###### Purpose

To provide a procedure for the gross examination of a hysterectomy specimen with or without bilateral adnexae for a non-tumor condition.

1. **Principle**

To take histologic sections to demonstrate the pathologic process so that a diagnosis can be made microscopically by a Pathologist. If the adnexae have been removed for prophylactic purposes, all adnexal tissue should be submitted for analysis. If the hysterectomy is removed for Lynch Syndrome, the endometrium and adnexal tissue should be submitted entirely.

###### Equipment

1. Ruler
2. Forceps
3. Scalpel
4. Scissors
5. Large Knife
6. **Safety**
7. **PPE** should be worn.
8. **FORMALIN** is a known carcinogen.
9. **Supplies and Reagents**
10. 10% Neutral Buffered Formalin (pH range 6.9 – 7.2)
11. **Quality Control**

All remaining tissue should be retained in formalin.

1. **Procedure**
2. The specimen will arrive fresh or in formalin.
3. Orient the specimen and determine which structures are present.
4. If the adnexae are attached remove them before weighing the hysterectomy specimen.
5. Measure the uterus from ectocervix (or cervical stump) to fundus, from cornu to cornu, and from anterior to posterior.
6. Measure each ovary that is present.
7. Measure each fallopian tube that is present.
8. Mention any other structures that are present.
9. Describe the specimen using a systematic approach.
10. Describe the uterine serosa.
11. Examine and describe the cervix or cervical stump. Note any ectocervical mucosa and describe the nature of the os.
12. Bisect the uterus into anterior and posterior halves.
13. Describe the endocervical canal.
14. Measure the endometrial cavity in 2 dimensions (cm.) and describe.
15. Serially section the endomyometrium. Measure the thickness of both the endometrium and the myometrium. Describe the texture of the myometrium.
16. Describe any leiomyomas or any other significant areas in the myometrium. If leiomyomas are present, estimate how many, what type (subserosal, intramural, and/or submucosal), and give a range in size using 3 dimensions (cm.). Describe the cut surfaces of the leiomyomas.
17. Describe any other notable areas (ex: polyps). If polyps are identified, give the location and relationship to the closest serosa and to the cervical os.
18. If adnexae are present, describe the external surfaces of both ovaries and both fallopian tubes. Serially section the ovaries and describe the cut surfaces (corpora lutea, corpora albicantia, and/or cysts). Serially section the fallopian tubes and identify a lumen for each tube.
19. One section should be submitted from the anterior cervix and one section should be submitted from the posterior cervix. If history of low grade cervical dysplasia, submit sections from 12:00, 3:00, 6:00, and 9:00. If history of high grade squamous intraepithelial lesion, adenocarcinoma in-situ,or invasive carcinoma, amputate the cervix, pin out and fix, and submit entirely.
20. Two sections should be submitted from the anterior endomyometrium and two sections should be submitted from the posterior endomyometrium. At least one section should be full thickness to include serosa.
21. If removed with attached placenta (accreta, increta, or percreta), mention extent of invasion into the myometrium and submit representative sections at deepest point of invasion.
22. Each of the different types of leiomyomas should be sampled. If many leiomyomas are present, more representative sections should be submitted. Any abnormal areas should be included.
23. One or two sections should be submitted from each ovary.
24. A cross section of the infundibulum and the bisected (longitudinally) distal 2.0 cm (fibriated end) of both fallopian tubes should be submitted.
25. If the adnexae have been removed for prophylactic purposes (BRCA positive), all adnexal tissue should be submitted at 3 mm. intervals.
26. If the specimen is removed for Lynch Syndrome, submit the endometrium entirely, fallopian tubes entirely, and ovaries entirely. The endometrium can be submitted as strips (2-3 mm) with multiple sections per block.
27. Any other abnormalities that are identified should be sampled.
28. The cassettes should be loaded on the appropriate end of day tissue processor.
29. **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.

1. **Authorized Reviewers**
2. Medical Director, Anatomic Pathology
3. Chief, Surgical Pathology

##### Document Control

##### Location of Master: Master electronic file stored on the Beaumont Laboratory server under

S:\AP\_Grossing\_Manual

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##### Document History

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| Approved by: *Ali-Reza Armin, MD* | 1/26/2011 | **r01** |  |  |
| *Ali-Reza Armin,MD* | 10/20/2011 | **r01** |  |  |
| *Ali-Reza Armin,MD* | 4/8/2013 | **r01** |  |  |
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