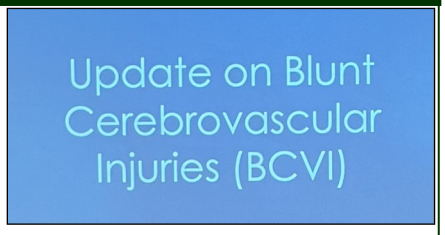
MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

SEPTEMBER 2023

SURGICAL GRAND ROUNDS

Inside this issue:



The Surgical Grand Rounds on 8/9/23 was presented by Dr. Jessica McGee (WSUGS 2017) who presented on, "Update on Blunt Cerebrovascular Injuries (BCVI)." She described how large trauma centers in the nation were deficient in making a diagnosis of BCVI prior to the 1990s and that the diagnosis was often made one or more days after injury when the patient developed a stroke. She described the different causes of BCVI, including blunt cervical trauma, particularly in relation to a cervical seat belt, MVC with extensive flexion of the neck, stretching the carotid artery injury, and direct injury to the cervical artery from direct trauma associated with mandibular fracture. She described the different degrees of injury, including intimal irregularity, more extensive intimal tear, a dissection, pseudoaneurysm, and disruption. Once a patient has evidence of impaired distal flow, the examiner might see aphasia, dizziness, various visual abnormalities, and ataxia, among other symptoms. One of the rare types of BCVI would be a cavernous sinus fistula, in which case the patient would have proptosis with a red eye and tunnel vision.


Dr. Jessica McGee

The initial attention toward BCVI came from Denver in the 1980s and 1990s. She presented the Denver Screening criteria and included the signs and symptoms as outlined above and emphasized that the associated injuries provide a clue that a CTA is needed. These classic associated injuries include direct cervical trauma, cervical spine fracture, traumatic brain injury, maxillofacial injuries including the LeFort injuries to the maxilla.

The overall incidence of BCVI with neck trauma varies from 1% to 3%, and the symptoms often do not develop until more than 12 hours after injury. Consequently, CTA based upon associated injuries provides a means for making the diagnosis prior to the patient having a stroke. She emphasized how the distal internal carotid artery injuries are difficult to expose if operation is needed without doing a full mobilization of the mandible; consequently, the vast majority of these injuries are treated non-operatively. Although digital subtraction arteriography may be the Gold Standard, the CTA has been shown to provide a highly accurate assessment of BCVI and is the diagnostic method of choice.

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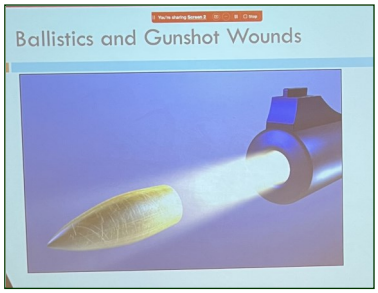
GRAND ROUNDS, cont...

Treatment of BCVI varies according to the extent of injury. Patients with a minor intimal break or larger intimal tear (Grades I and II) are treated with anti-platelet therapy or anti-coagulation with heparin or both. Patients with Grade III injuries such as pseudoaneurysm are treated with heparin with the objective to have a PTT of 40-50 sec. Patients with Grade IV injuries with arterial occlusion may be treated with heparin but are sometimes stented. The Grade V injuries (transection) are treated with open repair when the artery is accessible and anti-coagulation when the artery is inaccessible (intracerebral internal carotid artery).

The recommendation for follow-up after injury would be a repeat CTA at 7-10 days. If the injury is healed, anti-coagulation and anti-platelet therapy an be stopped, whereas if the injury has not completely healed, the anti-coagulation and anti-platelet therapy are continued for three to six months.

Dr. McGee reported on a number of consensus development issues. All patients with high-risk injuries that meet the criteria described above should have screening, whereas if there are low-risk injuries in patients with rib fractures without direct cervical trauma, screening may be beneficial. Approximately 1% - 3% of patients screened will be found to have BCVI, whereas in those patients who are later diagnosed with BCVI, the likelihood of identifying that early with CTA is well over 90%. She reported that the consensus is that stents should not be used for Grade II or Grade III injuries since there is a significant incidence of thrombosis, and the patients do better with anti-aspirin therapy and anti-coagulation.

