



DECEMBER 2019



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes

**ACS CLINICAL CONGRESS
 2019**



December 21st

Inside this issue:

<i>ACS Clinical Congress 2019</i>	1-2
<i>WSSS Annual Lecture-ship</i>	3-4
<i>67th Annual Detroit Trauma Symposium</i>	5-19
<i>Academy of Surgery of Detroit</i>	12-13
<i>Holiday Greetings from the Outfield</i>	20-21
<i>WSU Conferences</i>	22
<i>WSSS Dues</i>	23
<i>WSSS Members</i>	24-25



2020 WSSS OFFICERS

President:

Jeffrey Johnson (WSUGS 1984)

Vice-President:

Scott Davidson (WSU/GS 1990/96)

Secretary-Treasurer:

Pamela Johnson (WSU/GS 1984/89)

Members-at-Large:

Larry Narkiewicz (WSU/GS 2004/09)

Bruce McIntosh (WSU/GS 1989/94)

Jay Dujon (WSUGS 2011)

Resident Member:

Anastasia Stevens-Chase (WSUGS 2020)

The annual meeting of the American College of Surgeons occurred in San Francisco from Sunday, October 27, through Thursday, October 31. On Tuesday evening, October 29, Dr. Donald Weaver (WSUGS 1979), the Penberthy Professor of the Michael & Marian Ilitch Wayne State University Department of Surgery, hosted the annual gathering of the alumni at the Fairmont Hotel on Nob Hill. Many of our former surgical residents and our current chief residents participated in an enjoyable evening. During this gathering, the annual meeting of the Wayne State Surgical Society was also held. The presentations at that meeting included a very brief presidential report by Dr. Jeff Johnson (WSUGS 1984) followed by a brief secretarial report provided by Dr. Joe Sferra (WSUGS 1991). Dr. David Edelman (WSU/GS 2002/09), our program director, gave a very brief update on the residency program, after which Dr. Weaver provided an important summary of the current status of the department of surgery. Following these reports, a good time was had by all.



Dr. Chuck Conway (WSU/GS 2001/07) and Dr. Donald Weaver (WSUGS 1979)



Mrs. Janet Damm and her husband, Mr. Ed Damm, welcomed the alumni



Dr. Tomasz Gutowski (WSU/GS 1994/99) and his bride, Mrs. Magdalena Motyka-Gutowski



Dr. Mike Malian (WSU/GS 1987/2) and Dr. Jay Dujon (WSUGS 2011)



Dr. Anna Ledgerwood (WSUGS 1972) shares a laugh with Dr. Larry Lloyd (WSUGS 1975) and his bride, Mrs. Linda Lloyd



Dr. Chris Dente (WSUGS 2002)



Dr. Anne Missavage (WSU/GS 1980/85)

MICHAEL M I L T C H MARIAN
 DEPARTMENT OF SURGERY



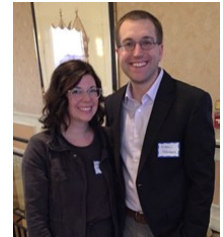
Dr. Miguel Tobon (WSUGS 2020) and Dr. Rohan Policherla (WSUGS 2020)



Dr. Ledgerwood chats with a friend



Dr. Roozbeh Mansour (WSUGS 2015) talks with Drs.. Nicole Edelman



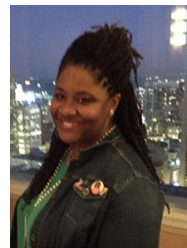
Dr. Andrew Hollenbeck (WSUGS 2018) with his bride



Dr. Anna Ledgerwood (WSUGS 1972) and Dr. Scott Dulchavsky (WSU/GS 1983/88)



Dr. Maged Elkhoully (WSUGS 2017) and his bride



Dr. Leila Green (WSUGS 2015)



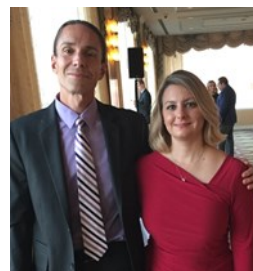
Dr. Sarah Larson (WSUGS 2016) and her husband, Mr. Paul Larson



Dr. David Edelman (WSU/GS 2002/09) and his bride, Mrs. Nicole Edelman



Dr. Jessica Pochedly (WSUGS 2020) and her husband, Mr. Joe Pochedly



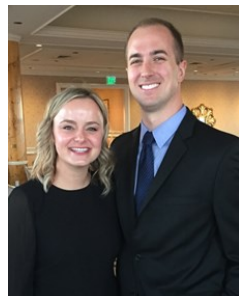
Dr. Samantha Tarras (WSUGS 2011) with her husband, Mr. Mark Wisniewski



Dr. James Babel and his bride



Dr. William Truong (WSUGS 2015)



Dr. Anastasia Stevens-Chase (WSUGS 2020) and her husband, Mr. Scott Chase



Dr. David Edelman chats with Dr. David Fromm and Ms. Josefine Steinberg



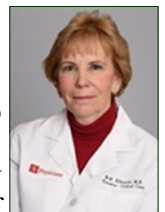
Dr. Anna Ledgerwood chats with Dr. Michael Prendergast (WSUGS 1995)

 M I L T C H		 WAYNE STATE
DEPARTMENT OF SURGERY		
 WAYNE STATE UNIVERSITY School of Medicine	<i>2018 Annual WSSS Lectureship</i>	 wayne state surgical society

The seed which grew to become the WSSS was planted by Dr. Alex Walt, our long-time chairperson, in the 1980s when he envisaged a cadre of surgical alumni who could more closely identify with the ongoing activities of the department of surgery. During these early years, he arranged for different surgical alumni to return to Detroit every third year when the American College of Surgeons annual meeting was held in Chicago. Many of the surgical alumni, stimulated by Dr. Walt's invitation, would return to Detroit on Friday in order to present their creative activities and interesting experiences at the Saturday Grand Rounds, which would extend beyond the normal one hour and replace the Morbidity and Mortality conference. This of course occurred at a time when the surgical residents were strong and didn't complain about working more than 80 hours a week and on Saturday! The presenting former residents would then be entertained by Dr. Walt on Saturday evening prior to heading to Chicago for the American college of Surgeons meeting, which would begin Monday morning. This helped to create a sense of unity within the department, but this teaching reunion did not occur when the ACS met in Atlantic City, New Jersey, or San Francisco, California.

