For rectal resections the intactness of the mesorectum must be recorded.

The prognosis of rectal carcinoma has significantly improved with the use of total mesorectal excision (TME). Gross pathological assessment of the intactness of the mesorectum has been shown to correlate with patient outcome.

The intactness of the specimen is recorded as one of the following:

- **Incomplete**: little bulk to the rectum, defects in the mesorectum down to the muscularis propria, after transverse sectioning the circumferential margin appears very irregular.
- **Nearly complete**: moderate bulk to the mesorectum, irregularity of the mesorectal surface with defects greater than 5 mm but none extending to the muscularis propria, no areas of visibility of the muscularis propria except at the insertion site of the levator ani muscles.
- **Complete**: Intact bulky mesorectum with a smooth surface, only minor irregularities of the mesorectal surface, no surface defects greater than 5 mm in depth, no coning towards the distal margin of the specimen, after circumferential sectioning the circumferential margin appears smooth.
- The intactness may be graded as follows:
  - Incomplete (grade 1)
  - Nearly complete (grade 2)
  - Complete (grade 3)