

FROZEN SECTIONS

INDICATIONS FOR INTRAOPERATIVE CONSULTATIONS

The primary indications for a frozen section are:

1. To establish the presence and nature of a lesion
2. To determine the adequacy of surgical margins, and
3. To establish whether the tissue obtained contains diagnosable material or whether additional sampling is needed.

Frozen sections may be considered in the following circumstances:

- Need an immediate diagnosis when no previous tissue diagnosis is available
- Determination of the extent of a disease process locally or beyond the local resection field
- Assessment of an unsuspected finding at the time of operation
- Determination of resection margins of known malignant process
- Determination of the adequacy of the tissue removed
- The need to obtain fresh tissue for special studies
- The limitations of frozen section diagnoses vary from organ to organ.

Frozen sections should be avoided in the following circumstances:

- Mere curiosity
- Architecturally fragile lesions or only small amount of diagnostic material or when type of specimen jeopardizes orientation and interpretation
- Microscopic interpretation of large masses or specimens subject to a high-degree of error.
- Social reasons, for example: “we would like to assure the family today” in pigmented skin lesions, thyroid nodules, lesions consisting largely of bone or fat

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