**Purpose**

To identify and communicate with the surgeon if the resected gastrointestinal specimen does or does not contain a tattoo\* site(s).

\*Tattooing is the injection of dye solutions into the bowel for localization of a lesion prior to surgery or to allow for localization of a lesion during follow-up colonoscopy or surgery[[1]](#footnote-1).

**Materials**

Enterotomy scissors, 10% neutral buffered formalin

**Procedure**

1. Triage specimen in a timely manner (intraoperative exam should be 20 minutes or less).
2. Examine serosal surfaces of specimen for evidence of tattoo sites.
3. If possible, open specimen longitudinally along anti-mesenteric aspect, avoiding the tattoo sites by using enterotomy scissors.
4. Examine mucosal surfaces of specimen for evidence of tattoo sites.
5. Photograph any significant findings.
6. Document on surgical pathology frozen section/intraoperative exam sheet if tattoo sites are identified during intraoperative examination.
7. **Immediately communicate with the surgeon if the tattoo sites are or are not identified.**
8. Place specimen back in container and fill with 10% neutral buffered formalin in a ratio of 20:1.

**Flowchart**

Specimen arrives at pathology accessioning via runner or OR personnel\*

No

Yes

Confirm with surgeon that tattoo site is not identified

Confirm with surgeon that tattoo site is identified -Resume processing for histological analysis

Surgeon acquires additional tissue

**\***After hours-6pm

**\*\***On call resident-after 5pm

**References**

1. Hilliard G, Ramming K, Thompson J Jr, Passaro E Jr. The elusive colonic malignancy. A need for definitive preoperative localization. Am Surg 1990; 56:742.

1. Hilliard G, Ramming K, Thompson J Jr, Passaro E Jr. The elusive colonic malignancy. A need for definitive preoperative localization. Am Surg 1990; 56:742. [↑](#footnote-ref-1)