During the early 1990s, Dr. Walt led to the formal creation of the WSSS with defined officers, defined membership, and a modest membership fee of \$100. Dr. Bob Allaben (WSUGS 1956) served as the president of the WSSS for the first two years as the official membership grew and the focus of the WSSS changed. During the Allaben years, the format matured to the point where there would be a visiting Lecturer preceded by a dinner of WSSS members to pay homage to the visiting Lecturer. This format has been followed for several years.

The visiting WSSS Lecturer this year was Dr. Roxie Albrecht, who grew up in the Midwest and, following medical school, did her surgical training at Michigan State University. Subsequent to her residency, she did a Surgical/Critical Care Fellowship and returned to the Grand Rapids campus of MSU, where she was a leader in trauma and critical care for several years. Eventually, she decided to leave the great state of Michigan and became a Trauma/Critical Care



Dr. Roxie Albrecht



 <p>MICHAEL MILITCH MARIAN DEPARTMENT OF SURGERY</p>	 <p>WAYNE STATE</p>	
 <p>WAYNE STATE UNIVERSITY School of Medicine</p>	<p><i>2018 Annual WSSS Lectureship, cont...</i></p>	 <p>WSSS wayne state surgical society</p>

expert at the University of Missouri and later accepted the job as the chief of the Trauma/Critical Care/Acute Care Surgery division at Oklahoma University. She has been a leader in trauma and critical care in America having served on many national critical care committees and trauma committees and was the recent past president of the Western Trauma Association.

During the working dinner, which occurred on Tuesday, November 12, 2019, which was held at Giovanni's Ristorantè, many lifelong members of the WSSS questioned her about many aspects of surgery, trauma, and critical care. This was a working dinner at which she provided excellent leadership in the discussion of many issues with all of the participants contributing to this very active discussion.

The next morning, Dr. Albrecht presented the WSSS Lecture after being introduced by Dr. Jeff Johnson (WSUGS 1984), the current president of the WSSS. Dr. Albrecht presented an excellent lecture on the importance of having balance in one's surgical career as a trauma/acute care surgeon. She emphasized the importance of there being a meaningful role that is played by a trauma/acute care surgeon who is providing surgical help for patients in their greatest time of need related to sepsis and injury. She emphasized that this reward related to patient care has to be balanced by support from surgical colleagues and from administration. She further emphasized that there has to be a balance between the hard work within the hospital and activities that occur outside of the hospital, particularly as it relates to friends, colleagues, and family. Dr. Albrecht pointed out that a balance in all activities will allow for the trauma/acute care surgeon to lead a healthy life without being burdened by the frustrations that lead to burnout and premature retirement. She answered many stimulating questions from the audience, who appreciated the message being delivered about having a balance in one's daily activities, which in turn enhances the efficacy of care provided to patients in need. Dr. Albrecht later participated in the Detroit Trauma Symposium, which began the next morning.





DAY 1

The 67th annual meeting of the Detroit Trauma Symposium (DTS) was held on Thursday, November 7, 2019, and Friday, November 8, 2019, at the MGM Grand Casino Hotel in Downtown Detroit. Dr. Larry Diebel (WSU/GS 1980/86) organized a very comprehensive program, which was very successful and attracted over 700 attendees to Downtown Detroit. The DTW is the oldest trauma symposium in the country and many of us think “the best.”

The DTS began with Sunrise Sessions, during which coffee and donuts were provided. There were four simultaneous programs including A: “Enter Sandman: Sedation in the Trauma Patient” provided by Dr. Kay Golden from the DMC Department of Pharmacy; B: “Prehospital Use of Topical Hemostatic Agents,” provided by Mr. Joseph Gomez, paramedic and trauma coordinator DRH; C: “Part 1: Use of Limited Transthoracic Echocardiogram in Trauma and the ICU” provided by Dr. John Gallien from Emergency Medicine at DRH; and D: “REBOA: Who/When/How? With Hands on Simulation,” provided by Dr. Larry Diebel.



Dr. Larry Diebel

Dr. Diebel introduced the main portion of the DTS and moderated the morning session. The first talk, “An Evidenced Based Guideline for Prehospital Resuscitation,” was presented by Dr. Jason Sperry from the University of Pittsburgh Medical Center. Dr. Sperry presented the classic prehospital therapy, including intravenous balanced electrolyte solution (BES), packed red cell infusion (PRBC), and plasma (FFP) infusion. He emphasized that the more recent data suggest that there should be less infusion of BES and more emphasis placed on blood components, namely PRBC and FFP, both of which have brought about a decrease in mortality in association with traumatic brain injury (TBI). He discussed the role of tranexamic acid (TXA) and suggested that it may be of less benefit in patients with TBI. He also emphasized that BES may be beneficial in patients with TBI in order to maintain the systolic blood pressure (SBP) at 110 torr. Regarding the role of TXA for pure hemorrhagic shock, he suggested that this remains an open question. In the absence of TBI, he supports the role of keeping the SBP at about 70/80 torr in the prehospital setting in order to avoid “popping the clot.”



Dr. Kay Golden



Joe Gomez



Dr. John Gallien



Dr. Jason Sperry

Continue page 6



The next paper, “Fly or Drive? Scene Transports and Transfers Using Helicopter EMS (HEMS)” was presented by Dr. Roxie Albrecht, the Director of the Critical Care/Trauma/Acute Care Surgery program at the University of Oklahoma. Dr. Albrecht pointed out that HEMS has decreased over the past 30 years across the country and that its role is best in providing transport for injured rural citizens. Since Oklahoma is composed of many rural area, there has been great emphasis on HEMS throughout the state. She highlighted how the HEMS within the state of Oklahoma has extensive facilities, including trained paramedics and the availability of providing prehospital BES, FFP, and whole blood (WB). The trained HEMS crews are very comfortable with endotracheal intubation, intravenous access, and intraosseous access. Consequently, HEMS in Oklahoma has resulted in a reduced mortality compared to ground transportation in persons with an expected transit time of greater than 20 minutes. The improved survival is especially true in patients with TBI or hemorrhagic shock and a prolonged transport time.



