

JULY 2025

SURGICAL GRAND ROUNDS



Independence Day

July 4th

Inside this issue:

<i>Surgical Grand Rounds</i>	1-7
<i>Our Graduating Residents</i>	8-11
<i>Residency Awards</i>	12
<i>Reports from the Outfield</i>	13
<i>Missionary Surgery</i>	14-15
<i>Down Memory Lane</i>	16-17
<i>WSU Conferences</i>	18
<i>WSSS Dues</i>	19
<i>Wayne State Surgical Society</i>	20

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 Dooley Romero (WSUGS 2025)

At the **Surgical Grand Rounds** on June 4, 2025, Dr. Catherine Byrd, who is finishing her General Surgery training this Spring, presented on **“Prehabilitation in Surgery: Optimizing Outcomes Before the First Cut.”**

Dr. Byrd described the differences between sarcopenia, cachexia, and frailty, which are terms often used in the in-training examination. Many patients are compromised prior to surgery with some studies suggesting that sarcopenia is present in 42%, cachexia in 32%, and frailty in 33%. These are important factors in surgical outcome and may be related to co-morbidities, particularly cancer, age, cardiopulmonary compromise, other organ insufficiencies, and depression. The presence of these factors leads to an increase in both complications and mortality and might be associated with different circulating humoral factors, such as tissue necrosis factor α and a number of the interleukins.

Problems with cardiopulmonary reserve are recognized by the fact that the patient has a low exercise capacity. The old teaching used to be that you should have your patient walk up and down a flight of stairs in order to determine whether a patient is fit for an operation. There are many more sophisticated tests in order to assess cardiopulmonary circulation in modern times. Nutrition is also emphasized, and although most Americans are overweight, the underlying nutrition may be poor. Likewise, the frequency of anxiety in patients undergoing operation was also noted and is another factor that can lead to postoperative complications. There are different types of exercises which can be part of prehabilitation. These may be aerobic exercises, or more commonly, a lot of walking. It is also important to focus on nutrition and the psychological stress of operation in order to try to reduce morbidity and mortality from operation.

There are a number of studies that deal with prehabilitation. A meta-analysis of 15 studies, including 9 randomized controlled trials, shows that prehabilitation with exercise, emotional counselling, and nutrition were associated with a decreased length of stay. Likewise, there was a

Continue page 2



Dr. Catherine Byrd

JULY 2025

SURGICAL GRAND ROUNDS, cont..

decreased number of complications. One of the factors that has to be dealt with is the pain that is associated with operation, and there should be discussion with patients about how to control that pain without interfering with postoperative morbidity. Also, a number of studies were cited which show that exercise prior to surgery, such as the 6 minute walk, is associated with a decrease in postoperative complications. The importance of respiratory training was also emphasized, with patients learning to take deep breaths and strengthen both the inspiratory muscles and the expiratory muscles. This has been associated with a decreased length of stay which is significant.

Prehabilitation in Surgery: Optimizing Outcomes Before the First Cut

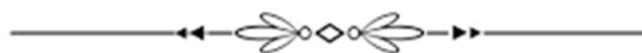
Catherine Byrd PGY-5
6/4/2025

A number of studies have been done in patients undergoing thoracic surgery for pulmonary problems. The importance of exercise, nutrition, and psychological support has been shown to decrease morbidity and length of stay. All of this is associated with a decrease in complications. Frailty is especially a problem with aged patients and may be associated with decreased weight and decreased activity in general. Frailty is often judged by the size of the psoas muscle which becomes much smaller in patients who are not active.

Implementation of prehabilitation is important in patients undergoing thoracic surgery and includes increased walking, working with the spirometer, giving up smoking, eating healthy foods, and being mentally prepared for operation. All of these factors lead to a decrease in the length of stay and, therefore, a decrease in cost. There is also a greater likelihood that the patient will be discharged home rather than to an extended care facility.

