Improving Specimen Orientation Following Excision for Breast Cancer

Background:

Surgeons employ a variety of methods to mark specimen margins and to communicate specimen orientation to pathologists. Different surgeons' methods can create inconsistency and confusion in both the operating room and the surgical pathology laboratory. Methods such as long suture superior and short suture medial or two sutures lateral, one suture inferior create the need to constantly re-invent and communicate an orientation system for every case performed.

MarginMap®

Benefits of a Standardized System for Specimen Orientation:

MarginMap (Fig. 1) is a simple, accurate, and consistent orientation system that requires little or no verbal communication for it to be correctly used and understood.

Each of the 6 charms clearly identifies a corresponding margin and will image on the radiograph (Fig. 2). The charms are also clearly visible to the pathologist, giving a clear depiction of the orientation of the lumpectomy specimen for more accurate interpretation.

When used in-vivo (Fig. 3), the charms are sutured to each margin while the specimen is being excised. MarginMap provides an extremely precise method of specimen orientation – staying in place through movement, image manipulation, or orthogonal imaging.

Fig. 1

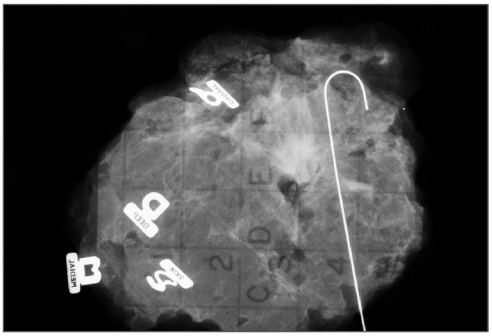
Fig. 2

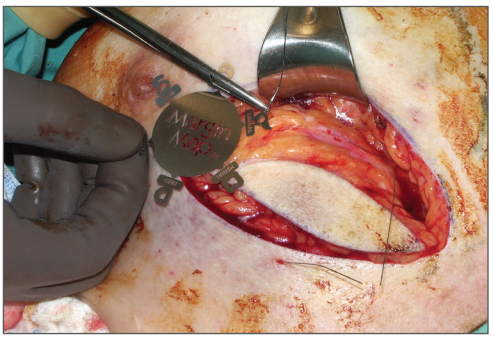
Fig. 3

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REV: 02/13