles. Dr. Chesnut discussed the role of intracerebral pressure (ICP) monitoring and stressed that we still need class I data in order to demonstrate in a prospective controlled trial that the ICP is an important part of caring for patients with traumatic brain injury (TBI). He discussed some of the prior recommendations for treatment for TBI, including controlled hypotension, hypocarbia, steroid administration, but emphasized that the outcome is worsened when the brain is not perfused. The emphasis nowadays should be on providing perfusion to the brain and this is important both early and late after injury when the patient is in the ICU. Hypotension is bad for maintaining perfusion to the brain. He emphasized that the best monitor in the ICU is the nurse following the patient on a minute-by-minute basis. Dr. Chesnut highlighted how the GCS can change rapidly and that there has to be someone close to the patient who can identify this change and arrange for rapid intervention. He used the term "perfuse it or lose it" many times during his presentation.

These morning presentations were followed by a panel session, during which time the audience peppered the panel members with many questions. Everyone enjoyed this part of the program.

Following a brief coffee break, Dr. Bellal Joseph, from the University of Arizona, presented a paper, "Hemostatic Factors in Trauma Resuscitations: A New Horizon." Dr. Joseph discussed trauma induced coagulopathy (TIC) associated with hypotension, hypothermia, and coagulation factor dilution associated with massive bleeding. He supported the concept of starting blood factors early and emphasized the importance of goal directed Factor replacement based upon TEG studies. He emphasized that TXA remains controversial and that early replacement with fibrinogen concentrate is associated with decreased death within the first six hours. He suggested that, on the basis of randomized controlled trials, the use of fibrinogen replacement may be associated with less blood loss in comparison to FFP.

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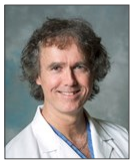
Dr. Joseph indicated that resuscitation with prothrombin complex concentrate probably leads to decreased need for transfusions in comparison to FFP and that PCC4 is no better than PCC3.



Following Dr. Joseph's presentation, Dr. Randall Chesnut, from the Harborview Medical Center, presented a paper on "The Brain is not a Nail: Targeted Therapy of Severe TBI." He discussed the role of intracranial pressure monitoring (ICP) in patients with TBI. He pointed out that the class one randomized control trials thus far performed show that the outcome is the same regardless of whether or not ICP monitoring was utilized. He discussed some of the prior guidelines for managing TBI including prevention of hypotension, hypocarbia, steroid therapy, and controlled reduction in circulatory blood volume. He stressed that the current recommendation is that one needs to continue cerebral perfusion of the brain and that if the utilization of ICP monitoring leads to a decision to reduce perfusion pressure, this is bad for the patient. He strongly emphasized that the most important part of monitoring is the physical examination being performed constantly by the ICU nurse. He emphasized that ongoing changes in the GCS are very critical in subsequent decision-making, and he stressed that one should "perfuse it or lose it" in order to preserve brain function.

Following Dr. Chesnut's presentation, Dr. Michael Englesbe provided an outstanding lecture on "Opioids in the Trauma Patient" during the luncheon session.

The Thursday afternoon session began when Dr. Rochelle Dicker presented "Closing the Revolving Door of Violence: Hospital-Based Violence Intervention." Dr. Dicker pointed out that this is a major pre-hospital issue, which revolves around many different environmental conditions. She emphasized the importance of having jobs available to allow people to earn a living and to have an appropriate housing environment for people to function in society. She discussed the issues with air pollution in commerce enterprises within an urban environment when corporations do not take into consideration the citizens living adjacent to new commercial buildings. Dr. Dicker also emphasized the importance of maintaining a mental health program, so that people with psychological abnormalities have access to treatment. She discussed that there has to be at least an annual reassessment of ongoing prevention activities and reunions of victims of violence, so that they can participate in preventing violence to their neighbors. Dr. Dicker emphasized that the cost of violence throughout America is about 282 billion dollars per year and that it is in the interest of all governments to support prevention efforts.

