DALLO STOMA SITING ALLE POSSIBILI COMPLICANZE PRECOCI

FRANCESCO PIZZARELLI – INFERMIERE STOMATERAPISTA AOUPD

FASE PREOPERATORIA E LO STOMA SITING

- Counseling chirurgico (intervento che prevede eventuale stoma, preparazione, caratteristiche degenza, possibili complicanze, firma consenso)
- Counseling stomaterapico (principi stomacare, educazione alla gestione dello stoma con esercizi pratici, consegna eventuale materiale educativo multimediale)
- Individuazione del sito di posizionamento dello stoma eseguito il giorno prima dell'intervento

PERCHÉ L'INDIVIDUAZIONE DEL SITO STOMALE?

Facilita l'adesione del presidio stomale

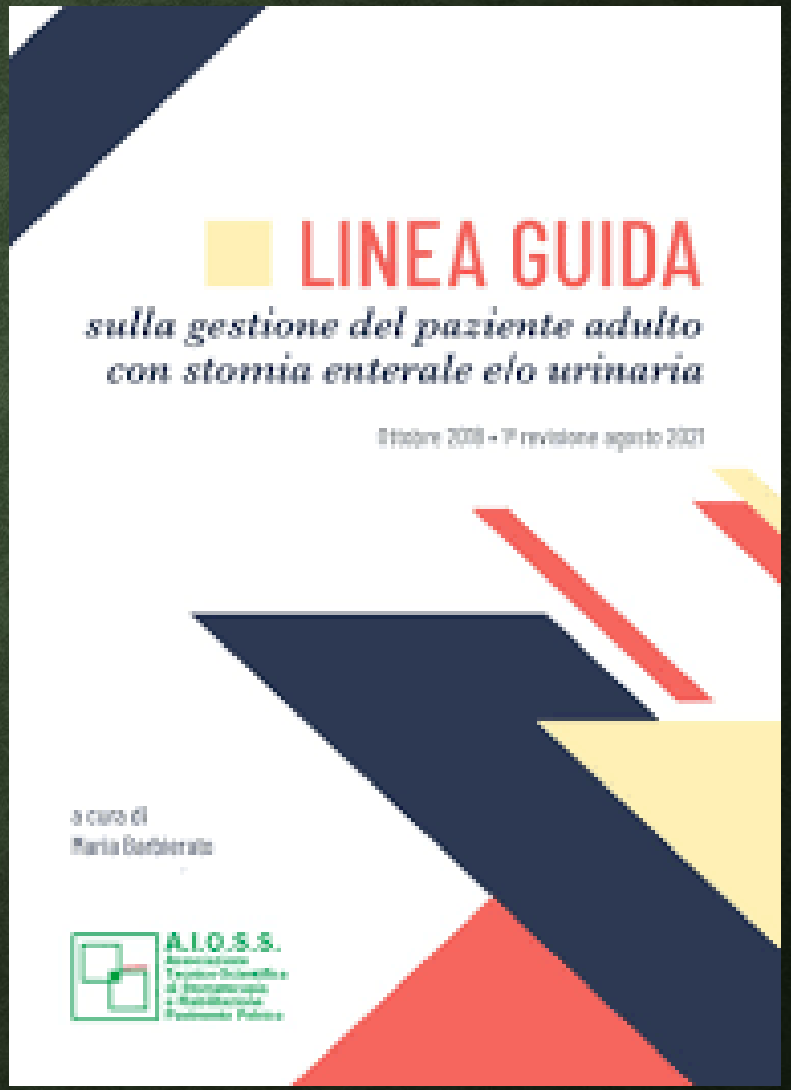
Facilita il processo di accettazione

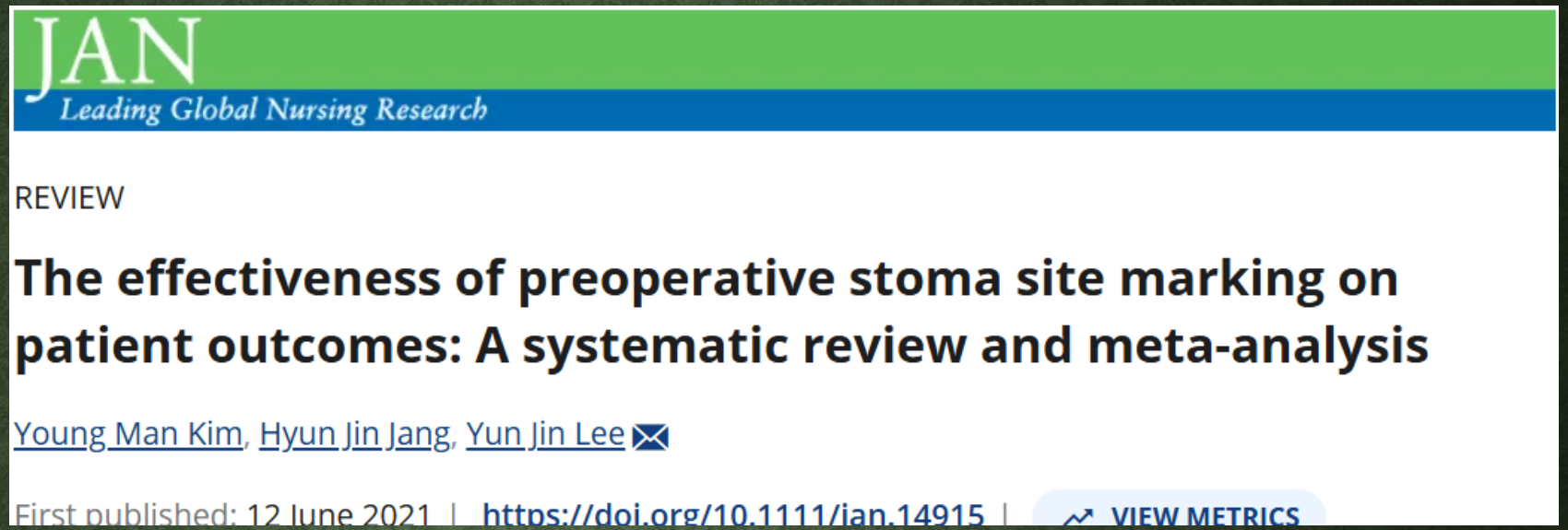
Facilita il processo di autonomia nello stomacare

Previene alcune complicanze

L’individuazione preoperatoria del sito dello stoma, sia in elezione che in urgenza, riduce le complicanze stomali, può favorire il *self care* e migliora la qualità di vita dei pazienti.

