

Ophthalmic Pathology Grossing Guidelines

Specimen Type: EYELID WEDGE RESECTION for basal cell carcinoma, squamous carcinoma. [If sebaceous carcinoma is suspected, please contact pathologist for instructions, see below].

Gross Template:

MMODAL Command: "INSERT EYELID WEDGE"

[Identify the medial and lateral surfaces by 1. establishing from what eyelid the sample was taken. 2. identify the lashes 3. orient as in the body, e.g. right lower eyelid, then ink the medial and lateral margins with different colors and join posteriorly – delete this sentence***]

The specimen is received [*fresh/in formalin****], labeled with the patient's name ([*last name, first name****]), medical record number ([*insert MRN****]), and designated as "[*Dictate full description listed in Beaker. Ensure that the specimen label matches the Beaker order****]". It consists of an [*oriented/unoriented****] eyelid wedge resection measuring [*measure in three dimensions****] cm. [*Describe skin surface and conjunctiva, indicate if eyelashes present****]. [*Describe lesions present and if skin and/or conjunctiva involved****] [*measure distance to all margins****]. The specimen is entirely submitted in cassette [*describe cassette submission****]. Gross photographs are taken [*Take photos before and after inking****].

INK KEY:

Red medial
Blue lateral

Cassette Submission: 1 cassette

- Submit all tissue as a one piece. Do not section.
- Order: Sandy to orient and bisect near the lashes, splitting the eyelid in the coronal plane and embed on the cut faces

Note: this allows the pathologist to see all 3 margins simultaneously and measure the distance to the medial and lateral margins. If sebaceous carcinoma is suspected then a central part of tumor will need to be removed for osmication (electron microscopy lab). Best if Dr. Glasgow or attending on service supervises.