

Journal of Wound, Ostomy and Continence Nursing presents updated statement on preoperative stoma site marking

November 16 2021

Choosing and marking a stoma site, with accompanying patient education, is an important part of care for patients who may need an ostomy. Professionals involved in the care of patients undergoing stoma surgery will find a current, evidence-based statement on preoperative stoma site marking in the November/December issue of the *Journal of Wound, Ostomy and Continence Nursing (JWOCN)*, the official journal of the Wound, Ostomy, and Continence Nurses Society.

The Position Statement was originated by the WOCN Stoma Site Marking Task Force in collaboration with the American Society of Colon and Rectal Surgeons (ASCRS), with the current version updated and revised in collaboration with the ASCRS and the American Urological Association (AUA).

Expert clinicians share insights on stoma site marking and patient education

Whenever possible, stoma [site](#) marking is viewed as "best practice" for patients facing the possibility of stoma surgery. "Multiple studies indicate that preoperative stoma site marking by an educated health care provider is associated with higher quality of life and fewer ostomy-related complications," according to the Position Statement. A properly placed stoma site can help patients better adapt to living with an ostomy and ease their transition to independent self-care, while also reducing

healthcare costs and resource utilization.

Although surgeons and certified wound, ostomy, and continence nurses have special expertise in stoma site selection and marking, these providers are not always available, particularly in emergency situations. The Position Statement outlines a set of key points to consider in choosing an optimal stoma site. While the stoma should be placed in the rectus abdominis muscle in the central abdomen, site selection should be individualized; there is no "one size fits all" approach that works for every patient.

Patients should be examined in multiple positions—standing, sitting, and lying down—to evaluate possible stoma sites. The stoma should be located in an area that is in the patient's line of sight and where he or she can reach it, avoiding skin folds, scars, or bony areas. Other considerations include factors that may limit the patient's mobility, dexterity, or movement—even the kinds of clothing the patient wears and his or her occupation or lifestyle.

Providing ostomy education at the same time as stoma site marking is an important part of individualized, patient-centered care. "Preoperative educational sessions allow time to provide information regarding ostomy management, including pouching options, and offer psychosocial support," the Task Force writes. When possible, a family member or caregiver should be present during stoma site marking and patient education sessions.

The Position Statement includes a set of high-quality color illustrations, visually demonstrating the principles of stoma site selection in patients with different abdominal anatomy. A separate 'Quick Reference' document provides further instructions on stoma site selection and marking, as well as links to video demonstrations. For additional information and access to these resources, please visit

wocn.org/stomasitemarking.

Ginger Salvadalena, Ph.D., RN, CWOCN, is Chair of the WOCN Stoma Site Marking Task Force. Dr. Salvadalena comments: "These combined resources outline and illustrate key principles and steps in stoma site selection and marking—critical skills for all healthcare professionals involved in the care of patients undergoing ostomy surgery."

More information: WOCN Society, AUA, and ASCRS Position Statement on Preoperative Stoma Site Marking for Patients Undergoing Ostomy Surgery, *Journal of Wound, Ostomy & Continence Nursing* (2021). [DOI: 10.1097/WON.0000000000000820](https://doi.org/10.1097/WON.0000000000000820)

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