

Ophthalmic Pathology Grossing Guidelines

Specimen Type: ENUCLEATION (for specimens with clinical histories such as phthisis bulbi). If removed for melanoma, it is best to email Dr. Glasgow or the pathologist on the service. The eye should be re-fixed in 50% ethanol, after formalin fixation, for easier photography and less exposure to formalin by you!

Procedure:

1. Ink the cut end of the optic nerve margin green.
2. Transilluminate the eye to identify the shadow of a tumor. Ink this area
3. Bisect the eye superior to the optic nerve in the horizontal plane or slightly tilted to cut through the tumor. Then photograph. Examine under dissecting microscope to describe findings.
4. Print two red cassettes and submit (in the outer pocket of the specimen bag) with the eye sections (in a new specimen container) to Histology.
 - a. Remember to keep the original specimen container with Surgical Pathology to hold per standard retention policy.
5. Measure using mm and not cm
6. **Place Task Note:** “Embed both halves in separate cassettes. Section the callotte with the optic nerve.”

Gross Template:

MMODAL Command: “INSERT ENUCLEATION”

The specimen is received [*fresh/in formalin and transferred to 50% ethanol for 2 days of equilibration****], 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 a [*right/left****] enucleation. [**You can orient the specimen by the position of the inferior oblique and superior oblique muscles*****] The specimen measures [***] (AP) x [***] (H) x [***] (V) mm. The cornea measures [***] (V) x [***] (H) mm, and the nerve measures < 1 mm in length and appears [*atrophic/grossly unremarkable****]. Trans illumination reveals [*an opacity measuring *** x *** mm in dimensions/no opacity grossly identified****]. [*The opacity is located in the superior/inferior/anterior/posterior quadrant and appears *** mm from the limbus and *** mm from the optic nerve****]. Brightfield stereomicroscopy of the sclera [*does/does not****] show discrete superficial pigmentation. The vortex veins are [*negative/positive****] for pigmentation.

The eye is cut in the horizontal plane above the optic nerve. Stereomicroscopy reveals a brown pigmented dome shaped mass measuring approximately [***] mm at the chord length of the scleral cut, and [***] mm in tumor height. The retina appears [*attached/detached****] with underlying exudate. Gross photographs are taken. [*take intact and cut surface photos**** **delete this sentence**] [*Representative sections are submitted/The specimen is entirely submitted****].

[INK KEY:

Green vortex veins with possible pigmentation – only add if present on specimen***]

[CASSETTE SUMMARY:

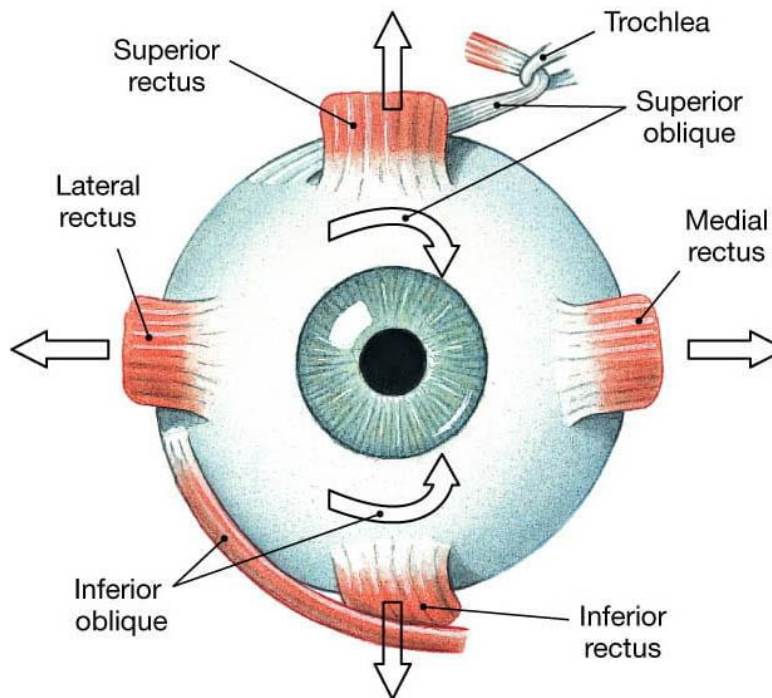
*** Optic nerve, shave
*** Larger collate***]

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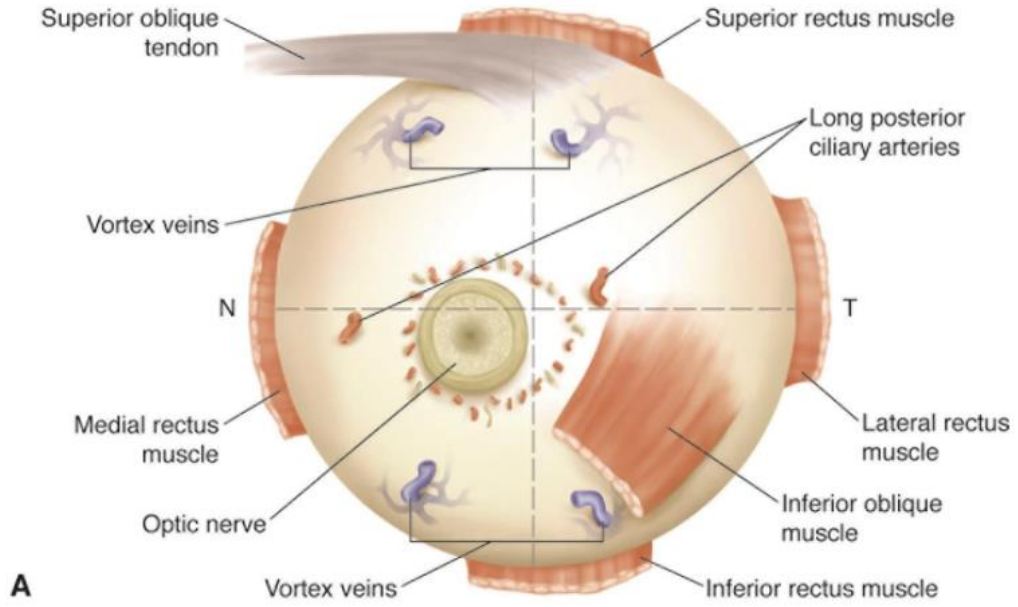
Cassette Submission: 2 cassettes

- Submit both halves to histology.
 - Histotech will embed half of eye with optic nerve and keep remainder for permanent sections, if needed.
 - Place specimen in a labeled specimen container on the CHS surg path back grossing counter/histology pickup area
 - Include any printed cassettes in container or specimen bag
 - Send an email including the case number and what cassettes are being submitted
 - Include histology staff group email (HistologyStaff@mednet.ucla.edu)
 - PA group email (PathologistsAssistants@mednet.ucla.edu)

- **Retinoblastoma** □ consult attending prior to grossing as studies on fresh tissue may need to be performed.
- **Melanoma** □ consult attending. Careful stereomicroscopic examination of sclera, vortex veins, etc. with transillumination and inking of certain lesions. The way you cut the specimen will depend on the location of the lesion.



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