Grade of recommendation: strong recommendation based on moderate/high quality evidence, 1A.

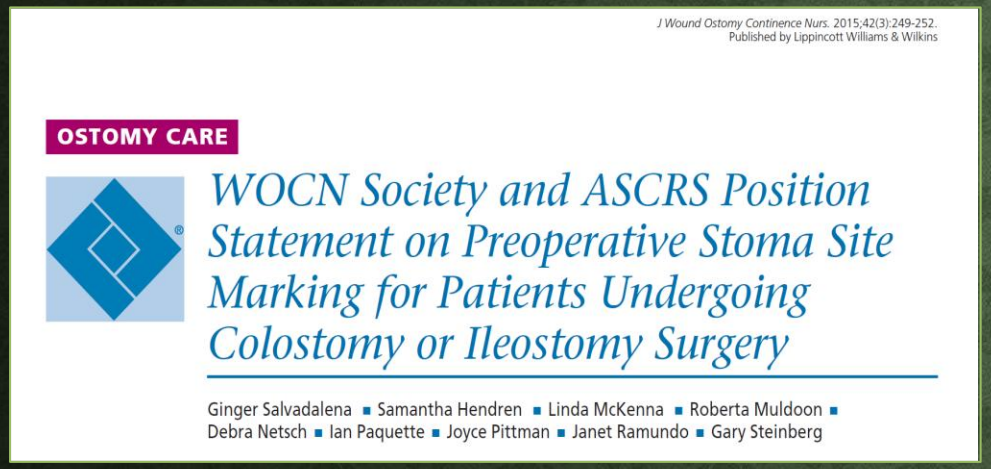




- **RISULTATI:** Dei 1.039 articoli esaminati, 20 sono stati inclusi per la revisione e 19 sono stati utilizzati per la sintesi quantitativa. La marcatura preoperatoria del sito di stomia ha ridotto i tassi di complicanze (odds ratio [OR]: 0,47; intervallo di confidenza al 95% [CI]: 0,36-0,62; I2: 70,6%), ha ridotto i deficit di autocura (OR: 0,34; IC al 95%: 0,18-0,64; I2: 0%) e ha aumentato la qualità della vita correlata alla salute (HRQOL) (differenza media standardizzata, 1,05; IC al 95%: 0,70-1,40; I2: 0%).

Conclusioni: la marcatura preoperatoria della stomia dovrebbe essere una procedura obbligatoria in ambito clinico. Questa pratica dovrebbe essere supportata anche dai decisori politici e dalle associazioni di esperti sanitari.
Impatto: la marcatura preoperatoria della stomia riduce i tassi complessivi di complicanze del 53% e i problemi cutanei del 59%.

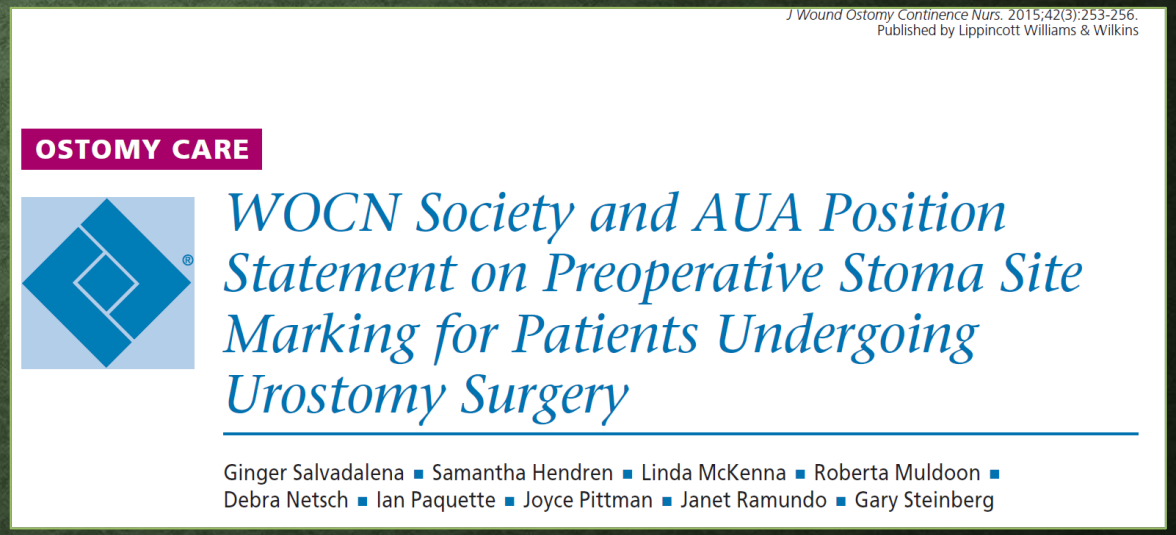
COME FARE LO STOMA SITING?


