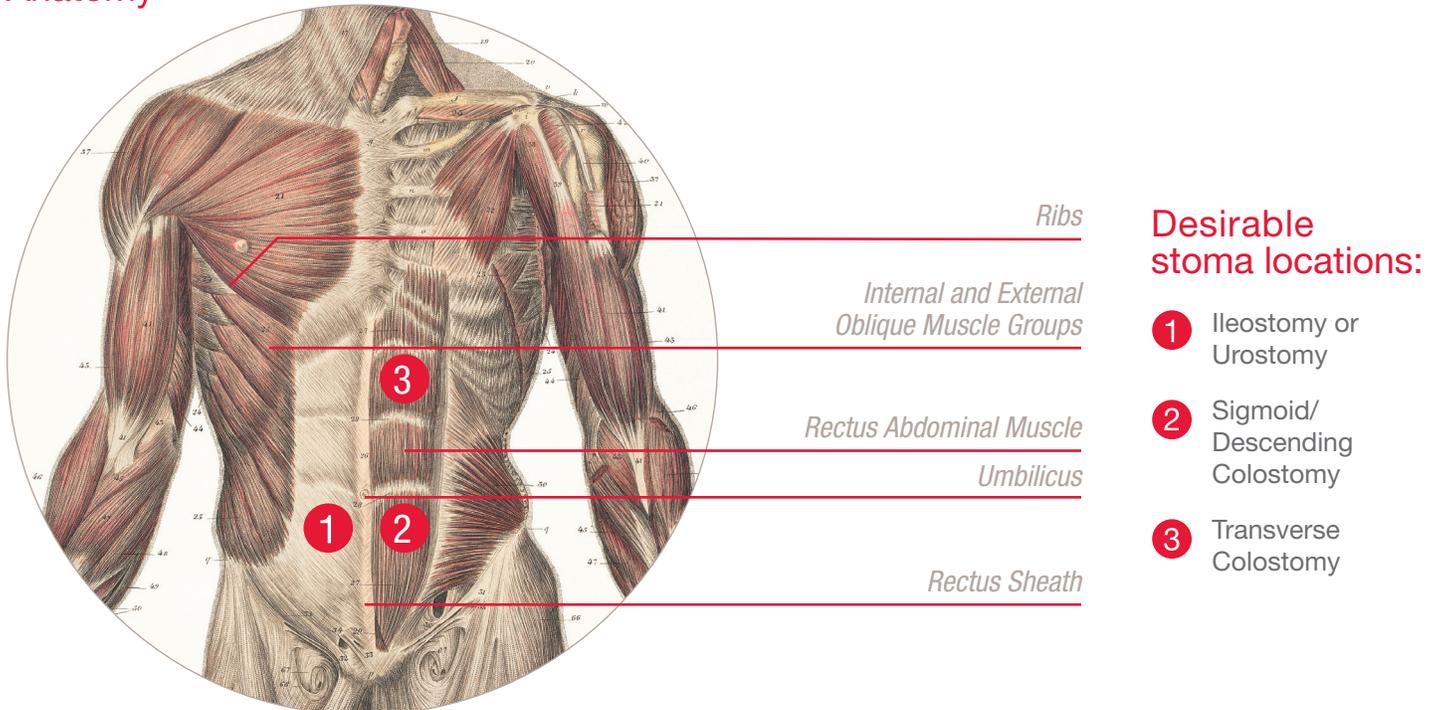


# Stoma Site Selection

Stoma site selection and marking should be done for all patients scheduled for ostomy surgery by an experienced, educated, competent clinician. This should be considered even if there is only a possibility for stoma creation. For a pouch to fit comfortably and securely, it is important to have an adequate, intact skin surface. Proper placement helps prevent skin and stoma complications, pouching problems, pain, and clothing concerns. The optimal site enhances the likelihood of independence in stoma care and resumption of normal activities. The preoperative visit also provides an opportunity for education for patient and family.

