**Purpose**

The specimen may include labia, the clitoris, and perianal tissue with little subcutaneous fat. It should arrive pinned to a piece of foam or cardboard with handwritten orientation of the specimen and a possible suture marking one aspect of the lesion (superior margin, lateral margin etc.). PHOTOGRAPH SPECIMEN! Ink from the operating room will wash off in formalin. Be sure to use permanent ink to make sure that the annotations do not disappear. ALL VULVA SPECIMENS ARE TO BE GROSSED BY THE GYN RESIDENT!

**Procedure**

**1. Partial vulvectomy [a.k.a. superficial (skinning) vulvectomy]**

Handling:

(1) Pin specimen out flat on styrofoam or other appropriate board
(2) Ink margins as many colors as necessary to retain orientation
(3) If margins are not identifiable, contact the surgeon for clarification.

Description: Photograph specimen with annotated sections

(1) Dimensions: Shape, length, width, thickness
(2) Anatomical structures removed: Labia, etc.
(3) Lesion: Location (i.e. right labia majora), size, thickness, color, texture, distance from margins.
(4) Remainder of specimen: Unremarkable, focal erythema, leukoplakia, ulceration.

c) Sections and margins: Photograph (with letter-designated annotations) or draw a picture to demonstrate where each section was taken.

(1) Entirely submit all lesions, including abnormal skin changes. (Include margins in sections when possible).
(2) Margins: Sample all resection margins.

(a) Resection margins should generally be sampled perpendicular to the specimen edge.
(b) Shave margins should generally be avoided, because lesions can be difficult to localize on gross examination. If a lesion is clearly visible, shave margins for those portions of the specimen distant from the lesion may be appropriate – use your judgment and consult with the fellow or attending if uncertain.

(i) Shave margins should be as thin as possible and can be submitted with the incised surface down (red ink placed down) in cassette. Place sponge to prevent movement.

**2. Radical vulvectomy: The specimen consists of the entire vulva (with portion of vagina) inguinal skin, femoral and inguinal fat pads. If the pathologist has any question as to orientation, the surgeon should be consulted.**

Handling:

(1) Dissect inguinal lymph nodes from the fat pads
(2) Ink surgical margins
(3) Bread-loaf subcutaneous tissue to permit optimal fixation
(4) Pin specimen out on styrofoam or cardboard to fix overnight

Description: Photograph specimen with annotated sections (preferred!)

(1) Weight & Dimensions: Weight, shape, length, width, thickness
(2) Anatomical structures included: Labia, clitoris, vagina, etc.
(3) Lesion: Location (i.e. right labia majora), size, thickness, color, texture, distance from margins.
(4) Remainder of specimen: Unremarkable, focal erythema, leukoplakia, ulceration.

Radical Vulvectomy Sections:

(1) Submit at least 4 sections of the primary tumor, to include the closest margins (lateral, and medial, and deep). Do NOT shave close margins (i.e. if < 1.5 cm)

(2) Representative sections of uninvolved margins: Lateral labial, vaginal, anal, perineal and inguinal (perpendicular if lesion is close, shave if distant)

(3) One section of clitoris

(4) All inguinal lymph nodes, separate out sentinel node if labeled as such

(5) Photograph, photograph, photograph! Use appropriately numbered/lettered annotations to mark the photograph. Print the photograph to be included with the paperwork