J Wound Ostomy Continence Nurs. 2015;42(3):249-252.
Published by Lippincott Williams & Wilkins

OSTOMY CARE

WOCN Society and ASCRS Position Statement on Preoperative Stoma Site Marking for Patients Undergoing Colostomy or Ileostomy Surgery

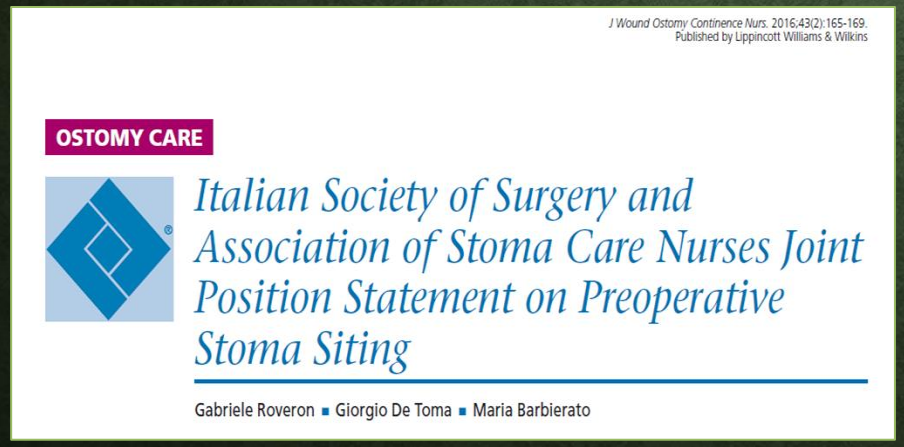
Ginger Salvadalena ■ Samantha Hendren ■ Linda McKenna ■ Roberta Muldoon ■ Debra Netsch ■ Ian Paquette ■ Joyce Pittman ■ Janet Ramundo ■ Gary Steinberg


J Wound Ostomy Continence Nurs. 2015;42(3):253-256.
Published by Lippincott Williams & Wilkins

OSTOMY CARE

WOCN Society and AUA Position Statement on Preoperative Stoma Site Marking for Patients Undergoing Urostomy Surgery

Ginger Salvadalena ■ Samantha Hendren ■ Linda McKenna ■ Roberta Muldoon ■ Debra Netsch ■ Ian Paquette ■ Joyce Pittman ■ Janet Ramundo ■ Gary Steinberg


J Wound Ostomy Continence Nurs. 2016;43(2):165-169.
Published by Lippincott Williams & Wilkins

OSTOMY CARE

Italian Society of Surgery and Association of Stoma Care Nurses Joint Position Statement on Preoperative Stoma Siting

Gabriele Roveron ■ Giorgio De Toma ■ Maria Barbierato

REVIEW • REVUE

Preoperative stoma site marking for fecal diversions (ileostomy and colostomy): position statement of the Canadian Society of Colon and Rectal Surgeons and Nurses Specialized in Wound, Ostomy and Continence Canada

Terry M. Zwiep, MD, MSc
Ramzi M. Helewa, MD, MSc
Reagan Robertson, MD, MSc
Husein Moloo, MD, MPH
Rosemary Hill, BScN
Valerie Chaplain, RN
Cathy Harley, RN, eMBA
on behalf of the Canadian Society of Colon and Rectal Surgeons and Nurses Specialized in Wound, Ostomy and Continence Canada preoperative stoma marking position statement task force

Background: Every year, about 13 000 Canadians undergo an ostomy procedure, which requires stoma site marking to create a well-constructed stoma and prevent stoma-related complications. The Canadian Society of Colon and Rectal Surgeons (CSCRS) and Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) created a position statement to provide evidence-based guidance and techniques for stoma site selection.

Methods: A task force was formed comprising 20 health care professionals (7 colorectal surgeons from the CSCRS and 13 nurses from NSWOCC) with representation from across Canada. A literature review was performed, with the following databases searched from January 2009 to April 2019: MEDLINE, Embase, Cochrane, PubMed, CINAHL and Google Scholar. After the abstracts were screened, 6 task force members created a draft version of the position statement from the articles retained after full-text review. The draft was submitted to the entire task force for comments, and the ensuing modifications were incorporated. Peer reviewers were then recruited from the CSCRS and NSWOCC; a summary of their comments was reviewed by the task force, and modifications were incorporated to produce the final document.

Results: The literature search identified 272 papers, of which 58 were reviewed after duplicates were excluded. After full-text review, 18 papers were included to guide the position statement. From these papers, we created a series of 17 steps for stoma site

Obtain	
1	Stoma site selection and marking must be undertaken only by qualified practitioners within their scope of practice who possess the knowledge, skill and judgment to perform stoma site marking — a surgeon or NSWOC is recommended.
2	Invite the patient to a private area to explain the process.
3	Provide patient education and counselling on living with an ostomy stoma.
4	Obtain patient verbal consent for the assessment and stoma site marking.
5	Learn from the patient their typical range of movements related to their mobility, occupation, lifestyle and cultural practices.
Assess	
6	Ask the patient to remove enough clothes to allow access to the abdomen while maintaining privacy.
7	Assess the abdomen to observe scars, skin folds, hernias, skin mounds, creases, wrinkles, bony protuberances/iliac crest, radiation sites, pendulous breasts and the location of the umbilicus in order to avoid these areas during marking.
8	Ask the patient to lie on their back and have the patient raise their head to see their feet to identify the edge of the rectus abdominis muscle.
Identify	
9	Identify the patient's usual beltline and waistline in normal clothing in sitting and standing positions in order to avoid these lines during marking.
10	Identify the halfway point on the imaginary diagonal line between bony protuberances/iliac crest and the umbilicus.
11	Ask the patient to sit, stand, bend, twist and lie down to identify any creases or concerns with the proposed site.
12	Consider the patient's body mass index/body habitus and eyesight to confirm that the suggested stoma site is within their visual field, if possible.
Mark	
13	Mark the abdomen with a regular pen on the flattest possible place in the appropriate quadrant for the planned surgery within the borders of the rectus abdominis muscle, 5 cm away from the considerations identified in steps 7, 9 and 11.
14	In complex cases, seek a second opinion from another NSWOC or surgeon, which may involve sharing a photograph, with the patient's consent.
15	Remark with a permanent skin marker on the patient's abdomen the site agreed on by the patient and the NSWOC.
16	Cover the mark with a transparent film dressing. Explain to the patient the importance of maintaining the mark and give supplies to reinforce marking, if required. Remove all other marks with alcohol swab.
17	Document the details in the patient's health record.

