**Purpose**

To establish a procedure on how to gross an appendix.

**Procedure**

* Photograph the specimen.
* Measure length and diameter and note mesoappendix or staple lines.
* Transect and bivalve the tip within at least a 2 cm segment.
* Shave the staple line from the margin and ink margin (be careful to submit true margin en face).
* Serially section the remaining appendix in 2-3 mm intervals.
* Describe cut surfaces (unremarkable, fecalith, diverticulum, purulent material, mucin, thickened wall or mass)
* If a mass or suspicious focus of thickened wall is identified, measure in 3 dimensions, note location and distance to margin.
* Describe mesoappendix (unremarkable, edematous, etc.)

**Sections for Histology**

* Generally most appendices for appendicitis can be submitted in one cassette. In one cassette, submit bivalved tip, inked margin of resection (en face) and any pertinent cross sections. DO NOT OVER STUFF CASSETTE. SUBMIT AN ADDITIONAL CASSETTE IF NECESSARY.\*
* If the appendix does not appear inflamed (i.e. no perforations or exudate), and it was removed for appendicitis, the entire appendix needs to be submitted.
* If tumor or suspicious areas are identified, submit appendix entirely. MAKE SURE TO INK AND DESIGNATE MARGIN.

**\*All appendectomy resections must have tip and margin of resection submitted. No exceptions.**

**Sample Dictation**

Received in a small container filled with formalin is a 5.0 cm in length x 1.0 cm in diameter appendix with attached mesoappendix. The serosa is remarkable for a 0.3 cm perforation site located at the tip with surrounding areas of fibrinous exudate. Sectioning reveals edematous cut surfaces remarkable for purulent material within the lumen. No other abnormalities are identified. The mesoappendix is unremarkable.

Cassette Summary: A1. Appendix including tip, margin (inked blue) and perforation. (ss)