

Whole Mount Prostates

“Putting the Puzzle Back Together”

Maegan Weighman

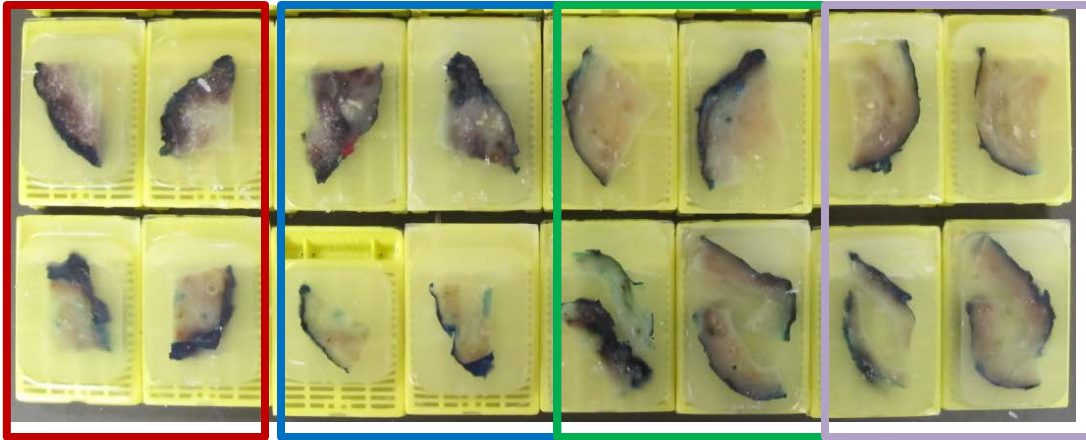
Matt Gabbeart

Dr. Kunju



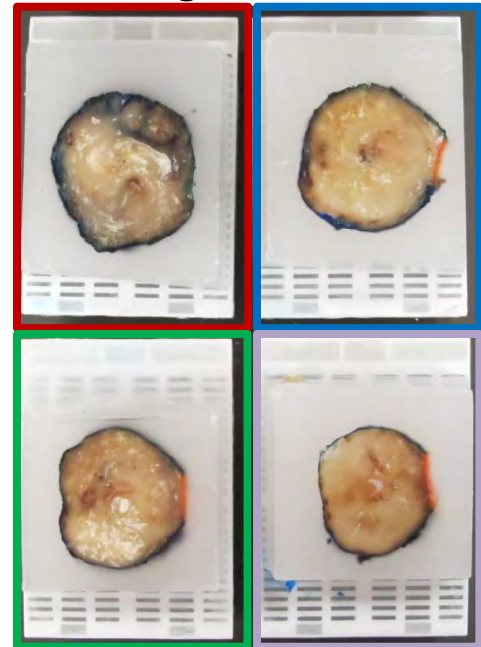
Whole Mount Prostates

Goal: Reduce grossing time, # of cassettes, and Pathologist review time.



Regular Cassettes

- 12-16 cassettes
- Processing time 8-12 hrs.
- Cutting time: 40-50 min.
- Dictation time:

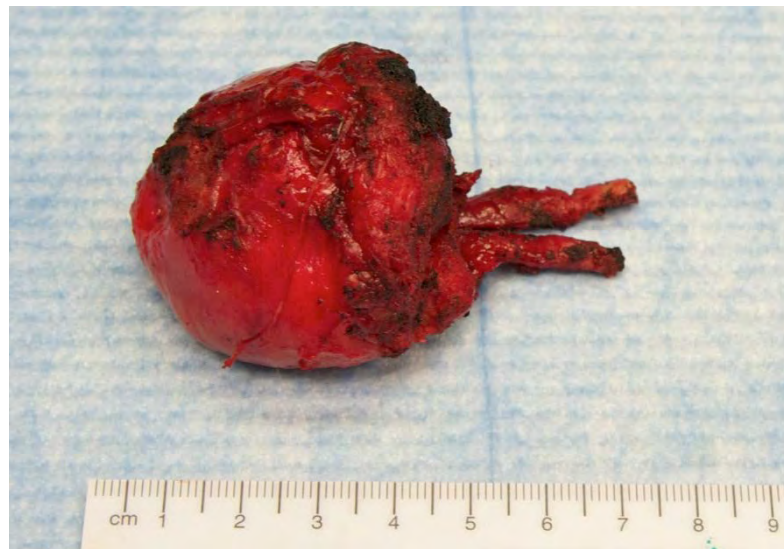
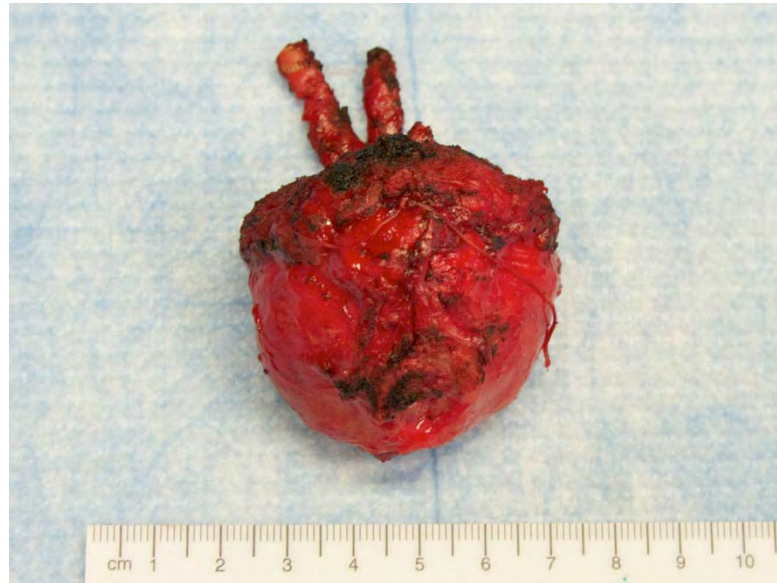


