AUA and WOCN Joint Position Statement on the Value of Preoperative Stoma Marking for Patients Undergoing Urinary Ostomy Surgery

The American Urological Association (AUA) and the Wound Ostomy Continence Nurse Society (WOCN) recommend that all patients scheduled for ostomy surgery should have stoma marking done preoperatively by an experienced, educated and competent clinician.

A preoperative visit is the preferred option for the patient scheduled to have ostomy surgery for both assessment and education of the patient and his or her family about the future ostomy. Stoma site selection should be a priority during the preoperative visit. Marking the site for a stoma preoperatively allows the abdomen to be assessed in a lying, sitting and standing position. Evaluation in these multiple positions allows determination of the optimal site. This evaluation can help reduce postoperative problems such as leakage, fitting challenges, need for expensive custom pouches, skin irritation, pain and clothing concerns. Poor stoma placement can cause undue hardship and have a negative impact on psychological and emotional health. At its worst, poor stoma placement or construction can be disabling for the patient and his or her family, lead to direct dissatisfaction with the diversion choice and greatly impair quality of life for the patient and caregiver. Proper placement of the stoma enhances patient independence in stoma care and resumption of normal activity. Furthermore, this preoperative visit allows the patient and his or her family to begin learning about stoma care and the use of urostomy appliances prior to surgery – a time when they are less distracted than in the immediate postoperative period.

A postoperative visit for the patient and his or her family should be scheduled four to six weeks after the surgery to address questions about the stoma, the appliances and for any readjustments necessary due to weight loss, etc.

Urologists and nurses with training in ostomy care are the optimal providers to mark stoma sites, as this is a part of their education, practice and training. In cases where the urologist or a nurse with training in ostomy care is unavailable to perform stoma site marking, an educated and competent clinician can perform the procedure.

Preoperative site markings are a guide and are not necessarily the final surgical site. The final site selection is done by the surgeon; however every effort should be made to place the stoma in the site that has been determined to be the best location for the patient. The AUA and WOCN have developed a stoma site procedure to assist clinicians who mark stoma sites.

Urinary Stoma Siting Procedure

Subject: Stoma Siting Procedure

Purpose: Marking the site for a stoma preoperatively allows the abdomen to be assessed in a lying, sitting and standing position. Such an assessment allows the determination of the optimal site. This planning can help reduce postoperative problems such as leakage, fitting challenges, need for expensive custom pouches, skin irritation, and pain and clothing concerns. Poor placement can cause undue hardship and impact psychological and emotional health. Good placement enhances the likelihood of patient independence in stoma care and resumption of normal activities.

Urologists and nurses with training in ostomy care are the optimal providers to mark stoma sites, as this is a part of their education, practice and training. In cases where a urologist or a nurse with training in ostomy care is unavailable, the following procedure provides key points to consider when siting a stoma.

Key Points to Consider

- Positioning issues: contractures, posture, mobility (e.g., wheelchair confinement, use of walker, etc.).
- Physical considerations: Other stomas, large/protruding/pendulous abdomen, abdominal folds, wrinkles, scars/suture lines, rectus muscle, waist line, iliac crest, braces, pendulous breasts, vision, dexterity, presence of hernia.
- Patient considerations: Diagnosis, history of radiation, age, occupation.
- Other: Surgeon preferences, patient preferences.
- Multiple stoma sites: If the patient already has a fecal stoma on the opposite side, mark the future stoma site up or down by one inch to allow for an ostomy belt.

Procedure:

1. Gather items needed for the procedure:
    - Marking pen, surgical marker, transparent film dressing, flat skin barrier (according to surgeon's preference and facility policy).
2. Explain stoma marking procedure to patient and encourage patient participation and input.
3. Carefully examine patient's abdominal surface. Begin with patient fully clothed in sitting position with feet on floor. Observe the presence of belts, braces and any other ostomy appliances.
4. Examine patient's exposed abdomen in various positions (standing, lying, sitting and bending forward) to observe for creases, valleys, scars, folds, skin turgor and contour.
5. Draw an imaginary line where the surgical incision is going to be. Choose a point on the right side for use in a typical ileal conduit, approximately two inches from

the surgical incision where two to three inches of flat adhesive barrier can be placed.