ORIGINAL INVESTIGATIONS

The Effect of Stoma Site Marking on Stomal Complications: A Long-term Retrospective Study

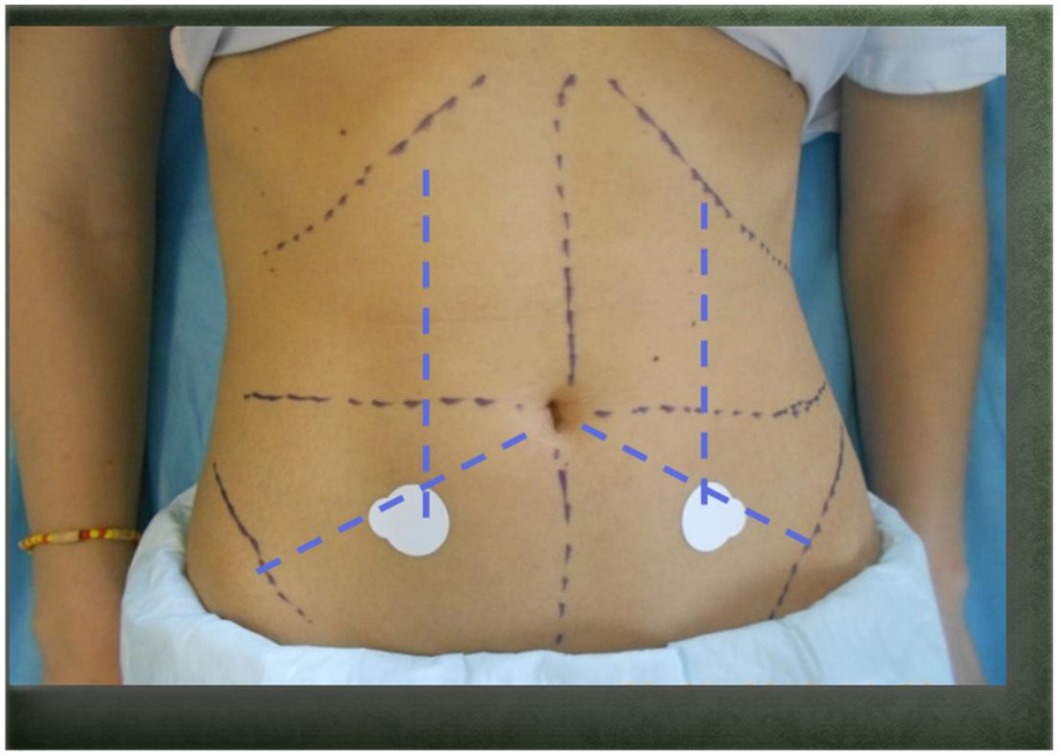
Guler, Sevil PhD, RN; Eyuboglu, Gulcan PhD, RN; Baykara, Zehra Gocmen PhD, RN; Hin, Aysel Oren RN; Akdemir, Hülya RN; Akar, Emine RN; Leventoglu, Sezai MD; Yuksel, Osman MD

Author Information

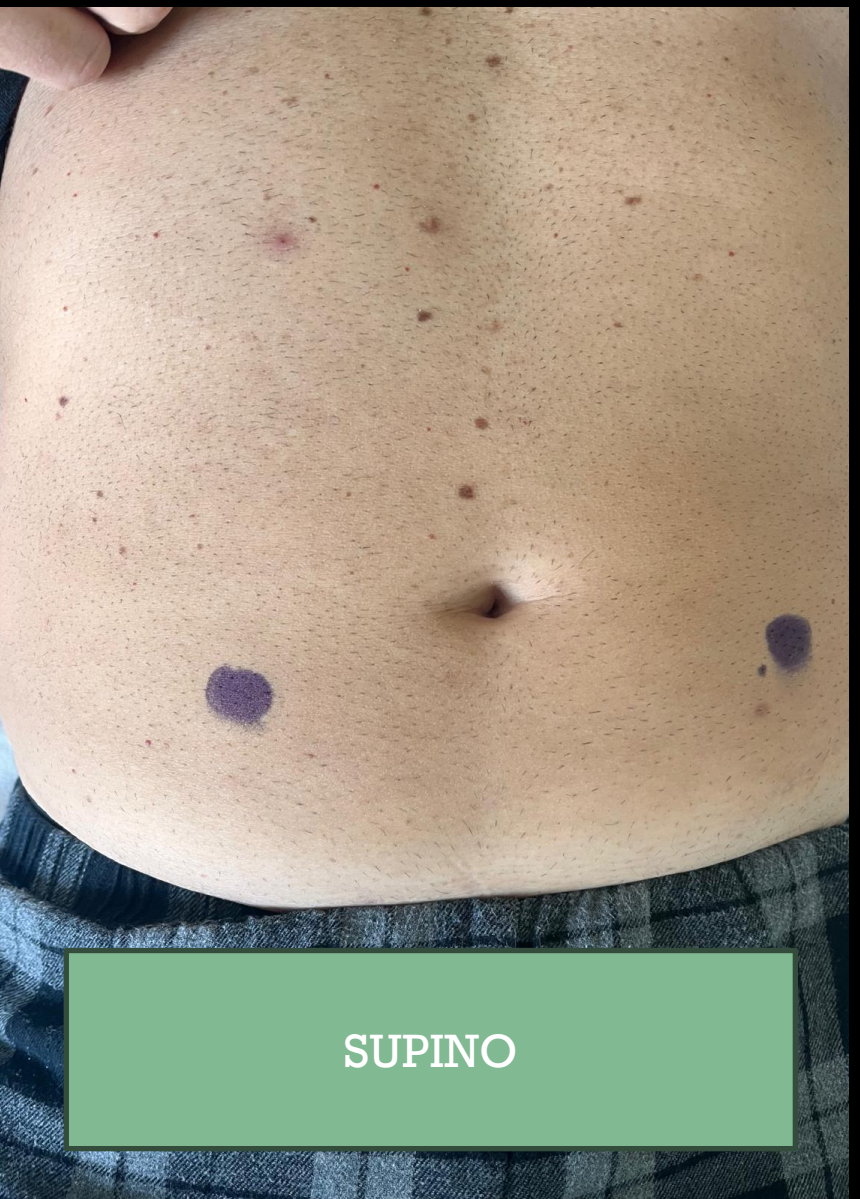
Advances in Skin & Wound Care 37(5):p 254-259, May 2024. | **DOI:** 10.1097/ASW.0000000000000134

- Risultati: Tra i soggetti con stomia, il 60,6% (n = 387) era di sesso maschile e il 72,6% (n = 464) aveva una diagnosi di cancro. Il sito della stomia è stato marcato nel 67,1% dei pazienti (n = 429) e il 17,1% (n = 109) ha sviluppato complicanze correlate alla stomia. Il tasso di complicanze è stato più elevato nei soggetti con siti di stomia non marcati (25,7%; P = 0,000), interventi chirurgici d'urgenza (25,0%; P = 0,006), colostomie (23,9%; P = 0,042) e stomie permanenti (28,3%; P = 0,002). Le tre complicanze più comuni sono state: problemi cutanei peristomali (56,9%), separazione mucocutanea (13,8%) ed edema (9,2%).