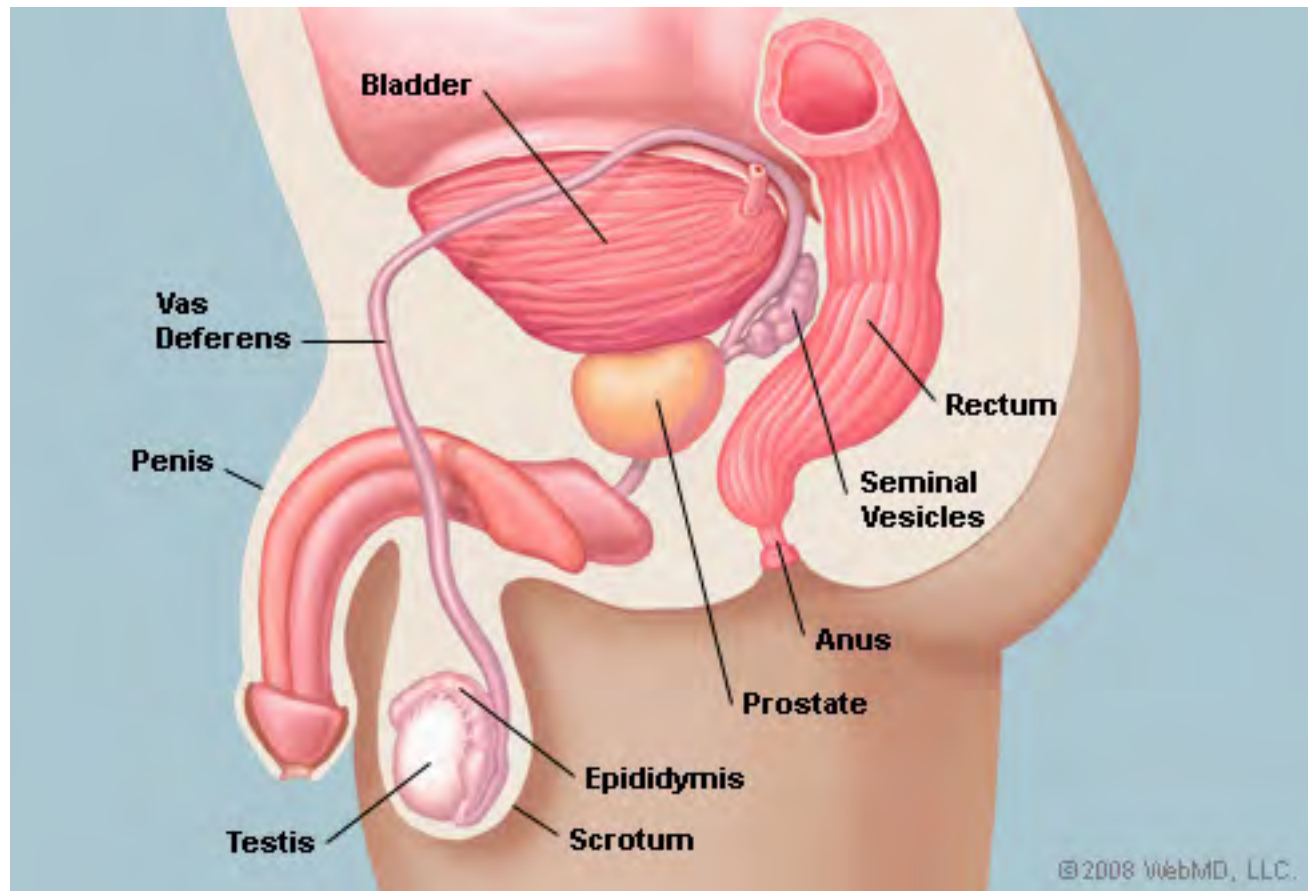
Whole Mount Cassettes

- 3-4 cassettes
- Processing time 16 hrs.
- Cutting time: 30-40 min.
- Dictation time:
- *Implemented 1 case/day 2-6-12. Now doing 2 cases/day.*

The Prostate Gland

- 20-30 grams, funnel shaped, 4 x 3 x 2 cm.
- Located within the pelvis between bladder base and penis.
- Function: conduit for urine, adds nutritional secretions to sperm to form semen during ejaculation.
- Vasa deferentia bring sperm from the testes to the seminal vesicles. The seminal vesicles contribute fluid to semen during ejaculation.