Dr. Clay Cothren Burlew, professor of surgery and trauma surgeon at the University of Colorado, presented the next paper on "Management of Complex Pelvic Trauma." Dr. Burlew provided striking evidence to show that the extent of blood loss from pelvic fracture correlated directly with subsequent death and how early identification of the source of bleeding was crucial to enhance survival. She emphasized that the first FAST study may

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be negative, so that one should be open to doing a repeat FAST study in these patients. Support of the pelvis with some type of binder was stressed, and she also pointed out that the REBOA inflated in segment three just above the pelvis may help reduce pelvic bleeding in preparation for a retroperitoneal pack placement or interventional radiographic embolization. Most of the pelvic bleeding is venous, and therefore, placement of an emergency retroperitoneal pack can help contain bleeding, and this should be done in conjunction with the Orthopedic service placing an external fixator. She reviewed their own data and showed that the time from admission to the operating room was 44 minutes, showing the importance to identify early and contain early the source of ongoing bleeding. Dr. Burlew also belied the long-term teaching that retroperitoneal packing does not work for open fractures; packing does work in patients with laceration in the perineum associated with severe pelvic fractures.

Dr. Karen Brasel, Professor of Surgery, Oregon Health and Science University, presented the next paper, entitled "The Elderly Trauma Patient: Not Just an Old Adult." Dr. Brasel emphasized that elderly patients should be more frequently brought in as a level 1 trauma team activation in view of the limited reserve that they have with injuries that are easily tolerated in young people. Consequently, many elderly patients with minor injuries develop significant complications and die. She suggested that any elderly patient over the age of 60 should be brought in as a level 1 trauma team activation. Dr. Brasel highlighted the danger of ladders and how there should be a specific age above which no citizen is going to climb a ladder in order to fix something around the house. Dr. Brasel also emphasized the importance of rib fractures in the elderly. Such patients are often not looked at seriously until they get into trouble with pneumonia, and the frailty associated with older age does not allow them to recover promptly from post rib fracture pneumonia. She indicated that hip fractures due to a fall from the same height have at least a 30% overall mortality and that these patients are best treated on a surgical service; likewise, patients who are on beta blockers should be admitted to a surgical service in that there is a twofold probability that they will die from minor or moderate injuries. She finished up by highlighting the definition of frailty and that all patients should be assessed for frailty, recognizing that this is a very important part of post injury death.

Dr. Burlew then presented the next paper, "Diagnosis and Management of Blunt Cerebral Vascular Injury." Dr. Burlew emphasized that the routine obtainment of CT angiograms in patients with blunt trauma has helped identify that blunt cerebral vascular injuries are really quite common. Many of these injuries are due to hyperextension but can also be due to lateral impacts. She talked about the "silent period" when the patient comes in with a cerebral vascular injury but does not have any signs or symptoms. Consequently, one should proactively obtain CT angiogram of the cerebral vascular vessels in order to avoid this "silent period," which occurs in about 20% of patients who develop strokes following these injuries. Only about 5% of the patients with cerebral vascular injury present with a stroke. Regarding treatment, she highlighted the importance of utilizing heparin for minor vertebral and carotid injuries and that this is associated with less than 1% CVA/TIA.

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These patients are then sent home on aspirin. Stenting is only used for those patients who have pseudoaneurysms, and open operation is only required for those patients who have significant bleeding into the soft tissue. Their studies demonstrated that a repeat CT angiogram at 3-6 months will confirm that the conservative therapy is warranted.

Following a brief coffee break, the panel session, Complex Trauma Cases, was moderated by Dr. Anna Ledgerwood, who provided many interesting and challenging cases to Drs. Dicker, Burlew, Brasel, Ferrada, and Joseph.

Following the very lively panel session, Dr. Deborah Kuhls, Professor of Surgery and trauma surgeon at the University of Nevada, Las Vegas presented "Las Vegas Mass Shooting: Lessons Learned and Where Do We Go from Here?" When the mass shooting occurred in Las Vegas, Dr. Kuhls was the attending trauma surgeon in-house at the UNLV Level I Trauma Center. She had found herself in prior situations when there had been mass casualties in Thailand, Sandy Hooks, and near one of the tsunamis. She explained how the hospital was informed that there may be some casualties. This rapidly increased to maybe a dozen casualties, and this rapidly increased to the point where there would probably be more than 100 casualties. She described how Las Vegas is really an island city within the desert and there are not a whole lot of other trauma facilities outside of the Las Vegas area. During this mass shooting, there were over 1100 rounds of ammunition fired, and there was more than 800 injured patients. Over 600 of these patients were treated at their trauma center. She described how the community physicians came out of the woodwork in order to help with care of the many injured patients. Likewise, she described how the community responded rapidly by providing support including such simple things as water, food, and bedding material. Dr. Kuhls described how the main hospital evacuated non-sick patients in order to accommodate the overflow of injured patients from their dedicated trauma center and that many of the operations were done in the main hospital which had stopped all elective cases. She summarized some of the things that have to be done in order for a trauma center to prevent being overwhelmed in this circumstance. She finished up by pointing out that post-traumatic stress disorder (PTSD) must also be considered not only for the patients but also for the medical personnel.

