

## GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

**Specimen Type:** COLON RESECTION (Diverticular Disease)

### **Procedure:**

1. Measure length, range of diameter or circumference, and wall thickness.
2. Describe serosal surface, noting in particular the presence of diverticula, adhesions, indurated areas, abscesses, or perforations.
3. Prior to opening the bowel, the specimen may be flushed with saline and inflated with formalin, after tying off the ends of the bowel.
4. Alternatively the bowel can be opened along the anti-mesenteric border, pinned out and fixed. The specimen should be cut serially lengthwise at 0.5-1.0 cm interval. This is the optimal method of demonstrating diverticula.
5. Describe number (estimate), location and appearance of diverticula, as well as distance to the closest margin.
  - a. Note if there are any sites of hemorrhage, abscess formation or perforation. The diverticula should be probed to determine if there is perforation and/or fistula tracts, if grossly apparent.
6. Describe remainder of mucosal surface, noting any other lesions such as polyps.

### **Gross Template:**

#### **MMODAL COMMAND: INSERT COLON TICS**

It consists of is a segment of [*oriented-provide orientation/un-oriented\*\*\**] bowel measuring [*\*\*\**] cm in length x [*\*\*\**] cm in open circumference with two stapled ends. The pericolonic fibroadipose tissue extends up to [*\*\*\**] cm from the bowel wall.

The serosal surface is [*pink-tan and smooth, remarkable for adhesions, plaques, full-thickness defects (perforations or enterotomies)\*\*\**]. There are [*#/>10/multiple\*\*\**] diverticula, which measure [*\*\*\**] cm from the [*proximal/distal/closest*] resection margin. The mucosal surface is [*tan with prominent folds, remarkable for ulcers/erosions/loss of folds/nodularity/perforation/abscess/fistula/anastomosis: give the number, size, and relationship to nearest margin\*\*\**]. Sectioning reveals [*no gross evidence of perforation or abscess formation/ perforation and/or abscess formation (describe location, size, and distance to nearest margin)\*\*\**].

The remainder of the serosa is [*tan, smooth, glistening, and unremarkable\*\*\**]. The remainder of the mucosa is [*tan, glistening, and unremarkable or describe any additional lesions, such as ulcers/erosions, polyps, smooth areas with loss of folds, fibrotic areas, etc.\*\*\**]. The wall thickness ranges from [*smallest to largest\*\*\**] cm. [*State number\*\*\**] of lymph nodes are identified, ranging from [*smallest to largest\*\*\**] cm in greatest dimension. Gross photographs are taken. Representative sections of the specimen are submitted.

[*insert cassette summary\*\*\**]

### **Cassette Submission:** 5-6 cassettes

- Proximal and distal resection margins
- Representative diverticula
  - o Including hemorrhagic or indurated areas at bases
  - o Including ones with gross abscess formation and/or perforation

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- 1 cassette of normal mucosa
- No lymph nodes are needed