**Purpose**

Any axillary dissections come with a mastectomy/lumpectomy; however, one may receive a dissection (alone) after the patient has been diagnosed following a sentinel node biopsy, lumpectomy or mastectomy.

It is standard practice to find **ALL** nodes; the average in an axillary dissection is 20. Studies show that **at least 10 lymph nodes** are required for accurate staging. If less than 10 lymph nodes are identified, re-examine the specimen and submit areas of adipose which may contain possible nodes.

It is common to receive a dissection which is oriented (usually containing a suture which marks the highest lymph node). In this case, it is important to submit the lymph nodes in cassettes from lowest to highest (state in cassette summary), having the highest lymph node in its own cassette.

**Procedure**

* Measure and determine orientation. Palpate and dissect out the lymph nodes in order moving from one end to the opposite (lowest to highest). Keep lymph nodes in order on a wet paper towel or in their designated cassettes. If no orientation is given, do not worry about lymph node order.
* Trim off excess adipose.
* If multiple lymph nodes are matted (commonly seen with metastasis), then estimate the total number submitted.
* Dictate the numbers found and give sizes ranging from smallest to largest (one dimension).
* Note any lymph nodes suspicious for metastatic disease (white, nodular and often necrotic in appearance).
* Multiple lymph nodes may be placed in the same cassette if 0.5 cm or less (no more than 6 in a cassette). If the node measures between 0.6 cm and 1.0 cm, it must be bisected. Multiple bisected lymph nodes can be placed in the same cassette as long as they are each inked a different color (no more than three in a cassette). If greater than 1.0 cm, serially section (2-3mm) and submit in its own cassette.

**Note: if a lymph node is grossly positive and exceeds the capacity of the cassette, submit one representative cassette and note it in your dictation.**

**Sample Dictation**

Received in formalin in a medium sized container is an oriented portion of adipose tissue, 7.0 x 6.0 x 5.0 cm. A suture marks the highest lymph node. Palpation and dissection reveals 12 lymph nodes, 0.2 up to 2.0 cm. The largest lymph node contains nodular and necrotic cut surfaces, suspicious of metastatic disease.

**Cassette summary (submitted in order lowest to highest):**

A1- six whole lymph nodes (ns)

A2 - two bisected lymph nodes, one inked blue (ns)

A3 - two bisected lymph nodes, one inked green (ns)

A4 - sections of largest lymph node (ss)

A5- highest lymph node, bisected (ns)