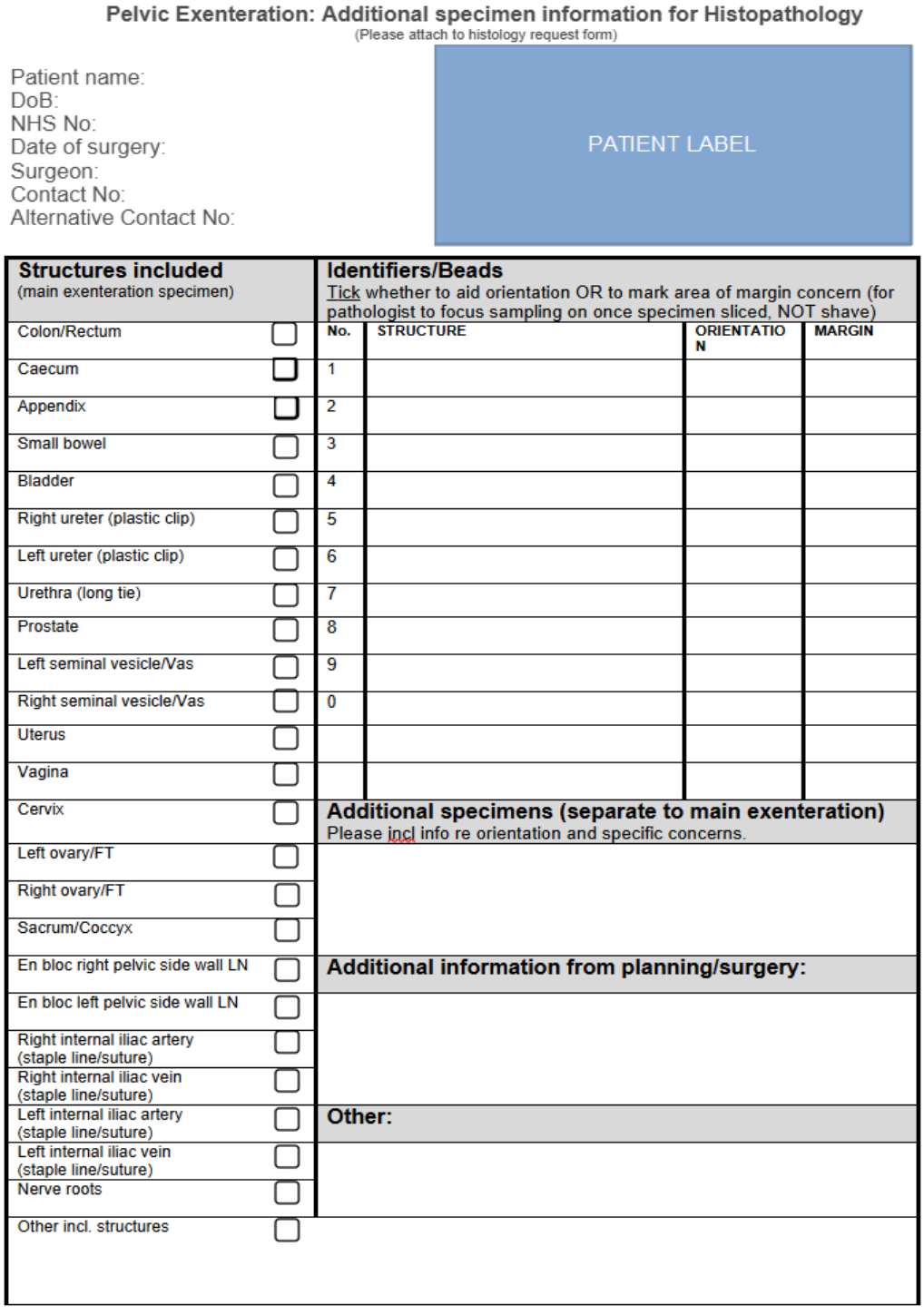

Article:
Aldridge, J., Young, C., Tiernan, J. et al. (Accepted: 2026) A standardised approach to the pathological dissection and reporting of pelvic exenteration specimens: recommendations from the UK Pelvic Exenteration Network (UKPEN). Colorectal Disease. ISSN: 1462-8910 (In Press)