One case study was presented, which was that of a PGY-5 who had physical therapy and training of respiratory muscles before going for operation and had a very good postoperative recovery. The economics of prehabilitation include a decrease in both morbidity and length of stay and is, therefore, associated with a decrease in cost. The role of prehabilitation by Telehealth was also discussed. In conclusion, in the future, prehabilitation will hopefully be an important part of all surgical procedures in order to provide better results and lower costs.

There was an active question-and-answer session.



Continue page 3

JULY 2025

SURGICAL GRAND ROUNDS, cont..

The **Surgical Grand Rounds** on **June 11, 2025** was presented by the graduating General Surgery residents, titled “**My Most Memorable Case.**” Actually, over the years, the presentation has really been a review of their many years as a surgical resident.

Dr. Catherine Byrd talked about the many memories that she has had during her residency, including trials and tribulations which were presented in a rather amusing manner. She talked about her research and her review of the surgical resection of thymoma tumors. She said that the M.D. after the resident’s name really means Make Due, where you have to be innovative in order to get things accomplished when the circumstances are not ideal.



Dr. Michelle Coughlin discussed her journey from the time that she was at the University of Buffalo doing her pre-medical training, followed by medical school training at the Upstate University in New York, and then finally matching at the Wayne State University/Detroit Medical Center for her surgical residency. She served as the co-chief resident along with Dr. Amanda Dooley, and there were many challenges that they faced. Both she and Dr. Dooley have a fondness for dogs, and she spoke about the importance of being nice to people, especially when one is under duress. She noted that the respiratory failure associated with Covid does not really respond to ECMO. She thanked the many attending physicians who allowed her to be involved in different projects which provided her an opportunity to make presentations at many surgical meetings.



Dr. Benjamin James talked about the Blue Book that was given to the new House Officers but was pretty much ignored during his internship year. Subsequently, however, he used this as a sort of diary where he noted interesting cases. There was an unusual patient who was treated for a large colon obstruction due to a volvulus which required an extensive resection. There was also a very challenging patient who had multiple injuries associated with a gunshot wound to the chest and how the massive transfusion protocol was successfully utilized. He added that faced with all of the challenges from the obvious injuries, there was a late diagnosis made of a spinal cord injury. He noted the importance of communicating with the families of patients who are treated for emergencies and for elective surgery. He thanked his fellow residents for all the help they provided to him over the last five years.



Continue page 4

JULY 2025

SURGICAL GRAND ROUNDS, cont..

Dr. Rachelle Moore talked about how hard work often leads to fatigue and that one of the saving graces during fatigue and hunger was the availability of Saltines. There was an interesting case of a patient who had a colon obstruction, and another patient to whom she provided a percutaneous tracheostomy under the guidance of Dr. Diebel at a time when she “had no idea what I’m doing,” but she was successful with the procedure. She also described a patient who had a very large tumor which was associated with a perforated cecum and had an ostomy as part of the operation; he developed respiratory failure and was finally placed on Comfort Care. This was very hard on everyone. The patient’s wife thanked everyone for doing the hard work of trying to salvage her husband. She also talked about the complications that Covid caused during the early part of her residency. Each year, she had the opportunity to learn how to do more challenging cases. She concluded by showing a huge intra-abdominal tumor which was really fat necrosis requiring an extremely large resection.



Dr. Matthew O’Brien described his experience from the time of the Match through his training and also emphasized the challenges of Covid. He described rounds with Dr. Lucas where he presented a patient with acute pancreatitis and had to tolerate many questions about the etiology, anatomy, and physiology of the pancreas which he read about that evening. He also described the opportunity to get tickets to see the Detroit Lions during their run for the playoffs. There were also some vascular cases that were quite challenging, and he discussed the use of hydrogen peroxide along with a digital rectal examination, although the Editor was unclear as to the mechanism by which it helps. There was also a challenging patient with Doege-Potter syndrome which is a fibrous tumor that is very large and associated with hypoglycemia. He also presented some other challenging cases that he was able to successfully perform as a senior resident.