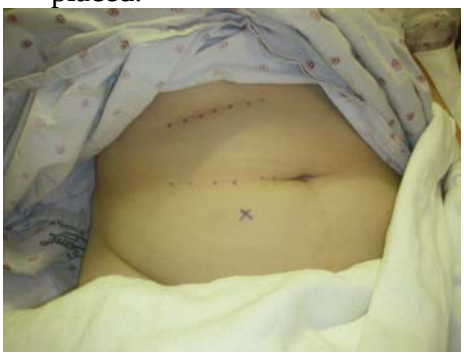

Figure 1. Dotted lines indicate creases/areas to avoid; "x" marks the desired location

6. With patient lying on back identify the rectus muscle. This can be done having the patient do a modified sit up (raise the head up off the bed) or by coughing. Placement within the rectus muscle can help to prevent peristomal hernia formation and/or prolapse. See Figure 2.

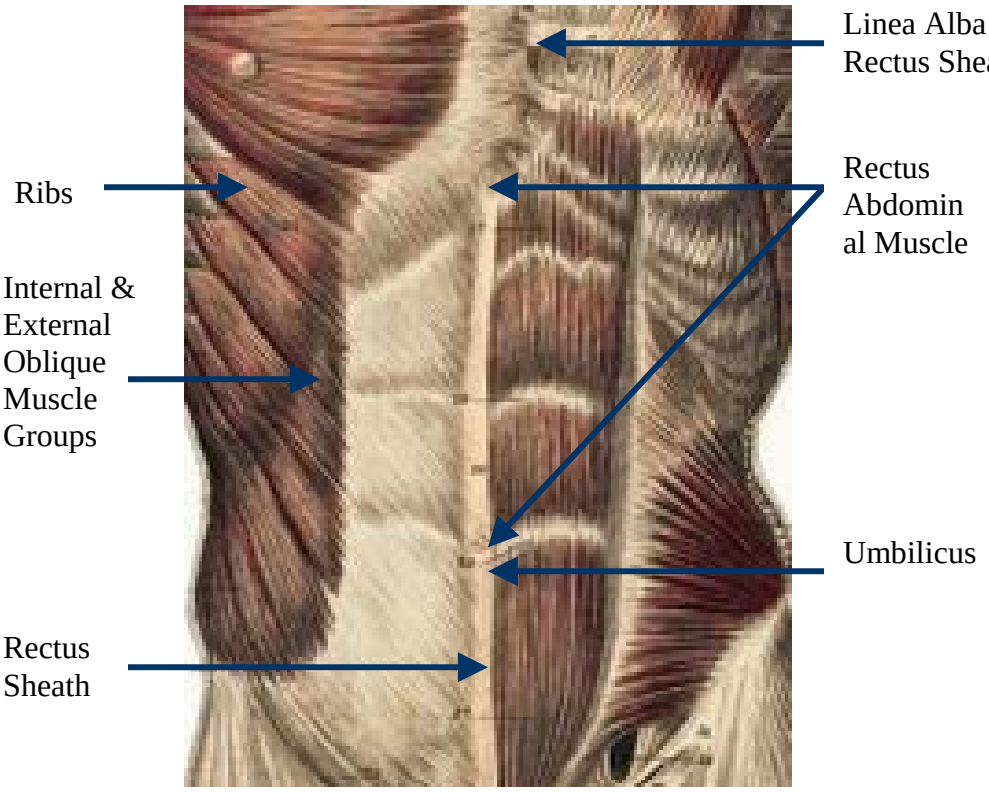

Figure 2. Anatomy

7. Choose an area that is visible to the patient and, if possible, below the belt line to conceal the pouch.
8. If the abdomen is large, choose the apex of the mound or, if the patient is extremely obese, place in the upper abdominal quadrants.

9. Clean the desired site with alcohol and allow to dry. Then proceed with marking the selected site with a surgical marker/pen. You may cover with transparent film dressing, if desired, to preserve the mark.
10. Once marked, have the patient assume sitting, bending and lying position to assess and confirm best choice. It is important to have the patient confirm they can see the site.

American Urological Association: www.AUAnet.org
Bladder Cancer Advocacy Network: www.bcan.org
United Ostomy Associations of America: www.uoaa.org
Wound, Ostomy and Continence Nurses Society: www.wocn.org