**Purpose**

To establish a procedure on how to gross small bowel resections for non-neoplastic diseases.

**Procedure**

Note: Open bowel longitudinally along the antimesenteric border with enterotomy scissors and fix it overnight. If specimen is oriented, try to not cut off any orientation sutures.

* Measure length of specimen, including any variations from one segment to another. Is it dilated in whole or in part? Just measuring the diameter is not enough information.
* Describe the serosa-exudate, perforations, adhesions, etc.
* Describe the mesentery-fat wrapping, thickened, abscess formations, etc.
* Mucosal appearance: edema? hemorrhage? ulcers? nodular mucosa? polyps? tumor? (size, location, circumferential involvement? depth of invasion). Grossly fissure ulcers are not likely to be seen. They are narrow ulcers that extend perpendicularly deeply into the wall.
* Wall: thickness (does it appear thicker or thinner than normal), other abnormalities. **Measurements of wall thickness have little meaning.**
* Does the abnormality extend to a margin of resection?
* Lymph nodes: size and appearance.

***Sections for Histology***

In cases of **ischemic disease**, include a couple cross sections of mesenteric vessels and **longitudinal** sections through the margins of resection as well as the margins of the ischemic areas, and the ischemic areas themselves.

In cases of **Crohn's disease**, the most informative sections will be as follows, labeled specifically as to location: take the sections from proximal to distal, identifying the specific site, as to cm from one margin. Check the gross specimen again for signs of mesenteric fat wrapping, longitudinal ulcers, nodular mucosa, and strictures.

1. Grossly abnormal areas. (3 different areas-3 cassettes)

2. Margins of grossly abnormal areas to include adjacent normal mucosa. (2 cassettes)

3. Samples of the wall **at the mesenteric attachment** in grossly normal areas to pick up the tiny microscopic foci. (1 cassette)

4. Resection margins if within 1 cm of gross disease.

5. Any unusual gross features, such as mass or thick stricture.

For other diseases, consult the staff pathologist for appropriate sections.