TITLE: NCZ-R-AP-0021 Breast - Prosthesis and Asymptomatic Capsulectomy Excision Grossing	**Doc #:** NCZ-R-AP-0021 (**Orig ID:** 1923)
Section: Management System\PLM\Anatomical Pathology\Surgical Pathology and Autopsy\Gross Room\Gross Examination and Dissection of Surgical Specimens\System-Organ Specific Section\Breast\	**Version:** 2.0.1 Current
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Purpose

This procedure provides instructions for grossing **Breast – Prosthesis removal and Asymptomatic Capsulectomy** in conjunction with the AP Gross Room Grossing Procedure Doc # 30321.

Abbreviations and Definitions

AP – Anatomical Pathology
PLM – Pathology and Laboratory Medicine
PAPR – Powered Air Purifying Respirator

Safety Precautions

Standard laboratory precautions apply. Refer to the Pathology and Laboratory Medicine Safety Manual #11957 and/or site specific Hazard Assessments with respect to hazard controls.

PAPR's must be utilized for the grossing procedure due to formalin hazard.

Handle specimen requisition with clean gloves.

Requisitions bloodied or contaminated in any way upon receipt in the laboratory, after opening a specimen, or during grossing refer to PLM Contaminated Requisitions and Forms Procedure Doc # 50500.

Procedure

1. Special Instructions

Step	Action
1.1	A specimen photograph may be appropriate, and must be taken if requested.
1.2	Notify a Breast Pathologist if there is a clinical concern for breast implant associated lymphoma (BIA-ALCL). Refer to AP Breast - Prosthesis and Capsulectomy Excision from patients with suspected BIA-ALCL Grossing Procedure Doc #86837
1.3	Breast implants should be retained in their labeled specimen containers in a secure place in the laboratory for 5 years.

2. Dissection/Opening

Step	Action
2.1	If the capsulectomy specimen has been oriented, use coloured inks to mark specific margins.

3. Description

Step	Action
3.1	Note prosthesis - weight, diameter, thickness
3.2	Note manufacturer's identification, serial numbers, if present
3.3	Indicate number of lumens
3.4	Describe contents of lumens (viscous gel or watery fluid, colour of contents)
3.5	Note whether prosthesis is intact or ruptured
3.6	Describe exterior surface (texture, color)
3.7	Describe capsule: dimensions, appearance
3.8	Document and describe of any surrounding tissue
3.9	Describe all grossly evident masses

4. Sectioning

Step	Action

4.1	If there is no clinical concern for breast implant associated lymphoma (BIA-ALCL), submit representative sections of capsule, sectioned perpendicular to the capsular surface.
4.2	Submit 2 representative sections of each 6 sides on edge in 2 cassettes, e.g.: A1: anterior, superior, inferior surfaces on edge A2: medial, lateral, posterior surfaces on edge
4.3	Section any thickened areas of soft tissue at 0.3-0.4 mm intervals
4.4	If a mass is identified in the capsule, notify a Breast Pathologist. Section the mass perpendicular to the capsular margin (inked surface).

Result Interpretations

BREAST PROSTHESIS, REMOVAL (side and manufacturer): DIAGNOSIS
BREAST PROSTHESIS CAPSULE, CAPSULECTOMY: DIAGNOSIS

Procedural Notes

Related Procedures and Documents

Document Name	Document #	Location
AP Gross Room Grossing Procedure	30321	Paradigm
Pathology and Laboratory Medicine Safety Manual	11957	Paradigm
PLM Contaminated Requisitions and Forms Procedure	50500	Paradigm
AP Breast - Prosthesis and Capsulectomy Excision from patients with suspected BIA-ALCL Grossing Procedure	86837	Paradigm

Job Aid

Document Name	Document #	Location

Authorship

Reference

Appendix