

 Cleveland Clinic

Stoma Site Marking

R. B. TURNBULL JR. MD WOC NURSING EDUCATION PROGRAM



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Learning Objectives

- Distinguish abdominal landmarks for appropriate stoma site marking.
- Describe stoma marking using appropriate technique(s)

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Stoma Marking Position Statements

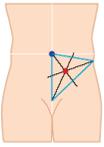
- American Society of Colon and Rectal Surgeons (ASCRS) and WOCN® Society
 - All patients scheduled for ostomy surgery should have a stoma marking done preoperatively by an experienced, educated, and competent clinician (Salvadalea et al., 2015a)
- American Urologic Association (AUA) and WOCN® Society
 - Stoma site selection a priority during preoperative visit (Salvadalea et al., 2015b)
- Joint Commission statement



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Introduction

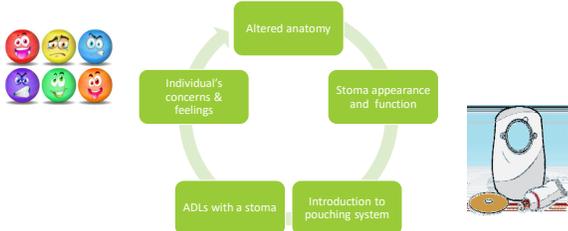
- Preoperative Education
- Ideal stoma site
- Guidelines for site selection
- Two stomas
- Special considerations
- Marking the site



Courtesy Coloplast

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Pre-operative education



Altered anatomy

Stoma appearance and function

Introduction to pouching system

ADLs with a stoma

Individual's concerns & feelings

5



Ideal Stoma Site

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How to mark this belly?



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Guidelines for marking

Begin with the patient fully clothed then expose the abdomen	
Assess abdomen lying, sitting, and standing	
Below the umbilicus	
Within the rectus muscle	
On the summit of the infraumbilical mound	
Away from scars, creases, bony prominences, umbilicus, beltline	
Visible to the patient	

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Assess in the supine position



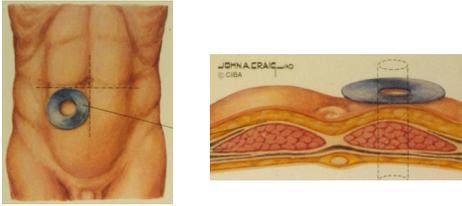
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Within rectus muscle



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Use of Marking Disc



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Assess while seated



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Summit of infraumbilical mound



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Assess while standing



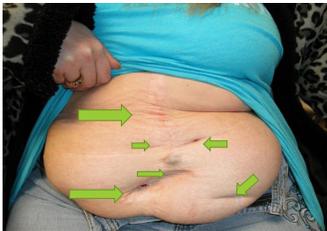
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Mark below the umbilicus



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Avoid creases



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Avoid scars



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Stay away from the umbilicus



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Can the patient see the site?

- Once a site is selected, ask the person to point to the site
- If unable to point to the site, use pen tip
- If unable to see pen tip, use mirror
- If site disappears with sitting, or patient unable to see, need to relocate to higher location on the abdomen. If this is done, inform surgeon for rationale



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Exceptions for Siting Above the Umbilicus

Transverse colostomy, jejunostomy

Protuberant or "droopy" abdomen

Prosthetic device

Scars, creases in lower quadrant

Wheelchair bound

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General Guidelines for Site Selection

Type of ostomy

RLQ Ileostomy/Urostomy

LLQ Colostomy

Supportive devices or wheelchair

Allow 2-2 1/2" smooth abdominal surface

Within rectus muscle

Use the LUQ for jejunostomy

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Wheelchair dependent

Wheelchair dependent

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Which mark is better?



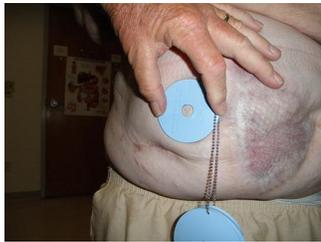
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Which mark is better?



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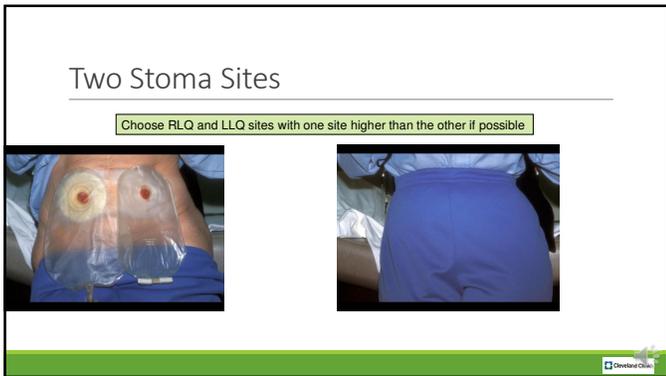
2-2 1/2" smooth, flat surface



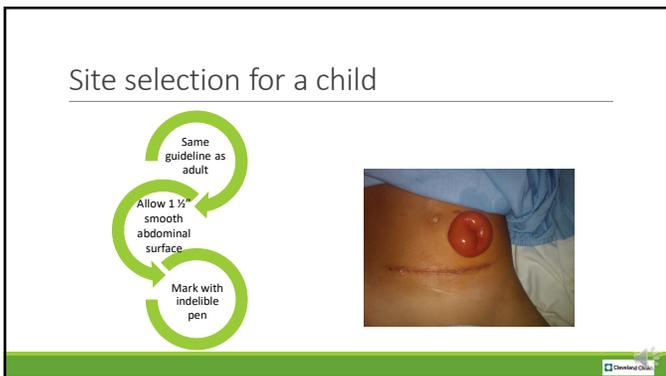
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Marking the site

Clean

- Wipe with alcohol
- Allow to thoroughly dry

Tattoo

- Patient permission
- Cultural/religious beliefs
- Board of Nursing Guidelines

Skin Mark

- Mark an X with indelible pen or surgical marker
- Cover with transparent film or thin hydrocolloid

Tattoo Procedure:
 Single drop India ink
 25 gauge sterile needle
 3 small piercings – triangle shape

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Effects of poor placement

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            graph TD
            Leakage --> Poor_pouch_fit[Poor pouch fit]
            Poor_pouch_fit --> Skin_irritation[Skin irritation]
            Skin_irritation --> Pain
            Pain --> Peristomal_hernia[Peristomal Hernia]
            Peristomal_hernia --> Psychosocial_trauma[Psychosocial trauma]
            Psychosocial_trauma --> Leakage
            
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Leakage/fitting challenge



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Hernia



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Summary: Benefits of good placement

Enhances independence in stoma care and resumption of normal activities



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Marking Discs

Marlen Mfg. & Development Company
5150 Richmond Rd.
Bedford, Ohio 44146
www.marlenmfg.com



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References

Case study photos are property of the
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Salvadalena, G., Hendren, S., McKenna, L., Muldoon, R., Netsch, D., Paquette, I., Pittman, J., Ramundo, J., & Steinberg, G. (2015b). WOCN Society and ASCRS position statement on preoperative stoma site marking for patients undergoing urostomy surgery. *Journal of Wound, Ostomy, and Continence Nursing*, 42(3), 253-256. <https://doi.org/10.1097/WON.0000000000000118>



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