CANADIAN PRACTICE ENABLER FROM THE POSITION STATEMENT ON PREOPERATIVE STOMA SITE MARKING FOR FECAL DIVERSIONS – ILEOSTOMY & COLOSTOMY

You are welcome to make copies of this enabler of practice. Users of this enabler of practice must ensure they have first familiarized themselves with the full position statement.

OBTAIN – IDENTIFY – ASSESS – MARK

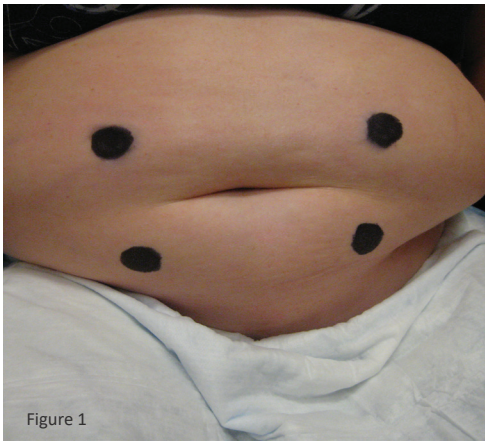
Figure 1

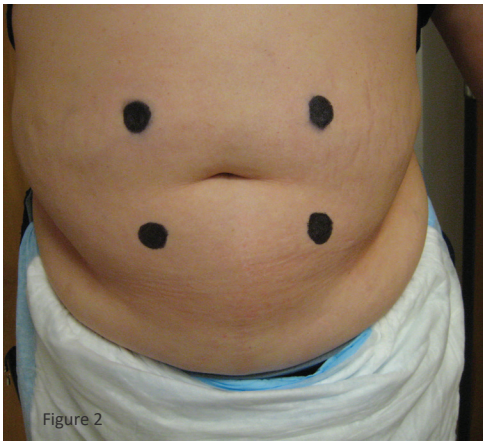
Figure 2

Figure 1 - This photograph is an example of the four quadrants marked in a sitting position. The marks in the upper quadrant are more within the patient's line of vision. **Figure 2** – This shows how the marked positions of four quadrants look different when the patient is standing on the same patient.

PREOPERATIVE STOMA MARKING PROCEDURE

1. Stoma site selection and marking must only be undertaken by qualified practitioners within their scope of practice and who possess the knowledge, skill and judgment to perform stoma site marking – a surgeon or NSWOC are recommended.
2. Invite the preoperative patient to a private area to explain the process.
3. Provide patient education and counselling on living with an ostomy.
4. Obtain patient verbal consent for the assessment and stoma site marking.
5. Learn from the patient their typical range of movements related to their mobility, occupation, lifestyle and cultural practices.
6. Identify the patient's usual beltline in addition to the waistline of the patient in normal clothing in sitting and standing positions.
7. Ask the patient to remove enough clothes to allow access to the abdomen while maintaining privacy.
8. Assess the abdomen to observe scars, skin folds, hernias, skin mounds, creases, wrinkles, bony protuberances/iliac crest, radiation sites, pendulous breasts, and the location of the umbilicus.
9. Ask the patient to lie on their back and have the patient raise their head to see their feet to identify the edge of the rectus abdominis muscle.
10. Identify the halfway point on the imaginary diagonal line between bony protuberances/iliac crest and the umbilicus.
11. Ask the patient to sit, stand, bend, twist and lie down to identify any creases or concerns with the proposed site.
12. Consider the patient's BMI/body habitus and eyesight to confirm that the suggested stoma site is within their visual field, if possible.
13. Mark the abdomen on the flattest possible place in the appropriate quadrant for the planned surgery within the borders of the rectus abdominis muscle, 5cm away from considerations identified in step 8 with a regular pen.
14. Seek a second opinion in the complex abdomen from another NSWOC or surgeon, which may involve sharing a photograph with the patient's consent.
15. Remark with a permanent skin marker on the patient's abdomen, the site agreed by the patient and the NSWOC.
16. Cover the mark with a transparent film dressing. Explain to the patient the importance of maintaining the mark and give supplies to reinforce marking, if required. Remove all other marks with an alcohol swab.
17. Document details in the patient's health record.

OBTAIN – Patient consent
IDENTIFY – ROM - Dexterity - Occupation - Lifestyle - Religious practices - Waistline of the patient (sitting and standing - Rectus abdominis muscle - Imaginary line connecting umbilicus and iliac crest.
ASSESS – Scars - Skin folds - Hernias - Skin mounds, creases and wrinkles - Bony protuberances - Radiation sites - Pendulous breasts - Location of the umbilicus in sitting, lying, standing, bending and twisting positions.

MARK – On the flattest possible site, after assessing in all positions, in the appropriate quadrant – within the borders of the rectus abdominis muscle – 5 cm away from folds, creases, hernias, bony prominence, scars, umbilicus, and radiation sites – in the patient's visual field – mark with a permanent marker and cover with transparent film. Colostomy sites are predominantly marked on the left side of the abdomen and ileostomy on the right side of the abdomen.