Dr. Madyson Riddell talked about her family background and then the big challenge associated with becoming a surgical resident. There were many fears and loss of sleep. Her journey began in Crystal Lake, Illinois prior to going to Clemson for her pre-medical training, Marquette for her medical school training, and finally to Wayne State University/Detroit Medical Center for her surgical residency. She talked about how to survive the many challenges that one encounters, as well as the importance of getting up early in order to be ready for a long day’s work. There were some challenging cases, including a patient with an open inguinal hernia repair with associated pulmonary dysfunction; this patient had to eventually be placed on ECMO before finally recovering and going home. She also discussed the many challenges associated with Covid.



Continue page 5

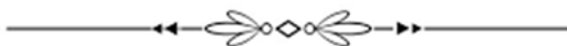
JULY 2025

SURGICAL GRAND ROUNDS, cont..

Dr. Ryan Rosen described some of the unusual cases during his residency. One patient had loss of an eye which was dislodged as part of a blunt injury. There were also some unusual arterial injuries due to penetrating wounds. He emphasized the importance of relating to his resident colleagues and listed the many hours and many calls that he and other residents were responsible over the five years. The importance of humor was also noted, and in the early years, he said it was important to listen to the more senior residents and follow their advice.



Dr. Amanda (Dooley) Romero had an interesting presentation which always began with the word “never.” She emphasized how she knew she would never get into medical school, never be accepted at the Wayne State residency program, never go to Detroit, and never become a surgeon. Of course, she has done all of these things. She described her many experiences during her residency training and even reviewed some of her fears when she was at the Emory University School of Medicine and then first met with Dr. Edelman as part of the interview process. She noted that you should “never sleep” because someone will certainly be taking your picture and showing it to all the residents. Her presentation was composed of many humorous anecdotes, including how it is important that a woman “never” be a surgeon. She concluded by showing some family photos, stating that that is what keeps her going, i.e. the support that is provided by her husband.



At the **Surgical Grand Rounds** on **June 18 2025**, **Dr. Rachelle Moore**, who is finishing her General Surgery training this month, presented on “**Artificial Intelligence: Applications in Surgery.**” Dr. Moore began her presentation by discussing Dr. Alan Turing, the great English logician and mathematician, who probably should be identified as the father of artificial intelligence. Dr. Turing received his education in both the U.S. and the U.K. He spent some time at Princeton and later at the Kings College in England. He was considered to be a brilliant mathematician and developed the first “abstract computation machine,” which was able to store data from which one could receive desired information. He was responsible for breaking the code of “enigma,” which was used by Germany during World War II. Breaking this code



Dr. Rachelle Moore

Continue page 6



JULY 2025

SURGICAL GRAND ROUNDS, cont..

allowed England and the allies to know where the Germans were going to make their next thrust. One of the interesting facts of World War II is that Winston Churchill knew that the German bombers were going to bypass London and go up north to Covington where the factories for making English airplanes was known to be located. Churchill and the war cabinet made a critical decision not to warn the people of Covington because that would let the Germans know that they had broken “enigma.” Many thousands of citizens died in Covington from that raid, and many assume that the later total destruction of Dresden in Germany by bomber Arthur Harris was a retaliation for the German destruction of Covington.

Artificial Intelligence: Applications in Surgery

RACHELLE MOORE, MD

Dr. Moore highlighted the power of this new type of intelligence. In many ways, the Turing machine could beat the best chess players in the world. One of the classic battles was the world champion, Gary Kasparov, taking on the IBM machine with all of its computer skills and capability to remember all of the previously made chess moves. There have been many examples showing how this type of stored data or artificial intelligence is superior to a human being. There were some early advances by Arthur Samuel in this type of technology within the U.S.

The 21st century has seen huge advances in artificial intelligence and the process known as Machine Learning (ML) which recognizes patterns. This type of recognition is now being applied to surgery, and there have been studies about “supervised” vs. “non-supervised” surgery on the gallbladder. Neural networks are able to store large amounts of data and then run specific programs with thousands of iterations in order to determine what would be a likely outcome. This has been applied to problems related to diabetes and insulin control, the severity of lung cancer, and recommendations based upon stored history. These thousands of iterations can be done in just minutes.

