

## **COLECTOMY NON-NEOPLASTIC**

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- I. Purpose**  
To provide a procedure for the dissection of a colon segment or total colectomy for a non-neoplastic condition.
- II. Principle**  
To take histologic sections to demonstrate the pathologic process so that diagnosis can be made microscopically by a Pathologist.
- III. Equipment**
  1. Ruler
  2. Forceps
  3. Scalpel
  4. Scissors
  5. Large knife
- IV. Special Safety Precautions**
  1. PPE should be worn.
  2. 10% **FORMALIN** is a known carcinogen.
- V. Supplies and Reagents**
  - 10% **NEUTRAL BUFFERED FORMALIN** (pH range 6.9-7.2)
- VI. Quality Control**  
All remaining tissue should be retained in accordance with CAP requirements.
- VII. Limitations/Notes**  
The following may influence the validity of test results:
  1. The specimen should be fixed in formalin.

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### VIII. Procedure

1. If possible, orient the specimen. If the specimen is a right colectomy, the terminal ileum, ileocecal valve, cecum, and attached appendix can be used to orient.
2. Identify all components of the specimen and measure each (e.g. appendix, attached omentum, etc).
3. Include a length and a diameter or an internal circumference.
4. Describe the specimen using a systematic approach (ex: outside to inside). Carefully inspect the serosa and the mucosa.
5. Describe the pathologic process or abnormality (size, shape, color, & consistency) and its relationship to the margins.
6. If an inflammatory condition is suspected or identified, a full thickness section should be taken every 10 cm.
7. If diverticulosis is present, a few diverticula should be sampled and the specimen should be inspected for abscess cavities that may be present within the pericolonic adipose tissue or possible rupture sites that may be present within the diverticula.
8. If a rupture site is present, the rupture site should be sampled.
9. Measure the thickness of the uninvolved wall of the specimen.
10. All attached structures should be sampled (e.g. appendix, omentum). If an appendix is absent on a right colectomy specimen and no evidence of history of previous appendectomy is found, submit sections from cecum at appendiceal orifice/appendectomy site.
11. Submit shave sections of all margins. If the pathologic process approaches the margin, take perpendicular sections at that margin which may also include the pathologic process.
12. Sample the pathologic process and any other areas of abnormality.
13. Submit full thickness representative sections of the uninvolved wall.
14. Load on the appropriate tissue processor to allow for adequate fixation.

### IX. References

1. Hruban RH, Westra, WH, Phelps, PH, & Isacson, C: Surgical Pathology Dissection An Illustrated Guide, New York, NY, Springer-Verlag Inc., 1996.
2. Lester, SC: Manual of Surgical Pathology, New York, NY, Churchill Livingstone, 2001.

### X. Authorized Reviewers

1. Medical Director, Anatomic Pathology
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### XI. Document Control

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