

SELECTIVE SUBMISSION OF SURGICAL SPECIMENS TO THE ANATOMIC PATHOLOGY LABORATORY

This reminder is intended for surgeons and physicians performing minor surgical procedures. It presents GENERAL RECOMMENDATIONS (decision algorithm) for the submission of surgical specimens, as well as LISTS OF SPECIMENS, specific to each specialty, which can be selectively submitted to the pathology laboratory for analysis.

These recommendations are taken from 6 reports on the relevance and indications of submission of surgical specimens to the anatomic pathology laboratory published by the Institut national d'excellence en santé et en services sociaux between November 2021 and November 2022. In addition, an updated report on general surgery, plastic surgery and dermatology was published in September 2023 to include digestive surgery. These documents are available in the [Publications](#) section of the inesss.qc.ca website.

Without replacing clinical judgment, these recommendations aim to:



Guide Quebec clinicians in their decision whether or not to forward surgical specimens to the pathology laboratory for analysis, based on both the diagnostic and prognostic value of pathology results.

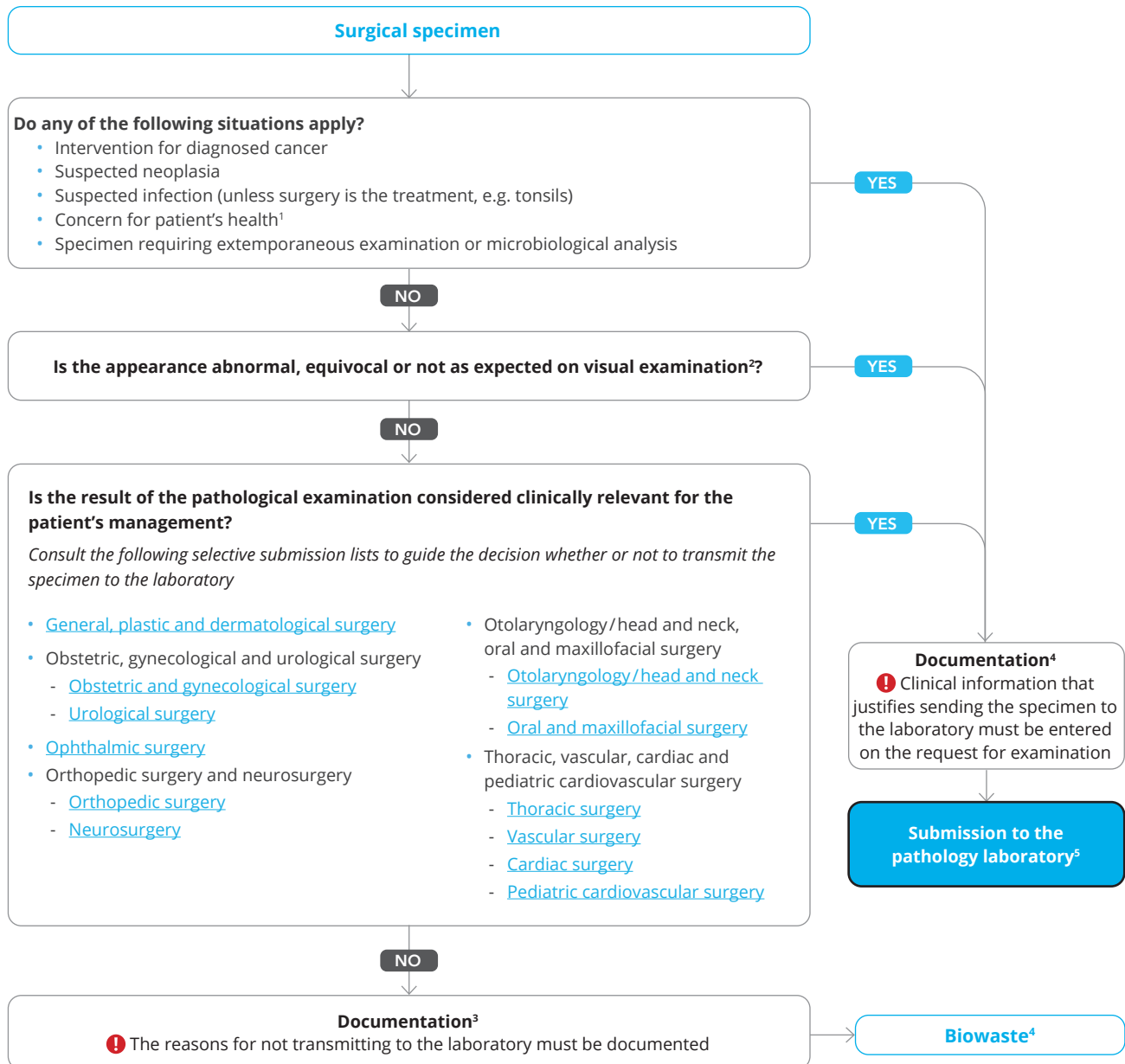


Promote more judicious use of pathology resources without compromising the quality and safety of patient care and services.



1. Process by which a surgical specimen, after applying clinical judgment, is not sent to the laboratory when the result of the anatomopathological examination is not likely to provide clinically relevant information for the person's management.

DECISION ALGORITHM FOR SUBMISSION OF A SURGICAL SPECIMEN TO THE ANATOMIC PATHOLOGY LABORATORY



1. Significant medical condition requiring pathology referral based on pre- and intraoperative findings.

2. "All surgery reports must contain information about the procedure performed (the preoperative diagnosis, the procedure performed, the postoperative diagnosis, the normal or abnormal findings made during the procedure, including the organs examined and the type of examination, etc.). The surgery report must be written up or dictated within 24 hours" (translation). *La tenue des dossiers par le médecin en centre hospitalier de soins généraux et spécialisés – Guide d'exercice du Collège des médecins du Québec*, p. 29