There is also a sub-category of artificial intelligence that deals with different sub-fields related to different languages and word recognitions. One can feed a statement about a leak from an anastomosis and then look at different word recognitions from the record in order to identify possible symptoms, clinical findings, and other clinical material which may be associated with a leaking anastomosis. The potential for such a program would be for the clinician to identify a leak in the anastomosis before it becomes obvious clinically. With the multiple iterations, artificial intelligence appears to outperform traditional identification of leaking anastomoses.

Continue page 7



JULY 2025

SURGICAL GRAND ROUNDS, cont..

The use of artificial intelligence to assess the severity of pancreatitis was discussed, utilizing such things as the APACHE program, and demonstrated that artificial intelligence utilizing multiple stored factors is superior to the traditional use of APACHE.

Artificial intelligence has moved into the area of visual images, including operative pictures and videos. The Global Evaluation Assessment of Robotic Skills (GEARS) and the rapidity with which one can get answers can be applied clinically. Artificial intelligence can assess hand movement during an operation and make judgments regarding efficiency.

The future of artificial intelligence in the medical field, and more specifically surgery, appears to be very positive. Based upon what data is contained within the preoperative note, one can predict potential problems which may affect operative decisions and postoperative care. This may help avoid adverse events.

The last topic covered was “Autonomous Robotic Surgery” for the future. This would move us into the realm of “Star Trek: The Next Generation” where computers guided by artificial intelligence are treating patients on spaceships. Who knows when robots are going to replace surgeons; Turing knows!

There was an active discussion and question-and-answer session.



JULY 2025

OUR GRADUATING RESIDENTS THEIR FUTURE BEGINS

The graduation ceremony of the WSU/DMC residents took place on Thursday, June 12 at the Colony Club across from Comerica Park in downtown Detroit. This was an ideal location in that the ballroom was just the correct size for the graduating residents and their friends and relatives, and the food was quite good.

Following a reception where people were able to snack and converse with friends and family, there was a sit-down dinner. Dr./Reverend Al Baylor gave the invocation when he expressed thanks on behalf of everyone for allowing us to be present at this ceremony, and then congratulated all of the residents and their families.

Dr. Catherine Byrd will be practicing thoracic and vascular surgery at Temple University in Philadelphia, Pennsylvania.



(Left to right) Ms. Grace Threadgill (Dr. Byrd's aunt); Dr. Catherine Byrd; Ms. Karla Byrd (Dr. Byrd's mother); and Dalila Byrd (Dr. Byrd's sister)



Dr. Michelle Coughlin will be joining LeBonheur Children's Hospital in Memphis, Tennessee for a Pediatric Surgical Critical Care Fellowship.



(Left to right) Dr. Coughlin's husband, Alex, holding their daughter, Alivia, her mother in law, Maria, Dr. Michelle Coughlin, holding her youngest daughter, Anna, her mother and father Sandra and Dennis, her sister, Allison, and her brother in law Derek

Dr. Benjamin James will be entering a Transplant Surgery Fellowship at the University of Chicago, in Chicago, Illinois.



(Left to right) Dr. Benjamin James, father, Mr. Jeff James, his brother, Adam James, his mother, Mrs. Claudette James, and Dr. Benjamin James

Continue page 9

JULY 2025

OUR GRADUATING RESIDENTS THEIR FUTURE BEGINS

Dr. Alex Lynch will be doing an MIS Fellowship at Tulane University in New Orleans, Louisiana.



(Left to right) Mrs. Beverly Lynch, (Dr. Lynch's mother), Ms. Kelly Lynch, (Dr. Lynch's sister), Dr. Alex Lynch, and Dr. Lynch's Father Mr. Michael Lynch and his wife

Dr. Rachelle Moore will be going into surgical critical care at Henry Ford Hospital in Detroit, Michigan.