The Friday morning Sunrise Session D began with Dr. Paula Ferrada presenting "Cardiac Echo Part 2," which was really an extension of her Thursday morning Sunrise Session and emphasized the important role of ultrasound in monitoring the efficacy of resuscitation as determined by superior vena cava sonography. She also emphasized the importance of monitoring cardiac function as part of the early resuscitation efforts.

Sunrise Session E, on Friday morning, was presented by Dr. Michael White (WSU/GS 1990/97). He discussed "New Concepts in Burn Research." He emphasized many of the activities that are current with burn dressings and with ongoing recommendations with resuscitation.

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The third Sunrise Session, F, was presented by Dr. Rahul Vaidya, who discussed "Damage Control for Orthopedic Injuries – When?" Dr. Vaidya emphasized the importance of having compression with the belts that go over the greater trochanter and bring the distracted pelvis back together in order to decrease hemorrhage. He also discussed the role for retroperitoneal packing.

The last Sunrise Session, G, outlined the "Pitfalls and Practical Knowledge for Starting Hospital-Based Violence Intervention." Dr. Dicker emphasized the importance of prevention programs and how one needs to get both hospital and community support in order to implement these goals.

The main portion of the Friday morning DTS began after the Sunrise Sessions. Dr. Jim Tyburski (WSUGS 1992) moderated the Friday morning sessions. This initial presentation was a panel discussion with the resident leaders from the area training programs challenging their teaching faculty who served as the panelists. This session was enjoyed by all.

Following the resident panel, Dr. Paula Ferrada presented "Best Surgical Management for Complicated C. difficile Infection." She pointed out that the incidence of C. difficile infection is increasing within the United States and elsewhere. She listed the guidelines published by EAST, which emphasize the combined treatment of colonic rest, antibiotics, and appropriate resuscitation including correction of any acid base abnormalities and electrolyte abnormalities. For those patients who are refractory to non-surgical treatment, the gold standard for emergency operative intervention is still the total abdominal colectomy. She discussed the role of ileostomy associated with colonic washout and compared the role of total colectomy as opposed to a loop ileostomy with intraluminal lavage. She emphasized that sometimes the disease will recur when the loop ileostomy is subsequently closed.

The next lecture was presented by Dr. Lena Napolitano and was entitled "One Ultimate Goal: Zero Preventable Deaths After Injury." Dr. Napolitano talked about the percent of preventable deaths and the subsequent cost to society including the years of life lost in patients who are often young. She suggested that current estimates of 30 thousand potentially preventable deaths annually really underestimate the true number. She discussed the military experience, which indicate that 90% of the deaths are potentially preventable if control of hemorrhage could be obtained in a prehospital setting. In contrast, the preventable deaths in the civilian population are due to prehospital events in about 20% of patients. In contrast to the military experience, most possibly preventable deaths in the civilian arena occur in-hospital and following discharge from the hospital. Dr. Napolitano showed how the likelihood for preventable death has decreased in areas where a trauma system has been developed and for patients who have early access to a trauma center. The "Stop the Bleeding" program, which is teaching how to use tourniquets to the civilian population, has been very effective, and the emphasis on early transfer of severely injured patients to higher-level-of-care is also

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very effective. She discussed some of the publications in which FFP has been provided in a prehospital setting. She indicated that the data demonstrates that the FFP given prehospital would be beneficial if there is a long transport time. One of the concerns with implementing many of these recommendations is the lack of compliance by smaller centers who often keep the patients too long in order to obtain imaging studies, which could be best performed at a trauma center that has full capabilities to treat all injuries.

