

Title: Care, Disposition & Handling of Specimens & Foreign Bodies	Procedure
Patient Age Group: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

DESCRIPTION/OVERVIEW

According to The Joint Commission standards, all tissue and non-tissue removed from patients in the hospital, whether in the operating rooms, clinics, emergency room or elsewhere, should be submitted to Surgical Pathology, and a written report generated. In the interests of limiting the volume of diagnostically meaningless specimens, exceptions to this general guideline have been agreed upon by the individual services and the Tissue Committee, and are delineated below.

It is emphasized that the operative procedure contained in these standards are those for which tissue submission is left to the surgeon’s discretion. Tissue must be submitted to Surgical Pathology from any operation when, in the judgment of the surgeon, there is any likelihood that clinically useful information would result.

This list is organized by surgical subspecialty only to enhance its readability. All of the listed procedures are applicable to all staff surgeons, regardless of specialty.

AREAS OF RESPONSIBILITY

Surgical Services

PROCEDURE

All tissue and fluid, foreign bodies, surgical implants, and prosthetic devices are to be submitted to pathology. If actual surgical pathology is not needed on the specimen, it should be marked “Gross Only” and have a hazardous label placed on outside of bag.

1. Note the following exceptions:
 - 1.1. Needle localization breast biopsy is to be hand-carried to the Mammography Department in the OSIS. The operating room staff person who hand-carries the specimen to the OSIS will wait while the specimen is being x-rayed and then will carry the x-rays and specimen back to Pathology.
 - 1.2. Any tissues or materials removed during the drainage or debridement of devitalized or infected tissue.
 - 1.3. Devitalized or gangrenous digits, amputated distal to the metatarsal-phalangeal joint.
 - 1.4. Tissue trimmings from procedures of a reconstructive nature, including though not necessarily restricted to operations designated “release,” “repair,” “revision,” “reconstruction,” “closure,” “injection,” “lysis,” or “anastomosis.”
 - 1.5. Insertion or removal of hardware, catheters, shunts, tubes, stents, or prostheses, providing adequate medical/legal documentation is provided by other means.
 - 1.6. Shave excision of skin tags (achrochordon), excluding cases where a pedunculated melanocytic process is a diagnostic possibility.
 - 1.7. Intervertebral disc material removed in the correction of a herniated disk abnormality.
2. General surgery:
 - 2.1. Endoscopic procedures if biopsy is not deemed indicated, including laparoscopy, colonoscopy, and upper gastrointestinal endoscopy.

- 2.2. Miscellaneous procedures including extra-peritoneal herniorraphies, skin grafts, and fistulotomy. (Hernia sacs are to be submitted if the peritoneum is entered).
3. Orthopaedics:
 - 3.1. All fracture reductions and related procedures, including open reduction-internal fixation, external fixation, cast application or revision, and insertion of pins, nails, bars, rods, etc.
 - 3.2. Non-trackable explanted devices that are not suspected of failure/recall that have not been removed due to infection and the patient requests the device will be handled as follows:
 - 3.2.1. End of life/use devices may be returned if they are:
 - a. Non-biological
 - b. Non-electrical
 - 3.2.2. The device must be cleaned of all visible blood, body fluids, and terminally sterilized.
 - 3.2.3. Place the device in a peel pack or zip lock bag and seal.
 - 3.2.4. Place a patient ID label on the package.
 - 3.2.5. Label the package as "NOT STERILE".
 - 3.2.6. The MD releases the device to the patient.
 - 3.2.7. UMHHC staff documents explanted device description, quality and disposition on the Perioperative Nursing Care Plan. An explant form is not required.
 - 3.3. Surplus tissues from bone grafts and skin grafts.
 - 3.4. Plastic and reparative procedures, including but not necessarily limited to those designated "tenotomy," "tendon transfer", "neurolysis", "fasciotomy", "osteotomy", "capsulotomy", "arthrodesis", or "arthroscopy".
4. ENT – Oral surgery:
 - 4.1. Exploratory procedures when biopsy is not indicated, including laryngostomy and bronchoscopy.
 - 4.2. Reparative procedures including but not necessarily restricted to those designated "septoplasty", "antrectomy", "tympanoplasty", or "myringotomy".
 - 4.3. Excision or eradication of recurrent airway squamous papillomas (following previous histopathologic confirmation of this diagnosis).
 - 4.4. Application of arch bars.
 - 4.5. Extracted teeth.
5. Urology:
 - 5.1. Cystoscopy or other endourologic procedure, when biopsy or stone removal is not indicated.
 - 5.2. Miscellaneous reconstructive procedures, including but not necessarily limited to urethroplasty and orchidopexy.
6. Obstetrics – Gynecology:
 - 6.1. Placentas when histologic examination is not indicated.
 - 6.2. Diagnostic exploration or laparoscopy, when biopsy is not deemed indicated.
 - 6.3. Miscellaneous procedures including though not necessarily limited to, vaginal repair, and cerclage.
 - 6.4. Laser ablation of cervical, vaginal, or vulvar intraepithelial neoplasia.
7. Dermatology:
 - 7.1. Residual human skin tissues after completion of the MOHS Surgical procedure will be handled and discarded according to safe standard practice.