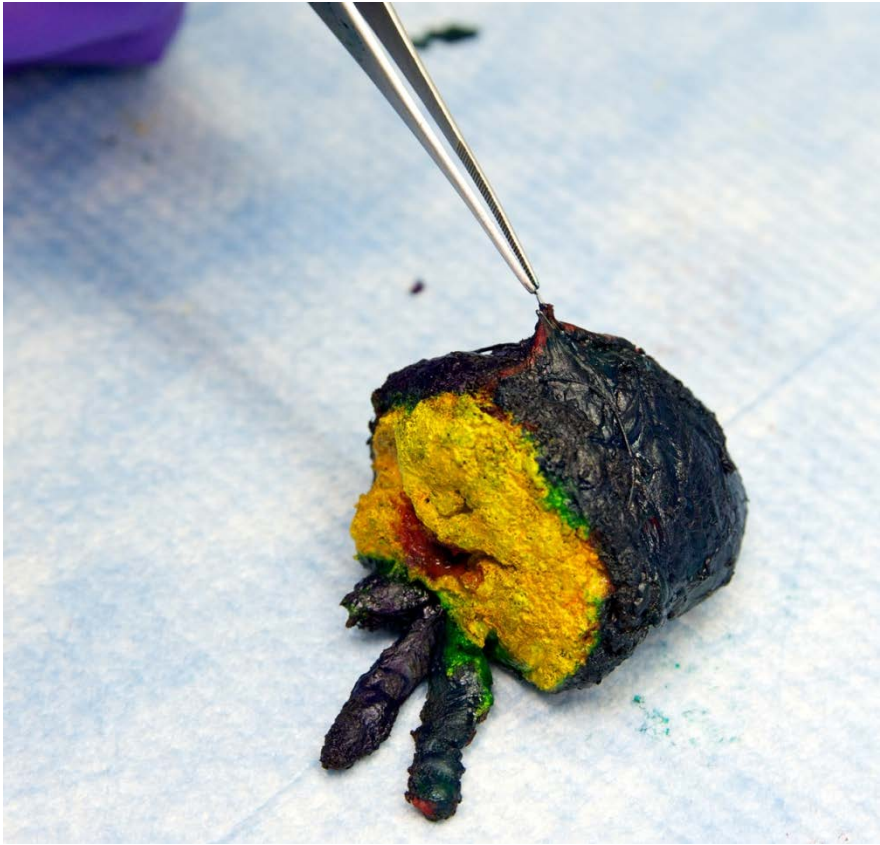






Prostatectomy Grossing 101

- Measure
- Weigh
- Ink (follows same color scheme: right-green, left-blue, base-yellow, black-anterior)



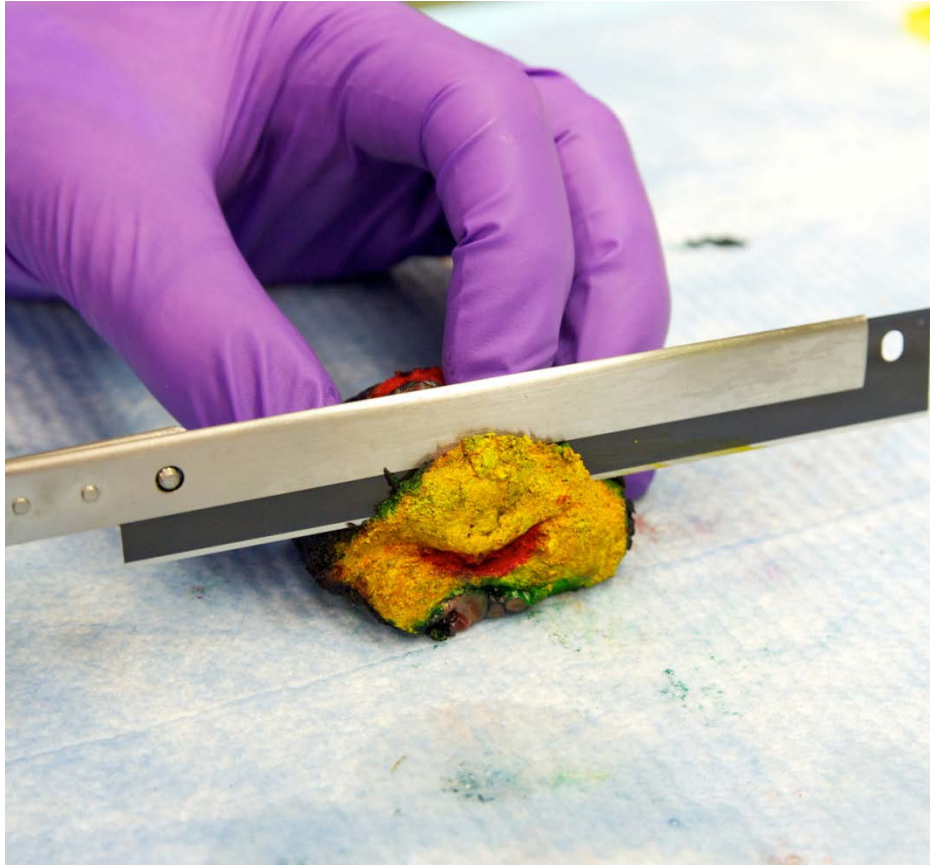
Prostatectomy Grossing 101

- Remove sutures and staples.
- Ink any exposed parenchyma red (indicates false margin)



Prostatectomy Grossing 101

- Amputate seminal vesicles and vasa deferentia.
- Serial section for abnormalities.