INDIVIDUAZIONE DEL SITO STOMALE



- Individuare salienze ossee
- Linea della vita
- Tracciare linea che colleghi le salienze ossee con l'ombelico all'interno dei muscoli retti addominali e individuare punto intermedio
- Evitare zone con cicatrici importanti pregresse
- Evitare le pliche cutanee
- Offrire una seconda possibilità al chirurgo e coinvolgerlo se si sceglie una zona inusuale o se vi sono delle difficoltà oggettive nello scegliere il sito
- Tener conto anche delle esigenze di vita, lavorative o ricreative della persona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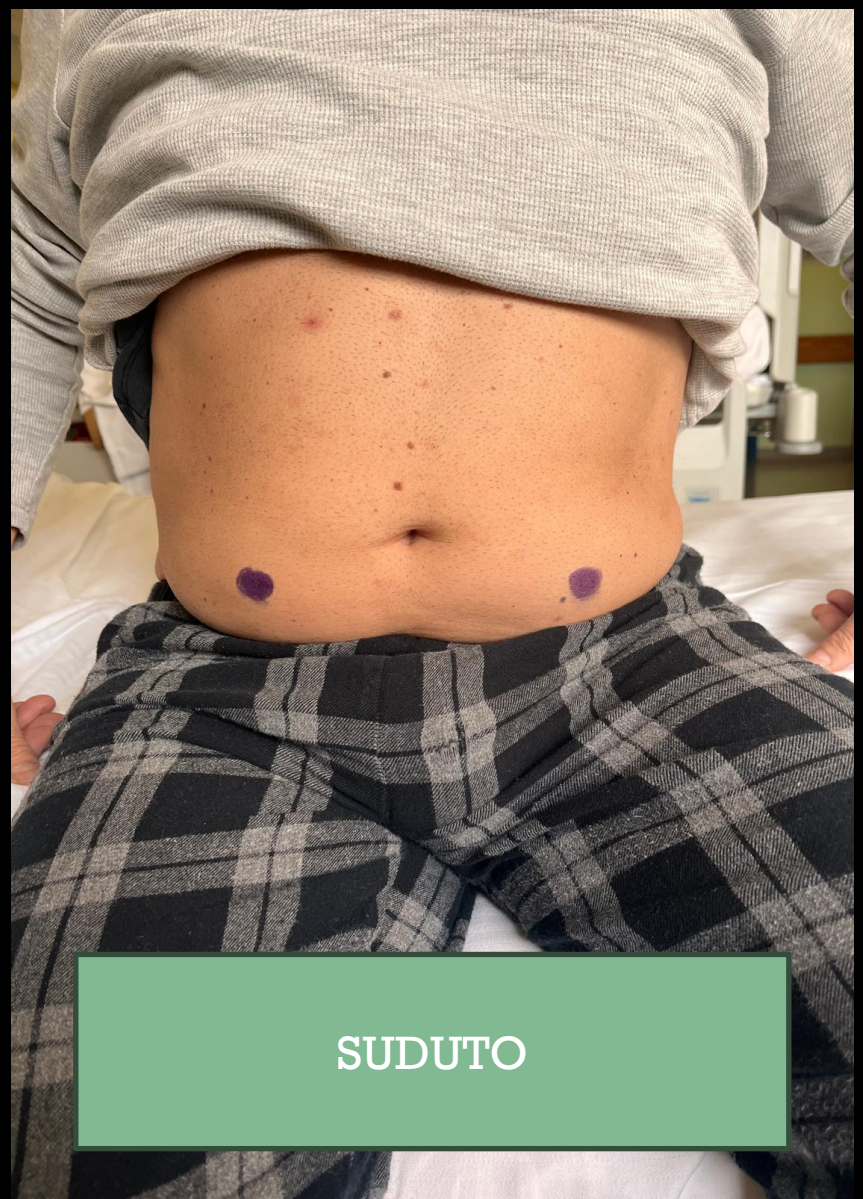
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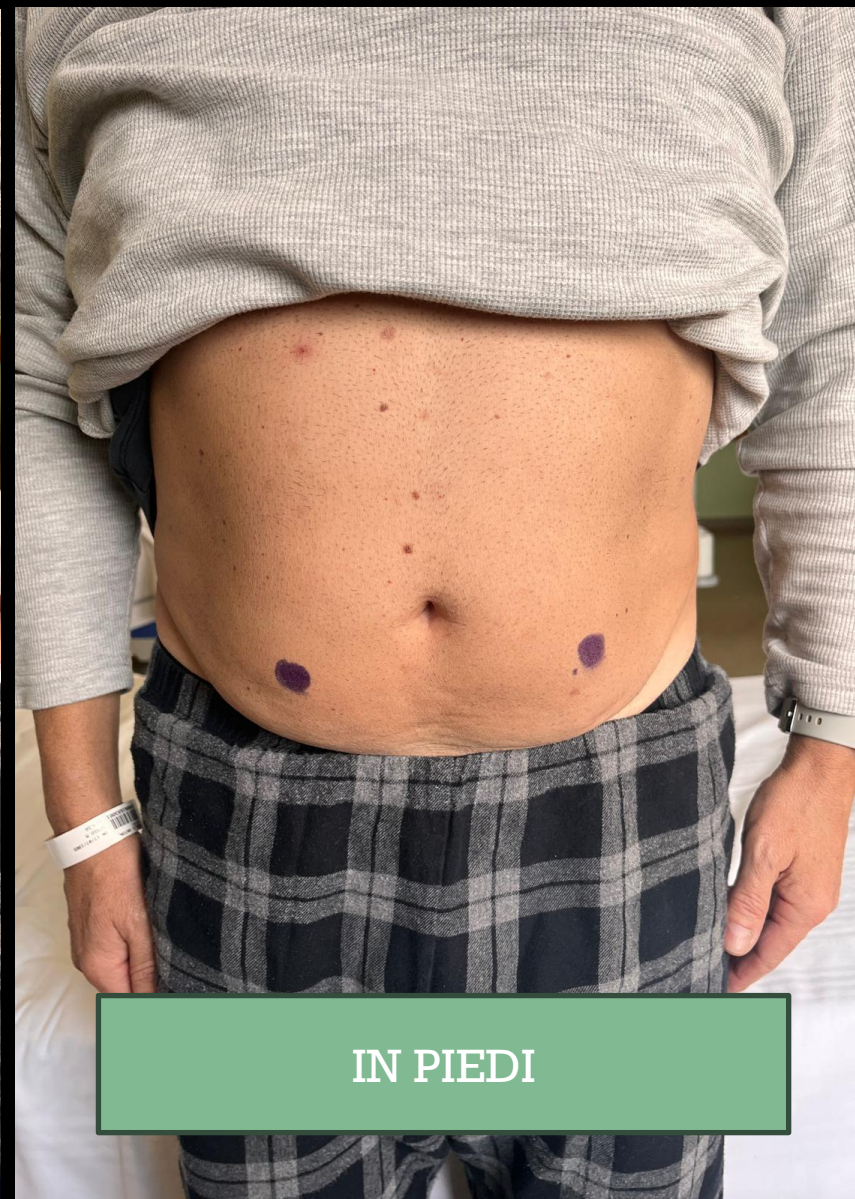
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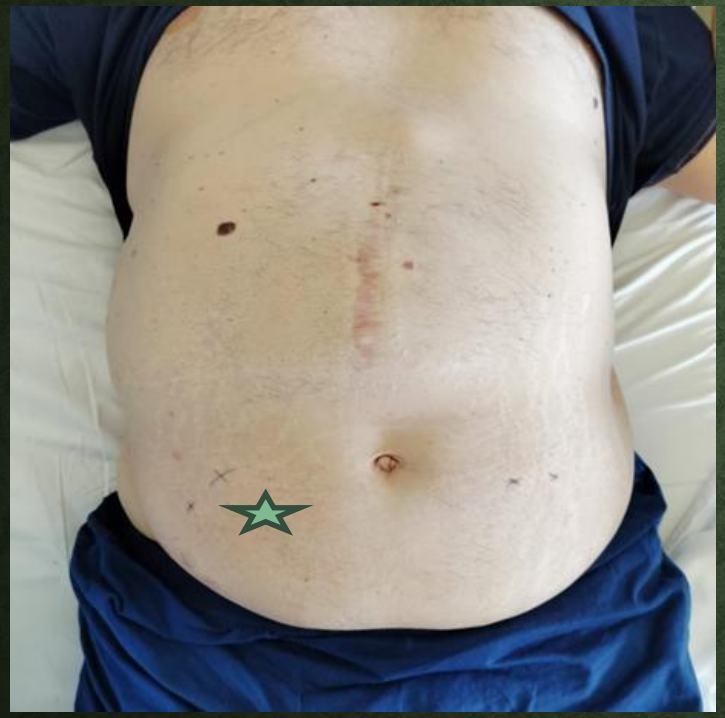

