

FEBRUARY 2025

# SURGICAL GRAND ROUNDS



Groundhog Day  
February 2<sup>nd</sup>

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## 2024 WSSS OFFICERS

### President:

Joseph Sfera (WSUGS 1991)

### Vice-President:

Bruce McIntosh (WSU/GS 1989/94)

### Secretary-Treasurer:

Michael Malian (WSU/GS 1987/92)

### Members-at-Large:

Erin Perrone (WSUGS 2012)

Anita Antonioli (WSUGS 1998)

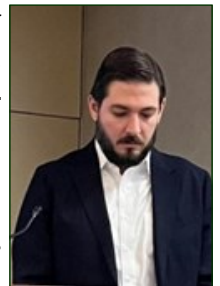
Jennifer Bradley (WSUGS 2015)

### Resident Member:

Michelle Coughlin (WSUGS 2025)

Amanda Doolley Romero (WSUGS 2025)

The Surgical Grand Rounds on Wednesday, January 8, 2025 was presented by Dr. Gari Martinovski (WSUGS 2018) and was entitled “Ventral Hernia Surgery in the Community, 2025.” Dr. Martinovski completed his General Surgery residency at WSU 6.5 years ago and joined the group of surgeons at Corewell Health-Troy (formerly Beaumont-Troy Hospital), including our former graduates, namely Dr. Bruce McIntosh, Dr. Anastasia Stevens-Chase, and Dr. Mark Herman. They also have an additional partner who trained elsewhere.



Dr. Gari Martinovski

Dr. Martinovski began his lecture in a philosophical manner and talked about the importance of hard work. He quoted one of our former presidents, Teddy Roosevelt, who understood the importance of hard work throughout his life from the time that he was a physically impaired child until after his presidency when he toured the jungles of Brazil. On a lighter note, Dr. Martinovski reported that since leaving us, he has married, and they have two bright children.

The Corewell Health-Troy Hospital has 530 beds and represents the typical suburban hospital in North America. Robotic surgery has gradually increased in activity, and if one is going to become involved in this type of surgery, there should be frequent observation of one’s more experienced colleagues and careful examination of videos that have been developed for teaching robotic surgery. This has been an exciting time for Dr. Martinovski, including working in the trauma arena with Drs. McIntosh and Herman.

Most of the robotic surgeries are related to cholecystectomy and inguinal hernia repair, which represent over 50% and over 30%, respectively. Other types of hernias represent about 5% of the procedures. He enjoys the robotic surgery over the laparoscopic surgery in the performance of

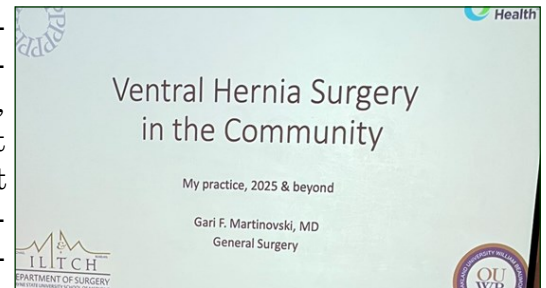
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## SURGICAL GRAND ROUNDS, cont....

these procedures. He also discussed the approach to ventral hernias and the recommendation that the small ventral hernia be repaired since it will otherwise get larger, and the patient will find someone “down the road” to fix it if the first surgeon doesn’t. Some of the co-morbidities that should be assessed in patients who are going to have ventral hernia repair include cardiopulmonary disease, uncontrolled diabetes, smoking, and lack of physical activities, and in certain circumstances, “prehabilitation” might be helpful. Recurrence is common; the literature is reporting a 25%-55% recurrence which has led to an increased use of mesh, and he discussed the different positions where a mesh should be replaced when repairing a ventral hernia. The underlay mesh or the pre-peritoneal mesh is probably superior to the intramuscular meshes or the onlay mesh. The biological meshes are no longer being touted since there have been complications related to these types of meshes, including decreased strength leading to recurrence through the thinned out mesh.



