**Purpose**

Bariatric gastric sleeve resections are performed as a treatment for morbid obesity. Patients are typically endoscoped ahead of surgery, but as patients come from multiple medical institutions, we often don’t have access to that information. The purpose of this examination is to document any lesions (or lack thereof) in the resected stomach.

**Procedure**

* Measure length and diameter of specimen, and note staple lines.
* Describe serosa (unremarkable, hyperemia, etc.)
* Describe the mucosal surfaces (unremarkable, polyp, thickened wall or mass)
* If a mass or suspicious focus of thickened wall is identified, measure in 3 dimensions, note location and distance to margin. Shave staple margin and ink if lesion is noted.
* Take photos if tumor or suspicious areas are identified.

***Sections for Histology***

* If no gross abnormalities are identified, submit 1-2 sections full-thickness sections of gastric wall in a single cassette.
* If a tumor or suspicious areas are identified, submit 1-2 cassettes of lesion and another cassette of margin. If lesion is within 2 cm of margin, take perpendicular section of lesion to margin in at least 1 cassette. If lesion is further than 2cm from margin, shave margin closest to and submit in 1 cassette.
* If multiple polyps are noted, submit 1-2 cassettes of largest polyps and shaved margin to nearest polyp in 1 cassette.

***Sample Dictation***

1. Received in a small container filled with formalin is a 10.0 cm in length x 5.0 cm in diameter gastric sleeve resection. Staple lines run the length of the specimen. The serosa is hyperemic. Sectioning reveals a single 0.5cm pedunculated polyp approximately 4cm from the margin. No other abnormalities are identified.

Cassette Summary:

A1. Margin closest to polyp, shaved and en face. (1ss)

A2. Polyp including uninvolved gastric wall (2ns)