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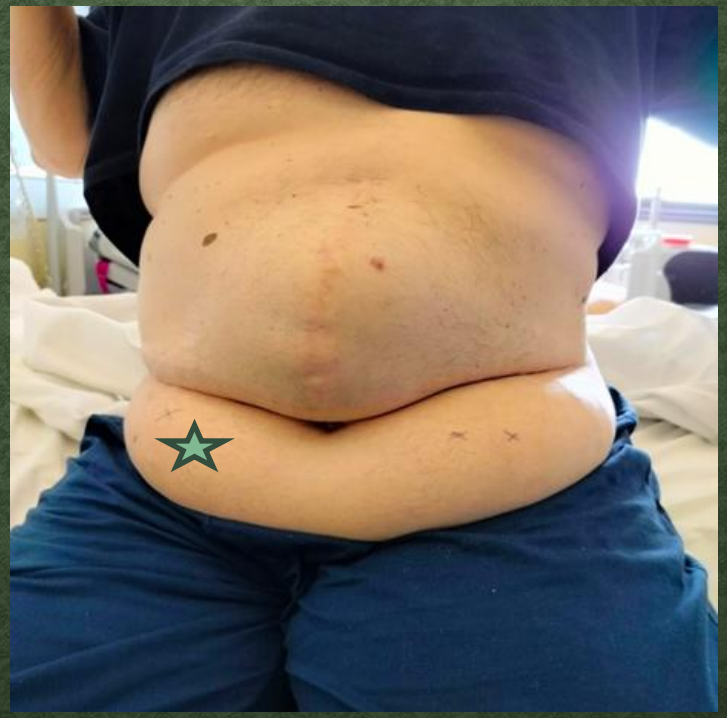

