Corewell Health
East Laboratory

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Related Documents:

# GASTRECTOMY - TOTAL

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## I. Purpose

To provide a procedure for the dissection of a total gastrectomy for a tumor or a pathologic process.

## II. Principle

To take histologic sections to demonstrate the tumor or the pathologic process so that a diagnosis can be made microscopically by a Pathologist. All margins and all lymph nodes should be examined.

## III. Equipment

1. Ruler
2. Forceps
3. Scalpel
4. Scissors
5. Large Knife

## IV. Safety

1. **PPE** should be worn.
2. **FORMALIN** is a known carcinogen.

## V. Supplies and Reagents

1. **10% NEUTRAL BUFFERED FORMALIN** (pH range 6.9 – 7.2)
2. Black Ink
3. Blue Ink
4. White Distilled Vinegar

## VI. Quality Control

All remaining tissue should be retained.

## VII. Limitations/ Notes

The following may influence the validity of test results:

1. The specimen should be fixed in formalin.
2. Overnight fixation after being pinned out is optimal.

## VIII. Procedure

1. If possible, orient the specimen as to proximal, distal, greater curvature, and lesser curvature. The pyloric sphincter can be used as a helpful anatomic landmark.

2. Be familiar with the four regions of the stomach (cardia, fundus, body, and antrum).
3. Measure the overall length of the specimen. Measure the diameter or the internal circumference (If necessary, give a range). If possible, measure the proximal end, distal end, greater curvature, and lesser curvature.
4. Trim off all staple lines by cutting as close to the staple lines as possible.
5. Open the specimen along the greater curvature or on the side opposite the tumor or pathologic process.
6. Describe the specimen using a systematic approach (ex: outside to inside). Carefully inspect the serosa and the mucosa.
7. Measure any attached omental adipose tissue.
8. Describe the tumor or pathologic process (size, shape, color, & consistency) and its relationship to both the proximal and distal margins.
9. Ink the serosa opposite the tumor or pathologic process.
10. Use vinegar as a mordant for the ink.
11. Serially section the wall in the area involved by the tumor or the pathologic process and describe its thickness and the layers of the wall that are involved.
12. Measure the distance between the pathologic process and serosa.
13. Describe any other grossly identifiable abnormalities.
14. Measure the uninvolved wall of the specimen.
15. Complete a thorough lymph node search and submit all identifiable lymph nodes.
    A. For untreated specimens, a minimum of 16 lymph nodes should be found. If 16 lymph nodes are not found, submit an additional 10 cassettes of fat.
    B. Treated specimens with history of chemoradiation have no lymph node minimum. It is at the discretion of the assigned pathologist to decide on further action (i.e. submitting more fat).
16. Keep the lymph nodes identified along the greater curvature separate from those identified along the lesser curvature. Measure all lymph nodes by giving a range in size (from smallest to largest). If a lymph node is larger than 0.5 cm, bisect, trisect, or serially section it and describe the cut surfaces.
17. Serially section any attached omental adipose tissue and describe any grossly identifiable abnormalities
18. Submit shave sections of all margins (proximal and distal). If the tumor or pathologic process approaches the margin, take perpendicular sections at that margin which may also include the tumor or pathologic process.
19. Submit sections of the tumor or pathologic process including sections that demonstrate the deepest point of invasion and the adjacent uninvolved tissue.
20. Sample any other grossly identifiable abnormalities that are mentioned.
21. Submit full thickness representative sections of the uninvolved wall including the different regions of the stomach.
22. Submit all identifiable lymph nodes keeping those from the greater and lesser curvatures separate.
23. Submit sections of any attached omental adipose tissue.
24. Load cassettes on appropriate large tissue processor to allow for adequate fixation.

## IX. References

Hruban RH, Westra, WH, Phelps, PH, & Isacson, C: Surgical Pathology Dissection An Illustrated Guide, New York, NY, Springer-Verlag Inc., 1996.

Lester, SC: Manual of Surgical Pathology, New York, NY, Churchill Livingstone, 2001.

## X. Authorized Reviewers

1. Medical Director, Anatomic Pathology
2. Chief, Surgical Pathology

**Document Control**

**Location of Master:** Master electronic file stored on the Beaumont Laboratory server under S:\AP_Grossing_Manual

**Number of Controlled Copies posted for educational purposes: 0**

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**Document History**

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| *Ali-Reza Armin, MD* | 12/10/2008 | **r00** | | |
| *Anne R. Tranchida,PA(ASCP)* | 10/20/2009 | **r00** | | |
| *Ali-Reza Armin,MD* | 10/20/2011 | **r00** | | |
| *Ali-Reza Armin,MD* | 4/3/2013 | **r00** | | |
| *Mitual B. Amin,MD* | 2/14/2015 | **r00** | | |
| *Zhenhong H.Qu, MD* | 3/19/2015 | **r00** | | |
| *Kurt Bernacki, MD* | 10/27/2017 | **r00** | | |
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