The second half of the Friday morning program began with Dr. Lena Napolitano who presented a paper entitled "Open vs Endovascular Repair in Vascular Trauma: What do we know?" Dr. Napolitano provided a wonderful history of the care of vascular injuries and the transition from open repair to endovascular repair. She emphasized that blunt thoracic rupture of the aorta is now mostly treated by endovascular techniques, and she described the different modifications that have been made in stents in order to accomplish this endovascular therapy in the area of the aortic arch. She talked about the role of endovascular surgery for carotid artery injury, emphasizing that stenting provides excellent therapy in patients with contained pseudoaneurysms following blunt injury. She also presented examples of the utilization of endovascular surgery for blunt injuries to the aortoiliac system. Because of associated uncontrolled hemorrhage, she emphasized the importance of open surgery for patients with most penetrating wounds.

Dr. Bellal Joseph, Professor of Surgery, Chief of the Division of Trauma, Acute Care, Burn, and Emergency Surgery, next presented a paper entitled "The Elephant in the Room: PTSD Among Patients and Providers." Dr. Joseph emphasized the psychological stresses that are associated with critical illness in both the patient and in the treating physicians. He emphasized that the unusual hours required to provide care to critically injured patients create extensive job stress and the tendency for patients to relive their critical illness leading to long-term mental compromise and the need for intervention. He also discussed, as part of the PTSD syndrome, the concept of avoidance of anything that had to do with the prior incident leading to the severe injury. Dr. Joseph emphasized that the same stress may be present in the treating physician and that physician colleagues should look for this stress in order to avoid self-harm by the treating physician.

During the Luncheon Session on Friday, Dr. Dennis Vane, Professor of Pediatric Surgery at St. Louis University, presented a shortened version of his Presidential Address from the Western Trauma Association entitled "It is a Privilege, Not a Right." Dr. Vane talked about the exciting and fulfilling life that he has had as a pediatric trauma surgeon and how he witnessed the changes that occurred among the community of pediatric surgeons who "looked down" on their colleagues who decided to become primarily involved in the care of injured patients. This very interesting and stimulating presentation utilized many quotes from famous individuals. These included the quote by Friedrich Nietzsche, "That which does not kill us makes us stronger."; Carl Sandburg's famous statement, "Time is the most valuable coin in You and

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you alone will determine how that coin will be spent. Be careful lest you let other people spend it for you."; the advice provided by Max Ehrmann, "Whatever your labors and aspirations, in the noisy confusion of life, keep peace with your soul."; the statement by Howard Thurman, "Don't ask what the world needs. Ask what makes you come alive and go do it….."; The homily by Winston Churchill, "Continuous effort, not strength or intelligence, is the key to unlocking our potential."; the homily by Marian Wright Edelman, "Service is the rent we pay for being; it is the very purpose of life and not something you do in your spare time."; Rick Pitino's advice, "Humility is the true key to success…."; and the ancient proverb, "If you want to go quickly, go alone; if you want to go far, go together." Dr. Vane emphasized how his career has allowed him to make contributions to society and that he hopes that by the time he leaves the world, he has given up all of his energy in order to help make the world a better place.

Following the luncheon session on Friday, Dr. Robert Sawyer, Chief of Surgery at the Western Michigan University, presented "Infection in Trauma and the ICU". Dr. Sawyer presented a nice summary of the multiple infectious complications that occur in the critically injured patient. He emphasized how the problems with pneumonia in critically ill patients cause a marked increase in length-of-stay and mortality. He summarized many of the preventive actions that can be taken including proper utilization of preps for placing central lines and also proper attire for these critically ill patients. Dr. Sawyer discussed the importance of having an ongoing program to identify which bacteria are currently prevalent in the ICU setting and the different types of sensitivities. He also pointed out the importance of isolation when unusual bacteria are identified.

Following the luncheon lecture, Dr. Dennis Vane, Professor of Surgery, St. Louis University, presented a paper on "Pediatric Solid Organ Injury." Dr. Vane emphasized the importance of obtaining an early CT in patients with blunt abdominal injury, whereby damage to the pancreas can be identified soon after injury. He said that the amylase level is not a reliable monitor of blunt pancreatic injury, particularly within the first six hours. He pointed out that pancreatic injuries without ductal involvement can often be followed non-operatively. Dr. Vane then talked about the role of ICP monitoring in patients with blunt TBI. He stressed that the use of ICP monitoring is recommended in patients with a GCS less than 9. Most patients with renal injury can be observed non-operatively unless there is vascular involvement where stenting or open repair may be necessary. Dr. Vane also recommended that most splenic injuries due to blunt trauma can be treated non-operatively and that if there is a symptomatic blush on imaging studies, embolization is beneficial. Likewise, he indicated that the blunt liver injuries are mostly treated non-operatively except for major injuries, which may require interventional radiology embolization and, occasionally, surgical intervention.