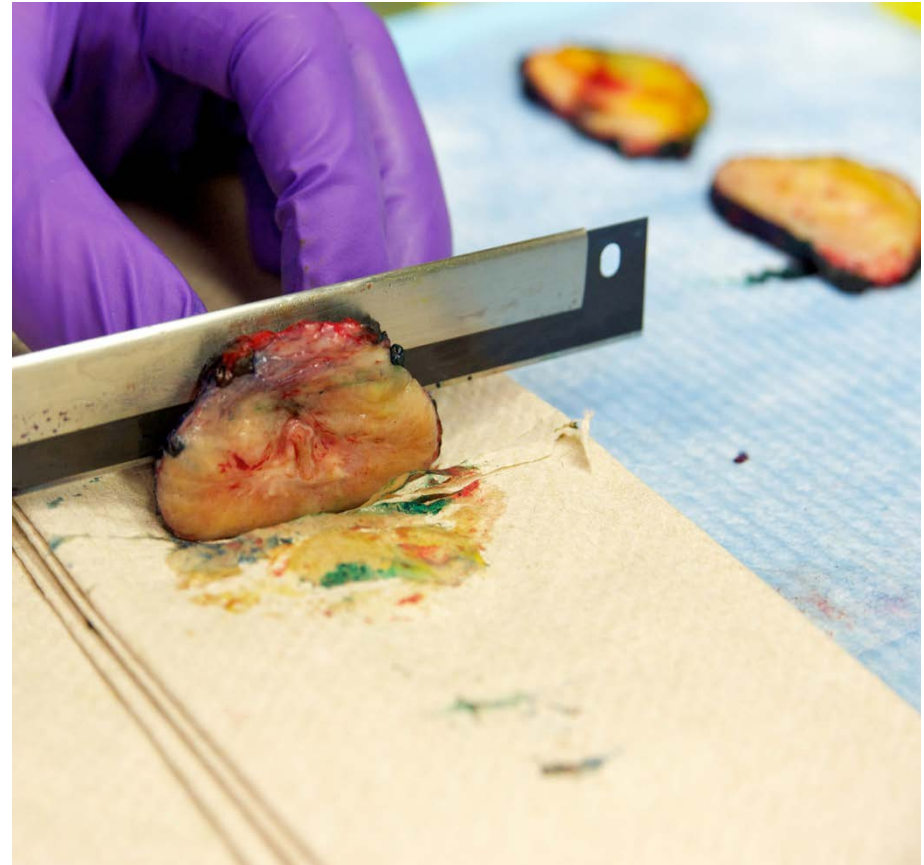
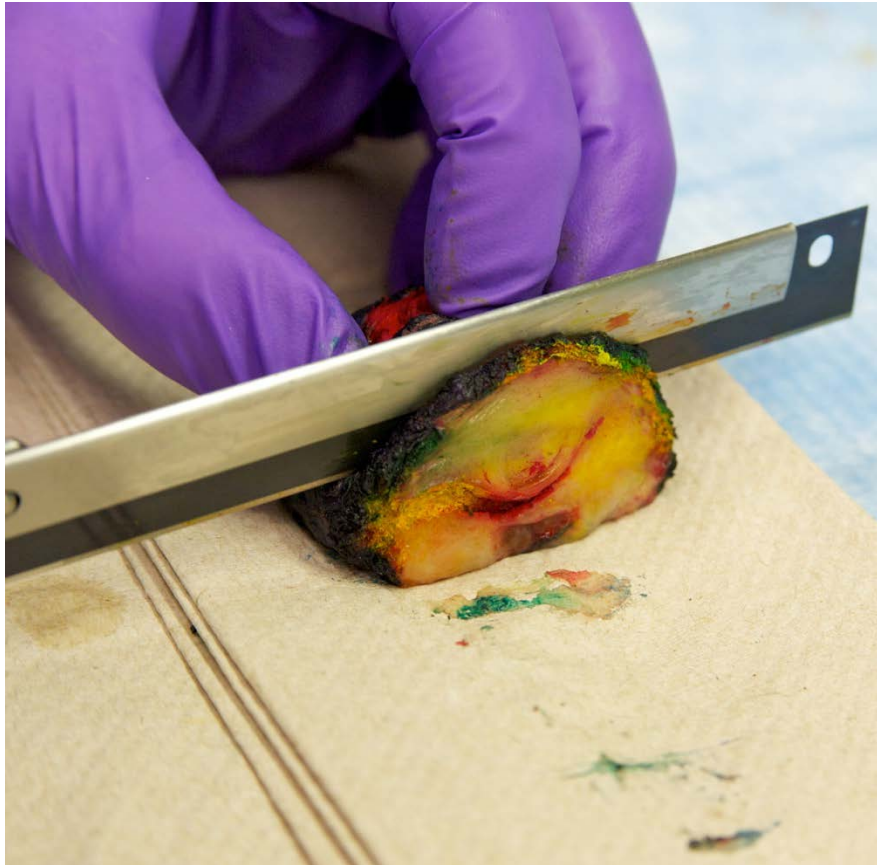
Prostatectomy Grossing 101

- Transect bladder base (proximal urethral margin)
- Radially section around urethra



