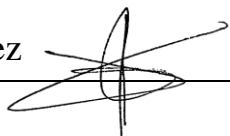


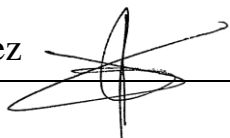
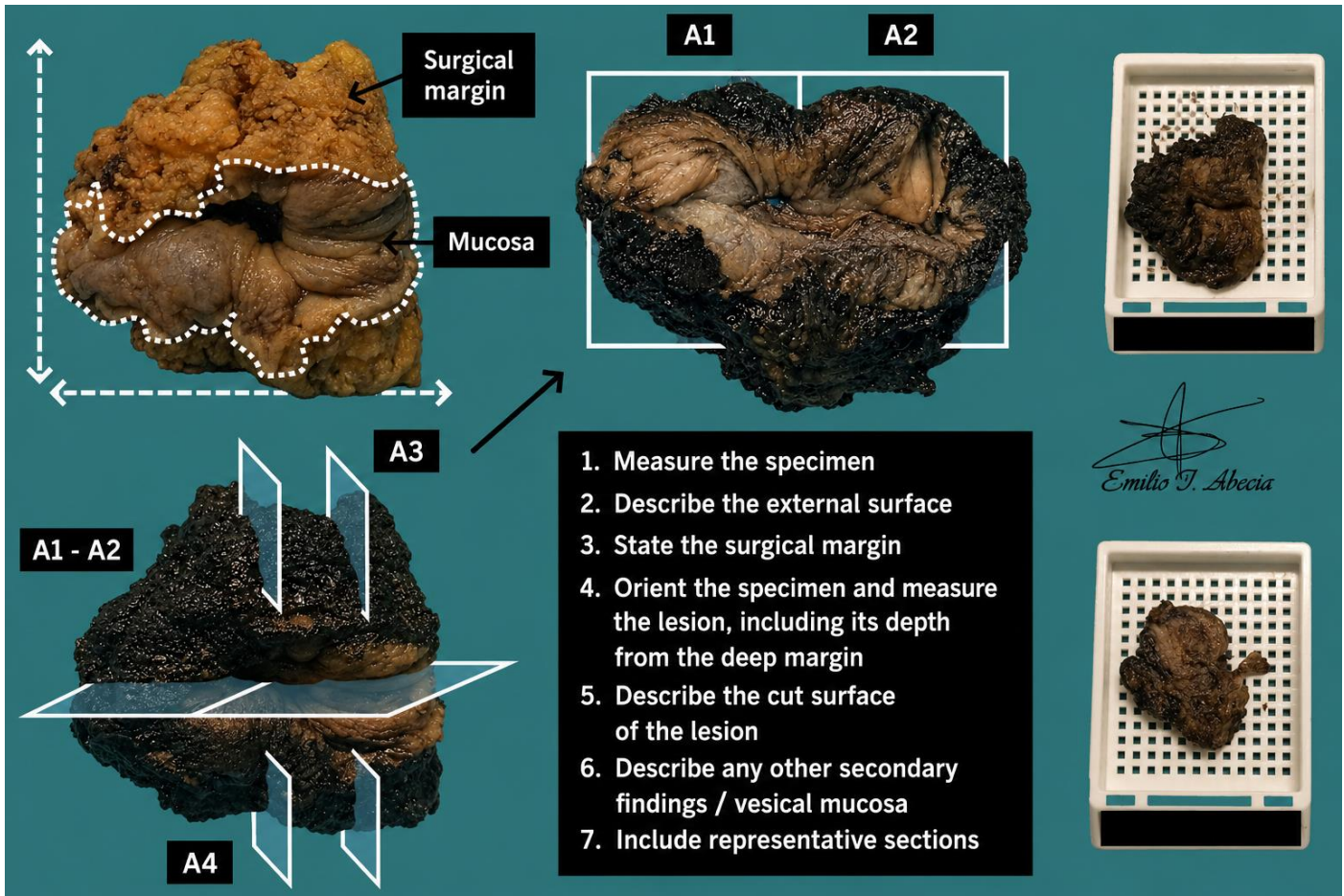
PARTIAL CYSTECTOMY

1. A partial cystectomy specimen measuring XXX cm is received // with seminal vesicle / ureter / prostate measuring XXX cm.
2. Externally, a mucosal patch measuring XXX cm is identified, with a violaceous and smooth surface, without other remarkable features // with a flat / ulcerated / exophytic lesion measuring XXX cm, brownish / haemorrhagic in appearance, located X cm from the closest surgical margin.
3. The surgical margin is inked with India ink.
4. On sectioning, the lesion measures X cm in thickness and is located X cm from the deep margin.
5. The cut surface is homogeneous / heterogeneous, with well / poorly defined borders, areas of necrosis / haemorrhage, etc.
6. The remaining bladder wall / seminal vesicle / ureter / prostate shows X features.
7. Representative sections are submitted as follows:
 - A1 and A2: complete section of the specimen.
 - A3: lateral margin, cruciate section.
 - A4: contralateral margin, cruciate section.
 - A5: section of uninvolved parenchyma / prostate / seminal vesicle / etc.

TO CONSIDER

- Partial resections for bladder pathology, generally of neoplastic aetiology. Allow adequate fixation, as tumours may have a friable consistency.
- Measure and describe the external surface. Identify adjacent anatomical structures.
- Ink the surgical margin.
- Serially section the specimen, measure the tumour lesion, and indicate the distance to the deep margin and the depth of invasion.
- Submit representative sections:
 - Represent surgical margins / sections of uninvolved bladder mucosa.
 - Sections of the lesion. As a general rule, include at least one section per centimetre of the greatest dimension.
- Search for nodular formations within the perivesical adipose tissue.





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DISCLAIMER

The image and text are provided for illustrative purposes only. The tissue sections submitted and the description provided will depend on the individual specimen characteristics, the clinical diagnostic suspicion, the experience of the dissector, and the institutional guidelines of the laboratory.

This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

