

# STOMA SITE MARKING PROCEDURE

## QUICK REFERENCE

### BEFORE STARTING

Identify the appropriate abdominal quadrant(s) for the planned surgery:

PROCEDURE EXAMPLES (OSTOMY TYPE)	TYPICAL LOCATION* (LEFT OR RIGHT)
Abdominal perineal resection, Hartmann's procedure (colostomy)	Left
Proctocolectomy, ileal pouch anal anastomosis, low anterior resection (ileostomy)	Right
Ileal conduit (urostomy) Continent urinary reservoir	Right

\*Confer with the surgeon as needed

### 1. GATHER SUPPLIES

- Indelible marking pen or surgical marker
- Flat ostomy skin barrier
- Alcohol wipes
- Transparent dressing, alcohol-free skin sealant spray, or temporary radiotherapy mark cover

### 2. EXPLAIN THE PROCEDURE TO THE PATIENT AND ENCOURAGE THEIR PARTICIPATION AND INPUT.

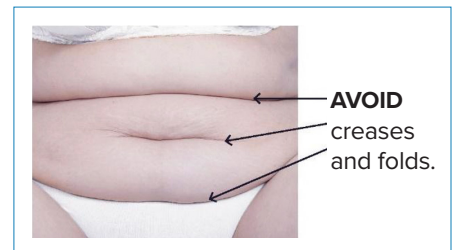
### 3. ASK THE PATIENT WHAT MEMBERS OF THEIR SUPPORT NETWORK THEY WOULD LIKE TO HAVE INVOLVED.

### 4. ASK FOR PERMISSION TO TOUCH THE PATIENT.

**STEP**  
**1**

### EXAMINE THE ABDOMEN IN THE SITTING POSITION

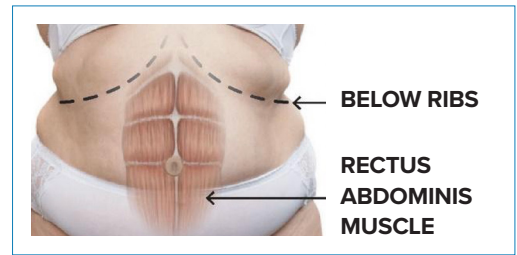
- Have the patient remove any clothing from the abdomen
- Observe for skin creases, valleys, scars, folds, and contours to avoid
- Identify areas where belts, braces, and other devices are used
- Lightly mark areas to avoid



**STEP  
2****IDENTIFY LANDMARKS**

Identify the rectus abdominis muscle:

- Have the patient lie on their back and activate their abdominals (e.g. do a modified sit up, raise the head up and off the bed, lift legs or cough)
- Palpate the outer edges of the rectus abdominis muscle. Typically, the mark is placed within the borders of the rectus muscle, ideally at the midpoint between the lateral and medial borders of the muscle
- Choose a location at least two inches away from the midline, bony prominences, umbilicus, creases, valleys, scars, and folds to allow adequate space for the ostomy barrier to adhere. Use the ostomy barrier as a guide in selecting appropriate site(s)
- Assure the site is within the patient's field of vision if possible. Protuberant abdomen: Consider marking the site in an upper abdominal quadrant where it may be easier for the patient to see

**STEP  
3****EXAMINE THE ABDOMEN IN OTHER POSITIONS (E.G. STANDING, BENDING)**

- Identify any newly identified folds or creases to avoid
- Consider lightly marking areas to avoid
- Lightly mark proposed stoma location(s) during site selection using a sticker or ink pen

**STEP  
4****CONFIRM AND DARKLY MARK THE BEST OPTION(S)**

- Obtain agreement from patient about the recommended location
- Ensure mark is within the rectus abdominis muscle, visible to the patient and on a flat surface
- Clean the desired site with alcohol and allow to dry
- For the final mark, use a marking pen and create an easily visible dark mark
- It may be desirable to mark multiple potential sites in different abdominal quadrants (right vs left, upper vs lower). When multiple sites are marked, indicate the rank order of site preference. If in question, discuss the location, number and intent of potential stoma sites with a member of the surgical team

**STEP  
5****PROTECT THE MARK(S)**

If marked in advance, give the patient the pen and instruct them to darken the mark if it lightens over time due to bathing/showers. Optionally, cover the site with a transparent dressing, temporary radiotherapy mark cover or alcohol-free skin sealant spray.



Short video demonstrations are available.



For more information, we invite you to read the “WOCN Society, AUA, and ASCRS Position Statement on Preoperative Stoma Site Marking for Patients Undergoing Ostomy Surgery”.

Visit [wocn.org/stomasitemarking](http://wocn.org/stomasitemarking) to review this, and other resources, today!