

Genitourinary Grossing Guidelines

Specimen Type: SUPRAPUBIC or SIMPLE or RETROPUBIC PROSTATECTOMY (for BPH)

Note: A simple prostatectomy is performed for enlarged prostates caused by marked BPH that are not suitable for transurethral resection. The specimen is usually composed of transition zones and sometimes the anterior zone of prostate. The peripheral zone is not resected. In 10-20% of cases, an incidental carcinoma is found during microscopic evaluation. If cancer is detected microscopically, it is necessary to report the approximate percentage of tissue involved and the margin status.

Procedure:

1. Weigh and measure the specimen.
2. Ink the entire outer surface (not the urethral mucosa) in one color **if the specimen is received in one piece**, as the specimens are usually un-oriented.
3. Serially section the prostate perpendicular to the prostatic urethra (**if identifiable**).
4. Examine cut sections for areas of firmness, tan or yellow discoloration, necrosis, or hemorrhage.
5. Dictate whether representative sections or the entire specimen is submitted.

Gross Template:

Labeled with the patient's name (**), medical record number (**), designated "****", and received [fresh/in formalin] is a ** gram, ** x ** x ** cm aggregate of semi-firm, pink-tan portions of tissue. The portions range from ** to ** cm in greatest dimension. Sectioning reveals [*describe cut surface- hemorrhage, degeneration, or calcification, and presence of nodules*]. Representative sections are submitted (approximately **%) of the specimen in cassette [*describe cassette submission*].

Cassette Submission: 8-10 cassettes (**maximum of 10 cassettes**)

- Sections of lateral and posterior lobes (if possible)
- Sections of suspicious areas
- Submit majority of remainder of tissue to TPCL

** When low grade (Gleason score 6) prostatic adenocarcinoma is found microscopically, the remaining tissue should be completely submitted if weight is ≤ 40 g. Check with attending staff if weight is > 40 g.