3. "At the end of the procedure, the surgeon must add a postoperative note summarizing the surgical findings, the procedure performed, the incidents, the blood loss, the intraoperative complications, if any, and the patient's condition at the end of the procedure." (translation). *La tenue des dossiers par le médecin en centre hospitalier de soins généraux et spécialisés – Guide d'exercice du Collège des médecins du Québec*, p. 19

4. Biological and biomedical waste disposal standards must be applied to specimens that are not sent to the anatomic pathology laboratory. Regulation respecting biomedical waste, Environment Quality Act (chapter Q-2, r. 12, s. 59), available at <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cr/Q-2,%20r.%2012>.

5. "All requests for an anatomopathological examination must include the place of origin (hospital, office, operating room, outpatient clinic, etc.) and the patient's identity (last name, first name, address, sex, age, health insurance number and hospital chart number), the date of the specimen, the procedure performed, the pre- and postoperative diagnoses, the type and origin of the specimen, and any other relevant clinical information." (translation). *La tenue des dossiers par le médecin en centre hospitalier de soins généraux et spécialisés – Guide d'exercice du Collège des médecins du Québec*, p. 24.

GENERAL, PLASTIC AND DERMATOLOGICAL SURGERY

General,
plastic and
dermatological
surgery

Obstetric
and gynecological
surgery

Urological
surgery

Ophthalmic
surgery

Orthopedic
surgery

Neuro-
surgery

Otolaryngo-
logy/head
and neck
surgery

Oral and
maxillofacial
surgery

Thoracic
surgery

Vascular
surgery

Cardiac
surgery

Pediatric
cardio-
vascular
surgery

This list of specimens is intended for surgeons and physicians who perform minor surgical interventions. These recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory - General surgery, plastic surgery and dermatology](#) which can be consulted at inesss.qc.ca.