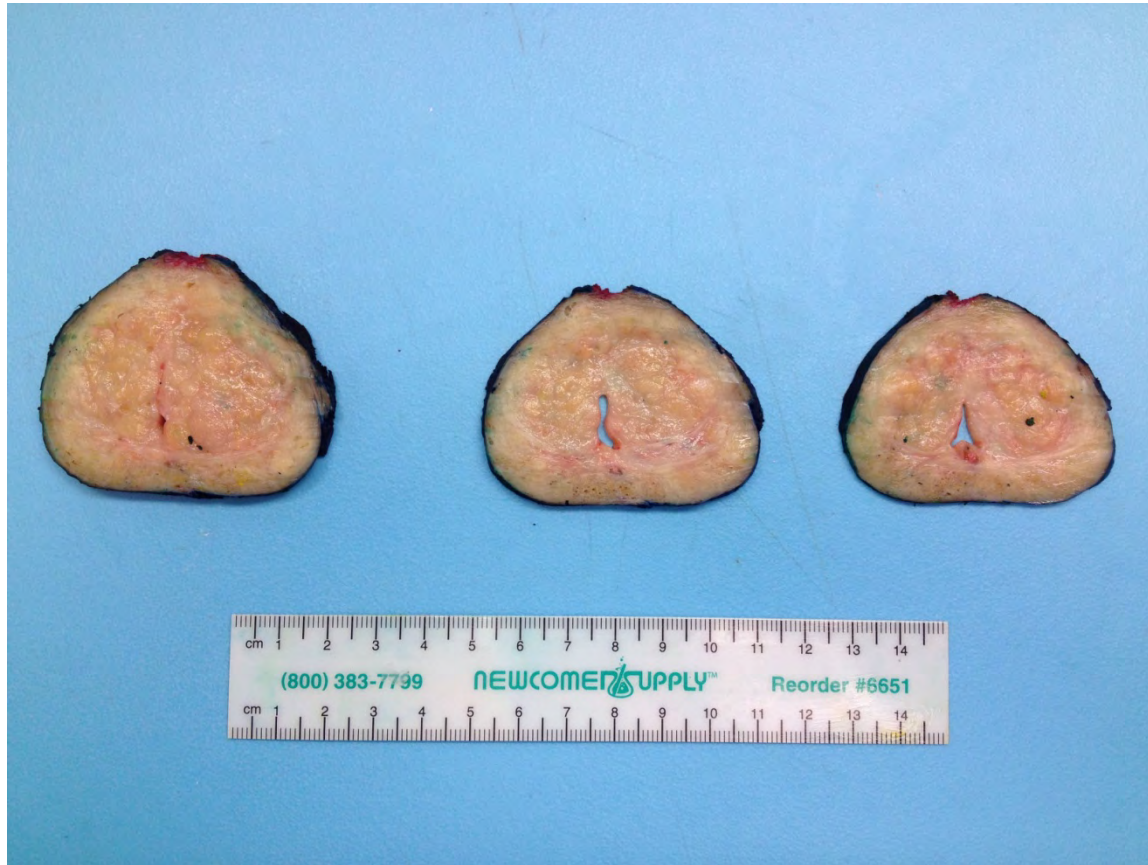
Prostatectomy Grossing 101

- Transect apex (distal urethral margin)
- Radially section around urethra



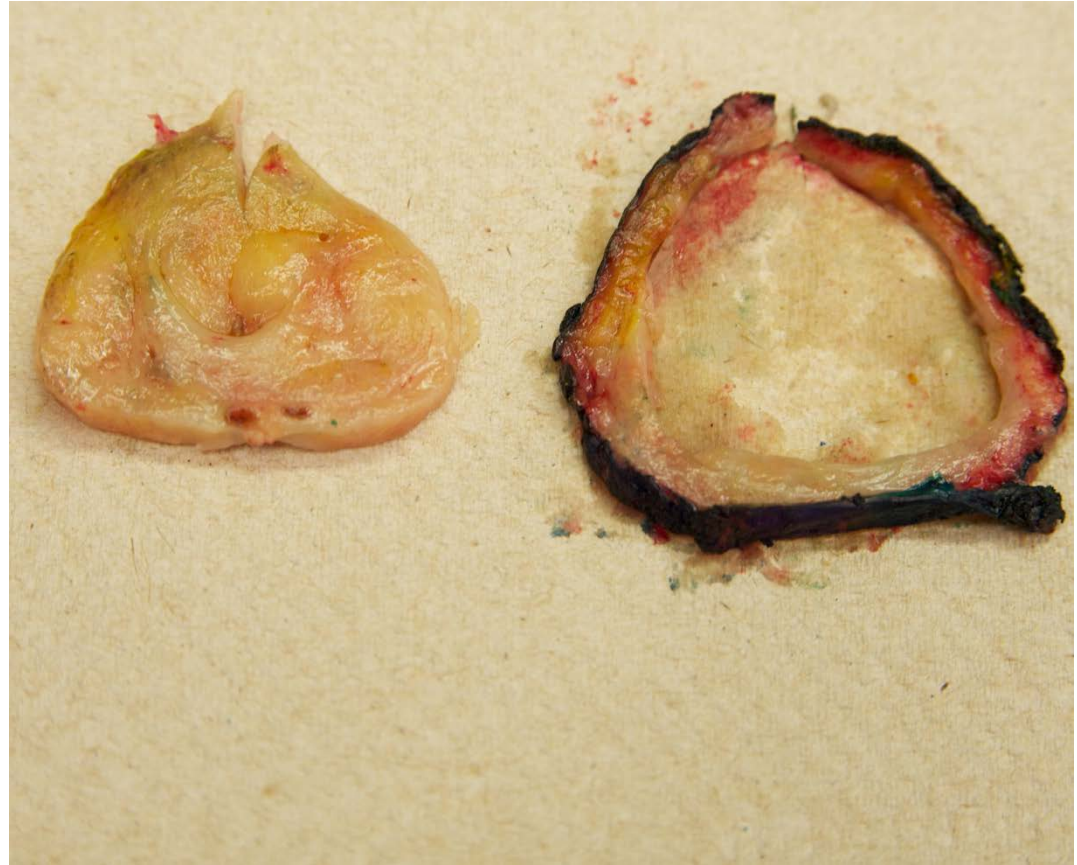
