

# Stomach, Partial Gastrectomy, Non-Tumor

(4.5 Stomach\_Partial\_Non\_Tumor); Created October 30th, 2018 by Shawn Maclary, PA(ASCP); Last edited January 26th, 2020

## **SAMPLE DICTATION**

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(Labeled: \_\_\_\_, \_\_\_\_, \_\_\_\_; \_\_\_\_) Received [fresh/in formalin] is a \_\_\_\_ x \_\_\_\_ x \_\_\_\_ cm portion of stomach. A \_\_\_\_ cm staple line runs along one edge of the specimen. The serosa is [smooth and glistening], [without/with scant] attached perigastric adipose tissue. The stomach wall averages \_\_\_\_ cm in thickness, with a normally-rugated tan mucosal surface. No polyps, ulcers, or other discrete lesions are seen.

Specimen Handling/Ink Key: Representative sections, 3 blocks

Block key:

- A1. One end (undesignated margin, en-face)
- A2. Middle
- A3. Opposite end (undesignated margin, en-face)

## **SUGGESTED SAMPLING**

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Three blocks for routine sleeve gastrectomy  
Additional sections is discrete lesions are present

## **STAGING CRITERIA (AJCC 8TH EDITION)**

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- Not applicable

## **ADDITIONAL CONSIDERATIONS**

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- Remove staple line with scissors
- If a large amount of perigastric fat is attached, check closely for lymph nodes
- Do not take random sections without first evaluating for small lesions