**Procedure**

**Radical hysterectomy for cervical carcinoma**

The specimen consists of uterus, cervix, a portion of vaginal mucosa (vaginal “cuff”), right and left parametria (soft tissue with vessels) and may include adenexae.

**1.                  Handling**

a)                  Remove adnexa and handle as described for benign ovarian disease.

b)                  Ink vaginal cuff margin

c)                  Weigh the fresh specimen

**d)                 Dissect the lower uterine segment parametria down to the cervix.**

e)                  Amputate the cervix (with attached parametria) from the uterus. **DO NOT amputate too low in the lower uterine segment, especially if an endocervical lesion is suspected**

f)                   Open the anterior cervix at 12 o’clock and pin out on styrofoam (similar to a cervical cone biopsy), fix overnight.

g)                  Open supracervical uterus along lateral borders (like a usual hysterectomy specimen) and fix overnight.

**2.                  Description**

**Cervix**:

(1)   Dimensions of ectocervix, length of endocervical canal

(2)   Lesion: size, relationship to endo & ectocervix (squamo-columnar junction), thickness (depth of invasion), distance from margins (vaginal cuff and deep soft tissue), color, consistency, growth pattern (exophytic), necrosis, hemorrhage.

**Uterus**:

(1)   Length, width, thickness of endometrium, thickness of myometrium, appearance of serosal surface.

(2)   Lesions: uterine polyps, leiomyomas, adenomyosis.

c)                  **Ovaries and fallopian tubes**: as described under benign ovarian disease.

**3.                  Sections (see diagram)**

a)                  **Parametria**:

(1)   Separate the right and left parametria from the cervix and submit in toto in separate cassettes.

**Vaginal cuff**:

(1)   If distant from the tumor (>1.5 cm), a shave margin can be submitted. **\*\*shave should be thin (3-4 mm) and can be placed in cassette with incised surface face-down**.

(2)   Remember that any tumor in a shave margin is a positive margin.  **If within 1.5 cm of tumor, do not attempt to shave margin.  A section of tumor including this margin will fit into a standard cassette.**

**Cervix**:

(1)   **IF Gross Tumor Visible\*\*:** Four sections of tumor ***including closest approach to vaginal cuff and deep margins*** (these sections can be bisected and placed in two consecutive cassettes, ink bisection point for orientation)

(2)   Deepest point of invasion.

(3)   One random section from each quadrant of cervix

(4) One random section from each quadrant of the lower uterine segment

**(5)   IF NO Obvious Tumor Visible\*\*:**

Beware of the tumor that involves the entire circumference of the cervix or endocervix! Call your attending, the GS fellow, or a PA for help.

\*\* **In general, if no tumor is identified, the entire cervix should be submitted**.

**Uterus**:

(1)   At least one full-thickness longitudinal section from the anterior and posterior lower uterine segment. If tumor present in endocervix or extends into lower uterine segment, then include appropriate representations of the squamo-columnar junction and its relationship to the lower uterine segment.

\*\*Dr. Cho prefers to see at least one section of lower uterine segment per quadrant.

(2)   Full-thickness sections from the anterior and posterior endomyometrium.

(3)   Incidental lesions: polyp, leiomyoma, etc.

**Ovaries and fallopian tubes**: as described under benign ovarian disease.