## Putting Your Sights on Stoma Site Marking!

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## **Background**

Preoperative stoma site marking is performed inconsistently, or not at all, for patients undergoing planned fecal and urinary diversions. Clinicians who are involved in stoma site marking could improve stoma site selection by referring to the principles of stoma site selection published in the literature and/or the collaborate position statement.

### **Purpose**

Raise awareness of the recently published guideline published by Wound, Ostomy Continence Burses Society, American Urological Society and American Society of Colon and Rectal Surgeons.

Method Guidelines applied by two WOC nurses in selecting stoma sites for three individuals who were scheduled for fecal and urinary diversions practicing in an urban, academic, tertiary facility. Three Case Studies Utilizing WOCN Society, AUA and ASCRS Statement on Preoperative Stoma Site Marking









Conclusions: Consistent use of the position statement to guide preoperative stoma site selection for fecal and urinary diversions will improve stoma location and therefore decrease stomal and peristomal complications

Stoma Site for a Potential Ileostomy







Key Points: Examine in Sitting, Standing and Bending
Avoid Creases and Folds
Identify Landmarks
Confirm and Darkly Mark Best Options, Protect Marks
Consider marking areas to avoid
Photo Documentation

# Implications for Practice:

Referring to the principles of stoma site selection consistently will improve stoma site location



#### References

References:

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