To support their decision whether or not to send a surgical specimen to the anatomic pathology laboratory for analysis, clinicians can consult:

- › **The decision algorithm for the submission of a surgical specimen**
- › **The list of specimens for selective submission to the anatomic pathology laboratory**



General*, plastic and dermatological surgery

⚠ THIS LIST IS NOT A SUBSTITUTE FOR CLINICAL JUDGEMENT.

- Acrochordons that leave no reasonable doubt regarding their benign nature
- Any adult hernia sac of normal macroscopic appearance
- Bezoars
- Confirmation of a portion of peripheral nerve in the context of inguinal exploration
- Epidermoid cysts (or sebaceous cysts) that leave no reasonable doubt regarding their benign nature
- Excess intestine from biliopancreatic diversion surgery
- Fat removed by liposuction and weighed
- Fecaliths
- Fibrous capsule around a gastric band or its reservoir
- Foreign bodies
- Hunter's ligament
- Implants and medical devices removed during a surgical procedure
- Lipectomy tissues
- *Molluscum contagiosum*
- Non-oncological amputation
- Normal tissues removed during cosmetic procedures, with the exception of mammoplasty
- Pericardial fat pad from dissection during bariatric surgery
- Pilonidal cyst of typical appearance
- Portions of ribs removed to facilitate surgery in a patient with no history of cancer
- Redundant tissues resulting from a cosmetic correction (e.g., dog ears, rhinoplasty, scar revision and septoplasty)
- Revision of anastomosis or segment of surplus intestine resulting from the formation of an anastomosis
- Samples from surgery to correct rectal prolapse
- Scars from recent burns or from non-neoplastic surgery
- Spermatic cord lipoma from inguinal hernia surgery
- Subcutaneous tissues, removed incidentally to facilitate the surgical approach
- Supernumerary body parts
- Tissues from laparotomy in cases of abdominal trauma
- Tissues from plastic surgery of the lips
- Tissues removed during a rectocele or cystocele repair
- Tissues removed during debridement for a known cause
- Tissues resulting from the creation, revision, or closure of a stoma (e.g., intestine, skin, fat)
- Toenails and fingernails of normal gross appearance
- Varicose veins
- Vein/artery

*An update was published in September 2023 to include digestive surgery.

OBSTETRIC, GYNECOLOGICAL and urological surgery

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

Neuro-surgery

Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

Vascular surgery

Cardiac surgery

Pediatric cardio-vascular surgery

This list of specimens is intended for obstetricians and gynecologists. These recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory - Obstetrics/gynecology and urology](#) which can be consulted at inesss.qc.ca.

To support their decision whether or not to send a surgical specimen to the anatomic pathology laboratory for analysis, clinicians can consult:

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Obstetric and gynecological surgery

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- Tissues of conception from a normal voluntary termination of pregnancy (VTP)
- Rectocele and cystocele repair tissue
- Tissues from a labiaplasty
- Prostheses, devices and foreign bodies from the genitourinary sphere
- Normal-appearing scars

Obstetric, gynecological and UROLOGICAL surgery

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

Neuro-surgery

Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

Vascular surgery

Cardiac surgery

Pediatric cardiovascular surgery

This list of specimens is intended for urologists. These recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory – Obstetrics / gynecology and urology](#) which can be consulted at inesss.qc.ca.

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Urological surgery

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- Normal-appearing foreskins – neonates and boys
- Hydroceles
- Spermatoceles
- Varicoceles
- Urinary calculi
- Prostheses, devices and foreign bodies from the genitourinary sphere
- Normal-appearing scars

OPHTHALMIC surgery

This list of specimens is intended for ophthalmologists. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory – Eye surgery](#) which can be consulted at inesss.qc.ca.

