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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)

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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:



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)			
	<input type="checkbox"/>	No.	STRUCTURE	ORIENTATIO N	MARGIN
Colon/Rectum	<input type="checkbox"/>				
Caecum	<input type="checkbox"/>	1			
Appendix	<input type="checkbox"/>	2			
Small bowel	<input type="checkbox"/>	3			
Bladder	<input type="checkbox"/>	4			
Right ureter (plastic clip)	<input type="checkbox"/>	5			
Left ureter (plastic clip)	<input type="checkbox"/>	6			
Urethra (long tie)	<input type="checkbox"/>	7			
Prostate	<input type="checkbox"/>	8			
Left seminal vesicle/Vas	<input type="checkbox"/>	9			
Right seminal vesicle/Vas	<input type="checkbox"/>	0			
Uterus	<input type="checkbox"/>				
Vagina	<input type="checkbox"/>				
Cervix	<input type="checkbox"/>	Additional specimens (separate to main exenteration) Please <u>incl</u> info re orientation and specific concerns.			
Left ovary/FT	<input type="checkbox"/>				
Right ovary/FT	<input type="checkbox"/>				
Sacrum/Coccyx	<input type="checkbox"/>				
En bloc right pelvic side wall LN	<input type="checkbox"/>	Additional information from planning/surgery:			
En bloc left pelvic side wall LN	<input type="checkbox"/>				
Right internal iliac artery (staple line/suture)	<input type="checkbox"/>				
Right internal iliac vein (staple line/suture)	<input type="checkbox"/>				
Left internal iliac artery (staple line/suture)	<input type="checkbox"/>	Other:			
Left internal iliac vein (staple line/suture)	<input type="checkbox"/>				
Nerve roots	<input type="checkbox"/>				
Other incl. structures	<input type="checkbox"/>				

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.