Dr. McGee then presented some questions with multiple choice answers for the residents to test their retention of her presentation, and this was followed by a question-and-answer session.



The Surgical Grand Rounds on 8/6/23 was presented by Dr. Bruce Washington (WSUGS 1982) who became one of the leading cardiothoracic surgeons and heart surgeons in southeast Michigan. Dr. Washington presented a most interesting Grand Rounds dealing with missile ballistics. He began by emphasizing a number of historical events and referred to some of the classic studies by Pare Larrey, Florence Nightingale, the American Surgical Association, Alexis Carrell, and the experiences learned from World War I before evolving into our current understanding and treatment of bullet wounds. He emphasized that the many wounds that occurred during the Crimean War were cared for by women who were dedicated to wound care and that these women were later given the title of "nurses." Bullet wounds are a major problem throughout our great nation as evidenced by the fact that there were 85,000 reported gunshot wounds over a ten-year period. He emphasized the importance of Einstein's equation, whereby Kinetic Energy = ½ MV^2 (MxV^2). Consequently, any discussion of injury related to bullets must incorporate the mass or caliber and the muzzle velocity. The number one killer in America is the 22-caliber pistol which has a muzzle velocity of about 1,000'/ second.

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GRAND ROUNDS, cont...

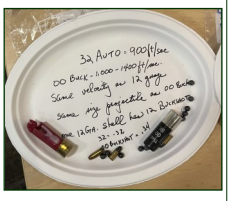
There are other factors that are involved in the amount of injury that a bullet causes. A very important factor is yaw, which reflects the radius of spin around the mid-point at anytime in the flight of the bullet All bullets rotate when they leave the gun barrel. The yaw increases during the travel time of the bullet. Consequently, if a soldier is to be wounded by a high-velocity missile (3,000'/second) and the bullet goes through the soft tissue of another soldier's trunk, the yaw will be decreased at 100 yards as compared to increased at 1,000 yards, whereas the velocity will be greater at 100 yards in comparison to 1,000 yards. Because the yaw is greater at 1,000 yards, the bullet will more likely tumble and cause extensive injury in comparison to 100 yards. On the other hand, if the bullet hits a hard object such as bone, the injury will be worse at 100 yards when the velocity is greater because of the effect of tumbling.

Dr. Washington also discussed "mushrooming," which occurs when the bullet hits a hard object such as bone, and the bullet from front to back decreases in size and becomes wider, resulting in more injury as the bullet passes through the body. Another factor related to injury includes fragmentation with the tendency toward fragmentation sometimes built into the missile or fragmentation which results from hitting a hard object such as bone. This leads to multiple missiles including pieces of bone or pieces of bullet which makes the injury more extensive The last factor that relates to the extent of injury is the amount of material contamination reflecting the clothing that is carried into the body with the missile with the clothing itself causing extended injury or increased contamination.

Dr. Bruce Washington

Velocity represents a clinical factor in the amount of injury that a missile creates. The 22-caliber pistol typically has a muzzle velocity of about 1,000'/second. Some of the modified 22-caliber weapons have a velocity of 3000'/second, and the military weapons typically have a velocity of 3,000'/second with a larger mass. Interestingly, there are about 70 different types of ammunition that can be used in 22-caliber weapons, and one can buy a pack of fifty 22 bullets for about $3 (<5 cents/cartridge).

There are a number of different types of shotguns which contain multiple BB's of different sizes. A 12-gauge shotgun, which is one of the common weapons causing injury, has about 200 BB's, whereas the so-called OO shotgun has larger buckshot with about 50 buckshot per cartridge. Clearly, the size of the pellets, be they BB's or the 12-gauge shotgun or buckshot for the OO shotgun, affects the amount of injury that is produced because of the differences in mass. Dr. Washington described the different types of shotgun wounds based upon distance from the victim. The Type 1 shotgun wound would be a central large defect with no spray, a Type 2 shotgun wound would be a smaller central defect with peripheral spray, whereas a Type 3 wound would include only the spray. Obviously, the worse injuries are caused by the Type 1 shotgun wound at close range; the wadding, which has a greater mass, will travel further into the victim than the pellets. Consequently, when one is operating on a patient with a Type 1, and sometimes a Type 2, shotgun wound, at the furthest distance of the