To support their decision whether or not to send a surgical specimen to the anatomic pathology laboratory for analysis, clinicians can consult:

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Ophthalmic surgery

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- Typical non-recurrent chalazion in persons under 18 years of age
- Acrochordon that leaves no doubt as to its benign nature
- Ectropion/entropion
- Specimen from cosmetic or functional blepharoplasty
- Nasolacrimal bone removed during a dacryocystorhinostomy
- Normal bone or soft tissue removed during orbital decompression
- Extraocular muscle, tendon and normal soft tissue removed during strabismus surgery
- Lens
- Tissue removed during glaucoma filtering surgery
- Specimen from a peripheral iridectomy
- Corneal specimen removed during keratoplasty
- Residual donor tissue from corneal transplantation
- Specimen from a therapeutic vitrectomy
- Epiretinal, subretinal or choroidal membrane
- Explanted implant, device and material
- Foreign body

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dermatologi-
cal surgery

Obstetric
and gynecological
surgery

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surgery

Otolaryngo-
logy/head
and neck
surgery

Oral and
maxillofa-
cial surgery

Thoracic
surgery

Vascular
surgery

Cardiac
surgery

Pediatric
cardio-
vascular
surgery

ORTHOPEDIC SURGERY and neurosurgery

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

Neuro-surgery

Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

Vascular surgery

Cardiac surgery

Pediatric cardiovascular surgery

This list of specimens is intended for orthopedic surgeons. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory – Orthopedic surgery and neurosurgery](#) which can be consulted at inesss.qc.ca.

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Orthopedic surgery

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- Specimens from routine orthopedic procedures for the correction, repair or reconstruction of a joint or functional deformity
- Amputated supernumerary fingers or toes
- Specimens from a traumatic amputation or an elective amputation for non-neoplastic reasons (e.g., trauma, ischemia or chronic infection)
- Tissues from debridement for a known cause
- Nails of normal macroscopic appearance
- Excess autologous graft material
- APPARATUSES, DEVICES AND OTHER NONBIOLOGICAL MATERIALS
 - Medical or orthopedic implants, devices and material removed during surgery
 - Foreign bodies

Orthopedic surgery and NEUROSURGERY

This list of specimens is intended for neurosurgeons. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory – Orthopedic surgery and neurosurgery](#) which can be consulted at insss.qc.ca.

To support their decision whether or not to send a surgical specimen to the anatomic pathology laboratory for analysis, clinicians can consult:

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Neurosurgery

⚠ THIS LIST IS NOT A SUBSTITUTE FOR CLINICAL JUDGEMENT.

- Bone fragments from a craniotomy
- Specimens from a laminectomy, a discectomy or other routine spinal surgery*
- APPARATUSES, DEVICES AND OTHER NONBIOLOGICAL MATERIALS
 - Medical or orthopedic implants, devices and material removed during surgery
 - Foreign bodies

*With the exception of material from the surgical treatment of diastematomyelia or neural tube dysraphism for which there are differential diagnoses and to confirm the type of tissue excised.

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

Neuro-surgery

Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

Vascular surgery

Cardiac surgery

Pediatric cardio-vascular surgery

OTOLARYNGOLOGY AND HEAD AND NECK, oral and maxillofacial surgery

This list of specimens is intended for otolaryngologists. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory – Otolaryngology and oral, maxillofacial and head and neck surgery](#) which can be consulted at insss.qc.ca.

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Otolaryngology and head and neck surgery

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- Adenoids in a person under 18 years of age
- Tonsils in a person under 18 years of age
- Otologic reconstruction and ossicle from a middle ear stapedectomy
- Tissue from a supraglottoplasty
- Tissue from a turbinoplasty
- Tissue from a tympanoplasty of normal clinical appearance
- Blood clot from a hematoma or thrombus
- Foreign bodies
- Scars of normal appearance
- Scars from recent burns or from non-neoplastic surgery
- Implants and medical devices removed during a surgical procedure
- Tissue removed during debridement for a known cause
- Tissue resulting from a cosmetic (or reconstructive) correction, e.g., dog ears, rhinoplasty, scar revision, septoplasty, otoplasty, osteotomy, cleft lip and palate (excluding rhinophyma tissue)
- Excess subcutaneous tissue removed for gaining surgical access

*Although epidermoid and sebaceous cyst specimens were considered to be low risk in general surgery, plastic surgery, and dermatology, they were excluded from the selective submission list for the field of otolaryngology and oral, maxillofacial, and head and neck surgery. The risk of clinically significant incidental findings was considered too high for these specimens, as deeper lesions can be discovered in practice, e.g., a median line or submuscular cyst.