Dr. Roxie Albrecht

The next presentation, “Role of CT Scan in Penetrating Trauma,” was provided by Dr. Marc de Moya from the Medical College of Wisconsin/Froedtert Trauma Center. Dr. de Moya is a strong advocate of CT scanning in stable patients. He describes how a CT in patients with stab wounds to the right upper quadrant can identify when laparotomy is not indicated. He also described the kinetics of gunshot wounds, citing the energy equation ($\text{kinetic energy} = 1/2 MV^2$). He reported that CT for penetrating neck wounds has a 97% specificity and that this examination can be beneficial for all three zones for neck injuries. He opined that CTA is better than ultrasound for chest injury and is beneficial for patients with penetrating abdominal wounds when the patient is stable and has no evidence of peritonitis. His final point was that the CT is helpful in assessing pelvic penetrating wounds in determining which patients do not need exploration.



Dr. Marc de Moya

Dr. Jason Sperry came back to the podium to present the next lecture, “Implementation of a Prehospital Blood and Blood component Program for Traumatic Injury: What’s the Evidence?”

Continue page 7



Dr. Sperry emphasized that the 1:1:1 ratio of BES/FFP/Plt is still thought to decrease mortality in patients with hemorrhagic shock but that there is no good civilian data about the 1:1:1 ratio in the prehospital setting. He did emphasize, however, that the military data suggest that this ratio will decrease mortality when given in the field environment. Dr. Sperry emphasized that any benefit obtained from this ratio is seen in the first 2 hours, where people receiving this balanced ratio have a decreased mortality but that there is no observed benefit to those who are still alive after the 2 hours up to 24 hours. He discussed the rarity of type O-negative blood and that there is the potential for wastage if all transport vehicles are providing O-negative blood for prehospital infusion. Dr. Sperry stressed that FFP given early has a survival benefit following blunt injury, polytrauma, and TBI. Again, he emphasized that the most beneficial time is within the first 20 minutes. He also discussed the cost of an AB FFP and suggested that the application of freeze-dried plasma will circumvent that cost but that this has not yet been approved by the FDA. He finished by underlining that the concept of providing freeze-dried plasma continues to grow and predicted that by 10 years from now this will be a routine product for prehospital administration.

Following a brief coffee break, Dr. Albrecht returned to the podium to present “Blunt Abdominal Wall and Associated Injuries.” Dr. Albrecht taught that these are uncommon injuries such as a rectus hematoma, which usually can be treated nonoperatively. She described the different types of lumbar hernia to the superior lumbar triangle of Grynfeltt and the inferior lumbar triangle of Petit. She also presented examples of the very rare pararectus traumatic hernia. Many of these injuries are not recognized early and, when left untreated, may grow to a significant size. She presented a grading system, which essentially correlates with the size and extent of tissue severance. The common associated injuries with abdominal wall disruptions include small bowel rupture, TBI, pelvic fracture, and spine injury. When repairing such injuries, she emphasized the common need to reinforce the repair with mesh placed in a preperitoneal fashion.

The next presentation, “Effective, Safe Pain Management in Trauma,” was provided by Dr. Andrew Bernard from the University of Kentucky in Lexington.

Continued page 8



Dr. Bernard emphasized that we are in an opioid crisis on the national scene partly caused by the excessive use of narcotics in postoperative and post-injury patients. He presented data showing how the increased use of narcotics nationwide has led to a marked increased number of deaths due to overdose. Dr. Bernard pointed out that NSAIDS can often be used in lieu of a narcotic and result in the same relief. He taught that COX 1 inhibitors are recommended over COX 2 inhibitors, which may have some negative effect on surgical anastomoses. His data showed that simple things like Tylenol are often as good at reducing pain as is morphine sulfate and that this leads to a marked decrease in the likelihood of delirium.



Dr. Andrew Bernard

Dr. Marc de Moya returned to the podium to give the next presentation, “Rib Fracture Repairs: State of Affairs?” Dr. de Moya recounted some of the former techniques used to stabilize rib fractures, including external traction and previous use of plate screws in the 1980s when the equipment was not as refined as it is in the 21st century. He emphasized that there are no randomized control trials in patients with flail chest showing a decrease in mortality but that controlled studies stress that there will likely be a decrease in complications when applied in the appropriate patients. He also reported that rib plating may allow a person to get back to work sooner, particularly patients with flail chest and more than five rib fractures. He stressed the importance of ribs 5 through 9 in maintaining chest wall stability and the acute and long-term benefit of rib plating when these ribs are fractured.

Following these excellent presentations, Dr. Diebel moderated a panel session, which answered many questions from the floor and provided additional teaching to the audience.

During the lunch break, the attendees gathered up their lunch containers and returned to their seats in order to hear “Shifting the Clinical Perspective in Approach Towards the Intersection of Community, Violence, and Health Care,” delivered by Dr. Tululope Sonuyi from WSU Emergency Medicine. Dr. Sonuyi emphasized that much of urban violence is related to penetrating wounds, which nowadays come primarily from gunshot wounds. He discussed the significant mortality rates that occur and the high incidence of recidivism.

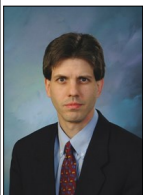


Dr. Tululope Sonuyi

Continued page 9



Besides the high mortality rate, there is an extraordinarily high disability rate. This is associated with a prohibitive societal cost and is sometimes associated with post-traumatic stress disorder (PTSD). Dr. Sonuyi described how much of this violence is related to childhood experiences and how counseling is important in order to circumvent these terrible events. He described how DLIVE is a program which helps decrease violence and helps rehabilitate victims to their former preinjury status.



