**Overview**

Frozen section or Intraoperative consultation is offered by the Pathology Department of Eastern Health in cases where a rapid diagnosis may be necessary to assist the surgeon in determining his/her approach to a case. This may be to determine malignancy, to check margins, etc. The Frozen section is performed with certain guidelines.

**Scope**

All Pathologists, Residents, and Pathology technical staff.
Guideline

- Frozen section coverage is available Monday to Friday during regular work hours from 8 A.M. to 5 P.M.

- Frozen section coverage after regular work hours and on weekends is available for emergency surgery only. Prior 60 minute notice to the pathologist and pathology technologist is required.

- A reasonable number of up to five tissue blocks may be done per case unless otherwise required.

- With the known error rate of 10% in frozen section diagnoses, unnecessary frozen sections will not be encouraged.

- Pathologists are entitled to defer frozen section diagnosis if deemed necessary.

- Pathologists may give an Intraoperative opinion by examination of a gross specimen without frozen section.

- Status of resection margins are only to be done to the nearest margin in selective cases. Status of all margins on excisional biopsies would require excess resources and manpower. Selective sampling of the specimen as determined by an experienced surgeon best determines the status of the margin. Even with this procedure, there is an error rate and in spite of negative margins, tumor can often recur locally.

- Frozen section on neuropathology cases will be done by Neuropathologist when available.
- If frozen sections are required, these should be documented in the O.R. schedule if at all possible.

- The frozen section error rate should be explained to the patient by the clinician as a part of the informed consent for the operative procedure.

- The frozen section diagnosis should be incorporated into the final report on the specimen verbatim, in the Frozen Section Data section. If there is discrepancy between the Intraoperative diagnosis and the final diagnosis, this discrepancy should be recorded and discussed in a comment.

Supporting Documents

Quality Management in Anatomic Pathology – Nakhleh, R. E. and Fitzgibbons, P.L. - CAP - 2005
Association of Directors of Anatomic and Surgical Pathology Guidelines - 2005

Linkages

Frozen Section Staining Procedure