The next presentation was made by Dr. Andrew Kerwin, a trauma/critical care surgeon from the University of

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Florida, who presented "Respiratory Complications in Spinal Cord Injured Patients." Dr. Kerwin highlighted the frequency with which quadriplegia leads to acute lung injury due to impaired muscular movement of the rib cage and the diaphragm. He emphasized that the poor mechanics lead to long-term needs for ventilatory support and that the cost of this therapy is well over a million dollars in the first year and over $250,000 for each year after that. He discussed the role of diaphragmatic pacing and the long time that the patients go without pacing following their injury, which often may exceed four years before placement of a diaphragmatic pacer. He discussed their own experience in which his team is performing earlier diaphragmatic pacing in order to have the pacing begin before the muscles atrophy. Utilizing this approach, they have had beneficial results, which he hopes will continue to spread to other centers in order to reduce the exorbitant cost of maintaining the quadriplegic patient on a ventilator.

Dr. Kerwin then presented "Pitfalls in the Diagnosis and Imaging of Peripheral Vascular Injuries." Dr. Kerwin went back in history to the time when routine exploration of vessels was performed when there was a penetrating wound "in proximity" to a major vessel. He emphasized that this led to many unnecessary explorations which may have significant morbidity. His historical tale then went through the period of time when proximity of penetration led to routine angiograms, which reduced the number of unnecessary operations. Finally, he emphasized that when patients come in with hard signs of vascular injury, they should go directly to the operating room. Patients with soft signs, such as slow oozing or significant hematoma, are candidates for imaging which often can be performed by a CT angiogram or arteriography. Patients with soft signs of possible injury are best observed. Finally, he emphasized that if the angiogram is inconclusive or is associated with a minor injury, no operative intervention is needed in 90% of these patients. The remaining 10% who do need operative intervention rarely have any long-term disability based upon their experience with ten-year follow-up in this subgroup of patients. Dr. Kerwin emphasized that the CT angiogram is not needed if the patient has an ankle/brachial index of more than 0.9.

Dr. Diebel finished the afternoon session with a comprehensive presentation on "The Role of TXA." Dr. Diebel summarized the Crash Trial, which supports the use of TXA, but emphasized that this trial had no measurements of fibrinolytic breakdown products. He also pointed out that the significant p-value that was shown to be beneficial for TXA administration in this study really is not clinically significant in that the difference was 0.8% between the two groups. He emphasized that the TEG has the potential of identifying when TXA is beneficial and when fibrin-split product measurements might be beneficial. He summarized everything by saying if the patient is hypotensive, TXA should be given, and he also discussed the so-called "lysis shut-down syndrome" in which there is no evidence of fibrinolysis. Again, he pointed out that there were no measurements made of the fibrinogen split products and the importance of measuring this in the future.

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Dr. Mike White (WSU/GS 1990/97) then chaired the panel discussion made up of the afternoon speakers. He provided many challenging questions from the audience, which were fully addressed by the panel members.

Dr. Diebel concluded the meeting, thanked all of the participants, and made the announcement that next year's Detroit Trauma Symposium will be held on November 7 and 8, 2019.

Wednesday Evening Speakers Dinner

(Left to right) Andrew J. Kerwin, Mike White, Deborah Kuhls, Bellal Joseph, and Karen Brasel

(Left to right) Deborah Kuhls, Samantha Tarras, Karen Brasel, Anna Ledgerwood, and Lena Napolitano

Dr. Larry Diebel holding court for the visiting speakers

December 26th

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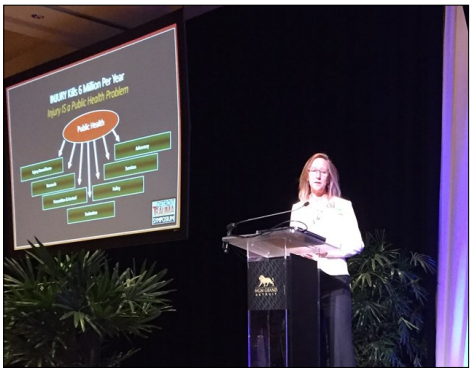
Dr. Diebel quizzing the panel members