Dr. Michael White

Dr. Michael White (WSU/GS 1990/97) moderated the Thursday afternoon panel. He first introduced Dr. Andrew Peitzman, the Vice-Chairman of the Department of Surgery at the University of Pittsburgh and the Chief of the Trauma/Critical Care/Acute Care Division at that institution. Dr. Peitzman talked about “management of major liver injury.” He pointed out that most minor liver injuries (AAST grades 1-3) are treated by nonoperative management (NOM).



Dr. Andrew Peitzman

When patients present with major injuries (grade 4/5) and are unstable, they need to be taken directly to the operating room. When such patients are stable, he recommends that they go for interventional radiography evaluation of any intrahepatic bleeding sites followed by embolization if such sites are identified. He emphasized that, for those patients who have to go directly to the operating room for major injuries causing instability, the operative procedure is very complicated, primarily because these injuries require urgent hemostasis. Consequently, the trauma surgeon must be well versed on the anatomy of the liver and how to obtain appropriate control of ongoing bleeding in a rapid manner. He recommended that residents planning to become trauma surgeons have an elective rotation on the Liver Transplant Service in order to familiarize themselves with the hepatic anatomy, particularly the hepatic venous system. Bleeding in these situations must be rapidly controlled or else the final outcome will be death. Dr. Peitzman emphasized the value of damage control in these patients, pointing out that the defect should not be packed in that this will cause an increased opening of a ruptured intrahepatic vein, but that the liver should be compressed with packs placed above and below the area of injury. At the time of the next operation following damage control, the surgeon should be ready to do a resection of that part of the liver if bleeding recurs following removal of the packs.

Continued page 10



When dissecting within the liver substance, Dr. Peitzman advocated liberal use of one of the stapling devices as being quicker and safer than the old-fashioned “finger fracture” technique. Because these major liver injuries are so uncommon, he recommended that trauma surgeons be involved in the ASSET course in order to refamiliarize themselves with the complicated hepatic anatomy.

Dr. Andrew Bernard then returned to the podium in order to present, “When Peer Review Becomes a Weapon—and How to Protect Yourself.” Dr. Bernard gave an outstanding talk describing how “sham” peer review can lead to inappropriate disruption of a busy surgeon’s practice resulting in financial and professional ruin. He described how this inappropriate process was applied to his senior partner and former chief of service. The victim surgeon was accused of raising his voice and displaying “inappropriate behavior.” This led to an immediate summary suspension until this issue was reviewed at different administrative committee levels. Dr. Bernard proceeded to point out the differences between this type of “sham” peer review within a hospital setting as opposed to an extramural legal setting where one has the rights of legal protection and is presumed innocent until proven guilty. He described some of the reasons for “sham” peer review, which related to peer jealousies, intrahospital politics, and personal dislike of the individual being accused. Again, he emphasized the fact that this is not a “legal proceeding,” where the accused is presumed innocent until proven guilty. He then described the various hospital committees that must deal with this type of issue and how any quality investigation of the complaints is under control of the hospital committees, which often have no concern about extramural legality. This leads to inappropriate “peer review,” as the accused is often “ambushed” by issues totally unrelated to the initial complaint. These evaluations are done secretly, so that the accused has no access to what is being said about him/her, and he/she is not represented by an attorney. His presentation was very eye-opening and should stimulate the surgeons at the conference to relook at their own hospital bylaws.

Dr. Alexander L. Eastman, who is a surgeon involved in the U.S. Department of Homeland Security and heads up the EMS portion of that department, presented



“Crisis Leadership for Surgeons: Lessons from Our Nations Heroes.” Dr. Eastman emphasized that surgeons and EMS personnel always perform best when they are not under unusual stress and are not fatigued, so that they can appropriately respond to the stress involved in their daily activities. Dr. Eastman described how he has been involved in gunfights and the stress that has to be overcome when caring for an injured colleague while under fire. He discussed in detail stress training and the importance of controlling one’s emotions when providing service under these circumstances. He described the important physical conditioning, which facilitates the Navy SEALs to perform under very difficult circumstances. There has to be what’s called “arousal control” when suddenly faced with a threatening event. He pointed out that there must be a careful system analysis of all activities, highlighting the fact that there is an average of two errors per flight in our routine civilian aviation industry. This has been documented to be true, and each time emphasis is placed on trying to eliminate these errors in order to have a zero “error” flight. Focusing on these errors increases the likelihood that they will not be recurrent. He then discussed the recovery to normal circumstance after the stressful event has passed, so that one can be prepared to carry on with one’s normal activities in preparation for the next time a stressful event arises.



Dr. Alexander Eastman

Dr. White then introduced Dr. Martin Croce, the Chief of the Trauma/Acute Care Surgery service at the University of Tennessee in Memphis. Dr. Croce presented “Current Management of Pancreatic/Duodenal Injuries.” Dr. Croce indicated that these injuries are not common and, therefore, the average surgeon, including a trauma surgeon, does not have much experience with these injuries. Therefore, it is important to constantly be reviewing the anatomy so that one can feel comfortable in mobilizing both the head of the pancreas and the tail of the pancreas. He emphasized that there must be good knowledge about the adjacent venous structures including the left renal vein and both mesenteric veins. He recommended primary closure for most duodenal injuries and described the alternate procedures that can be done with major pancreatic and duodenal injuries.



Dr. Martin Croce



He is an advocate of the use of antegrade and retrograde tube duodenostomies for intraluminal decompression in association with primary closure of the duodenum. He also discussed the duodenal exclusion procedure. He supported the use of damage control in patients with bad pancreatic injury with a second operation being subsequently performed in order to determine whether simple drainage or pancreatectomy would be necessary.

Following a brief coffee break, Dr. White introduced Dr. Anna Ledgerwood (WSUGS 1972), who then moderated a very exciting panel as she presented multiple different cases and rapidly quizzed and challenged the different panel members on their choices for treatment. The session was very much enjoyed by the audience.