(Left to right) Dr. Rachelle Moore's brother, Brandon, her mother, Noel, her partner, Ahmed, Dr. Rachelle Moore, her father, Robert, her Aunt Candace, and her sister in law, Lizzy

Dr. Matthew O'Brien will be going into private practice with SSM Dean Health in Janesville, Wisconsin.



(Left to right) Dr. Matthew O'Brien's father, Mr. William O'Brien, Dr. and Mrs. Matthew and Lauren O'Brien, his mother in law, Ms. Gwen Pallone, his mother, Mrs. Kelley O'Brien, his brother, Jonathan, and his brother Patrick with his girlfriend, Ms. Sydney Schroder

Dr. Madyson Riddell will be going to Henry Ford Hospital in Detroit, Michigan for a Breast Surgery Fellowship.



(Front row left to right) Dr. Madyson Riddell's cousins, Ms. Cathy Swanson and Ms. Angie Morrison, Dr. Madyson Riddell, her grandmother, Ms. Pat Draper, her mother, Ms. Kelli Freeman, her sisters, Morgan and Sydney Riddell. (Back row left to right) Dr. Riddell's husband, Mr. Stephen Ladd, her father, Mr. Kent Riddell, her mother in law M.s. Chanda Ladd, her father in law, Mr. Keith Vistisen, and her

Continue page 10

JULY 2025

OUR GRADUATING RESIDENTS THEIR FUTURE BEGINS

Dr. Amanda Romero will be undertaking a Surgical Critical Care/Acute Care Surgery Fellowship at the University of Tennessee Health Sciences Center in Memphis, Tennessee.



(Front row left to right) Dr. Amanda Romero's mother, Ms. Patti Dooley, Dr. Amanda Romero, her mother in law, Ms. Jan Romero, her sister, Ms. Nikki Hatfield with her husband, Mr. Gabe Hatfield. (Back row left to right) Dr. Romero's husband, Mr. Lucas Romero, her cousin Ms. Megan Ranes, her sister, Ms. Kathryn Dooley, her father in law, Mr. Tony Romero, and her future brother in law, Mr. EJ Overacker



Dr. Ryan Rosen be at the Detroit Medical Center, in particular the Children's Hospital of Michigan in Detroit, Michigan to do a Pediatric Surgical Critical Care Fellowship.



(Left to right) Mr. & Mrs. Jeff and Diane Stroud, parents of Alyssa Stroud (WSU 2023), Dr. Ryan Rosen's fiancée, Dr. Ryan Rosen, and his parents, Mr. and Mrs. Sanford and Lucina Rosen



Dr. Molly Belisle (WSUGS 2024) completed her Minimally Invasive Surgery Fellowship at the Detroit Medical Center in Detroit, Michigan.



(From right to left) Dr. Molly Belisle's aunt, Ms. Alison Reitman, her father Mr. Steve Belisle, her mother Ms. Linda Belisle, her sister, Jamie Belisle, her uncle Mr. Joe Reitman, her husband, Mr. Nick Whalen, her mother in law Ms. Anne Wilson, her cousins, Mr. Jake Steinbrecher, Ms. Kristen Steinbrecher, and Mr. Liam Steinbrecher



(Left to right) Dr. David Springstead's parent, Mr. & Mrs. Bob and Sally Springstead, Dr. Todd Lavery (WSUGS 2012) and his bride, Mrs. Jen Lavery; Drs. David and Allison Springstead holding their sons, Elliott and Ethan, and Dr. Allison Springstead's mother Ms. Mary Ann

Dr. David Springstead (WSUGS 2022) completed his SICU Fellowship at the Detroit Medical Center in Detroit, Michigan.

Continue page 11

JULY 2025

OUR GRADUATING RESIDENTS

THEIR FUTURE BEGINS

Dr. Matthew Georgis (WSUGS 2023) completed his Vascular Surgery Fellowship at the Detroit Medical Center in Detroit, Michigan. He and his family were not in attendance at the celebration due to his wife's pregnancy being full term. Dr. Georgis and his wife, Adriana, welcomed their little girl, Madeline, into the world on Monday, June 30th, where Madeline entered the world weighing in at 8 lbs. 5 oz. and 20.5" long.



