Corewell Health
East Laboratory

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Related Documents:

ESOPHAGECTOMY

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I. Purpose

To provide a procedure for the dissection of an esophagectomy 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. A portion of the proximal stomach may be attached.
2. Measure the overall length of the specimen. Measure the diameter or the internal circumference (If necessary, give a range).
3. Trim off all staple lines by cutting as close to the staple lines as possible.
4. Ink the outside of the specimen one or two colors.
5. Use vinegar as a mordant for the ink.
6. Open the specimen on the side opposite the tumor or pathologic process.
7. Describe the specimen using a systematic approach (ex: outside to inside). Carefully inspect the outside (adventitia) and the mucosa.
8. Describe the tumor or pathologic process (size, shape, color, & consistency) and its relationship to both the proximal and distal margins and the squamocolumnar junction (GE junction). Include a measurement from the epicenter of the mass to the squamocolumnar junction (GE junction).
9. 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.
10. Measure the distance between the pathologic process and the outer aspect of the specimen.
11. Describe any other grossly identifiable abnormalities.
12. Measure the uninvolved wall of the specimen.
13. Complete a thorough lymph node search and submit all identifiable lymph nodes.
    A. For untreated specimens, a minimum of 7 lymph nodes should be found. If 7 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).
14. 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.
15. 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.
16. Submit sections of the tumor or pathologic process including sections that demonstrate the deepest point of invasion and the adjacent uninvolved tissue.
17. If possible, submit sections of the tumor or pathologic process and the squamocolumnar junction (GE junction).
18. If the squamocolumnar junction (GE junction) is away from the tumor or pathologic process, take a full thickness representative section of it.
19. Sample any other grossly identifiable abnormalities.
20. Submit full thickness representative sections of the uninvolved wall.
21. Submit all identifiable lymph nodes.
22. Load on appropriate large 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

Number of circulating Controlled Copies: 1

Location of circulating Controlled Copies: Master Grossing Manual located in Surgical Pathology

Document History

Signature	Date	Revision #		Related Documents Reviewed/ Updated
Prepared by: *Anne Tranchida, PA(ASCP)*	6/26/2007	**r00**		
Approved by: *Ali-Reza Armin, MD*	10/15/2007	**r00**		
Reviewed by: (Signature)	**Date**	**Revision #**	**Modification**	**Related Documents Reviewed/ Updated**
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**		
Revised by: *Heather Genson, HTL(ASCP)^{CM}PA^{CM}*	3/15/2018	**r01**	Added to include measurement from epicenter of mass to GEJ	
Approved by: *Kurt Bernacki, MI*	3/15/2018	**r01**		
Kurt Bernacki, MD	10/22/2019	**r01**		
Kurt Bernacki, MD	10/20/2021	**r01**		
Jawwad Arshad, MD	3/20/2023	**r01**		
Revised by: *Heather Genson, HTL(ASCP)^{CM}PA^{CM}* Heather Genson	9/18/2024	**r02**	Added wording to include minimum number of lymph nodes	
Approved by:	9/18/24	**r02**		