Figures



Pelvic Exenteration: Additional specimen information for Histopathology

(Please attach to histology request form)

Patient name:
DoB:
NHS No:
Date of surgery:
Surgeon:
Contact No:
Alternative Contact No:

PATIENT LABEL

Structures included (main exenteration specimen)		**Identifiers/Beads** Tick whether to aid orientation OR to mark area of margin concern (for pathologist to focus sampling on once specimen sliced, NOT shave)			
Colon/Rectum	☐	**No.**	**STRUCTURE**	**ORIENTATION**	**MARGIN**
Caecum	☐	1			
Appendix	☐	2			
Small bowel	☐	3			
Bladder	☐	4			
Right ureter (plastic clip)	☐	5			
Left ureter (plastic clip)	☐	6			
Urethra (long tie)	☐	7			
Prostate	☐	8			
Left seminal vesicle/Vas	☐	9			
Right seminal vesicle/Vas	☐	0			
Uterus	☐				
Vagina	☐				
Cervix	☐	**Additional specimens (separate to main exenteration)** Please incl info re orientation and specific concerns.			
Left ovary/FT	☐				
Right ovary/FT	☐				
Sacrum/Coccyx	☐				
En bloc right pelvic side wall LN	☐	**Additional information from planning/surgery:**			
En bloc left pelvic side wall LN	☐				
Right internal iliac artery (staple line/suture)	☐				
Right internal iliac vein (staple line/suture)	☐				
Left internal iliac artery (staple line/suture)	☐	**Other:**			
Left internal iliac vein (staple line/suture)	☐				
Nerve roots	☐				
Other incl. structures	☐				

Figure 1. Exenteration proforma to accompany a standard pathology request form, allowing the surgeon to record all key details including tumour type, disease extent, neoadjuvant treatment, operative approach (listing structures removed), areas of concern, relevant intra-operative events (e.g. surgical disruption), and surgeon contact details.