In regards to the legal profession, there are a number of lawsuits related to complications related to meshes, and he described the mesh size that is recommended when repairing a large hernia. He noted that mesh being placed “5 cm” beyond the hernia may not be sufficient for large hernias.

Different types of abdominal wall reconstructions were also discussed as part of mobilizing tissues in order to get a tension-free closure. The anterior component separation and the posterior component separation may be used in order to get primary closure. When the hernia is more than 20 cm in transverse diameter, he tends to refer the patient to a hernia center, such as the Cleveland Clinic. When the patient is very ill, the priority should be on getting a tenuous closure in order that the patient can recover, with definitive fascial reconstruction being reserved until the patient is in better condition.

In conclusion, Dr. Martinovski showed videos of the tissue mobilization as it relates to freeing up the plane between the peritoneum and the abdominal wall musculature, right on back to the retroperitoneal tissues. There was a brief question-and-answer session, and everyone appreciated his excellent presentation.

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## SURGICAL GRAND ROUNDS, cont....

The **Surgical Grand Rounds** on **January 15, 2025** was presented by **Dr. Harry Anderson**, the Chief of Surgery at the Trinity Health Hospital in Livonia, Michigan. Dr. Anderson's presentation was titled "**History of Extracorporeal Membrane Oxygenation (ECMO or ECLS).**" There are many causes of life-threatening pulmonary insufficiency, including viral pneumonia, bacterial pneumonia, acute respiratory distress syndrome after trauma or sepsis, pulmonary emboli, seizures with aspiration, and many others. The use of ECMO has been around for about 35 years, and there was a 35-year reunion held in Ann Arbor, Michigan quite recently. One of the leaders in ECMO was Dr. Robert Bartlett from the University of Michigan.



Dr. Harry Anderson

Dr. Anderson presented some of the history of heart surgery going back to 1965 when Dr. Robert Gross was a pioneering surgeon in this area. They referred to some of the work done by Dr. Philip Drinker who had an animal preparation with extracorporeal circulation for three days. Dr. Drinker worked with Dr. Bartlett. The physicians at the University of California at Irvine treated a patient with extracorporeal circulation following pulmonary failure due to blunt injury for a total of four days. Dr. Esperanza, in 1978, was the first to treat a neonate with extracorporeal circulation. Dr. Anderson pointed out there have been no prospective randomized controlled trials to verify the effectiveness of ECMO, just as there have been no prospective randomized studies to show that jumping out of a plane with a parachute is much safer than jumping out of a plane without a parachute. Dr. Bartlett demonstrated in 1985 the effectiveness of ECMO in a group of pediatric patients, and in 1992 showed benefit in a large group of adult patients. The Lancet, in 2009, reported a randomized controlled trial from 30 different centers demonstrating the benefit of ECMO for acute pulmonary insufficiency.

There are a number of contraindications to ECMO, including age under 60, a short period of respiratory failure, absence of a malignancy, absence of an immune deficiency, absence of long-term respiratory failure, severe traumatic brain injury, and tetraplegia.

The VA versus VV technique for ECMO was also presented. Patients with compromised cardiac output would not be candidates for the VA technique. The physiologists at Penn State University developed a venous oxygenate which is placed in the central venous system and oxygenates blood which passes through this apparatus. Also, certain liquids, such as perfluorooctyl bromide, allow oxygen to be transferred from the liquid into the lungs of a submerged animal. He showed pictures of a rodent being held within a container filled with the substance for a long time without developing any impairment.

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# SURGICAL GRAND ROUNDS, cont....