Ms. Madeline Georgis



Dr. Matthew Georgis, his bride, Adriana (who was pregnant with my daughter at the time), and their son Alexander



Dr. Steven Tennenberg (3rd from left) celebrates all three graduating SICU Fellows (Left to right) Dr. David Springstead (WSUGS 2022), Dr. Samuel Mansour, and Dr. Felix Shun (WSUGS 2024)



Graduating Pediatric Surgery Resident, Dr. Kevin Janek (left) celebrates with Dr. Scott Langenburg



(Left to right) Dr. John Webber (WSU/GS 1992/99) with his bride, Heather, Dr. Anna Ledgerwood (WSUGS 1972), Dr. Donald Weaver (WSUGS 1979), Dr. Michael White (WSU/GS 1990/97), Dr. Al Baylor (WSUGS 2025) with his bride, Michelle, and Dr. Todd Lavery with his wife, Jen



JULY 2025

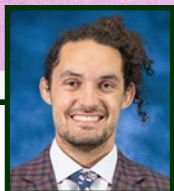
RESIDENCY AWARDS

Dr. David Edelman, the Residency Program Director, presented a number of awards. These included:

Wayne State University
School of Medicine

Department of Surgery
Resident Teaching Award

Ryan Rosen, D.O.
2025



Wayne State University
School of Medicine

Department of Surgery
The Waldo Cain Award
for Academic Excellence

Catherine Byrd, M.D.
2025



Wayne State University
School of Medicine
Department of Surgery

In Recognition of
Excellence in Clinical Practice and
Outstanding Personal Attributes
and Work Ethics

The Graduating Class of Chief Residents
Presents the
Intern of the Year Award
To

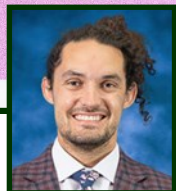
Adam Olszewski, M.D.
2025



Wayne State University
School of Medicine

Department of Surgery
The Waldo Cain Award
for Academic Excellence

Ryan Rosen, D.O.
2025



Wayne State University
School of Medicine

Department of Surgery
The Theodore McGraw
Clinical Faculty Teaching Award

Ashley Malach, M.D.
2025



JULY 2025



REPORTS FROM THE OUTFIELD

Dr. Erin Perrone (WSUGS 2012) thought that the WSSS extended family would be interested in where some of the trainees of the general surgery program have dispersed. Below is a photo taken in June of a handful of previous DMC/WSU residents who are now practicing pediatric surgery. Not everyone who left the WSU Department of Surgery program pursued a pediatric surgery fellowship, but a lot have! Dr. Perrone expressed how thankful all the program trainees are for the teaching they have received and how they are all bonded by their time at DRH!



(From left to right) Dr. Inna Lobeck (WSUGS 2018) - Children's Mercy Hospital Kansas City; Dr. Chris Gayer (WSU/GS 2003/10) - Children's Hospital of Los Angeles; Dr. Hale Wills (WSU/GS 2004/10) - Baylor Scott & White Health; Dr. Erin Perrone (WSUGS 2012) - C.S. Mott Children's Hospital, Michigan Medicine; Dr. Faraz Khan (WSUGS 2016) - Lucile Packard Children's Hospital, Stanford University; Dr. Dan Watkins (WSUGS 2015) - Helen DeVos Children's Hospital

JULY 2025

MISSIONARY SURGERY

Many years ago, the Editor of the monthly report wished to become a missionary surgeon but became excessively distracted by learning about the physiology of injury and sepsis. Had he known where to sign up on the dotted line during the early years, he would have followed in the footsteps of Dr. Todd Lavery (WSUGS 2012). Below is his report on his exciting activities in the missions.