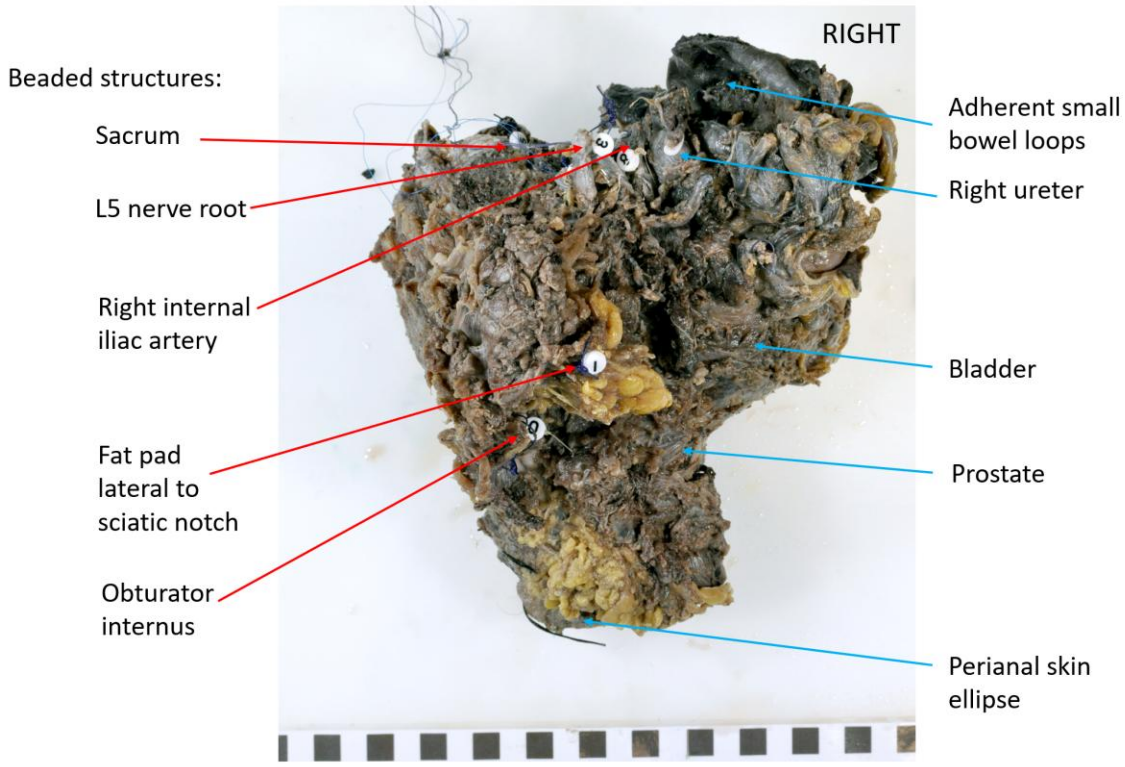


Figure 2. Orientation beads used to orientate a male pelvic exenteration specimen (right lateral aspect photographed post fixation). Beads visible in figure: 0 = right obturator internus; 1 = right fat pad lateral to sciatic notch; 3 = right L5 nerve root; 5 = sacrum; 8 = right internal iliac artery. Note not all beads are visible in this figure.

Margin or surface	Colour
Whole CRM	Black
Right	Red
Anterior	Yellow
Left	Green
Edges of surgical defect	Blue
Both opposing surfaces of detached bone	Orange

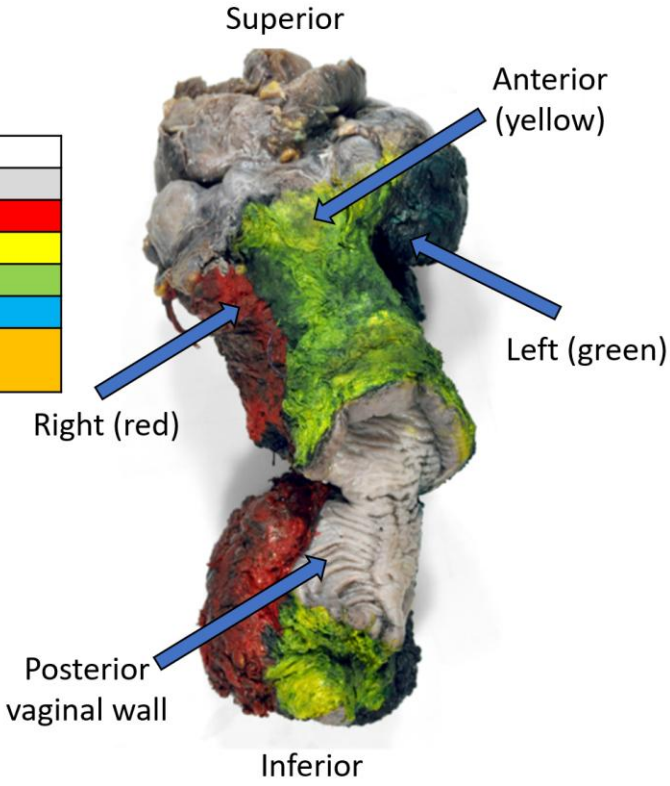


Figure 3. Example of a standardised inking strategy with illustrative photograph of an inked specimen.