Dr. Anna Ledgerwood

Academy of Surgery of Detroit

Following the conclusion of day one of the DTS, there was a brief reception followed by the meeting of the Academy of Surgery of Detroit. This was held in one of the adjacent rooms in the MGM. Dr. Diebel introduced Dr. Andrew Bernard, who delivered an excellent talk on “Acute Mesenteric Ischemia: Presentation, Diagnosis, and Treatment.” Dr. Bernard highlighted the three common causes of arterial mesenteric occlusion including inflow blockage from arterial sclerotic occlusive disease, embolism often associated with cardiac arrhythmia or recent myocardial infarction, and low-flow state, typically associated with congestive heart failure. He emphasized the classic findings of “pain out of proportion to physical findings,” typical of bowel ischemia, which has not yet caused peritonitis or perforation. The most efficient method for early diagnosis is CTA, which will identify not only the anatomy of the superior mesenteric artery but also provide information regarding the state of the abdominal viscera subjected to an ischemic insult and resulting in wall edema, pneumatosis, and/or intrabiliary air. A large portion of his presentation dealt with the more frequent use of percutaneous therapeutic access to patients with superior mesenteric artery (SMA) occlusion from embolic disease. He emphasized the importance of rapid intervention, since the mortality rate for patients with necrotic bowel approaches 90%. Early diagnosis and access to the SMA, therefore, are critical to a successful outcome. Dr. Bernard emphasized that initial access to the SMA by the percutaneous route has gained in popularity during

Continued page 13



Academy of Surgery of Detroit, cont..

the 21st century. He cited many papers from the European vascular journals and radiology journals, which have increasingly reported successful percutaneous access, which can be performed under local anesthesia and is much better tolerated than open laparotomy access. Using the percutaneous access of the SMA, embolectomy can be performed by way of hand-controlled suction through the access sheath, which often results in multiple fragments being sequentially removed prior to establishing efficient recirculation. He showed one example where there were over 20 clot fragments removed as part of this suction technique. He described how residual clot can be removed by balloon retrieval through the percutaneous catheter. Following revascularization by this percutaneous technique, laparoscopy is performed if there is question of bowel ischemia. Full laparotomy is performed if it is known that there is nonviable bowel. During this full laparotomy performed after revascularization, obvious necrotic bowel is resected, whereas questionable bowel is left in place to be dealt with in a second-look operation in 24 hours. He discussed the paper entitled “Debate: Whether an Endovascular-First Strategy Is the Optimal Approach for Treating Acute Mesenteric Ischemia,” published in the 2015 issue of the Journal of Vascular Surgery. Citing a number of papers, Dr. Bernard pointed out that the mortality rate from acute arterial mesenteric ischemia has decreased in the 21st century and that this decrease has been limited primarily to those patients treated by the primary percutaneous approach. The papers that he cited reported that the 30-day mortality rate is 42% for the traditional open-first approach versus 28% for the percutaneous approach ($P=0.03$) and that the one-year mortality rate is 58% for the open approach versus 39% for the percutaneous-first approach ($p=0.02$). He also discussed the comparisons of the percutaneous femoral artery approach versus the percutaneous brachial artery approach, with most of the European papers preferring the brachial artery approach. (Fifty years ago, the editor preferred the brachial artery approach when placing catheters in the internal mammary artery or the hepatic artery in patients with advanced breast cancer or metastatic colon cancer to the liver in order to facilitate constant intravascular chemotherapy infusion.) During this presentation, Dr. Bernard showed samples of obvious necrotic bowel, which were in different stages of autodigestion. When asked during the question-and-answer period how long it takes a devascularized bowel in the absence of obstruction to perforate, he responded that he was not sure but that it was certainly more than three days. There was an exciting question-and-answer interval prior to the closure of the meeting.



The dinner meeting of the Academy of Surgery of Detroit was enjoyed by all

Continue page 14



DAY 2

Day two of the DTS, on Friday, November 8, began with the Sunrise Sessions. These included the presentation by Dr. Wazim Mohamed, “Recognition and Treatment of the Trauma Patient on Prescribed Oral Anti-Coagulants”; Dr. Diebel who presented “REBOA: Who/When/How? With Hands-On Simulation”; Dr. John Gallien, from DRH Emergency Medicine, who presented “Use of Limited Transthoracic Echocardiogram in Trauma and the ICU.” An appropriate supply of coffee and donuts prepared the listeners for the main portion of day two of the DTS.



Dr. Wazim Mohamed



Dr. John Gallien



Dr. James Tyburski

Dr. James Tyburski (WSUGS 1982) moderated the first program for Friday morning, which consisted of the Resident Panel made up of senior residents from the Detroit area residency programs, who questioned attending trauma surgeons from each of these programs. The resident panel questioners included Dr. Joshua Halka, from Beaumont Hospital Royal Oak; Dr. Chris Husko, from the Sinai-Grace Hospital; Dr. Jacey Loberg, from Ascension St. Johns Hospital; Dr. Cletus Stanton, from Henry Ford Hospital; and Dr. Miguel Tobon, from the Detroit Medical Center. The panel members consisted of Dr. Joe Buck (WSUGS 1987), from Ascension St. Johns Hospital; Dr. Mandip Atwal, from the Sinai-Grace Hospital; Dr. Charles Lucas (WSU/GS 1962/67), from Detroit Receiving Hospital/Wayne State University; Dr. Anthony Iacco, from the Beaumont Hospital Royal Oak; and Dr. Jeffrey Johnson, from the Henry Ford Hospital.