The use of ECMO as part of CPR has been associated with an over 30% survival rate in desperate situations. The utilization of this procedure has been increasing exponentially over the past five years. ECMO has also been used as a bridging technique in order to allow for organ donation in patients who are brain-dead. This was so described by Dr. Cattinoni from Italy. Currently there is a national registry that has been established which should allow for better documentation, which will certainly lead to an increase in the utilization of ECMO over the next few years. Following his presentation, there was an active question-and-answer session.



Dr. David Edelman introduces Dr. Harry Anderson for the 1/15/2025 Surgical Grand Rounds



**Dr. Jeffrey Janowicz**, a Professor in the Department of Emergency Medicine, presented the **Surgical Grand Rounds on January 29, 2025** which was entitled “**Transitions: Protecting Assets.**” Many aspects of business practices and how they relate to financial planning were discussed, as was the indebtedness that many finishing residents face from the result of educational loans, i.e. the different types of insurances and different contracts that would be signed at the time one finishes residency training. Physicians are eventually going to be wealthy, but the first 35 years of life are without wealth and lead to great indebtedness. In addition, a shortage of surgeons has been projected by the year 2034 to be somewhere between 16,000 and 32,000.



Dr. Jeffrey Janowicz

Malpractice insurance and the many different types of malpractice insurance were discussed, as were the different types of policies. These included “claims made,” which covers those patients during the working years and for a short time following completion of one’s career. With “whole life” insurance, the extension of coverage goes beyond retirement but at an increased cost. The “umbrella” is more expensive but deals with things related to one’s home and one’s automobile and other things.

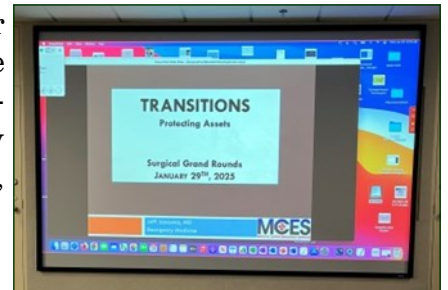
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## SURGICAL GRAND ROUNDS, cont....

He also discussed the difference between insurance coverage for long-term care, which may include home assistance, nursing home placement, and assisted living vs. “term life insurance” which provides coverage up to a certain age, and if death occurs at an early age, provides for expenses for the ongoing needs of one’s spouse, the children, and even funeral expenses.



Insurance costs are related to age and longevity. For example, women tend to live longer than men, so coverage would be greater for them because there is an increased number of years for potential handicap or injury. It is important to shop around with the different insurance companies and to understand the difference between short-term and long-term when dealing with disability insurance.

The different insurance companies have many things which are very similar, but there are specific differences related to the definition of disability. For example, a university surgeon may have a disability that interferes with performing operative procedures but does not interfere with teaching, so that the university salary may continue. This continuance of a university salary would be extended up to the mid- or late 60’s in terms of age. Most disability is related to illness with only about 10% of disabilities being related to injury. A Rider on the insurance policy which would handle all aspects of the disability was encouraged.

There have been changes in insurance costs as it relates to the annual cost-of-living adjustment, which should be built in to the insurance plans.

The importance of having a Will and Trust as opposed to just a Will was emphasized in order to avoid many taxes to recipients of assets and to avoid the problem of having an estate go through Probate, which is very time-consuming and costly. There was an active question-and-answer session.