General,
plastic and
dermatologi-
cal surgery

Obstetric
and gynecological
surgery

Urological
surgery

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surgery

Orthopedic
surgery

Neuro-
surgery

**Otolaryngology/
head and
neck surgery**

Oral and
maxillofa-
cial surgery

Thoracic
surgery

Vascular
surgery

Cardiac
surgery

Pediatric
cardio-
vascular
surgery

Otolaryngology and head and neck, ORAL AND MAXILLOFACIAL surgery

This list of specimens is intended for oral and maxillofacial surgeons. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory – Otolaryngology and oral, maxillofacial and head and neck surgery](#) which can be consulted at insss.qc.ca.

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Oral and maxillofacial surgery

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- Dental appliance and restoration
- Mandibular condyle head and surrounding tissue if resected because of arthrosis or ankylosis
- Extracted tooth and associated tissue of normal clinical appearance
- Bone, ligament or muscle fragment from reconstructive surgery
- Submandibular or donor site liposuction
- Rib portion harvested for bone or cartilage grafting from a patient with no history of cancer
- Specimen from preprosthetic surgery, e.g., hyperplastic ridge, tuberosity (from a tuberoplasty), oral exostosis, torus
- Blood clot from a hematoma or thrombus
- Foreign bodies
- Scars of normal appearance
- Scars from recent burns or from non-neoplastic surgery
- Implants and medical devices removed during a surgical procedure
- Tissue removed during debridement for a known cause
- Tissue resulting from a cosmetic (or reconstructive) correction, e.g., dog ears, rhinoplasty, scar revision, septoplasty, otoplasty, osteotomy, cleft lip and palate (excluding rhinophyma tissue)
- Excess subcutaneous tissue removed for gaining surgical access

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General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

Neuro-surgery

Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

Vascular surgery

Cardiac surgery

Pediatric cardiovascular surgery

THORACIC, vascular, cardiac and pediatric cardiovascular surgery

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

Neuro-surgery

Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

Vascular surgery

Cardiac surgery

Pediatric cardiovascular surgery

This list of specimens is intended for thoracic surgeons. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory - Vascular, cardiovascular and thoracic surgery](#) which can be consulted at inesss.qc.ca.

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Thoracic surgery

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- Specimens removed during hiatal hernia surgery
- Mediastinal fat specimens removed for better surgical access
- Sternal debridement specimens (except when looking for osteomyelitis)
- Residual donor and recipient tissue from a lung transplant (except in cases of pneumoreduction)
- Endarterectomy material (atherosclerotic plaque)
- Traumatic or postoperative hematoma
- Wall thrombus removed during an abdominal aortic aneurysm repair
- Abdominal aortic or aortoiliac aneurysm wall specimens
- Arterial or venous autograft segments not used in a revascularization procedure (e.g., saphenous vein, radial artery or mammary artery)
- Rib segments removed for better surgical access (normal ribs with no history of pathology)
- Foreign bodies (unless forensic documentation is required)
- Implants, devices and medical equipment (with the exception of prosthetic heart valves) removed during a cardiovascular or thoracic procedure (unless forensic documentation is required)
 - Examples of implants and prostheses included in the wording: intravascular catheters or probes, removed surgical endoprostheses (stents and meshes), defibrillator, pacemaker, cardiac pacing lead, intracardiac implants, drainage tube, hemostats, therapeutic radioactive sources, Nuss bar.