Dr. Tyburski then reintroduced Dr. Andrew Peitzman who presented “Stop the Bleed: A Community Effort.” Dr. Peitzman emphasized that death from bleeding typically occurs shortly after injury and within the first two hours. Consequently, the role of controlling bleeding cannot be over-emphasized beginning in the prehospital setting where EMS personnel have to be proficient in stopping all external bleeding and recognizing internal bleeding. He cited military experiences where field control of bleeding saves the lives of soldiers who then can be treated at the MASH facility prior to being transferred out to a major hospital. He emphasized the importance of recognizing where people are dying following injury and pointed out that, since 911,

Continue page 15



there have been 7000 soldiers who have died from injury and 3.6 million civilians who have died from injury. Since 911, there has been an average of one school shooting per week, and these types of senseless activities are now extending into places of worship. Consequently, stopping bleeding must be a job for all civilians, and it is the requirement for all those involved in trauma care to teach civilians how to properly use tourniquets so that injured civilians can arrive at the hospital alive. The team in Pennsylvania has already taught police officers in almost half of the state how to apply “Stop the Bleed” tourniquets. This knowledge can be applied everywhere, and he looks forward to the time when there will be a lightweight, easily used tourniquet next to every device on the walls that are used for defibrillation.

Dr. Martin Croce returned to the podium to present “A Trauma Center Experience of Over Two Decades With Injuries Due to GSW.” Dr. Croce emphasized that injury from firearms is a public health problem and that around 40,000 civilians die each year because of firearm injuries. He emphasized the difficulty in gathering data regarding this public health problem in that much of the scientific analysis that is being currently published comes from trauma program registries and from police department registries. These data sources help determine the type of weapon that is being used and the location of injury, be it urban or rural. He showed the difference between injury patterns from low velocity and high velocity GSW and emphasized that most urban injuries are caused by low-velocity, medium-caliber bullets and that the higher-velocity and larger-caliber missiles are increasing in frequency and are more likely to be fatal.

Dr. April Zeoli, PhD, from the Michigan State University, then presented “Gun Violence Policy—What Works?” Dr. Zeoli pointed out that of the 40,000 civilians killed from gunshot wounds each year, approximately half of these deaths are due to self-inflicted injury. She emphasized the importance of communicating with law enforcement officials when a person who is known to possess firearms is acting in a strange manner. Most suicides occur after the victim has demonstrated “instability,” which friends or colleagues recognize but don’t follow up on this recognition to inform the authorities. Most states have laws permitting the removal of firearms from somebody who is thought to be a potential danger to himself/herself or to somebody else.



Dr. April Zeoli

Continue page 16



Dr. Zeoli pushed for at least a 3-minute computer background check prior to allowing someone to purchase a gun and the subsequent tracking of guns, so that the shooter does not obtain his/her weapon from a friend. She supports background checks, which, in states with such a policy, is associated with decreased deaths from firearms; she supports restriction of firearm possession based upon a number of factors including mental stability, prior psychiatric care, and prior use of a handgun in commission of a felony. She pointed out that the State of Oregon has an emergency pre-possession ordinance whereby firearms can be removed from individuals when specific conditions are met.

Dr. Alexander Eastman then moderated a panel on gun violence, which included the morning presenters and stimulated many questions from the audience.

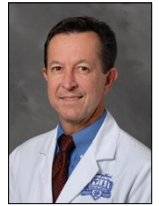
Following this very stimulating panel discussion, Dr. Zeoli returned to the podium to present “Domestic Partner Violence.” Dr. Zeoli pointed out that the death of a partner is caused by a gun in 58% of instances. She emphasized the high frequency of gun possession in people with a criminal history. She also pointed out that there is a hotline for notifying the authorities when somebody who is in possession of a gun is acting in an irrational manner.

Dr. Eastman then returned to the podium to present “Countering Weapons of Mass Destruction (WMD): The Newest DHS Component.” Dr. Eastman described how the Department of Homeland Security (DHS) performs many functions that are not appreciated by most civilians. He described how there is a tremendous threat to the U.S. and that this threat may come from many different sources. The DHS performs activities against injury by WMD, which is a constant threat to America. When faced with an emergency, there is a rapid response capability. He emphasized the importance of each community working closely with DHS in order to combine resources and have a more effective response. This includes all local and regional EMS services. The DHS is actively involved in trying to find ways of combatting the opioid crisis and also watching for any evidence of biological warfare brought about by aerosol techniques. DHS activities on the southwest border of this country represent only a minor part of their total activities. The DHS always has to be looking at different types of injury patterns to the U.S. that might evolve in the future.

Continue page 17



Following this morning session, the participants quickly obtained their lunch packet and returned to their seats in order to hear Dr. Scott Dulchavsky (WSU/GS 1983/88), the former chief of surgery at Detroit Receiving Hospital and current Chairman of the Department of Surgery at the Henry Ford Hospital, present “Extra-Terrestrial Medical Care.” Dr. Dulchavsky highlighted the unusual body responses in association with zero gravity and how portable ultrasonography can provide critical on-the-scene information regarding pneumothorax or abnormality of the pleura. He showed the pictorial findings of the two pleural surfaces normally moving in sequence with each other and how the lack of such movement diagnoses a pneumothorax. He showed how the lack of gravity has an effect on the vertebral column. He pointed out that each of us is a little bit shorter when we go to bed in the evening than we were when we wake up in the morning because of this gravitational effect on our vertebral column. When there is a long-term setting of zero gravity, the astronauts often have problems with their back during extra-terrestrial flight and even more so when they return to the gravity on earth. He described how on-site ultrasonography is helpful in examining the muscles and joints in an earthen or extra-terrestrial environment. He taught that the most injurious sport as it relates to muscles and joints is figure skating. These injuries can now be diagnosed in real time both on earth and at high altitudes. The onsite ultrasonography has become a very important diagnostic tool. Dr. Dulchavsky’s presentation was very exciting and kept everyone’s interest.



Dr. Scott Dulchavsky

The Friday afternoon session was moderated by Dr. Robert Welch (WSUGS 1993), a senior physician in the Detroit Receiving Hospital emergency department. Dr. Welch first introduced Dr. Mark Moisi who presented a very comprehensive session on spine injury. Dr. Moisi identified the causes of spine injury and the different symptoms produced by the different types of injury. He identified those injuries needing early operative intervention and discussed the different operative approaches to these injuries.



