## **GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES**

**Specimen Type:** SLEEVE GASTRECTOMY

## Procedure:

- 1. Measure the length, range of diameter or circumference, and wall thickness of resected portion of stomach.
- 2. Describe the appearance of serosa and mucosa

## **Gross Template:**

Labeled with the patient's name (\*\*\*), medical record number (\*\*\*), designated \*\*\*, and received [fresh/in formalin] is an [intact, disrupted] sleeve gastrectomy measuring \*\*\* cm in length, \*\*\* to \*\*\* cm in diameter or circumference, and \*\*\* cm in wall thickness. There is a \*\*\* cm in length staple line at the resection margin. Perigastric fibroadipose tissue extends up to \*\*\* cm from the gastric wall.

The serosal surface is remarkable for [describe adhesions, plaques, full-thickness defects (perforations or enterotomies) or is smooth, tan, glistening, and unremarkable]. The mucosal surface is remarkable for [describe ulcers/erosions/polyps/loss of folds/nodularity or is pink, rugated, glistening, and unremarkable]. No lesions are grossly identified. [Describe lesions- if present.] Representative sections are submitted.

**Cassette Submission:** 1 cassette (additional cassette(s) if necessary to demonstrate pathology)

- Submit two representative sections of stomach wall in one cassette
  - Include area of congestion or any other abnormal findings