

SURGICAL SPECIMENS TO BE SUBMITTED TO PATHOLOGY FOR EXAMINATION

APPENDIX M

The College of American Pathologists has developed the following recommendations to help in determining what specimens should routinely be submitted to the pathology department for examination. These are intended only as suggestions and are not mandatory or a requirement for CAP accreditation.

Each institution, in conjunction with the pathologist and appropriate medical staff departments, should develop a written policy that addresses which specimens do not need to be submitted to the pathology department and which specimens may be exempt from a requirement for microscopic examination. This policy must be individualized for each institution and should take into account the diagnostic needs of the medical staff, the likelihood of significant findings in otherwise unremarkable specimens given the clinical situation, the reliability of procedures to ensure proper handling of specimens in surgery, and potential medicolegal implications. According to JCAHO Standards and CAP guidelines, this policy must be jointly determined by the pathologist and the institution's clinical staff.

The policy should clearly state that all specimens not specifically exempted must be submitted to the pathology department for examination. It should also state that a microscopic examination will be performed whenever there is a request by the attending physician, or when the pathologist determines a microscopic examination is indicated by the gross findings or clinical history. A pathology report should be generated for every specimen submitted to the pathology department for examination.

Creating two lists may be useful. One list should designate those specimens (if any) that are exempt from routine submission to the pathology department. A second list should specify those specimens that are to be submitted to pathology for gross examination but which are exempt from mandatory microscopic examination, i.e., gross only examination.

The following are specimens that an institution may choose to exclude from routine or mandatory submission to the pathology department. There should be an alternative procedure for documenting the removal and disposition of any specimens or devices not submitted to pathology for examination. This is particularly important for any failed medical devices that may have contributed to patient injury, any failed device for which litigation is pending or likely, and for devices subject to tracking under the Safe Medical Devices Act of 1990 (see Appendix).

- Bone donated to the bone bank.
- Bone segments removed as part of corrective or reconstructive orthopedic procedures (e.g., rotator cuff repair, synostosis repair, spinal fusion).
- Cataracts removed by phacoemulsification.

- Dental appliances.
- Fat removed by liposuction.
- Foreign bodies such as bullets or other medicolegal evidence given directly to law enforcement personnel.
- Foreskin from circumcisions of newborns.
- Intrauterine contraceptive devices without attached soft tissue.
- Medical devices such as catheters, gastrostomy tubes, myringotomy tubes, stents, and sutures that have not contributed to patient illness, injury or death.
- Middle ear ossicles.

- Orthopedic hardware and other radio-opaque mechanical devices provided there is an alternative policy for documentation of their surgical removal.
- Placentas that do not meet institutionally specified criteria for examination ⁽¹⁾.
- Rib segments or other tissues removed only for purposes of gaining surgical access, provided the patient does not have a history of malignancy.
- Saphenous vein segments harvested for coronary artery bypass.
- Skin or other normal tissue removed during a cosmetic or reconstructive procedure (e.g., blepharoplasty, cleft palate repair, abdominoplasty, rhytidectomy, syndactyly repair), provided it is not contiguous with a lesion and the patient does not have a history of malignancy.
- Teeth when there is no attached soft tissue.
- Therapeutic radioactive sources.
- Normal toenails and fingernails that are incidentally removed.

It is recommended that the following specimens should be submitted to the pathology department for examination. These specimens often require only a gross examination. However, exceptions are at the pathologist's discretion.

- Accessory digits.
- Bunions and hammertoes.
- Extraocular muscle from corrective surgical procedures (e.g., strabismus repair).
- Inguinal hernia sacs in adults.*
- Nasal bone and cartilage from rhinoplasty or septoplasty.
- Prosthetic breast implants ⁽²⁾.
- Prosthetic cardiac valves without attached tissue.
- Tonsils and adenoids from children.*
- Torn meniscus.
- Umbilical hernia sacs in children.*
- Varicose veins.

*Each institution should determine its own specific age requirements.

APPENDIX

The complete list of devices required for tracking under the Safe Medical Devices Act of 1990:⁽³⁾

1. Permanently implantable devices:
 - Vascular graft prostheses
 - Vascular bypass (assist) devices
 - Implantable pacemaker pulse generator
 - Cardiovascular permanent pacemaker electrode
 - Annuloplasty ring
 - Replacement heart valve
 - Automatic implantable cardioverter/defibrillator

- Tracheal prosthesis
 - Implanted cerebellar stimulator
 - Implanted diaphragmatic/phrenic nerve stimulator
2. Life-sustaining or life-supporting devices:
 - Breathing frequency monitors (apnea monitors)
 - Continuous ventilator
 - CD-defibrillator and paddles
 3. FDA-designated devices:
 - Silicone inflatable breast prosthesis
 - Silicone gel-filled breast prosthesis
 - Silicone gel-filled testicular prosthesis
 - Silicone gel-filled chin prosthesis
 - Silicone gel-filled angel chik reflux valve
 - Electromechanical infusion pumps

References:

1. Althshuler G, Deppisch LM. CAP Conference XIX on the examination of the placenta: Report of the working group on indications for placental examination. Arch Pathol Lab Med. 1991; 115: 701-703.
2. Revised CAP guidelines for prosthetic breast implants. CAP Today. April 95; Vol. 9, p58.
3. Medical devices; device tracking. Federal Register. May 29, 1992;57:22966-22981.

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