8. Thoracic – Vascular:
 - 8.1. Most forms of vascular reconstruction, including coronary arterial bypass grafts, peripheral arterial bypass procedures, and creation or modification of arterial-venous fistulas.
 - 8.2. Correction of congenital cardiac defects, including atrial-septal defect, ventricular septal defect, and patent ductus arteriosus.
9. Transplantation:
 - 8.1. All tissues removed in the course of harvesting or transplanting organ allografts.
10. Neurosurgery:
 - 9.1. Any grossly normal skin, bone, or extra-dural soft tissue removed in the course of exploring or treating any portion of the central nervous system.
 - 9.2. Unclotted blood obtained from the drainage of central nervous system hematomas.
11. Ophthalmology:
 - 10.1. Any grossly normal extra-ocular soft tissue or bone removed in the investigation of repair of ocular trauma, or during ocular reconstructive or plastic procedures.
 - 10.2. Cataracts. First occurrence of chalazion (any apparent recurrent chalazion must be histologically examined).
12. The numbering of the specimens with descriptions must appear exactly the same on the correct label and lab slip.
13. All specimens must be documented in the intraoperative record.
14. All specimens must have a patient sticker on the container (not on the lid).
15. Documentation of date and time all specimens upon removal from the patient on the label and pathology form.
16. All specimens should be taken and logged in to the Pathology within a 4-hour timeframe once removed from the patient.
17. Pathology forms are to indicate whether specimens are finished or not by the following format in the far right hand corner: 1 of many, 2 of many, 3 of final. This wording will indicate to Pathology that the specimens remain in progress or not.
18. Cultures are submitted through the main Laboratory window, also known as Central Processing. Do not bring to the Pathology gross room.
19. Extremities are double bagged with tape, labeled, and placed in refrigerator in Pathology Lab when the lab is closed. An entry is made in the pathology specimen book.
20. Pathology:
 - 20.1. The surgeon must discuss specimens requiring special processing with Pathology in advance of or during the surgery. This includes electron microscopy, flow cytometry, tissue culture, cytogenetics, molecular diagnosis and cryopreservation of tissue. In general, diagnostic lymph node biopsies should be discussed with the pathologist before placing in formalin.
 - 20.2. Tissue specimens are submitted with a Surgical Pathology Requisition, while fluids require a Cytopathology Requisition.
 - 20.3. Documentation must include correct requisition, staff surgeon, and labeled with a patient name, medical record number that exactly matches the specimen container label.
 - 20.4. Pathology is to be notified for frozen sections during weekdays 0800-1630 by telephone. After 1630 Monday through Friday and on weekends, request a frozen section by paging the pathology resident on call.
21. Histology:

- 21.1. Routine lab hours are 0800 hours to 1630 hours. During these hours, place the specimen in a clean container and close lid tightly. Do not immerse in saline.
- 21.2. Large specimens should be brought immediately to the lab; also without saline.
- 21.4. "Off" hours, completely immerse the specimen in at least 5-10 times the volume of 10% formalin. Cover all containers with firm covers as formalin vapors are toxic. Use personal protective equipment.
- 21.5. Notify the on-call resident during "off" hours for large specimens requiring special attention. Other large specimens should be placed in formalin by the OR staff.
- 21.6. The nurse must verify in writing on the intraoperative report that the list of specimen(s) on the requisition has been checked with the surgeon.
22. Special Handling:
 - 22.1. Diagnostic muscle and peripheral nerve biopsies should be scheduled 24 hours in advance with the lab.
 - 22.2. The lab should be notified immediately on access and delivery of all specimens from research protocol patients and specimens requiring intraoperative consultation.
 - 22.3. The following special diagnostic studies require fresh tissue to be evaluated immediately; electron microscopy, flow cytometry, tissue culture, cytogenetic evaluation, molecular diagnosis and cryopreservation.
 - 22.4. Removal of foreign objects that could potentially pertain to court proceedings (e.g. bullets, knives, etc) must be labeled correctly and given to the appropriate authorities and/or law enforcement by the OR Staff. This must then be documented on the operative report by the RN. This must be accomplished before the shift is over as appropriate.

SUMMARY OF CHANGES

Replaces document of same title, effective 10/03.

RESOURCES/TRAINING

Resource/Dept	Internet/Link
UMHHC Policy Explanted Device Handling, AAMI	
AORN Standards	

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Executive Director Surgical Services		
Consultant(s)	Director, Operating Room		
Committee(s)	Operating Room Committee, Clinical Operations PP&G Committee Nursing Practice Council		Y
Nursing Officer	Sheena Ferguson, Chief Nursing Officer		Y
Medical Director/Officer	Medical Director Main OR		Y
Official Approver	Sheena Ferguson, MSN, RN, CCRN, CNS, CNO		Y
Official Signature		Date: 6/22/2009	
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