

## Gynecologic Pathology Grossing Guidelines

**Specimen Type:** MORCELLATED LAPRASCOPIC HYSTERECTOMY

**Gross Template:**

**MMODAL COMMAND:** "INSERT MORCELLATED UTERUS"

It consists of a [*weight\*\*\**] gram fragmented [*total/supracervical hysterectomy\*\*\**] received in multiple fragments. The fragments range from [*smallest to largest \*\*\**] cm in maximum dimension and amount in aggregate to [*measure in three dimensions*] cm. The cervix measures [*\*\*\**] cm in length x [*\*\*\**] cm in diameter. The identifiable serosa is [*pink-tan and smooth\*\*\**]. There is a [*\*\*\**] cm average endometrial thickness. The identifiable endometrium is [*red and thickened, yellow and atrophic, denuded\*\*\**]. The myometrium is [*pink-tan, trabeculated, remarkable for cystic spaces (adenomyosis), nodules\*\*\**]. Sectioning through the nodules reveals [*white-tan and whorled cut surfaces, and presence or absence of hemorrhage, calcification or necrosis\*\*\**]. No lesions or masses are identified. Representative sections are submitted.

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

**Cassette Submission:** Maximum 10-15 cassettes

**Sections of Fibroids:**

- Any suspicious areas of gross hemorrhage/ necrosis and softer consistency must be sampled.

Cassette submission for fibroids:

- Fibroids <1.0 cm and multiple in number → use no more than five cassettes, each cassette can contain sections from two distinct fibroids.
- Fibroid >1.0 cm up to 5.0 cm → sample one section per lesion
- Fibroid >5.0 cm up to 10.0 cm → sample one section per 2 cm, with up to 2 sections per cassette.
- Fibroid >10 cm, sample one section per 2 cm, with up to 2 sections per cassette.
- Do not use term morcellated in dictation and instead say "fragmented"
- Please review the specimen with the attending pathologist if not sure what/how much to submit.

**Sections of Uterus:**

- 2 cassettes of endometrium/myometrium/serosa
- Anterior and posterior cervix
- upper endocervical stump (if identified), perpendicular