Thoracic, VASCULAR, cardiac and pediatric cardiovascular surgery

This list of specimens is intended for vascular surgeons. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory - Vascular, cardiovascular and thoracic surgery](#) which can be consulted at inesss.qc.ca.

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Vascular surgery

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- Major or minor lower-limb amputation specimens in the context of peripheral vascular disease
- Prosthesis, endoprosthesis or graft removed during vascular surgery
- Venous specimens removed during a saphenectomy or phlebectomy
- Endarterectomy material (atherosclerotic plaque)
- Traumatic or postoperative hematoma
- Wall thrombus removed during an abdominal aortic aneurysm repair
- Abdominal aortic or aortoiliac aneurysm wall specimens
- Arterial or venous autograft segments not used in a revascularization procedure (e.g., saphenous vein, radial artery or mammary artery)
- Rib segments removed for better surgical access (normal ribs with no history of pathology)
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 - Examples of implants and prostheses included in the wording: intravascular catheters or probes, removed surgical endoprostheses (stents and meshes), defibrillator, pacemaker, cardiac pacing lead, intracardiac implants, drainage tube, hemostats, therapeutic radioactive sources, Nuss bar.

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

Neuro-surgery

Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

Vascular surgery

Cardiac surgery

Pediatric cardiovascular surgery

Thoracic, vascular, CARDIAC and pediatric cardiovascular surgery

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

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Otolaryngology/head and neck surgery

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Pediatric cardiovascular surgery

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Cardiac surgery

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- Residual donor and recipient tissue during a heart transplant
- Residual cadaveric donor tissue during a valve replacement
- Coronary ostia
- Endarterectomy material (atherosclerotic plaque)
- Traumatic or postoperative hematoma
- Wall thrombus removed during an abdominal aortic aneurysm repair
- Abdominal aortic or aortoiliac aneurysm wall specimens
- Arterial or venous autograft segments not used in a revascularization procedure (e.g., saphenous vein, radial artery or mammary artery)
- Rib segments removed for better surgical access (normal ribs with no history of pathology)
- Foreign bodies (unless forensic documentation is required)
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Thoracic, vascular, cardiac and PEDIATRIC CARDIOVASCULAR SURGERY

This list of specimens is intended for pediatric cardiovascular surgeons. The recommendations, which are based on evidence, recommendations from other organizations and consultations with physicians in various specialties and areas of expertise, are taken from the report [Relevance and indications of submission of surgical specimens to the anatomic pathology laboratory – Vascular, cardiovascular and thoracic surgery](#) which can be consulted at insss.qc.ca.

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Pediatric cardiovascular surgery

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- Residual donor and recipient tissue during a heart transplant
- Residual cadaveric donor tissue during a valve replacement
- Coronary ostia
- Endarterectomy material (atherosclerotic plaque)
- Traumatic or postoperative hematoma
- Wall thrombus removed during an abdominal aortic aneurysm repair
- Abdominal aortic or aortoiliac aneurysm wall specimens
- Arterial or venous autograft segments not used in a revascularization procedure (e.g., saphenous vein, radial artery or mammary artery)
- Rib segments removed for better surgical access (normal ribs with no history of pathology)
- Foreign bodies (unless forensic documentation is required)
- Implants, devices and medical equipment (with the exception of prosthetic heart valves) removed during a cardiovascular or thoracic procedure (unless forensic documentation is required)
 - Examples of implants and prostheses included in the wording: intravascular catheters or probes, removed surgical endoprostheses (stents and meshes), defibrillator, pacemaker, cardiac pacing lead, intracardiac implants, drainage tube, hemostats, therapeutic radioactive sources, Nuss bar.

General, plastic and dermatological surgery

Obstetric and gynecological surgery

Urological surgery

Ophthalmic surgery

Orthopedic surgery

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Otolaryngology/head and neck surgery

Oral and maxillofacial surgery

Thoracic surgery

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Cardiac surgery

Pediatric cardiovascular surgery

*Institut national
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Québec 