Stoma marking on challenging abdomens

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Objective

1. Select the optimal stoma site on the challenging abdomen.

Introduction

1. Assess abdomen
   - Sitting – standing – bending-lying down

2. Positioning issues
   - Protruding/pendulous, creases, scars, hernia

3. Physical considerations
   - Wheelchair – vision - dexterity

4. Emotional impact
Summit of the infraumbilical mound – away from the umbilicus – within the rectus muscle

Perfect site

Within the rectus muscle

Stoma marking with hernia complication. Where do I mark this abdomen?

Abdominal view lying down
Marked in RLQ

Multiple scars

Now where do I go?

Assess while standing. Note changes in abdominal contours
3 options provided to surgeon

Again, note changes in abdominal contours when patient is seated.
Only 1 good location

Wheelchair and creases – Oh my

3 options provided to surgeon
Effects of poorly placed stoma

References

- Erwin-Toth, P. (2003). Ostomy pearls. Advances in Skin & Wound Care; 16(3)
- Erwin-Toth, P., Stricker, L., & Rijswijk, L. (2010). Peristomal skin complications. AJN. February; 110(2)