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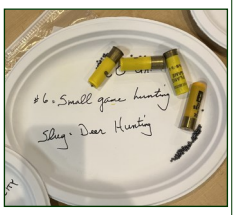
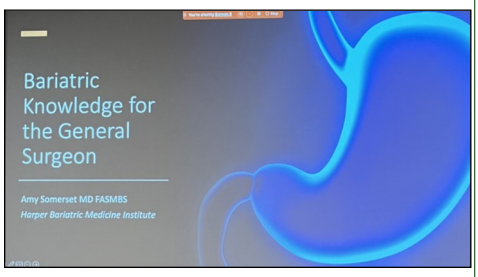
GRAND ROUNDS, cont...

wound will be the wadding, and if the wadding is not found and removed, there will almost always be a persistent infectious problem.

He showed examples of the different types of pistols which can be broken down into the revolvers and the semi-automatic weapons. Most of these weapons will have a muzzle velocity of about 800-1200'/second. The common weapon that used to be carried by police officers was the 38-caliber pistol. There are many types of this type of weapon, and sometimes the bullets may be hollow pointed which causes more damage than a regular bullet at the time of impact because it expands upon impact. He also described the Winchester weapon which expands upon impact and has sharp metallic edges which will easily cut through gloves and cause digital injury during operative intervention.



Dr. Washington pointed out that the most common fatality of missiles in the United States relates to suicides. The vast majority of suicides are due to pistols (about 70%), followed by rifles (20%), and finally shotguns which represent just over 1% of suicides. He also provided some information regarding lead poisoning. He stated that there have been only 50 documented cases of lead poisoning in the country over a long period of time. He gave the measurements that are associated with organ dysfunction because of high lead levels. There appears to be no knowledge as to whether there was lead contamination in the drinking water that may have contributed to the lead toxicity in these patients identified as having lead toxicity related to a retained bullet.



Dr. Amy Somerset, from the Detroit Medical Center Bariatric Program, presented the Surgical Grand Rounds on 8/23/23. The title of her presentation was "Bariatric Knowledge for the General Surgeon." Dr. Somerset defined obesity as having a BMI over 30 and that morbid obesity could be defined as a BMI which is more than 40. She also described the morbid obesity as being more than 100 pounds over ideal weight. Morbid obesity is associated with many health problems, as was later presented in her talk.

She pointed out that approximately 1% of patients who meet the eligibility criteria for some type of bariatric operation actually have bariatric surgery. There has been a tremendous increase in the number of patients undergoing bariatric surgery in the past decade. The NIH guidelines for operation include morbid obesity as defined as a BMI over 40 or 100 pounds over ideal weight, in association with failed dietary efforts at weight loss and the presence of individual patient motivation to comply with the postoperative challenges following

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GRAND ROUNDS, cont...

bariatric surgery. She emphasized that bariatric procedures may be designed to restrict the amount of food that can be taken at one time, to modify the ability of the gut to absorb food, and she emphasized that there are differences in the gut microbiome with there being tremendous differences in gut flora in patients with severe obesity versus patients who have a normal weight.

Dr. Amy Somerset

She described the different procedures that are currently being performed. One is the sleeve gastrectomy where the greater curvature of the stomach is excised, thereby leaving a narrowed lumen from the esophagus to the duodenum. She also described the Roux-en-Y gastric bypass (RYGB), which is created by dividing the stomach leaving a small proximal pouch and a large distal pouch with a Roux-en-Y jejunal loop being brought up and anastomosed to the small proximal bowel pouch. This also reduces the amount of food that can be ingested at one time. Patients receiving the sleeve gastrectomy must not have problems with cirrhosis, gastroesophageal reflux disease, or esophagitis, whereas patients receiving the RYGB must not have Crohn's disease, excessive use of NSAIDS, or receiving steroids. She pointed out how the rapid weight loss might facilitate the formation of gallstones and that anyone who has cholelithiasis at the time of operation is a candidate for a cholecystectomy. When doing the RYGB, the surgeon has the option of bringing the Roux-en-Y jejunal loop up to the small proximal pouch by either the antecolic or the retrocolic technique. The editor prefers the retrocolic technique. She also described the gastric band which goes around the distal esophagus and has a balloon-type apparatus that can be filled with saline and thus restrict the amount of food that can pass from the esophagus into the stomach.