Dr. Paula Ferrada



Dr. Rochelle Decker


Dr. Clay Cothren Burlew


Dr. Randall Chesnut


Dr. Karen Brasel


Panel Members (left to right) Dr. Christopher Hicks, Dr. Paula Ferrada, Dr. Randall Chesnut, and Dr. Andrew Petrosoniak discussing the questions asked of them


Dr. Andrew J. Kerwin

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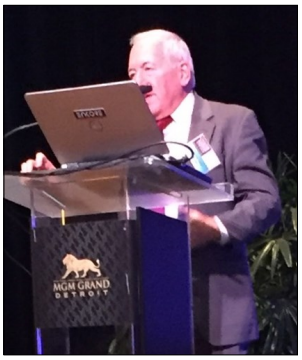
Dr. Karen Brasel during the afternoon session

Late afternoon panel discussants (left to right) Dr. Bellal Joseph, Dr. Paula Ferrada, Dr. Karen Brasel, Dr. Clay Cothren Burlew, and Dr. Rochelle Dicker take on Dr. Ledgerwood's complex trauma cases.

(Left to right) Dr. Karen Brasel, Dr. Clay Cothren Burlew, and Dr. Rochelle Dicker muse over a complex case scenario

Dr. Deborah Kuhls discusses the Las Vegas shooting



Dr. Dennis Vane talks about trauma in the pediatric patient

Dr. Mike White sets the scene his panel (right)

(Left to right) Dr. Dennis Vane, Dr. Larry Diebel, Dr. Robert Sawyer, and Dr. Andrew Kerwin debate what should be done regarding the scenario presented by Dr. Mike White

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

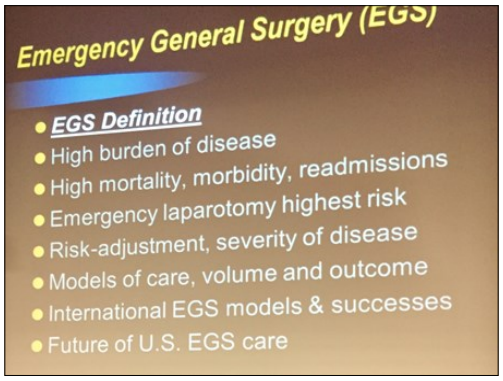
WAYNE STATE UNIVERSITY School of Medicine

WAYNE STATE

2018 Annual WSSS Lectureship

wayne state surgical society

Following the Tuesday evening working dinner in honor of Dr. Lena Napolitano, she presented the Wayne State Surgical Society Annual Lecture on Wednesday morning. The title of this lecture was "Emergency General Surgery (EGS) in Michigan and Worldwide." She went through a number of issues regarding EGS including the definition which involves both trauma, non-trauma, and critical care. She highlighted the huge number of patients who present with urgent surgical problems and how this will grow as people accept the concept of emergency general surgery as a specific specialty. Part of her discussion highlighted the fact that these critically ill patients have a greater morbidity and mortality rate than is seen with elective surgery and that the high readmission rate places a great burden on the finances of the health care system. She further emphasized that emergency operations, particularly on the abdomen, carry the highest risk and the greatest mortality. This, of course, varies directly with the severity of the underlying disease. Dr. Napolitano identified the different models of care and how the systems of care, whether they be trauma or acute care non-trauma, have to be adjusted for expected volume in order to enhance outcome. She described the many battles of EGS while pointing out that this has become an international approach to emergency surgical problems. Dr. Napolitano finished by projecting the future for EGS which she thinks will continue to grow. There was lively discussion following her presentation, after which President Jeff Johnson (WSUHD 1984) adjourned the meeting.



Dr. Lena Napolitano
2018 WSSS Annual Lecturer

Dr. Jeff Johnson adjourning the meeting of the 2018 WSSS Annual Lecturer

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WAYNE STATE UNIVERSITY
School of Medicine

2018 Annual WSSS Lectureship

wsss
wayne state surgical society

The annual working dinner in honor of the WSSS Society Annual Lecture was held again the Tuesday evening before the lectureship on Wednesday morning. All those in attendance had a lively back and forth discussion with the WSSS Lecturer, Dr. Lena Napolitano.