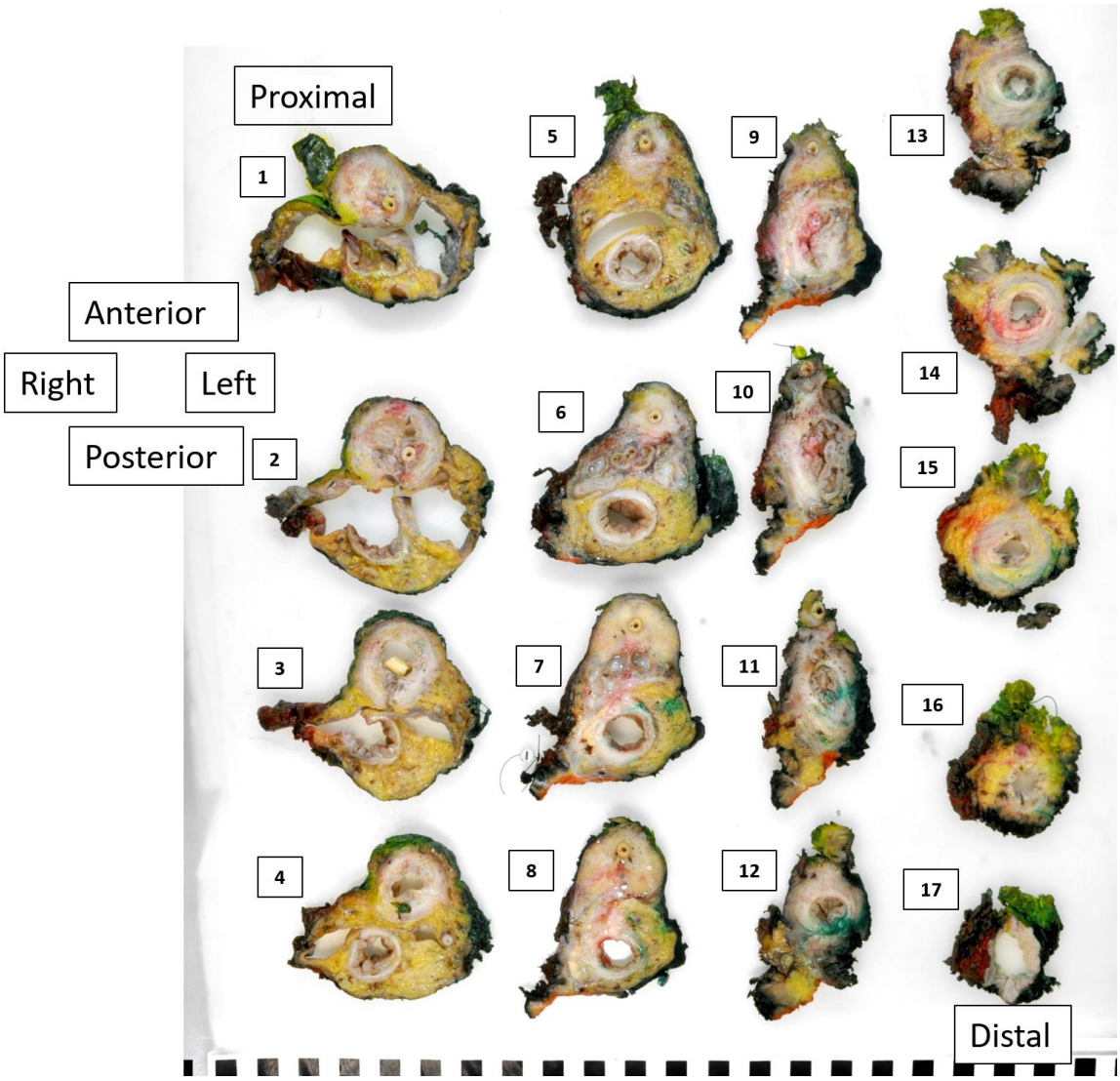


Figure 4. Example of standardised cross sectional slice photography format used to facilitate correlation with radiology and case review in MDTs/correlation meetings. The slices are laid out in columns from proximal to distal, with the right side of each slice facing the left side of the board, as if looking upwards from the caudal to the cranial end of the specimen, as per the CT plane. Slice numbers are labelled on this image for clarity.