Dr. Amy Somerset being introduced by Dr. David Edelman

She described how both the sleeve gastrectomy and the RYGB produce excellent weight loss, being about 25% in one year and that this results in better glycemic control in these patients, many of whom have diabetes. She also described the biliary pancreatic duodenal bypass with duodenal switch, which is associated with a short common channel at the distal ileum. This results in excellent weight loss, but the problems of decreased absorption of calories often lead to complications. The final procedure that she described was the old fashioned jejunoileal bypass, whereby there is a dysfunctional long Roux-en-Y loop as the jejunum is sewed to the distal ileum about 20 cm proximal to the cecum. This has also been associated with many problems related to malabsorption and is rarely done at this time.

The most feared complication of bariatric procedures is a leak. Such leaks occur following the sleeve gastrectomy after about one month, whereas they occur within the first two weeks following the RYGB. The leak rate varies in the different published manuscripts from about .1% to 8%, but once a leak occurs, the mortality approaches over 25% in the subgroup of patients. Other complications of the sleeve gastrectomy include reflux esophagitis so that patients with gastroesophageal reflux disease are not candidates for this operation. Strictures also occur, and many of the strictures can be balloon dilated and rarely is re-operation necessary.

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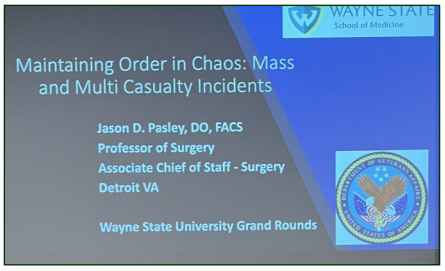
GRAND ROUNDS, cont...

The band procedure may be complicated by erosion of the band into the lumen of the esophagus, resulting in infectious complications which are often manifest by a port site infection. These patients need to be rapidly scoped so that the band can be removed. Another complication of the band is slippage, and this is identified by the ability to eat more and imaging studies showing that the angle of the band has increased from its normal position. The leak following the RYGB usually occurs within the first two weeks, and the patients have evidence of fever, leukocytosis, and abdominal pain. A small leak may be percutaneously drained, whereas larger leaks need to be addressed directly in association with the placement of a jejunal feeding tube in order to maintain nutrition. Marginal ulceration is also common after the RYGB so that these patients are candidates for Protonix. Likewise, one should be aware of H. pylori. Internal hernia is another complication of RYGP, and this may lead to vascular compression and necrosis of the Roux-en-Y loop. There also may be volvulus of the Roux-en-Y loop leading to the sudden onset of pain and abdominal pain and even intussusception of the Roux-en-Y loop.

Small bowel obstruction occurs in about 3% of patients after RYGB and presents with the typical findings of small bowel obstruction. Occasionally, the proximal small pouch erodes into the larger distal pouch so that one has a gastrogastric fistula, which is associated with the patient's being able to take in more food since the food now passes through the stomach, duodenum, and proximal jejunum, resulting in increased weight gain. Like with any major operation, incisional hernias may occur in these patients.

She finished her presentation by talking about different nutritional deficiencies related to iron, vitamin B1, vitamin B12, and hypocalcemia. Following the presentation, she had a question-and-answer session with cases designed to teach the residents.

The Surgical Grand Rounds for 8/30/23 was presented by Dr. Jason Pasley and was entitled, "Mass/Multiple Casualty Incidents: Maintaining Order in Chaos."



Dr. Pasley described his background in the military when he was deployed in 2014 and served in Afghanistan in 2017-2018 where he was exposed to a great deal of trauma. He subsequently has functioned as a trauma surgeon and trauma director at different hospitals and is now the Chief of Surgery at the John D. Dingell Veterans Administration Hospital. He described how one of the most important officers in a disaster environment is the Triage Officer, who should be the most experienced surgeon who has the ability to properly direct patients so that the disaster response is not overwhelmed. He also described how we have had many mass killings in our great nation with the incidence reaching a peak in 2023, during which we have already had 351

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GRAND ROUNDS, cont...