Anna Knight (WSUGS 2019) Larry Diebel (WSU/GS 1980/86), Lena Napolitano (WSSS Annual Lecturer), Jeff Johnson (WSUGS 1984), Samantha Tarras (WSUGS 2011), and David Edelman (WSU/GS 2002/09)

Mike Malian (WSU/GS 1987/92), Joe Sferra (WSUGS 1991), Mark Herman (WSU/GS 1994/2001), Bruce McIntosh (WSU/GS 1989/94), and Mike Wood (WSUGS 1977)

(Left to right) - Jerry Rosenberg, Jay Dujon (WSUGS 2011), Larry Narkiewicz (WSU/GS 2004/09), Lauren Marquette (WSUGS 2019); Anna M. Ledgerwood (WSUGS 1972), and Brian Shapiro (WSU/GS 1988/93)

Michael Busuito (WSU/GS/PS 1981/86/88), Randy Smith (WSU/GS 1981/86), Keith Hinshaw (WSU/GS 1982/87), Mike White (WSU/GS 1990/97), and Lindsay Reilly (WSUGS 2019)

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

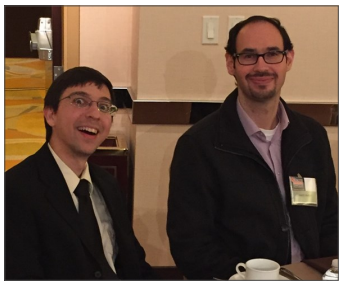
Academy of Surgery of Detroit

Following the pattern that has occurred for the past many years, the November monthly meeting of the Academy of Surgery of Detroit took place at the MGM Grand Casino Hotel on the Thursday evening following the first day of the Detroit Trauma Symposium. Dr. Michael White (WSU/GS 1990/97), the president of the Academy, introduced Dr. Robert G. Sawyer who gave an excellent address dealing with antibiotics/microbiomes. Among many other things, he discussed Probiotics and Symbiotics as it relates to surgical care, major operations, and defense against bacterial infection. The session was quite scientific and provided an excellent basis for the residents in attendance. Following his presentation, there were many questions before Dr. White adjourned the meeting.

Mike White, President of the Academy of Surgery of Detroit

Mike White introduces Dr. Robert Sawyer to the Academy

Mike White, Dr. Robert Sawyer, and Larry Diebel in deep discussion



(left) Jonathan Martin (WSUGS 2020) and (right) Awni Shahait (WSUGS 2021)

(Left to right) Dr. Larry Diebel, Dr. Paula Ferrada, Dr. Karen Brasel, and Dr. Darla Granger, St. John Transplant Surgeon

(Left to right) Dr. Lester Laddaran (WSUGS 2020), Dr. Jessica Pochedly (WSUGS 2020), and Dr. Dr. Rohan Policherla (WSUGS 2020)

Mia Miller (WSUGS 2020), Anna Ledgerwood, Matthew Mauyier (2019), and Anastasia Stevens-Chase WSUGS 2020)

(Left to right) Rachael Springer (WSUGS 2015), Dr. Abubaker Ali (WSUGS 2015), and Dr. Jennifer Bradley (WSUGS 2015)

Dr. Maggie Brandt, from the University of Michigan and Dr. Alan Lamb, from Beaumont Trenton

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

REPORTS FROM THE OUTFIELD

PRODUCTIVITY

Dr. Michael Mueller (WSUGS 1995) was the first author of a paper published this fall in the Journal of Trauma and Acute Care Surgery entitled "The Role of Polyglactin 910 Mesh Pack for Treatment of a Ruptured Hepatic Hemangioma". This paper describes how an absorbable mesh can be left in place over a breathing liver hemangioma, which can only be temporarily controlled with packs and rebleeds after the packs are removed. Mike has also successfully used this technique for refractory bleeding from other liver sites. Mike is shown at the 2018 American College of Surgeons WSSS Alumni Dinner with his bride, Anessa.

Dr. Mike Mueller and his bride, Anessa

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

WSU MONTLY CONFERENCES 2018

Death & Complications Conference
Every Wednesday from 7-8

Didactic Lectures — 8 am
Kresge Auditorium

Wednesday, December 5

Death & Complications Conference

"Parathyroid and Paranormal Encounters"

Lawerence Diebel, MD

WSU Mike & Marian Ilitch Department of Surgery

Wednesday, December 12

Death & Complications Conference

"ABSITE REVIEW"

Gamal Mostafa, MD

WSU Mike & Marian Ilitch Department of Surgery

Wednesday, December 19

Death & Complications Conference

"Small Bowel Transplant & Intestinal Rehabilitation"