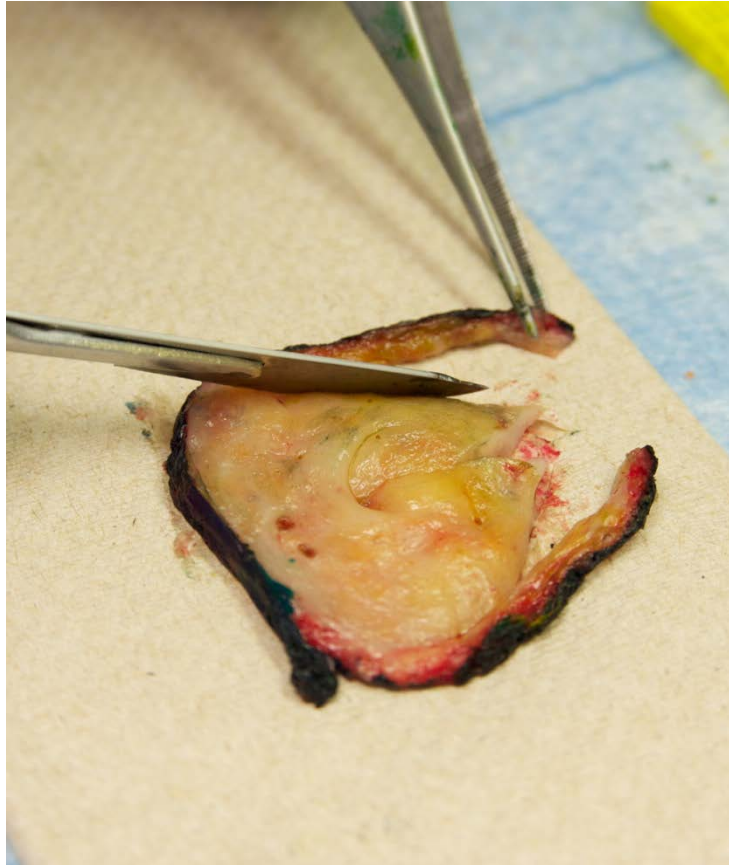
Prostatectomy Grossing 101

- Section the remaining gland from base to apex (superior to inferior), 5mm or less in thickness
- Remove any residual staples or calculi