Dr. Jason Pasley

mass killing incidents or one every 20 hours. Dr. Pasley described how communications are critical and that here has to be a means for communications from the peripheral areas of the trauma center to a central command center, and one must anticipate that someone might interfere with normal communications, such as telephones. Cell phones will contribute to efficient communications, whereas sometimes one has to resort to walkie-talkies in order to communicate from the periphery to the Disaster Chief.

He described the Hartford Consensus which was led by Dr. Lenworth Jacobs and describes the important responses by civilians, EMS, Emergency Department physicians, and the hospital staff, including surgeons, nurses, and various support systems within the hospital. He has pointed out that there is a need to get control of bleeding in the pre-hospital setting when that is possible, particularly as it relates to extremity injuries. He emphasized that when you have bleeding in deep spaces like the abdomen or the chest, hemostasis can only be obtained in the hospital, and these patients need rapid transfer. Regarding bleeding at the scene, he emphasized the importance of Stop The Bleed, which is being widely promoted by the American College of Surgeons, and Dr. Diebel is one of the leaders in this effort in the state of Michigan.

He describes how the Triage Officer has the responsibility to identify which patients need expectant care because their injuries are fatal, which patients need immediate care because rapid control of bleeding may save their lives, which patients need delayed care in that their injuries will not be life-threatening and care can be delayed until the patients who require immediate care are treated, and finally, which patient have minor injuries which can hopefully be treated at another institution so that the patients do not clog up the flow of more seriously injured patients.

Dr. Pasley described how in-patients within the hospital should be discharged if that is possible in order to make room for the patients who will be arriving. Much of this occurs under the directions of the Disaster Chief who should be a surgeon who has knowledge of all aspects of mass casualty events. Security is very important in order to prevent the difficulties associated with a chaotic situation. This may involve not only hospital security personnel but additional security personnel from the Municipal setting or the State setting. He described his experience with the Oxford High School mass shooting and the difficulty with getting the injured patients to three Level II trauma centers which are within a 17-90 mile distance from the Oxford High School. He emphasized the importance of the Disaster Chief having the hospital prepared in the Emergency Department, the operating room, and in the postoperative environment as it relates to Emergency physicians, surgeons, and Anesthesia personnel. He also emphasized the importance of working closely with the hospital administration in achieving all of these objectives. This was followed by an exciting question-and-answer session.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY
WAYNE STATE
SEPTEMBER 2023

IMPROVED SURGICAL RESIDENT PERFORMANCE ON BOARD EXAMINATIONS

Dr. David Edelman

Since taking over the position as Program Director for the Wayne State University Department of Surgery, Dr. David Edelman (WSU/GS 2002/2009) has implemented a number of educational activities which are designed to help our residents be excellent surgeons and also help them pass their Surgical Board Examinations, including both the qualifying examination (QE) and the certifying examination (CE). Because of all the efforts that he has placed and all the support of Dr. Edelman by the attending staff, our surgical residents have improved with regards to their Board examinations. For the residents who finished in June of 2022, seven of eight passed their qualifying examination and seven of eight passed their certifying examination. For the six residents who finished in June of 2023, all six who attempted their qualifying examination passed. All of us congratulate Dr. Edelman in stimulating our residents to do well in practice and on their Surgical Board examinations.

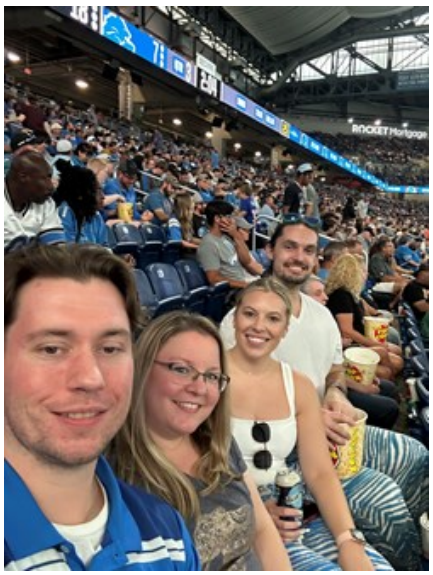
REPORTS FROM THE OUTFIELD


Dr. Sandy Sessions Engwall

Dr. Sandy Sessions Engwall (WSUGS 1983) has enjoyed a very productive career in surgery. She has also been productive in her personal life. Her daughter, Dr. Abby Engwall, is in her last year of General Surgery at the Michigan State University surgical program. She matched for Pediatric Surgery at the University of Michigan, which she will be starting in July of 2024. Sandy reports that she is an outstanding student and will do well in her subsequent career.

