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Clinical Image

Photographing surgical specimens the correct way

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Surgical specimens are often photographed as a record-keeping exercise for lectures, other forms teaching, publications and presentations. They serve a vital educational aid for research purpose besides teaching the operative techniques. Hence, surgeons should be aware of ways to improve the accuracy and educational value of surgical photographs.

A surgical specimen must be oriented in an anatomically appropriate position and photographed using appropriate lighting and dimensionality. It should be devoid of shadows and other peripheral distractions. The background surface should be neutral and wiped clean of blood, bile, or ink. The specimen surface should be cleaned by rinsing under running water. Any ink or tissue fragments should be wiped off. Instead of using hands or fingers on in the photograph, hemostats, probes, or forceps should be used to hold or demonstrate a region of interest [Figure 1]. A clean



Figure 1: Faulty photography of surgical specimens – (a) dirty background, specimen held with fingers, (b) infant feeding tube used instead of scale, (c) scale not seen completely, and (d) specimen in kidney tray with numerous peripheral distractions.

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ruler or label, preferably with an identifying number, should always be included in the same plane of focus, without touching or overlapping the specimen [Figure 2].

Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.



Figure 2: Correctly photographed surgical specimens (Ideally, shadows should be completely avoided but fluid secretion from specimens is often unavoidable) – (a) Sacrococcygeal teratoma and (b) nephroureterectomy for a Wilms' tumor.