## Anatomy



### Desirable stoma locations:

- 1 Ileostomy or Urostomy
- 2 Sigmoid/ Descending Colostomy
- 3 Transverse Colostomy

IDEAL STOMA CHARACTERISTICS:	SITES TO AVOID:	OTHER CHARACTERISTICS:
<ul style="list-style-type: none"> <li>• Red</li> <li>• Round</li> <li>• Raised (about 1" protrusion)</li> <li>• Lumen at center of stoma</li> <li>• Smooth skin surface</li> </ul>	<ul style="list-style-type: none"> <li>• Scars/Wrinkles/Incision Lines</li> <li>• Skin folds/Creases</li> <li>• Bony prominence</li> <li>• Under pendulous breasts</li> <li>• Suture lines</li> <li>• Umbilicus</li> <li>• Belt/Waistline</li> <li>• Hernia</li> <li>• Mobile abdominal tissue</li> <li>• Radiation sites</li> </ul>	<ul style="list-style-type: none"> <li>• Type of ostomy</li> <li>• Occupation</li> <li>• Impairments (e.g., visual, physical)</li> <li>• Sports/Activity level</li> <li>• Prosthetic equipment</li> <li>• Location preference (surgeon, patient)</li> <li>• Multiple stoma sites (consider differing levels)</li> <li>• Age</li> <li>• Diagnosis</li> <li>• Posture</li> <li>• Contractures</li> </ul>

## Stoma Site Selection

To select the correct site for the stoma, the following assessments should be made preoperatively:

<b>Type of stoma anticipated</b>	The abdomen can be divided into four quadrants. Correlating this topographical information to the underlying anatomical structures will help locate the correct quadrant for the stoma. For example, an ileostomy (ileum) would usually be located in the right lower quadrant.
<b>Rectus muscle sheath</b>	Placement in the rectus muscle can help prevent some stomal complications. This muscle runs vertically through the abdomen (refer to diagram) and may be located by inspection and/or palpation.
<b>Adequate surface area</b>	The pouching system is secured by adhesive. There needs to be an adequate adhesive contact surface between the pouch and the skin for secure attachment. Generally an area of two to three inches of flat surface is preferred but not always possible. On a child, a smaller area is needed and is dependent on body size. A stoma siting disc can be used to evaluate adequate skin surface area preoperatively.
<b>Easily seen</b>	It is difficult for a person to be independent in their care if they cannot see their stoma. Select a site visible to the patient and if possible, below the belt line to conceal the pouch. For many people, the best location is in the lower quadrant on the apex of the infraumbilical bulge. If the patient is extremely obese, place mark in upper quadrant.
<b>Smooth skin surface</b>	Locating the stoma in an area where the skin is flat is important. The prospective stoma site should be located away from skin folds, bony prominence, scars, the umbilicus, incision lines, and the belt line. Any of these can interfere with a secure pouch seal. The abdomen should be observed in various positions. Refer to diagram to the right and sites to avoid on front.
<b>Miscellaneous criteria</b>	In addition there may be other factors that could impact where the stoma would ideally be located; for example, if a person uses a wheelchair, walker, or brace, or needs more than one stoma. Fecal and urinary stomas should be marked on different horizontal planes/lines. Refer to front for other considerations.

### Positions

Evaluate potential site in lying, sitting, bending, and standing positions.



Lying



Sitting



Bending



Standing

### Marking the Site

After the site is selected, it needs to be marked. The technique used for marking the site varies and may be based on hospital protocols. The site location should be documented and communicated to the surgeon so that the intent of the mark is understood in the operating room. An indelible marker or skin dye may be used to identify the site but must be visible after the surgical scrub. In some cases, two choices may be made with the first labeled as #1. Preoperative site markings are a guide. Final selection is done by the surgeon during the operative procedure.

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Routine follow-up with your healthcare professional is recommended.

Prior to using any ostomy products/accessories be sure to read all product inserts and labels.

Wound, Ostomy and Continence Nurses Society. (2014). *WOCN Society and ASCRS Position Statement on Preoperative Stoma Site Marking for Patients Undergoing Colostomy or Ileostomy Surgery*. Mt. Laurel: NJ. Stoma Siting Procedure. [www.wocn.org](http://www.wocn.org) J.E. Carmel, J.C. Colwell, M.T. Goldberg (Eds.), *WOCN Society Core Curriculum Ostomy Management* (Chapter 8). Philadelphia: Wolters Kluwer. 2016.

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