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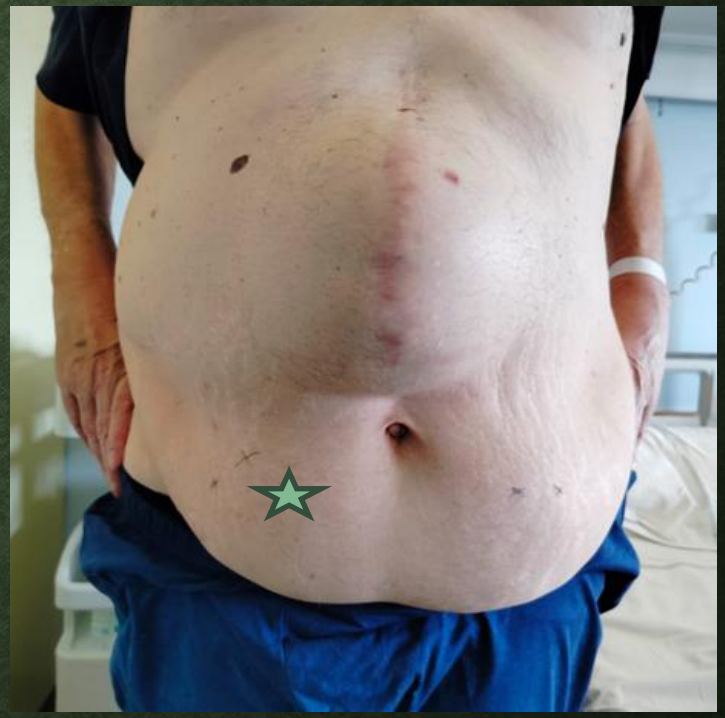