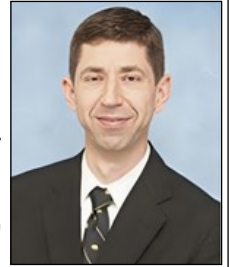


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# PRODUCTIVITY

Dr. Bryant Oliphant, who is a member of the Trauma Team in Orthopedic Surgery at both WSU and the University of Michigan, and Dr. Rahul Vaidya, the Chief of Orthopedic Surgery at WSU, are co-authors on a paper entitled, "Characterizing Trauma Patients with Delays in Orthopedic Process Measures." Their co-authors included Dr. Nishant Gohel, Dr. Pranav Khambete, Dr. Laura Gerhardinger, Dr. Anna Miller, Dr. Philip Wolinsky, Dr. Molly Jarman, Dr. John Scott, and Dr. Mark Hemmila. These authors looked at the role of early operative intervention for orthopedic injuries as it relates to its effect on morbidity and mortality. Their study focused on the repair of femoral shaft fractures within 24 hours of patient arrival. This was a retrospective study of patients treated at 35 verified level I and level II trauma centers from 2017-2022. All patients were adults, had ISS over 5, and had a closed femoral shaft or open tibial shaft fracture classified by the abbreviated injury scale. They performed multivariable logistic regression analysis in order to help determine the results when operative fixation was delayed more than 24 hours. They did a subanalysis when the delay was occurring in "healthy patients." They concluded that there is a substantial incidence of surgical delays that are predicted by patient characteristics such as co-morbidities and that this is associated with an increased rate of complications. They emphasize the importance of understanding those factors which are associated with a delay in surgical intervention in order that the information derived from their study can be appropriately used in future quality improvement programs.



Dr. Bryant Oliphant



Dr. Rahul Vaidya



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# PRODUCTIVITY

This year our residents took the ABSITE Exam the weekend of Sunday, Jan 26 and Monday, Jan 27, 2025. As always, there was a calm and jovial atmosphere amongst the residents!

**ABSITE 2025**  
**Over for another year!!**

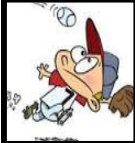






DEPARTMENT OF SURGERY

FEBRUARY 2025



# REPORTS FROM THE OUTFIELD

## Dr. Suresh Goyal Reminisces About His Training

Dr. Suresh Goyal (WSU/GS 1973) completed his medical school at the ALL India Institute of Medical Sciences in New Delhi, India, after which he did his internship at the Cook County Hospital in Chicago and his surgical residency at WSU, which he completed in 1973. He and his bride, Dr. Suman Goyal, practiced in both New Delhi and in New York. Suresh and Suman sent their best wishes for the holidays, and Suresh added these comments about how he continues to enjoy the monthly newsletter and the report that comes from the Detroit Trauma Symposium. He commented how "the well-rounded training he received at the Wayne State surgical program provided him with the necessary skills to practice as a surgeon, both in the United States and in New Delhi." He comments that he never encountered a case in the operating room where he felt handicapped about doing what was needed to be done. This included the pediatric patients whom he cared for in his subsequent practice although at the time of his training, many of the pediatric cases were done at the Children's Hospital of Michigan. He wanted to thank all the faculty members responsible for his training and wish all of the WSSS members a happy holiday and a prosperous new year!



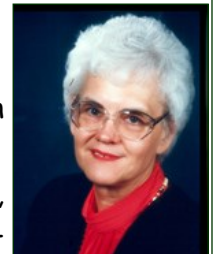




## EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

6/8/72 - Staff: Dr. B. Birks; Chief Resident: Dr. S. Sankaran

1. JD278: 27yo with stab right groin, had exploration of femoral vessels and ligation transected branch of the deep femoral artery.
2. GS: 26yo female who was eight days post GSW abdomen with injury to liver, gallbladder, transverse colon, and cecum. Developed red rectal bleeding and had laparotomy with lysis of adhesions, drainage of pericolic abscess around the transverse colon wounds, and resection of right colon with cecostomy and mucous fistula.
3. JD281: 7yo with GSW to abdomen, had laparotomy with repair of two holes stomach, ten holes small bowel with resection and anastomosis, repair sigmoid colon, and resection of descending colon and end colostomy and mucous fistula.
4. CS: 26yo with lawn mower accident, had traumatic amputation of tip of right index finger which was revised, and laceration middle finger with open fracture, treated with repair and splint.
5. MP: 46yo with stab left flank, negative laparotomy.



