

Date: July 9, 2013

To: South Zone West:
Day Procedures Nursing Unit Manager, Family Physicians, General Surgeons, Plastic Surgeons, Pathologists

From: AHS Laboratory Services

Re: Skin Excision – Orientation Guidelines

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

- Current practices for skin excision specimen orientation are inconsistent. When provided, orientation is sometimes unclear or too complex.
- Not all skin excisions need to be oriented. If orientation is important for the evaluation of a specimen, please provide orientation using the guidelines below.
- Whether or not a skin excision is oriented is the discretion of the submitting physician.

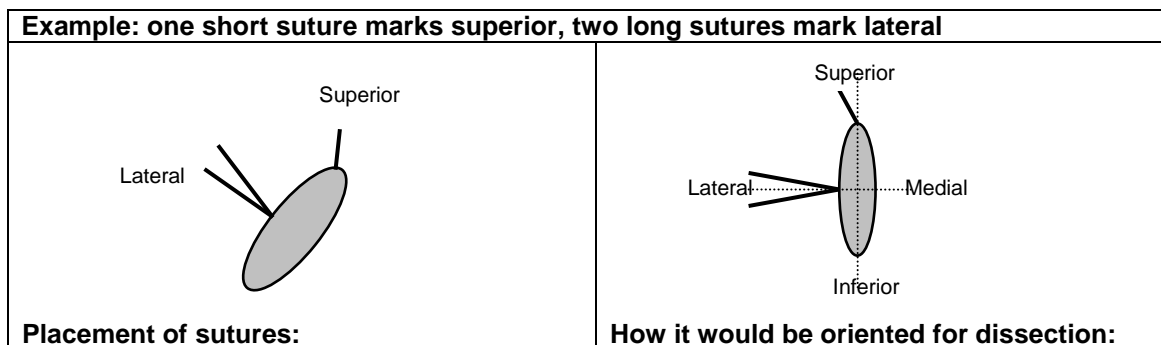
Recommended Guidelines for Skin Excision:

Most specimens can be visualized as a box with six sides:

- Orientation sutures must be at right angles in the centre of the “side” of the box in order to identify the four remaining margins.
- If the sutures are at the junction of two margins, it is difficult to identify the boundaries of the other margins.
- If the sutures are not given standard designations, the other margins cannot be identified with respect to the patient.

It is helpful to clarify orientation by drawing a diagram of the specimen on the requisition.

Place two sutures at right angles to one another on the specimen, marking perpendicular orientation positions. Use standard anatomic orientation terminology (whenever possible: short suture marking superior, long suture marking lateral) or o'clock positions. The sutures must be distinguishable from one another by either length or number.



Inquiries and feedback may be directed to:

- Elaine Murch, Pathology Scientist, Chinook Regional Hospital Laboratory at: 403-388-6527

This bulletin has been reviewed and approved by:

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