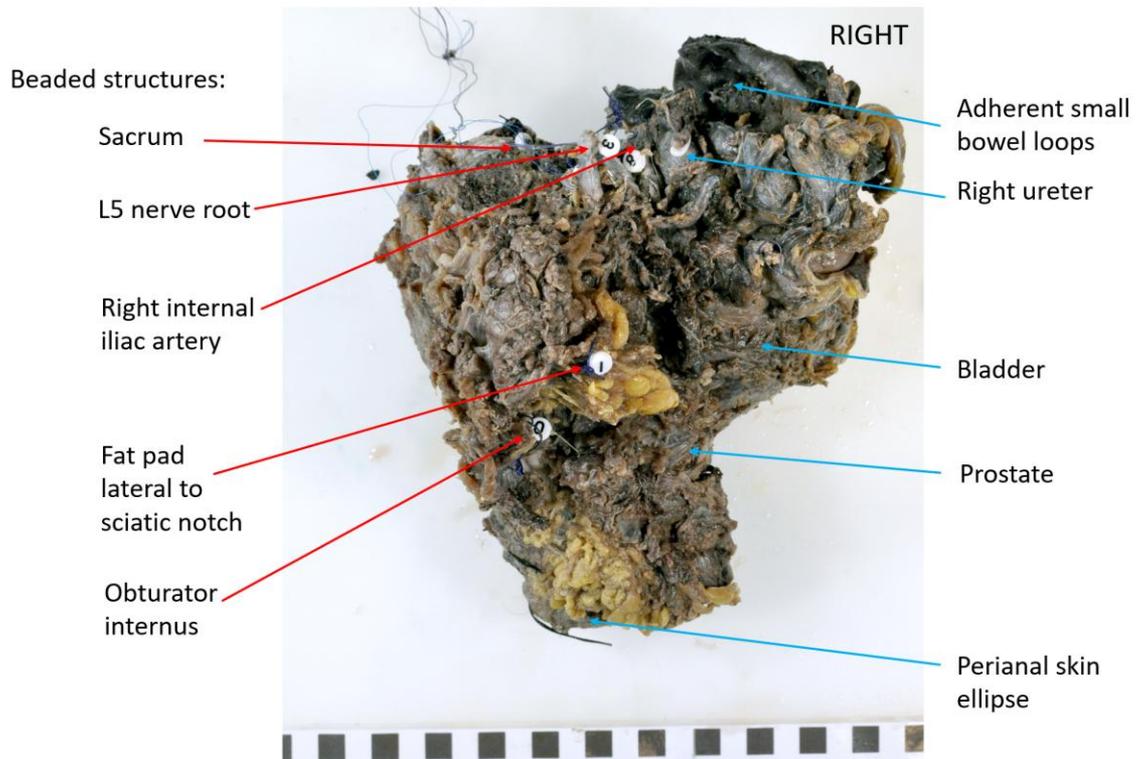


Figure 2. Orientation beads used to orientate a male pelvic exenteration specimen (right lateral aspect photographed post fixation). Beads visible in figure: 0 = right obturator internus; 1 = right fat pad lateral to sciatic notch; 3 = right L5 nerve root; 5 = sacrum; 8 = right internal iliac artery.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

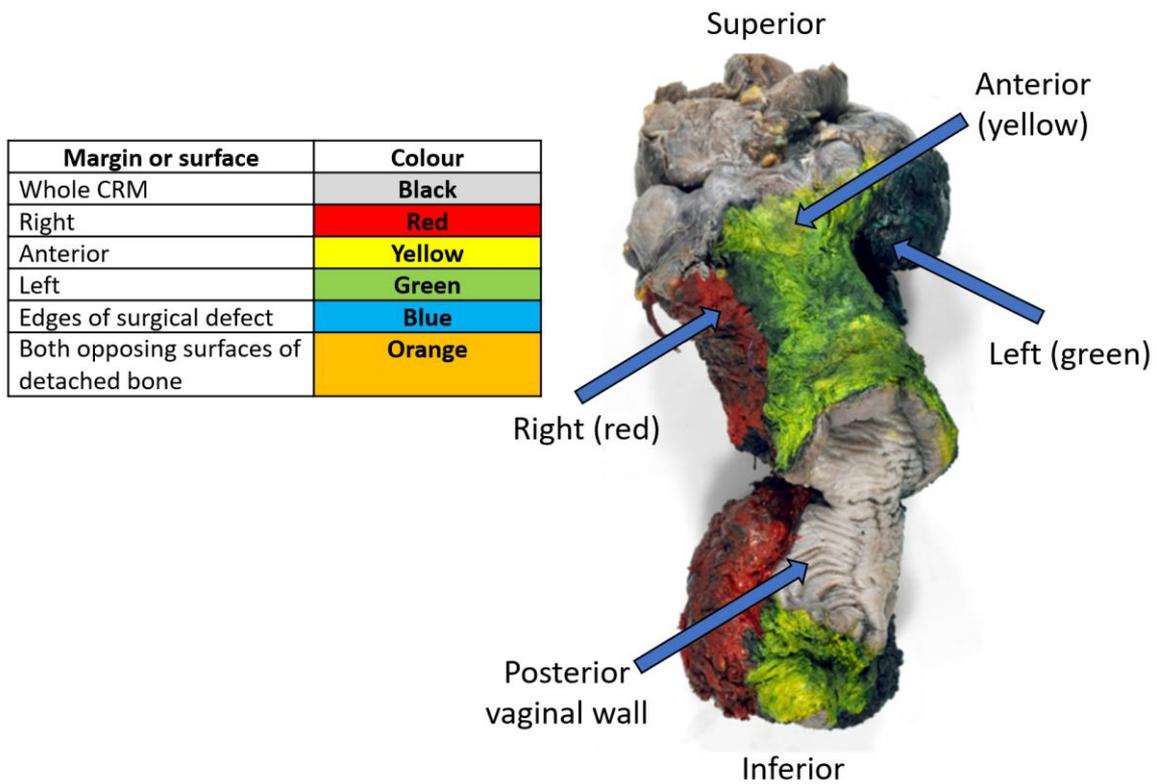


Figure 3. Example of a standardised inking strategy with illustrative photograph of an inked specimen.