Dr. Todd Lavery, his wife Jen, and daughters, Anneke and Tabitha

Thank you, Dr. Lucas, once again for an opportunity to greet the WSU surgical community and share a bit about my unorthodox surgical journey, which hopefully will plant or water seeds in likeminded surgeons, whether they be PGY1 or PGY30.

Relocating to the continent of Africa upon graduating from WSUGS residency in 2012 marked my first steps on the surgical road less traveled by, and that truly has made all the difference by allowing me to realize a longtime dream of using my vocation as a tool for justice and equity. Training and equipping doctors to care for patients in low and middle income countries is simultaneously challenging, gratifying, and humbling. Serving as the director of medical education at a small Christian charity hospital in Upper Egypt continues to allow me to help prepare the next generation of physicians to offer competent and compassionate care to the least of these, who most recently are Sudanese refugees escaping the devastation of the ongoing civil war, in addition to the local population of Upper Egyptians, Nubians, and Beja.

Most often people's frequently asked questions aren't about surgery or medicine at all. They want to know where we live, what language we speak, what we eat, and if we bring our kids with us. We have enjoyed living in an apartment building on the hospital campus (I think I'm actually experiencing Residency these days) along with many local physicians. (We're the only non-Egyptian family on campus.) It's provided great

Continue page 10

JULY 2025

MISSIONARY SURGERY, cont..

community for us, and you can't beat the commute! We primarily speak Egyptian Arabic, which will forever keep us humble. Many of the doctors are comfortable with English, but it's pretty rare that nurses, techs, patients and/or their families speak English. We eat a combination of local food and home-cooking that takes advantage of the amazing array of fresh local produce. There's often a local farmer outside the hospital gate, whose donkey has carted in the morning's harvest. We absolutely bring our children with us, and we're grateful for the many benefits of raising Third Culture Kids. They attend a local school and their linguistic skills, adaptability, and global perspective, even from a young age, are some of the clear benefits.



Elephantine Island's southern end comprises the site of ancient Abu. Its name meant both 'elephant' and 'ivory' in ancient Egyptian, a reminder of the important role the island once played in the ivory trade.

As disparity in access to safe and affordable surgical care grows, I'm always encouraged by surgeons, young and old, who see our potential (and responsibility) to intervene. Every story is unique, and I share my own in appreciation for the many at WSU who made/make it possible and in the hope that it might encourage a global perspective and a curiosity about the many other surgical roads less traveled by. I'm always happy to discuss possibilities and ideas, especially if there are any residents interested in global surgery.

Gratefully,

*Todd Lavery
ap2812@wayne.edu.*





EXCERPTS FROM THE LOG BOOK DOWN MEMORY LANE

7/17/72 - Staff: Dr. Harrity; Chief Resident: Dr. Ali

1. AU: Amputation of leg, dressing change.
2. DC: Head injury with stress bleeding, vagotomy, 60% gastrectomy with BII anastomosis.
3. CR: Pelvic abscess, examination under anesthesia (25yo with GSW to abdomen and shock, admitted 7/8/72; had left thoracotomy with cross clamp aorta, two holes posterior abdominal aorta bifurcation and one hole anterior in aorta repaired, and two holes in small bowel closed).
4. JM: GSW abdomen and hand, negative laparotomy.



Dr. Anna Ledgerwood

7/18/72 - Staff: Dr. Z. Steiger

1. MD: Acute abdomen with perforated diverticulitis. Laparotomy with left colectomy and colostomy, and Hartman procedure.
2. CR: Postop GSW abdomen with laparotomy and cecotomy with drainage of abscess.
3. ND: Incarcerated abdominal wall hernia. Laparotomy and hernia repair.

7/19/72 - Staff: Dr. Ingold

1. AU: Dressing change
2. AM: GSW abdomen with splenectomy, nephrectomy, and colostomy.
3. JR: GSW abdomen with cecal laceration, treated with primary closure.
4. AT: SGW left shoulder, debrided.
5. SG: SGW left thigh, debrided.
6. HG: GSW abdomen, repair of liver laceration.