Dr. Anna Ledgerwood

6/9/72 -Staff: Dr. G. Baker

1. HC: 26yo with stab of neck, had negative exploration.
2. NJ: 34yo with stab left chest and abdomen, had left thoracotomy and repair of lung laceration and laparotomy with splenectomy.
3. KT: Stab wound of neck with negative exploration.
4. AM: 21yo male with stab to abdomen, had exploration with drainage of left lobe of liver and repair of anterior wall of the stomach.
5. RR: 24yo with stab to abdomen, had exploratory laparotomy and suture of liver laceration with drainage.

6/10/72 - Staff: Dr. J. Plant

1. AJ: Bleeding esophageal varices, had laparotomy and mesocaval shunt with a #12 Dacron graft side-to-side for thrombosed portal vein.
2. WW: 58yo with peritonitis, had laparotomy with resection gangrenous small bowel and colostomy.
3. WT: 21yo with abdominal pain, had appendectomy but diagnosis was mesenteric adenitis.

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

6/11/72 - Staff: Dr. T. Grifka

1. RG: 6yo male with incarcerated umbilical hernia, had repair.

6/12/72 - Staff: Dr. Arbulu

1. YB: 28yo male with small bowel obstruction, had lysis of adhesions.
2. LW: 52yo female with laceration hand, had repair of extensor tendons.

6/13/72 - Staff: Dr. Allaben

1. AT: Stab neck and abdomen, had exploratory laparotomy and expired on table.
2. DM: Postop GSW with ileostomy, had laparotomy with lysis of adhesions, resection small bowel.
3. CF: Laceration left forearm, had repair of muscle.
4. LB: Laceration right forearm, had repair ulnar nerve and flexor muscles.
5. WB: Stab to abdomen with negative exploratory laparotomy.

6/14/72 - Staff: Dr. Kambouris

1. ML: Stab chest and abdomen, had laparotomy with suture of liver.

6/15/72 - Staff: Dr. P. LeBlanc

1. BT: Left pneumothorax, treated with a left chest tube.
2. JN: Left pneumothorax, treated with a chest tube.
3. AR: Abscess right hand, treated with I&D.
4. OF: GSW abdomen and left chest, had left hemothorax treated with a chest tube, left diaphragm injury treated with repair, and laceration stomach x2 repaired. Injury to pancreas treated with distal pancreatectomy, splenectomy, and injury to left kidney treated with partial nephrectomy.



## WSU MONTLY CONFERENCES 2025

Death & Complications Conference  
Every Wednesday from 7-8



Didactic Lectures — 8 am  
Kresge Auditorium

*The weblink for the New WebEx Room:  
<https://davidedelman.my.webex.com/meet/dedelman>*

### Wednesday, February 5

Death & Complications Conference

**“Special Topics in Transplant”**

**Benjamin James, MD**

e

Graduating Surgical Resident  
DMC/WSU

### Wednesday, February 12

Death & Complications Conference

**J.C. Rosenberg, MD, PhD Endowed Lecture**

**:From Maximally Invasive to Minimally Invasive:**

**The Liver Surgery and Transplant Journey”**

**Jaekeun Kim, MD, PhD, FACS**

Associate Professor, Liver Transplantation / Liver Surgery  
Cleveland Clinic / Digestive Disease Surgery Institute, Cleveland, OH

### Wednesday, February 19

Death & Complications Conference

**Matthew Haffner, MD**

Graduating Vascular Surgery Resident  
DMC/WSU

### Wednesday, February 26

Death & Complications Conference

**Samuel Mansour, MD**

Graduating SICU Fellow  
DMC/WSU

**KRESGE AUDITORIUM – SECOND FLOOR WEBBER BLDG  
HARPER UNIVERSITY HOSPITAL, 3990 JOHN R.  
7:00 Conference: Approved for 1 Hour – Category 1 Credit  
8:00 Conference: Approved for 1 Hour – Category 1 Credit  
For further information call (313) 993-2745**

