BENEFITS OF STOMA SITING

Ms Elaine Webb
Ms Marianne Doran
Clinical Nurse Specialist
Beaumont Hospital

2011
Benefits of Stoma Siting

- Choosing a suitable site for a stoma is the first step in ensuring patients will enjoy optimum quality of life after their operation.

- A well sited stoma can help the individual to accept their stoma.

- Good placement enhances the likelihood of patient independence in stoma care and resumption of normal activities.

- The ideal stoma site is one that is easily seen by the patient; allows secure adhesion of the appliance and gives freedom of movement.

A Poor stoma site is:

- One which stoma is sited in a location or position that makes it difficult if not impossible for a person to perform the necessary cleaning pouch management, conceal stoma under clothing, and enjoy normal freedom of movement without fear of leakage.
Consequences of poor siting

- Leakage
- Skin irritation
- Pain
- Fitting challenges
- Clothing concerns
- Negatively impact on psychological, physical and emotional health.

- An inaccessible stoma makes cleansing and ordinary hygiene very difficult to perform.
Evidence Based Literature review

Chaudhri et al (2005)
- Education and marking reduced stoma related interventions (first 6 weeks of discharge)

Pittman et al (2008) siting and education
- less difficulty with ostomy adjustment
- reduction of peristomal skin irritation
- reduction of pouch seal leakage
Evidence Based Literature Review

Most common early complication: improper siting
  - Park et al (1999): reduction of complications/ marked by stoma therapist
  - Bass et al (1997): significant reduction of complications / marked by stoma therapist
  - Milan et al (2009): Lower rates of stoma complications and patient anxiety relating to disease when marked and educated by the stomacare nurse
Why is a patient not sited?

- Lack of communication.
- A stoma was not anticipated.
- If no SCN available the surgeons should undertake this task.
Emergency admissions:

- Site established only an hour or minutes prior to surgery.
- The patient is ill, in pain and has a distended abdomen.
- Time is of the essence prior to surgery but it will be time well spent if we are to improve outcome.
Who Should mark the stoma site?

Consultant
Registrar
Senior House Officer
Stomacare Nurse
Mississippi Board of Nursing (USA)

“marking of the surgical site is not within the scope of practice of the registered nurse”
Guidelines

Rcsi (2002)
Colorectal Cancer Management Guidelines

Irish Stomacare/Colorectal Nurse Association (2005)
Standards of Care

The nurse’s assessment of patient undergoing stoma formation:

- The surgical procedure to be performed must be known.
- IF IN DOUBT – Mark multiple sites.

- It is essential that the procedure is explained fully and discussed with the patient, whose needs must be ascertained.

- Pre-operative stoma siting and education reduces complications and anxiety post-operatively Milan et al (2009)
Stoma marking considerations

- Length of abdomen short – spina bifida
- Size and shape of abdomen
Stoma Site Considerations

Occupation
Clothing
Use of devices
Environment

Physical Issues
Mobility
Eyesight
Dexterity
Self care abilities
**Inspection and examination**

- Careful examination of patient’s abdominal surface. Begin with patient fully clothed in sitting position with feet on floor.
- Observe the presence of belts, braces, waistline and any other ostomy /drains eg. Peg/shunt/
Stoma Site Selection

Considerations

* location location location

* related to surgical procedure
* Multiple sites maybe indicated
* faecal and urinary stoma
Common Sitings

- **Ileostomy**: right side of the abdomen overlying the outer third of the rectus muscle.
- **Urostomy**: Positioned as for an ileostomy
- **End colostomy**: Left of the abdomen through the rectus muscle.
- **Transverse Colostomy**: Historically most commonly positioned in the right upper quadrant
Areas to be avoided that could potentially impair the proper fitting of an appliance includes:

- Bony prominences such as: hip bones, pubic bone, ribcage.
- Previous scars/ abdominal folds/creases/wrinkles
- Bulges such as hernias
- Main surgical wound.
- Skin previously damaged from radiation, burns or skin grafting.
- Umbilicus;
- Waistline
- Pendulous Breasts
- Other stomas
Key consideration include when assessing the patient:

- **Positioning issues:**
  - Lifestyle
  - Occupation
  - Culture
  - Religion

- **Patient related issues:**
  - Diagnosis
  - Age
  - History of radiation
  - Surgeon preference
  - Patient preference
  - Type of stoma being formed
  - Stage of growth and development
Considerations continued....

- **Physical issues**:
- Eyesight
- Dexterity
- Physical strength and mobility
- Obesity.
- Cathetic patients.
- Mental acuity, memory, concentration.
› Obtain patient consent and participation.

› Examine exposed abdomen in various positions observing for creases, valleys, scars, folds, skin tugor and contours.

› Site chosen should be visible by the patient, approximately 4 inches from incision and away from bony prominences.

› May be desirable to mark both sides to prepare for a change in surgical outcome. Alternatively multiple sites may be indicated.

› Once marked assume sitting, lying, standing and bending forward positions to assess and confirm best choice. Seek patient confirmation.
Identify rectus muscle—modified sit up, raise head up off bed.
Once a suitable site is established it is marked with a permanent marker, (sterile and single use only) and cover with a waterproof dressing to avoid it being rubbed off.

Ascertain whether the patient has any allergies to adhesives, may need a patch test prior to surgery.

The patient should be offered the choice to wear a pouch at this pre-marked site.

Notify surgeon of any difficulties, if there is more than one marking, number stoma sites according to preference.

Document.
Remedies

- Convexity– soft skin folds.
- Flexible appliances that work with the contours of the body.
- Barrier strips/paste to create an even surface.
- Increase adherence of appliance eg secuplast strips.
Crooks, S. (1994) Foresight that leads to improved outcome: Stoma care nurses’ role in siting stomas. *Professional Nurse*

- ASCRS  [www.fascrs.org/physicians/position_statements/stoma_siting](http://www.fascrs.org/physicians/position_statements/stoma_siting)
Thank you

Elaine Webb
Marianne Doran