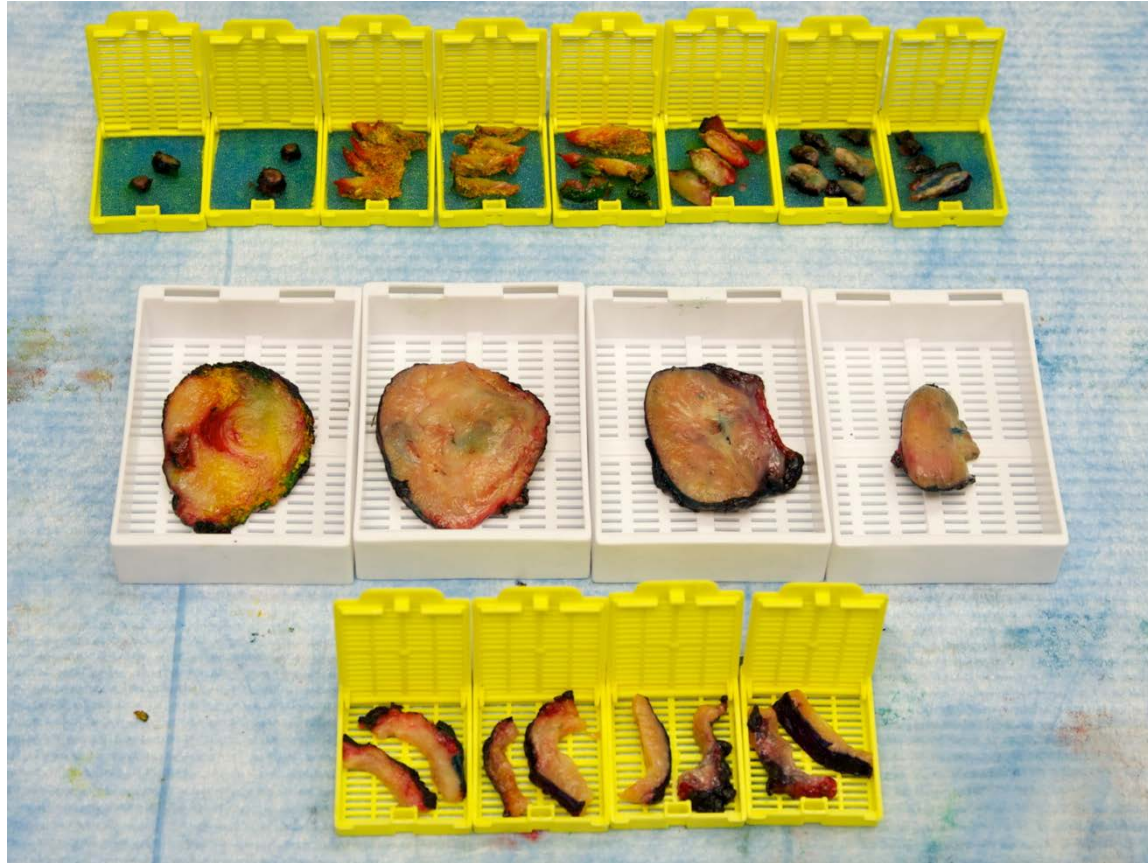
Prostatectomy Grossing 101

- Lay out all slices in proper order from base to apex (Slice 1, 2, 3, etc.)
- Make note of any distinct lesions
- Every other slice will be submitted for histological evaluation



Prostatectomy Grossing 101

- With the remaining slices, core out the central parenchyma and submit the capsule.
- Place all saved tissue in formalin



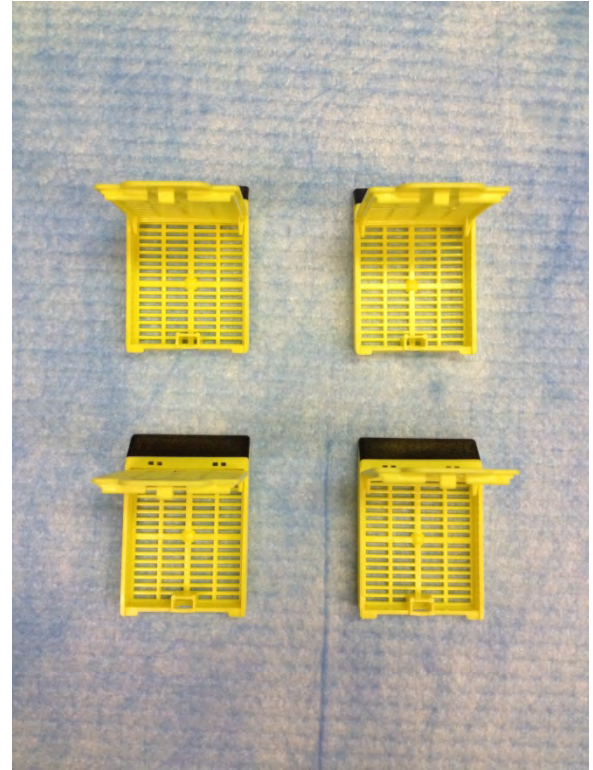
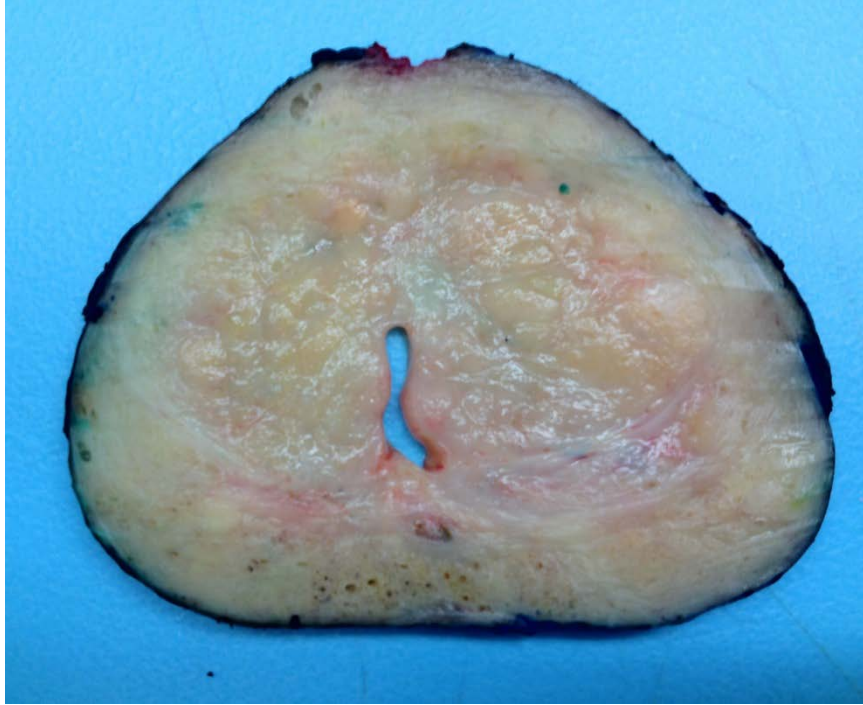
Prostatectomy Grossing 101

- Cassettes should be in order according to template
- Double check to make sure all cassettes have correct accession #, part #