THE LIONS ARE BACK IN TOWN!

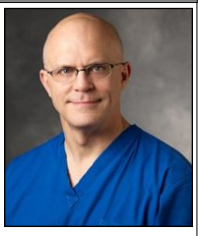
Most Detroiters have great faith that the Detroit Lions are going to do well this year and get into the playoffs. Dr. Ryan Rosen (WSUGS 2025), Dr. Alyssa Stroud (WSUGS 2023), Dr. Molly Belisle (WSUGS 2024), and Mr. Nicholas Whalen took advantage of a day off in order to cheer on our Lions as they played the Florida Jaguars in their second pre-season game. Unfortunately, they did not cheer loud enough so that the Jags were victorious over our Cats. Hopefully when the real season begins, they will cheer louder.



(Right to left) Dr Ryan Rosen, Dr Alyssa Stroud, Dr Molly Belisle, and Nicholas Whalen (significant other of Dr Belisle) having fun at the Lion's game.

Dr. Molly Belisle (left) and Dr. Alyssa Stroud striking a pose.

PRODUCTIVITY


Dr. David A. Spain

Dr. David Spain (WSUSOM 1986) was the co-author on a paper presented by his trauma team from the Stanford University Trauma Center. There were multiple co-authors, and the title was "Faster Rib: A Deep Learning Algorhythm to Automate Identification and Characterization of Rib Fractures on Chest Computed Tomography Scans." The authors emphasized the importance of early recognition of the extent of rib fractures and tested their model, "Faster Rib," to facilitate the process. The authors trained a convolutional neural network to predict bonding boxes around each fracture on each CT slice, and their segmentational model provides three-dimensional locations of each fracture which facilitates accurate identification of displacements. Their model, "Faster Rib," predicted detailed identification of rib fractures with a high sensitivity and precision. This publicly available algorhythm automatically outputs the location and percent displacement of each fracture. This facilitates early definitive care and will hopefully provide an advance in the successful treatment of complicated rib fractures.


Dr. Peter M. Hammer

Dr. Peter Hammer (WSUGS 2001/06) was the senior author on a paper out of their trauma center in Indianapolis entitled, "Characterization of Fatal Blunt Injuries Using Post-Mortem Computed Tomography." The authors of this paper identified that post-mortem examination is uncommon following traumatic injury and that a post-mortem computed tomography (PMCT) would provide an adjunct in providing information which might facilitate care in subsequent patients. They looked at patients who died within one hour of arrival following blunt trauma and then underwent PMCT. Over a nine-year period, they provided this examination in 90 decedents; most had suffered MVC's, although some were pedestrians. The most common findings on PMCT were traumatic brain injury (40%), long bone fractures (25%), moderate/large hemoperitoneum (23%), and cervical spine injury (25%). Additional outcomes included moderate/large pneumothorax (19%) and esophageal intubation (5%). They concluded that PMCT is helpful in closing the loop regarding patients who have early death following blunt trauma and suggested that the high rates of unrecognized pneumothorax and misplacement of the endotracheal tube might prompt mandatory chest decompression and confirmation of tube placement in all blunt trauma arrest patients.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

SEPTEMBER 2023

Department of Surgery
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wayne state surgical society

The Department of Surgery cordially invites you to the
Annual Dinner Meeting of the Wayne State Surgical Society on

Tuesday, October 24, 2023

The dinner will begin promptly at 7:00 p.m.
immediately following the WSU Alumni Reception
at the Boston Marriott Long Wharf
296 State Street, Boston, MA
Harbor View Ballroom

~ Choice of Entree ~

_____Herb Crusted Filet

Wild Mushroom Risotto, Truffled Asparagus Salad, Bordelaise Sauce

_____Chermoula Grilled Swordfish

Toasted Fregola, Chefs Seasonal Vegetable, Preserved Lemon Gremolata

_____Cauliflower Steak

Roasted Cumin Garbanzos, Coconut Kefir Curry, Crispy Kale

RSVP by October 6, 2023 to jdamm@med.wayne.edu or
Call Janet Damm at 313-745-8778

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

SEPTEMBER 2023

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

The Department of Surgery
cordially invites you and a guest to an

Alumni Reception

Tuesday, October 24, 2023
6:00 p.m. – 7:00 p.m.