Shunji Nagai, MD, PhD

Syed-Mohammed Raza Jafri, MD

Henry Ford Hospital Health System, Detroit, MI

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

Wayne State Surgical Society
2018 Dues Notice

Name:

Address:

City/State/Zip:

Service Description Amount

2018 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

Central Surgical Association
March 7-9, 2019
Innisbruck
Palm Harbor, Florida

American Surgical Association
April 11-13, 2019
Fairmont Dallas
Dallas, Texas

Michigan Chapter ACS
May 8-10, 2019
Amway Grand Plaza Hotel
Grand Rapids, MI

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.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

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. Calzetta (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)
Abdul A. Hassan (1971)
Rose L. Jumah (2006)
R. Kambhampati (2003)
Aftab Khan (1973)
Samuel D. Lyons (1988)
Dean R. Marson (1997)
Syed A. Mehmood (2007)
Toby Meltzer (1987)
Roberto Mendez (1997)
Mark D. Morasch (1998)
Daniel J. Olson (1993)
David Packer (1998)
Y. Park (1972)
Bhavik G. Patel (2004)
Ami Raafat (1998)
Kevin Radecki (2001)
Sudarshan R. Reddy (1984)
Renato G. Ruggiero (1994)
Parvid Sadjadi (1971)
Samson P. Samuel (1996)
Knavery D. Scaff (2003)
Steven C. Schueller (1974)
Anand G. Shah (2005)
Anil Shetty (2008)
Chanderdeep Singh (2002)
D. Sukumaran (1972)
David G. Tse (1997)
Christopher N. Vashi (2007)
Larry A. Wolk (1984)
Peter Y. Wong (2002)
Shane Yamane (2005)
Chungie Yang (2005)
Hossein A. Yazdy (1970)
Lawrence S. Zachary (1985)

Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of $1,000 per year for ten years or $10,000 prior to ten years. Annual membership is attained by a donation of $200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Brian Shapiro (WSU/GS 1988/93) passed the baton of presidency to Dr. Jeffrey Johnson (WSUGS 1984) at the WSSS Gathering during the American College of Surgeons meeting in October 2018. Members of the WSSS are listed on the next page. Dr. Johnson 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.

MICHAEL & MARIAN ILTCH DEPARTMENT OF SURGERY

WAYNE STATE

Members of the Wayne State Surgical Society
Charter Life Members

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

Members of the Wayne State Surgical Society—2018 Dues

Ali, Abubaker
Alpendre, Cristiano
Babel, James B.
Bambach, Gregory A.
Bloch, Robert S.
Bradley, Jennifer
Bucci, Lorenzo
Busuito, Michael J.
Dawson, Konrad L.
Dente, Christopher
Dittenbir, Mark
Dolman, Heather
Dulchavsky, Scott A.
Engwall, Sandra S.
Field, Erin
Gallick, Harold
Horness, Mark D.
Jabbar, Furrukh
Joseph, Anthony L.
Kaderabek, Douglas
Klein, Michael D.
Kline, Gary
Kosir, Mary Ann
Leibold, Walter
Lopez, Peter P.
Mansour, Roozbeh
Marquez, JoFrances Jr.
Masood, M. Faraz
McAlpin, Glenn M.
Moehn, Earl G.
Mueller, Michael J.
Perrone, Erin
Phillips, Linda G.
Porter, Donald
Resto, Andy
Sankaran, Surya
Schwarz, Karl W.
Sferra, Joseph
Silbergleit, Allen
Siegel, Thomas S.
Spotts, Josette
Tarras, Samantha
Taylor, Michael G.
Tennenberg, Steven
Thom, Norman W.
Thomas, Gregory
Vasquez, Julio
Ziegler, Daniel
Zoellner, Steven M.

Operation-A-Year
January 1—December 31, 2018

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.
Cirocco, William C.
Davidson, Scott
Dujon, Jay
Gayer, Christopher P.
Gutowski, Tomasz D.
Herman, Mark A.
Hinshaw, Keith A.
Holmes, Robert J.
Johnson, Jeffrey R.
Johnson, Pamela D.
Joseph, Anthony L.
Malian, Michael
Narkiewicz, Lawrence
Nicholas, Jeffrey M.
Novakovic, Rachel L.
Shapiro, Brian S.
Smith, Randall A.
Sugawa, Choichi
Sullivan, Daniel M.
Whittle, Thomas J.
Wood, Michael H.

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*.