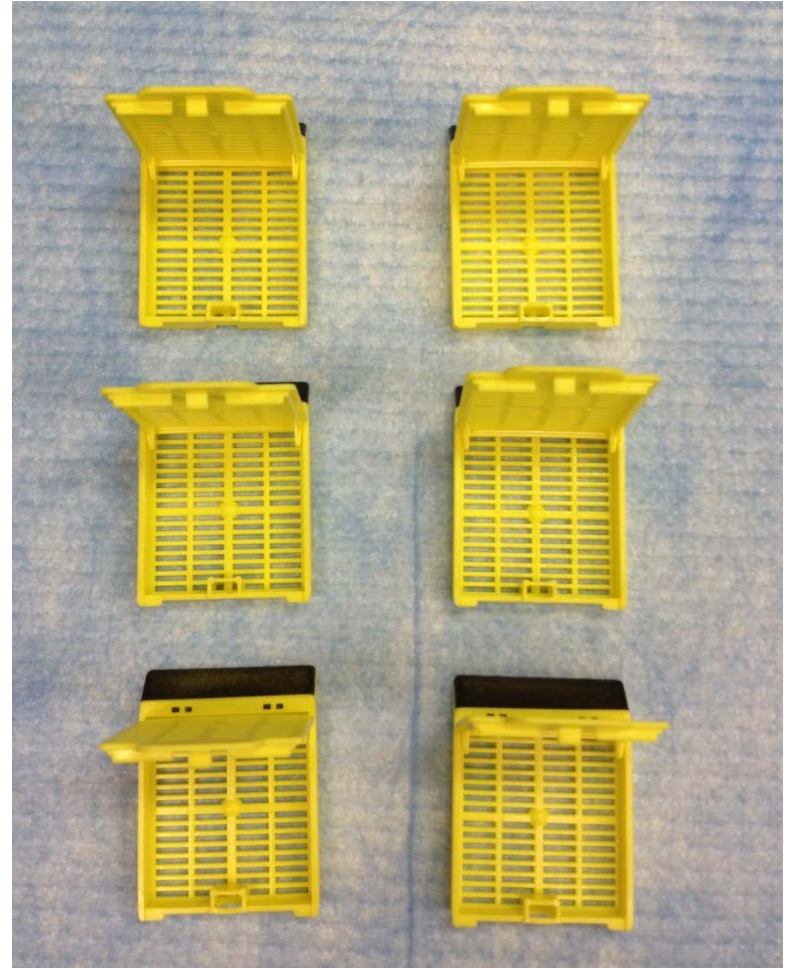
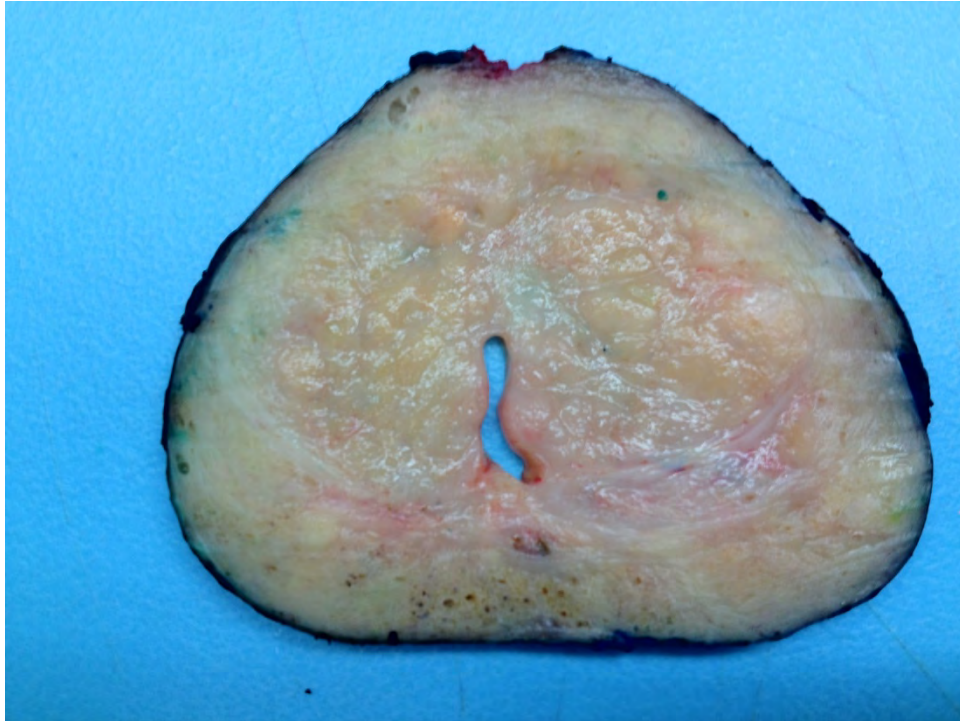
Pros & Cons

- Grossing
 - + Less cassettes to work with
 - + Grossing time is about the same for glands < 70 grams
 - + Grossing time is reduced significantly for glands >70 grams
 - ✓ Printing out individual cassettes 1K1, 1K2, etc.
 - ✓ Long dictations with complex numbering schemes
 - ✓ Diagrams
 - “Shatter” effect on the slide due to the main slices not being properly flattened in the cassette during processing (inserts should fix issue)
 - Hand print all cassettes
- Histology
 - + Less cassettes.
 - Embedding and cutting requires a little more technique.
 - Glass coverslips
- Pathologist Review
 - + Same quality of care
 - + Evaluation of size, location and number of tumor nodules is easier and results in a more accurate assessment for staging = NO JIGSAW PUZZLES!
 - + Slides cut on same level
 - + Less slides
 - TAT has suffered slightly due to implementation of new process and training.

Standard Cassettes



Standard Cassettes



Whole Mount Cassettes