Boston Marriott Long Wharf
296 State Street, Boston, MA
Reception Rm. – Constitution/Faneuil/Beacon

Hosted by Donald W. Weaver, M.D.
Penberthy Professor and Chairman
Department of Surgery

RSVP by October 6, 2023 to jdamm@med.wayne.edu or
Call Janet Damm at 313-745-8778

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MICHAEL M&M MARIAN
ILITCH
DEPARTMENT OF SURGERY

WAYNE STATE

"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD


Dr. Anna Ledgerwood

11/02/71 - Staff: Dr. Zwi Steiger; Chief Resident: Dr. Zamiri

1. WS: Acute appendicitis treated with appendectomy.
2. MB: Acute appendicitis treated with appendectomy.
3. CW: Acute appendicitis treated with appendectomy.
4. IS: Acute appendicitis treated with appendectomy.
5. WC: Stab of the abdomen with laceration of left lobe of liver, not bleeding at laparotomy.

11/03/71 - Staff: Dr. Benavides; Chief Resident: Dr. Zamiri

1. BT: Right femoral popliteal embolus treated with embolectomy with 15-inch clot evacuated.
2. JD: Multiple rib fractures on the left treated with tracheostomy.

11/04/71 - Staff: Dr. Threlkeld; Chief Resident: Dr. Zamiri

1. MH: Shotgun blast to abdomen with laceration of descending and transverse colon. Multiple lacerations of duodenum, right kidney, right ureter, and shattered right lobe of liver, treated with Whipple procedure and segmental resection right lobe of livre.

11/05/71 - Staff: Dr. J.C. Rosenberg; Chief Resident: Dr. Zamiri

1. JW: Perforated gastric ulcer treated with gastrectomy and vagotomy with tube duodenostomy.

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MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY
WAYNE STATE

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

2. PL: GSW abdomen with hemoperitoneum and tangential laceration of ileum and retroperitoneal hematoma.
3. MS: Blunt trauma abdomen with laceration left and right lobes of liver and hemoperitoneum, treated with segmental resection of left lobe of liver.

11/06/71 - Staff: Dr. Silva

1. ES: GSW thigh and scrotum treated with orchiectomy and laceration of left femoral artery treated with resection and end-to-end anastomosis.
2. CD: GSW neck with negative exploration.
3. KB: Blunt trauma abdomen with multiple lacerations right lobe of liver, treated with laparotomy and suturing of lacerations.
4. C.S. Stab of chest treated with thoracotomy and laparotomy with laceration of stomach and left renal vein and laceration of diaphragm and splenic vessel, treated with repair of stomach, splenectomy, distal pancreatectomy, and repair of renal vein.
5. JS: GSW abdomen with negative exploratory laparotomy.

11/08/71 - Staff: Dr. Birks

1. RC: Small bowel obstruction treated with laparotomy and lysis of adhesions.
2. PM: Perforated duodenal ulcer treated with omental patch.

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

WSU MONTLY CONFERENCES 2023

Death & Complications Conference
Every Wednesday from 7-8

Didactic Lectures — 8 am
Kresge Auditorium

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

Wednesday, September 6

Death & Complications Conference

"Surgical Management of Crohn's Disease"

Dr. Craig Reickart, MD

Division Head, Colon & Rectal Surgery, Henry Ford Hospital
Professor of Surgery, WSU Michael & Marian Ilitch Department of Surgery

Wednesday, September 20

Death & Complications Conference

Dr. Steve Kim, MD

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, September 27

Death & Complications Conference

Dr. David Gorski, MD

WSU Michael & Marian Ilitch Department of Surgery

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)***™. Physicians should claim only the credit commensurate with the extent of their participation in the activity."