Dr. Marc Moisi



Continue page 18



Dr. Welch then introduced Dr. Rahul Vaidya, who is the Chief of the Orthopaedic Service at the Detroit Receiving Hospital. Dr. Vaidya presented “Management of Femur Fractures.” During his presentation, he identified the causes and different types of femur fractures and the optimal approach depending upon the location of the fracture. He emphasized the importance of early operative intervention in stable patients and the importance of postoperative rehabilitation.



Dr. Raul Vaidya

Dr. Welch then reintroduced Dr. Diebel, who gave an update on the use of REBOA. Dr. Diebel described the circumstances in which REBOA might be helpful, the techniques for placing the REBOA catheter, and the different zones for inflating the REBOA balloon in order to be of maximal benefit to the patient.



Dr. Robert Welch

This exciting presentation was followed by another question-and-answer session. Following this question-and-answer session, Dr. Diebel thanked all of the participants in the audience and identified when the 2020 DTS would occur.

DTS WRAP-UP SESSION

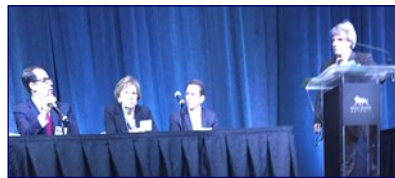
The success of the Detroit Trauma Symposium is dependent upon the very hard work performed by many of the volunteers within the hospital. These volunteers always meet at the end of the DTS in order to discuss about how to make the next year’s program even more successful than the current year. The group of volunteers met at Dr. Ledgerwood’s home, where lengthy discussions took place regarding next year’s program, and advice was provided for Dr. Diebel to improve upon next year’s program and continue to allow it to be the best trauma symposium in the country. During these discussions, they enjoyed lasagna ala Giovanni, salad ala Ledgerwood, and wine ala the state of California.



The volunteers of the DTS enjoyed a great evening of dinner and discussion with Dr. Larry Diebel and Dr. Anna Ledgerwood



Dr. April Zeoli's presentation was intriguing



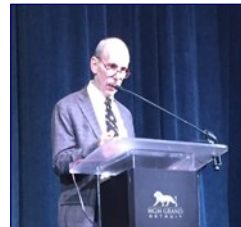
Dr. Larry Diebel (WSU/GS 1980/86) listens as the panel members give their thoughts to his question



Dr. Scott Dulchavsky's presentation encouraged the audience



Dr. Tulupe Sonuyi has fun with his panel of discussants



Dr. Andrew Peitzman gave a thought-provoking presentation



Dr. Tulupe Sonuyi



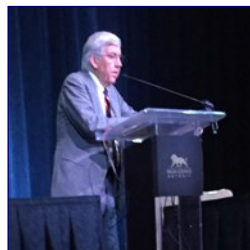
Dr. Anna Ledgerwood challenged and quizzed her panel members with various treatment questions



Dr. Michael White (WSU/GS 1990/97) moderates a lively discussion by his panel members



Dr. Alexander Eastman gives an exciting presentation



Dr. Martin Croce gave a stimulating talk

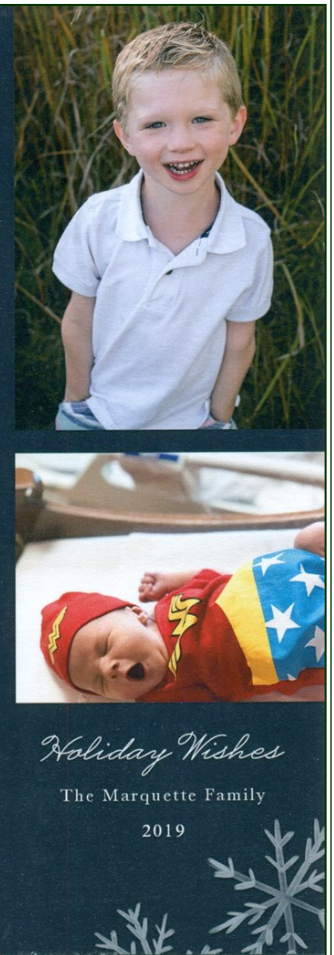
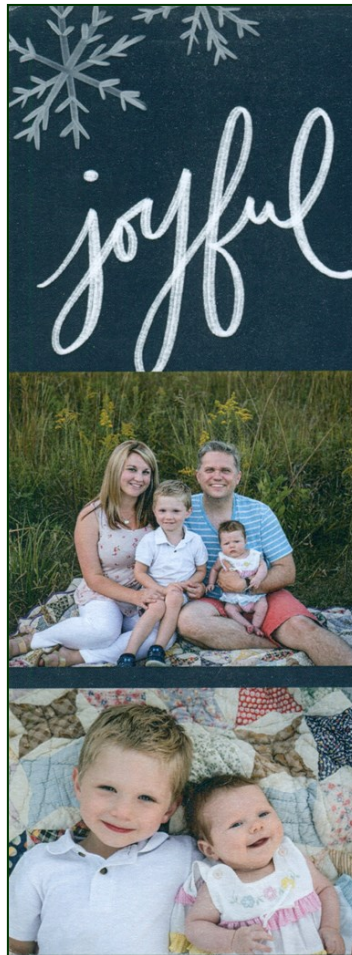


Dr. James Tyburski (WSUGS 1992) moderated the Friday afternoon session of the Detroit Trauma Symposium



HOLIDAY GREETINGS FROM THE OUTFIELD

Dr. Lauren Marquette (WSUGS 2019) and family send Christmas greetings to the extended surgical clan from Indiana, where Lauren is doing her Plastic Surgery Fellowship at the Indiana University. Her husband, Dr. Scott Marquette, has accepted a new job as the Vice-Chairperson of Radiation Oncology at Indiana University. Following the successful completion of her general surgery board examination this past summer, Lauren and Scott added another Wolverine to the pack. Tess Elizabeth was born July 22 and weighed in at 7 lbs. and 1 oz. Lauren and Scott report that she is growing quickly and is an absolute delight for everybody, including her older brother, Edison. Lauren and Scott Report that Edison loves being a big brother and is helping care for baby Tess. Edison is also learning to read, write, and count, and is always letting his imagination run wild. He entertains his parents with singing, dancing, and impromptu "rock out" sessions. His favorite songs include the Ghostbuster's theme song, Queen's "We Will Rock You," and "The Victors" (by the Michigan Marching Band. Edison's favorite movies are "Moana" and "Ghostbusters." This provides endless fun for Lauren and Scott. They already see that he is growing up "too quickly." They look forward to see what 2020 has in store! They wish everyone in the surgical clan a joyful holiday season, and they sign off as "The Wolverines of Whitestown," Scott, Lauren, Edison, and Tess.