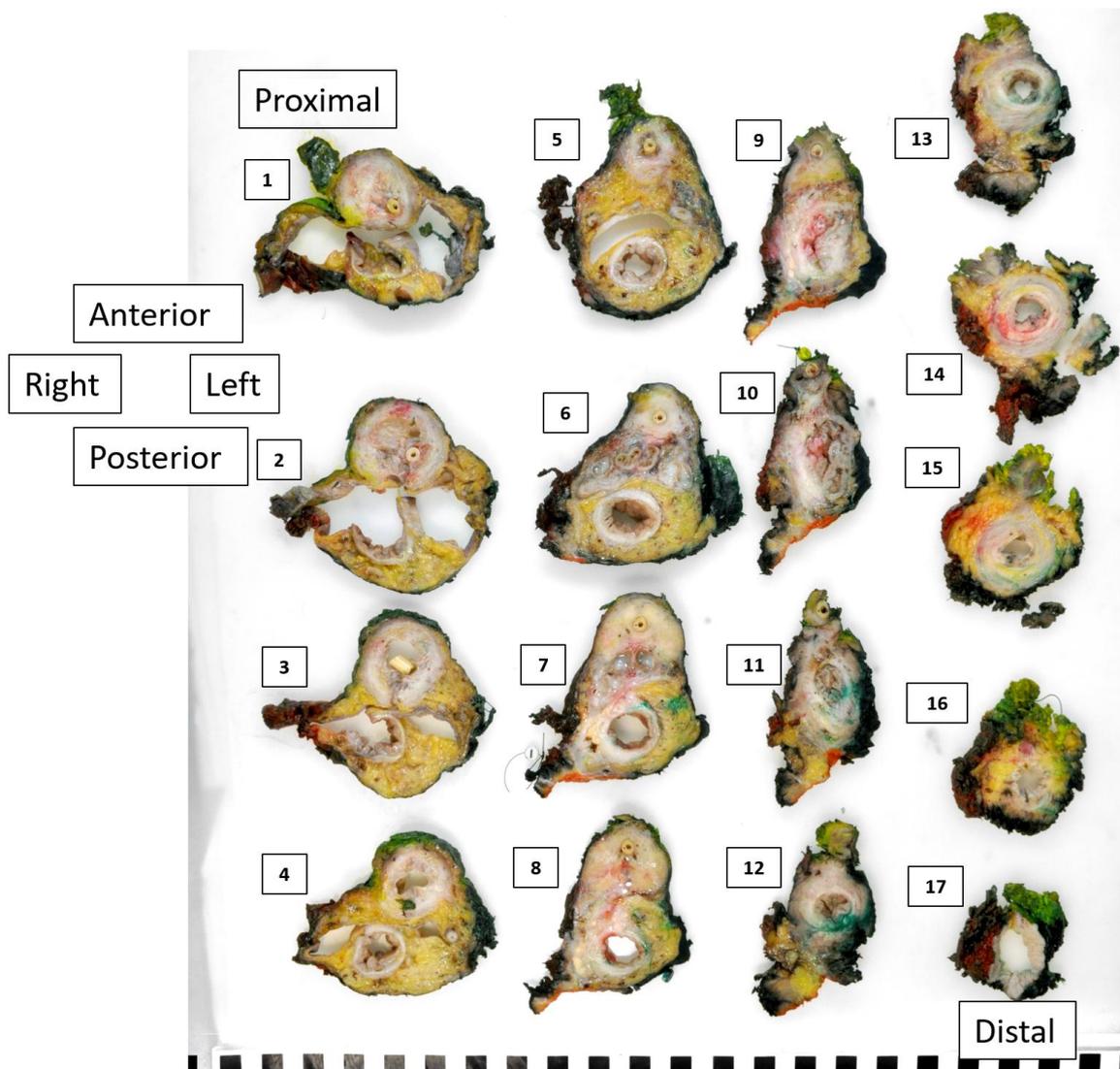


Figure 4. Example of standardised cross sectional slice photography format used to facilitate correlation with radiology and case review in MDTs/correlation meetings. The slices are laid out in columns from proximal to distal, with the right side of each slice facing the left side of the board, as if 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.