The Wayne State University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Wayne State University School of Medicine designates this live activity for a maximum of 2 hours *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.<sup>7</sup>

EVALUATIONS





**Wayne State Surgical Society  
2025 Donation**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Service Description	Amount
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2024 Dues Payment _____	\$200	_____
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My contribution for "An Operation A Year for WSU" _____		_____
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*Charter Life Member _____	\$1000	_____
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Total Paid \_\_\_\_\_

**Payment by Credit Card**

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

Credit Card Number: \_\_\_\_\_

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

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address of card (if different from above):

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

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

**MARK YOUR CALENDARS**

*2025 Critical Care Conference*

*February 23-25, 2025*

*Orange County Convention Center*

*Orlando, FL*

*145<sup>th</sup> Annual Meeting of the American Surgical Association*

*April 24-26, 2025*

*Intercontinental San Diego*

*San Diego, CA*

*71st Meeting of the Michigan Chapter of the ACS*

*May 14-16, 2025*

*Shanty Creek Resort*

*Bellaire, MI*



February 17<sup>th</sup>



**Please Update Your Information**

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at [clucas@med.wayne.edu](mailto: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](mailto:clucas@med.wayne.edu) with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. Aletta (1982)

Kuna-Cheng Chen (1976)

Elizabeth Colaiuta (2001)

Fernando I. Colon (1991)

David Davis (1984)

Teoman Demir (1996)

Judy A. Emanuele (1997)

Lawrence J. Goldstein (1993)

Raghuram Gorti (2002)

Karin Haji (1973)

Morteza Hariri (1970)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)

## Wayne State Surgical Society

*The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander J. Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Larry Narjkuiewucz (WSU/GS 2004/09) passed the baton of presidency to Dr. Joseph Sferra (WSUGS 1991) at the WSSS gathering during the American College of Surgeons meeting in October 2024. Members of the WSSS are listed on the next page. Dr. Sferra continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.*



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

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



## Members of the Wayne State Surgical Society—2025-26 Dues

Alpendre, Cristiano V.	Goltz, Christopher J.	Marquez, JoFrances	Siegel, Thomas S.
Bambach, Gregory A.	Gutowski, Tomasz	Martin, Jonathon	Tarras, Samantha
Carlin, Arthur	Hall, Jeffrey	McGee, Jessica D.	Taylor, Michael G.
Chmielewski, Gary	Hollenbeck, Andrew	Mostafa, Gamal	Tennenberg, Steven
Dawson, Konrad L.	Joseph, Anthony	Nevonen, Marvin G.	Thoms, Norman W.
Dolman, Heather	Klein, Michael D.	Paley, Daniel S.	Vasquez, Julio
Dulchavsky, Scott A.	Kline, Gary	Park, David	Ziegler, Daniel W.
Fernandez-Gerena, Jose	Kosir, Mary Ann	Porterfield, Lee	
Field, Erin	Lloyd, Larry	Shanti, Christina	



Snow Moon  
February 12th

### Operation-A-Year January 1—December 31, 2025



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.	Dittinbir, Mark	Holmes, Robert J.	McGuire, Timothy	Sullivan, Daniel M.
Antonioli, Anita L.	Engwall, Sandra	Johnson, Jeffrey R.	McIntosh, Bruce	Wood, Michael H.
Bambach, Gregory A.	Fernandez-Gerena, Jose	Johnson, Pamela D.	Porter, Donald	Ziegler, Daniel
Bradley, Jennifer	Gutowski, Tomasz	Joseph, Anthony	Prendergast, Michael	
Busuito, Christina	Gayer, Christopher P.	Lim, John J.	Siegel, Thomas S.	
Chmielewski, Gary W.	Herman, Mark A.	Malian, Michael	Smith, Daniel	
Dente, Christopher	Hinshaw, Keith A.	Marquez, JoFrances	Smith, Randall	



### 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](mailto:lrobitai@med.wayne.edu).