GREETINGS FROM THE OUTFIELD



PRODUCTIVITY

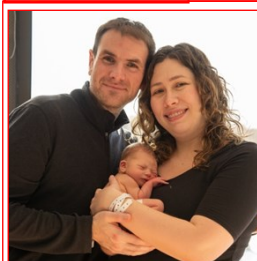
Dr. Chris Dente (WSUGS 2002) and his co-authors published an interesting report, “Lead Toxicity From Retained Bullet Fragments: A Systematic Review and Meta-Analysis,” which was published in the recent issue of the Journal of Trauma and Acute Care Surgery 2019;87:707-716. These authors did an extensive review in order to try to determine whether the lead retained from bullets could be absorbed and be associated with any abnormalities. They identified over 2000 articles after removal of duplicates. They identified a small number of articles meeting their criteria for evaluation. Based upon these articles, the authors concluded that there is a positive relationship between blood lead levels (BLL) and retained bullet fragments (RBF). They identified that this relationship was more remarkable in patients with fractures, and they reported one study that demonstrated that there is a 25% increase in BLL for every natural-log increase in RBF ($P < 0.01$). They also reported that the BLL is significantly increased in patients with fractures and multiple RBF and that this should be monitored, especially during the first 12 months after injury.



Dr. Chris Dente



EXTRACURRICULAR PRODUCTIVITY



Patrick, Jessica and baby William

Dr. Jessica Dornbush (WSUGS 2017) and her husband, Mr. Patrick McGhee, are pleased to announce they are now proud parents of a new baby boy, William Owen McGhee. Baby William entered the world on Monday, November 11, 2019. He weighed in at 6.65



William Owen McGhee

lb. and was 21" long. Jessica and Patrick are very happy adjusting to life with William at home. They wish the extended WSU family a joyful holiday season!

The WSU clan extends their warm congratulations to Jessica and Patrick and welcome their newest member to the WSU surgical family.





**WSU MONTLY CONFERENCES
2019**

Death & Complications Conference
Every Wednesday from 7-8



Didactic Lectures — 8 am
Kresge Auditorium

Wednesday, December 4

Death & Complications Conference

**“Management of Major Venous Injuries: Avoid Singing the Blues:
My Assessment and a Nod to the Icons”**

Lawrence Diebel, MD

Wayne State University Michael & Marian Ilitch Department of Surgery

Wednesday, December 11

Death & Complications Conference

SIMPL Training

Brian C. George, MD, MAEd

University of Michigan Center for Surgical Training and Research (C-STAR)

Wednesday, December 18

Death & Complications Conference

Wayne State University Michael & Marian Ilitch Department of Surgery



**Wayne State Surgical Society
2019 Dues Notice**

Name: _____

Address: _____

City/State/Zip: _____

Service Description	Amount
---------------------	--------

2019 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

*WSU Michael & Marian Ilitch Department of Surgery Holiday Party
Friday, December 6, 2019*

*American Surgical Association
140th Annual Meeting
Grand Hyatt in Washington DC
April 16-18, 2020*

*Michigan Chapter of the ACS
67th Annual Meeting
Boyne Mountain Resort, Boyne Falls, MI
May 13-15, 2020*



*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. 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)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

D. Sukumaran (1972)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)



Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. 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.



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

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

Members of the Wayne State Surgical Society—2019 Dues

Alpendre, Cristiano	Cirocco, William C.	Horness, Mark D.	Lopez, Peter	Reilly, Lindsay	Thoms, Norman W.
Asfaw, Ingida	Dawood, Moiz	Joseph, Anthony	Mansour, Roozbeh	Resto, Andy	Truong, William
Bailey, Colin E.	Dawson, Konrad L.	Kaderabek, Douglas J.	Marquette, Lauren	Siegel, Thomas S.	Vaszuez, Julio
Bambach, Gregory A.	Dente, Christopher J.	Klein, Michael D.	Marquez, Jofrances	Spotts-Resto, Josette	Zahriya, Osama
Baute, Peter B.	Dolman, Heather	Knight, Anna	Mayuiers, Matthew	Sundaresan, Naresh	Zerfas, Dorene
Baylor, Alfred E. III	Field, Erin	Kosir, Mary A.	McAlpin, Glenn M.	Tarras, Samantha	Ziegler, Daniel W.
Bucci, Lorenzo A.	Golden, Roy	Larson, Sarah	Noorily, Michael J.	Taylor, Michael G.	Zoellner, Steven M.
Busuito, Michael J.	Goltz, Christopher J.	Liebold, Walter C.	Novakovic, Rachel L.	Tennenberg, Steven	
Carlin, Arthur M.	Herman, Mark A.	Lloyd, Larry	Prendergast, Michael	Thomas, Gregory A.	



*Operation-A-Year
January 1—December 31, 2019*



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.	Davidson, Scott	Gallick, Harold	Hinshaw, Keith A.	Lim, John J.	Nicholas, Jeffrey	Sugawa, Choichi
Bambach, Gregory A.	Dujon, Jay	Gayer, Christopher P.	Huebel, Hubert C.	Lopez, Peter	Perrone, Erin	Sullivan, Daniel M.
Bradley, Jennifer	Edelman, David A.	Gutowski, Tomasz D.	Johnson, Jeffrey R.	McIntosh, Bruce	Siegel, Thomas S.	Whittle, Thomas J.
Conway, W. Charles	Francis, Wesley	Herman, Mark A.	Johnson, Pamela D.	Missavage, Anne	Silbergleit, Allen	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.