GI BIOPSY SIGN-OUT AND REPORTING

Note: This rotation serves clinicians seeking histopathologic interpretation of mucosal biopsies in the GI tract. The final diagnosis may depend heavily on the clinical setting and therefore all physicians on the service employ as much clinical information as possible when preparing cases. Communication of the interpretation is often done verbally, as is so for many medical biopsies in surgical pathology. Approximately 80% of the cases are managed in a routine fashion, however there is no substitute for good medical judgment and if a case requires special dispensation then the rotating resident should act accordingly. In general, transplant cases are treated as RUSH. If there is any question as to how to manage a problem case, a GI fellow or attending should be consulted. Before discussing a case with another physician, all information pertaining to the clinical setting should have been obtained.

GI Biopsy Sign- Out

1. Requisition sheets and slides for new cases arrive throughout the day. Slides for RUSH cases are arrived early in the morning.

2. Paperwork/requisition sheets should be matched to the slides.

3. Cases are prepared for sign-out in order of priority.

4. RUSH cases are prepared for sign-out and shown to the attending the same day they arrive. The remaining routine cases are prepared for sign-out on the following day.

5. Preparing cases includes obtaining pertinent history, obtaining previous material if relevant, proofread gross description, writing or dictating final diagnoses and microscopic descriptions (if needed) that mention all slides and special procedures.

6. At sign-out all prepared cases are shown to the attending physician.

7. The attending needs to be informed of all cases that are pending. For example, if special or immuno stains are ordered at the discretion of the resident/fellow, let the attending know of the pending case; do not hoard cases.

8. Details regarding the preparation of reports will be explained by the GI fellow.

9. Sign-out time is variable; it is likely that no routine is possible due the attending/resident conflicts with the consult and OR cases.

10. After sign-outs, conditions that merit a phone call to clinicians include unexpected malignancies, high grade dysplasia (except in polyps), infectious agents (such as Herpes, CMV, amebiasis), and other unexpected important findings.

11. After sign-outs, order deep recuts, special stains, immunostains, molecular tests and other necessary tests.

12. After sign-outs, modify the diagnosis in the report. Modify or add diagnosis comment and microscopic description if necessary.

13. Other aspects of the service are as follows:
    a. Supervision and grossing instruction of the GI, liver and pancreas resections received from the OR. Note: all bile duct resections and endoscopic mucosal resections must be shown to a fellow/attending BEFORE they are grossed.

    b. Covering the GI fellow's responsibilities when the fellow is unavailable.

    c. Conferring with other subspecialty areas when a case has overlapped potential (i.e. Lymphoma or soft tissue).

    d. OSR cases which are not for private consultation can be assumed by the resident on the GI biopsy service or the resident on the GI/Liver service in surgical pathology at the discretion of the fellow.

    e. There are a few main articles that must be read by any rotating resident/fellow on their first GI biopsy rotations. Consult the GI fellow or the attending on service to locate those articles.

Reporting GI Biopsies

It is important that the diagnostic page be more than a series of uninterpretable histologic findings, and instead be limited to the final diagnosis and a comment, if necessary. If the findings are not diagnostic then an interpretative note should be included whenever possible. It is recommended to include a microscopic description in addition to the diagnostic page that would include details about the nature of the biopsies (e.g. number of pieces and quality of orientation), in addition to all pertinent positive and negative histologic findings of each slide.