7/20/72 - Staff: Dr. G. Shannon

1. AU: Dressing change.
2. TB: Incarcerated umbilical hernia, treated with laparotomy and repair of hernia.

Continue page 17



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

3. LW: Stab wound abdomen with exploration of left renal pedicle; no other injury.

4. GS: GSW neck, tracheostomy.

7/21/72 - Staff: Dr. C. Lucas

1. AU: Dressing change.

2. TC: GSW abdomen, repair small bowel perforations, ligation of hypogastric artery and vein, and left colostomy.

3. RJ: Laceration forearm, repair of tendon.

4. DC: Stab abdomen, negative laparotomy but did penetrate peritoneum.

7/22/72 - Staff: Dr. A. Ledgerwood

1. CR: (Case from 7/17/72). Stress bleeding, laparotomy, vagotomy, and hemigastrectomy with BII anastomosis.

2. TW: Stab abdomen, laparotomy, and closure of omental perforation.

3. AU: Dressing change.

4. LW: Acute peritonitis, laparotomy with insertion of Penrose drain.

5. JC: Stab abdomen, closure of peritoneum.

7/23/72 - Staff: Dr. P. LeBlanc

1. MY: Multiple lesions bowel obstruction. Had laparotomy and lysis of adhesions, resection of bowel, and Baker tube insertion.

2. MD106: Auto-pedestrian with hemoperitoneum. Had ligation of vena cava, aorta, and suture of mesentery small bowel; needed 32 units of blood and died in O.R.

7/24/72 - Staff: Dr. A. Weaver

1. RS: Pedestrian hit by car, tracheostomy and chest tube insertions.

2. GW: GSW abdomen and both thighs, exploration of right femoral artery which was negative, local exploration of abdominal wound which was negative; debridement of scrotum.



WSU MONTHLY CONFERENCES 2025

Death & Complications Conference
Every Wednesday from 7-8



Didactic Lectures — 8 am
Kresge Auditorium

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

Wednesday, July 9

Death & Complications Conference
Felix Shun, MD
Graduating Surgery Resident
DMC/WSU School of Medicine

Wednesday, July 16

Death & Complications Conference
Andrea Sisti, M.D.
Plastic and Reconstructive Surgery
Assistant Professor of Surgery
DMC/WSU School of Medicine

Wednesday, July 23

Death & Complications Conference
Sharon L. Menzel, RN, MSN-HQM, CPHQ
Administrative Director, Quality & Patient Safety
Adult Central Campus- DMC
Detroit Receiving Hospital & Harper University Hospital

Wednesday, July 30

Death & Complications Conference
Jeremy Ciullo, M.D.
Hand Surgery, Critical Care Surgery, Surgery
Henry Ford Health System

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 #2024321125, Jan-April 2024 CME Reflective Evaluation:

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

Surgery Grand Rounds #2024321064, Jan-April 2024 CME Reflective Evaluation:

<https://www.surveymonkey.com/r/MJW12XF>



Wayne State Surgical Society 2025 Donation

Name: _____

Address: _____

City/State/Zip: _____

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

2024 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

*Midwest Surgical Association Annual Meeting**July 27-29, 2025**Lake Dawn Resort**Delavan, Wisconsin**84th Annual Meeting of ASES & Clinical Congress
of Acute Care Surgery**September 10-13, 2025**Boston, Massachusetts**ACS Clinical Congress 2025**October 4-7, 2025**McCormick Place**Chicago, Illinois**Western Surgical Association 138th Scientific Session**November 1-4, 2025**Fairmont Scottsdale Princess**Scottsdale, Arizona*

*National
Hot-Dog Day
July 16th*



Please Update Your Information

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



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 Narkiewicz (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. There are hundreds of Charter Life Members who have made contributions of well over \$10,000 to the WSSS and hundreds of regular Dues-paying members of the WSSS, including many of the above who donate the payment for one operation a year to the WSSS. The residents thank all of these former residents for their support of the surgical program and hope that they will have the opportunity to meet these individuals at the annual American College of Surgeons reunion.

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.