

## GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

**Specimen Type:** ISCHEMIC BOWEL

**Procedure:**

1. Measure the length, diameter or circumference and wall thickness of resected bowel.
2. Describe the color of serosa and mucosa. Measure the length of discoloration. Describe the color at resection margins.
3. Describe the presence or absence of serosal adhesion(s), and the location (distance to the closest margin) and area of adhesion if present.
4. Describe the presence or absence of perforation, and the size and location (distance to the closest margin) of perforation if present.
5. Describe the dimension or width of mesentery, and the presence or absence of thrombus in mesenteric blood vessels.

**Gross Template:**

Labeled with the patient's name (\*\*\*), medical record number (\*\*\*), designated \*\*\*, and received [*fresh/in formalin*] is a segment of [*oriented-provide orientation/un-oriented*] bowel measuring \*\*\*cm in length x \*\*\* to \*\*\*cm in open circumference with two stapled ends.

[*Mesenteric/Pericolic*] fibroadipose tissue extends \*\*\*from the bowel wall.

The serosal surface is remarkable for [describe adhesions, plaques, full-thickness defects (perforations or enterotomies)]. The mucosal surface is remarkable for a [*describe areas of ischemia/dyscoloration- size and distance to margins, or presence of pseudomembranes*].

Sectioning reveals [*no gross evidence of perforation/ a perforation and/or abscess formation (describe location, size, and distance to nearest margin)*].

The remainder of the bowel [*describe any additional lesions*]. Sectioning reveals a [*white, hemorrhagic, etc*] bowel wall with a thickness ranging from \*\*\* - \*\*\* cm. [*Describe presence of thrombi in mesenteric vessels, if grossly evident*]. Representative sections of the specimen are submitted.

**Cassette Submission:** 3-5 cassettes

- Proximal and distal shave margins.
  - o Both margin shaves can be submitted in one cassette if the specimen is un-oriented.
  - o Separate in two different cassettes if oriented.
- Two representative sections from grossly most ischemic area(s). If possible, both sections can be submitted in one cassette.
- If more than one segment of bowel is present, two cassettes for each segment: one containing both margins and one cassette containing representative sections from ischemic area(s).
- Two cassettes containing representative sections of large mesenteric blood vessels.
- No lymph nodes are needed