EVALUATIONS
Surgical Death and Complications Rounds #2023321125, Sept-Dec 2023 CME Reflective Evaluation:
https://www.surveymonkey.com/r/MF9YL7M
Surgery Grand Rounds #2023321064, Sept-Dec 2023 CME Reflective Evaluation:
https://www.surveymonkey.com/r/MNZD2V2

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE UNIVERSITY School of Medicine

Department of Surgery
6C/UHC, 4201 St. Antoine
Detroit, Michigan 48201
(313) 577-5013
FAX: 577-5310

wayne state surgical society

May, 2023

Dear WSSS Alumni and Friends:

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

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

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

Sincerely yours,

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

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wayne state surgical society

WAYNE STATE SURGICAL SOCIETY

OFFICERS BALLOT

2023

President: (2 year position)

□ Lawrence Narkiewicz (1st year)

President-Elect: (2 year position)

□ Joseph Sferra (1st year)

Treasurer: (2 year position)

□ Bruce McIntosh (2nd year)

Members-At-Large: (3 year position)

□ Jay Dujon

□ Jennifer Bradley

□ Anita Antoniolli

Resident Member: (1 year position)

□ Paige Aiello

□ Molly Belisle

MICHAEL & MARIAN ILITCH DEPARTMENT OF SURGERY

WAYNE STATE

Wayne State Surgical Society
2023 Donation

Name:

Address:

City/State/Zip:

Service Description Amount

2021 Dues Payment _____$200 _____

My contribution for "An Operation A Year for WSU" _____

*Charter Life Member _____$1000 _____

Total Paid_____

Payment by Credit Card

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

Credit Card Number:_____

Type: MasterCard Visa Expiration Date: (MM/YY)_____ Code____

Name as it appears on card:_____

Signature:_____

Billing address of card (if different from above):

Street Address_____

City_____ State_____ Zip Code_____

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

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

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

MARK YOUR CALENDARS

American Association for the Surgery of Trauma and Clinical Congress Acute Care Surgery
September 20-23, 2023
Anaheim, California

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

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

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

Please Update Your Information

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at clucas@med.wayne.edu to update your contact information.

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. Aletta (1982)
Kuan-Cheng Chen (1976)
Elizabeth Colaiuta (2001)
Fernando I. Colon (1991)
David Davis (1984)
Teoman Demir (1996)
Judy A. Emanuele (1997)
Lawrence J. Goldstein (1993)
Raghuram Gorti (2002)
Karin Haji (1973)
Morteza Hariri (1970)
Harrison, Vincent L. (2009)
Abdul A. Hassan (1971)
Rose L. Jumah (2006)
R. Kambhampati (2003)
Aftab Khan (1973)
Samuel D. Lyons (1988)
Dean R. Marson (1997)
Syed A. Mehmood (2007)
Toby Meltzer (1987)
Roberto Mendez (1997)
Mark D. Morasch (1998)
Daniel J. Olson (1993)
David Packer (1998)
Y. Park (1972)
Bhavik G. Patel (2004)
Ami Raafat (1998)
Kevin Radecki (2001)
Sudarshan R. Reddy (1984)
Renato G. Ruggiero (1994)
Parvid Sadjadi (1971)
Samson P. Samuel (1996)
Knavery D. Scaff (2003)
Steven C. Schueller (1974)
Anand G. Shah (2005)
Anil Shetty (2008)
Chanderdeep Singh (2002)
David G. Tse (1997)
Christopher N. Vashi (2007)
Larry A. Wolk (1984)
Peter Y. Wong (2002)
Shane Yamane (2005)
Chungie Yang (2005)
Hossein A. Yazdy (1970)
Lawrence S. Zachary (1985)

Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander J. Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of $1,000 per year for ten years or $10,000 prior to ten years. Annual membership is attained by a donation of $200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Scott Davidson (WSU/GS 1990/96) passed the baton of presidency to Dr. Larry Narkiewicz (WSU/GS 2004/09) at the WSSS gathering during the American College of Surgeons meeting in October 2022. Members of the WSSS are listed on the next page. Dr. Narkiewicz continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.

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

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

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

September 11

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

The WSU department of Surgery has instituted a new group of alumni who are remembering their training by donating the proceeds of one operation a year to the department. Those who join this new effort will be recognized herein as annual contributors. We hope that all of you will remember the department by donating one operation, regardless of difficulty or reimbursement, to the department to help train your replacements. Please send you donation to the Wayne State Surgical Society in care of Dr. Charles E. Lucas at Detroit Receiving Hospital, 4201 St. Antoine Street (Room 2V), Detroit, MI, 48201.

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

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*.