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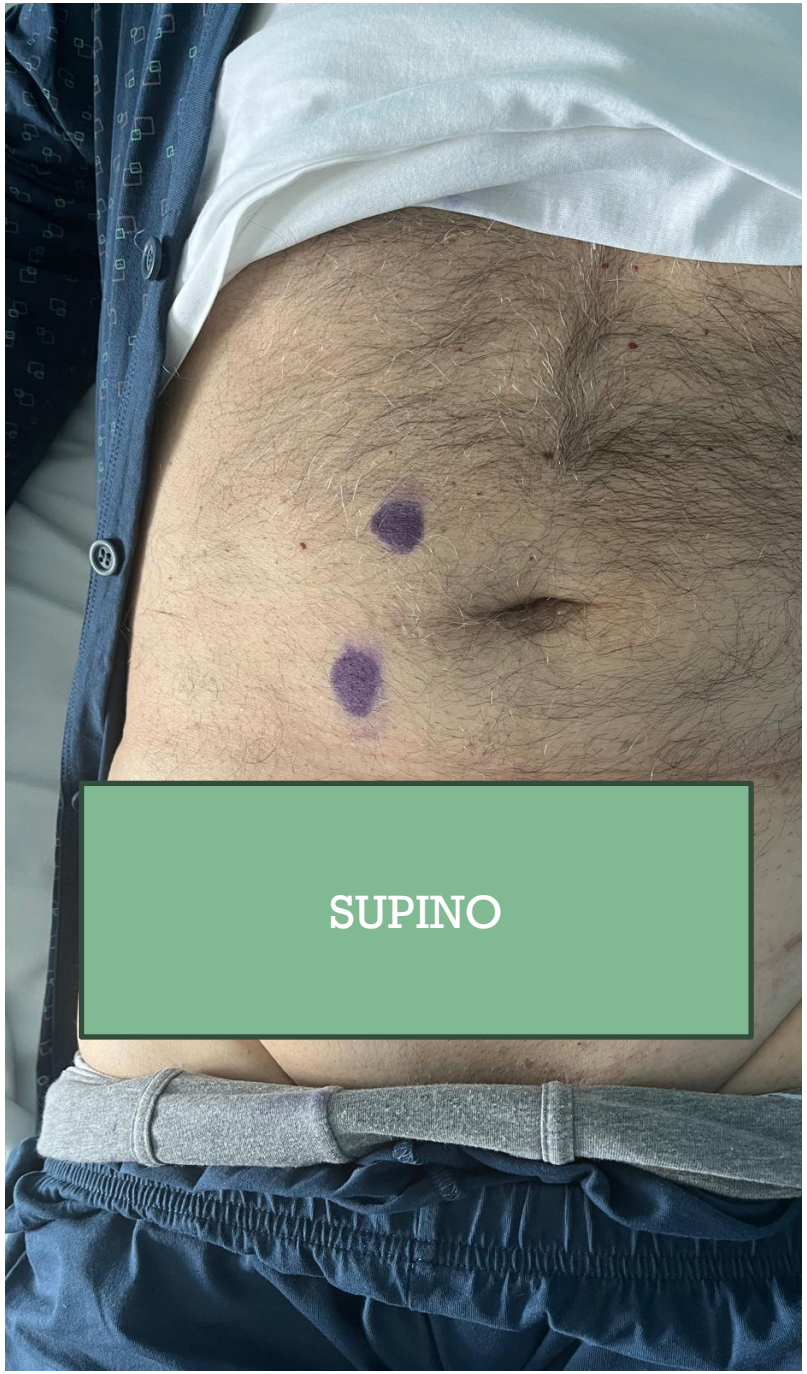
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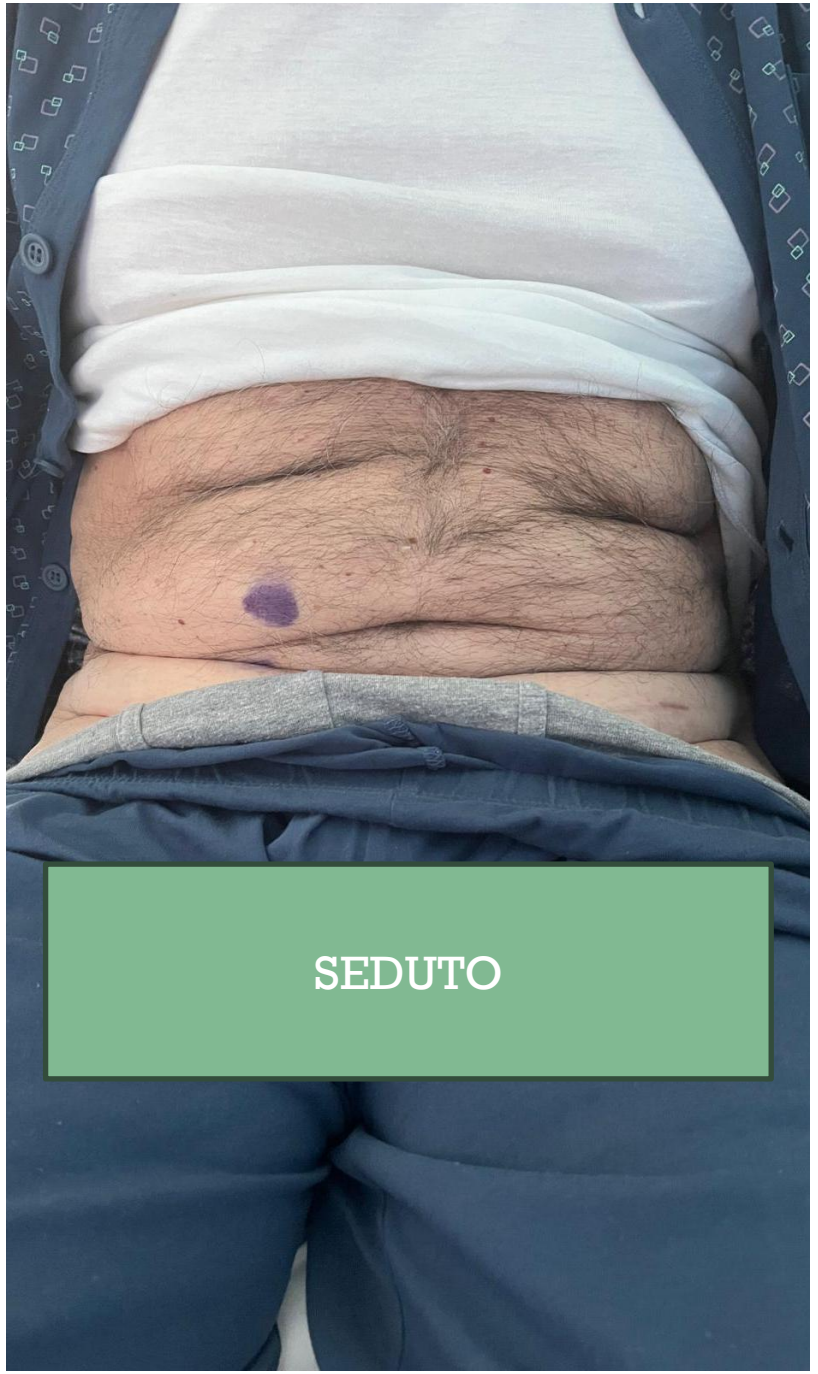
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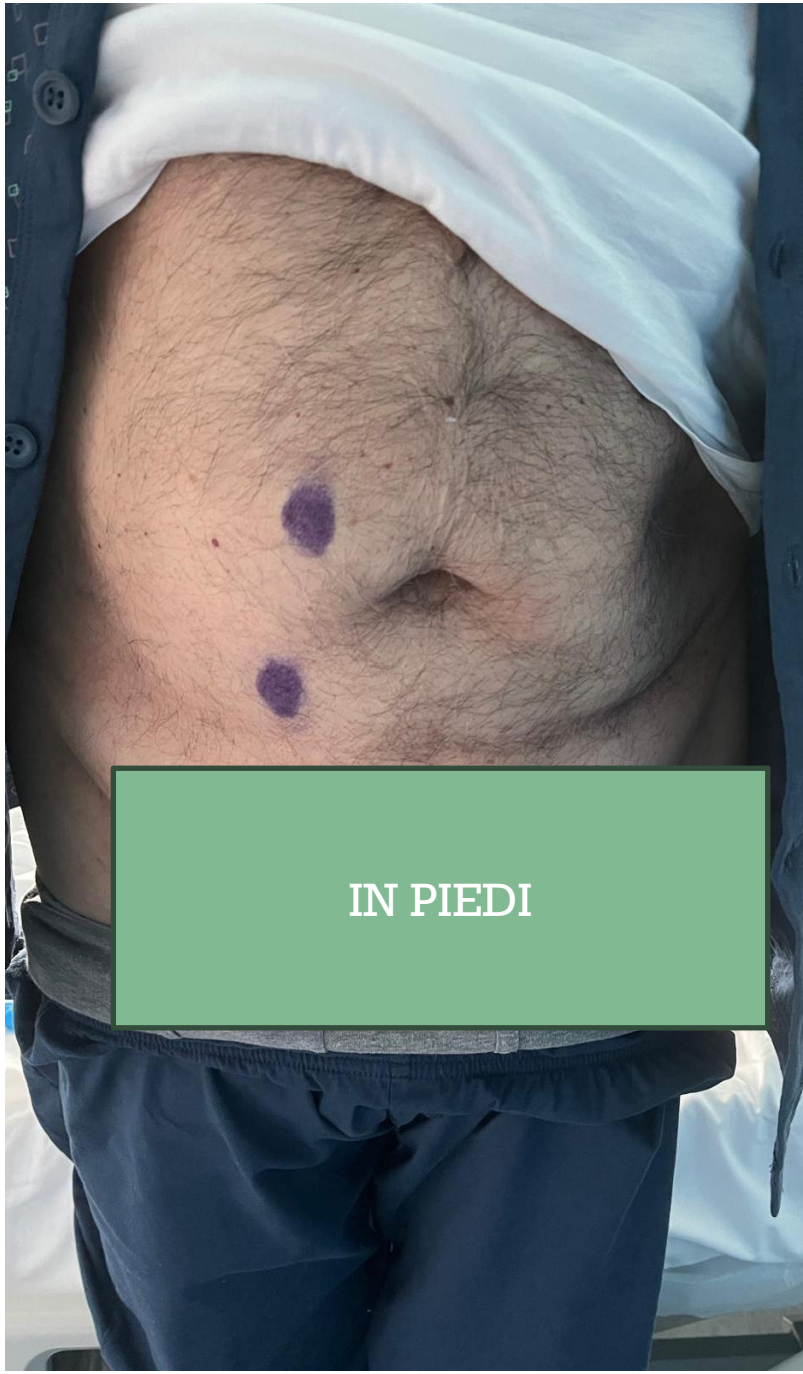
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LA CHIRURGIA D'URGENZA E LA MANZANZA DELLO STOMA SITING

CASI CLINICI

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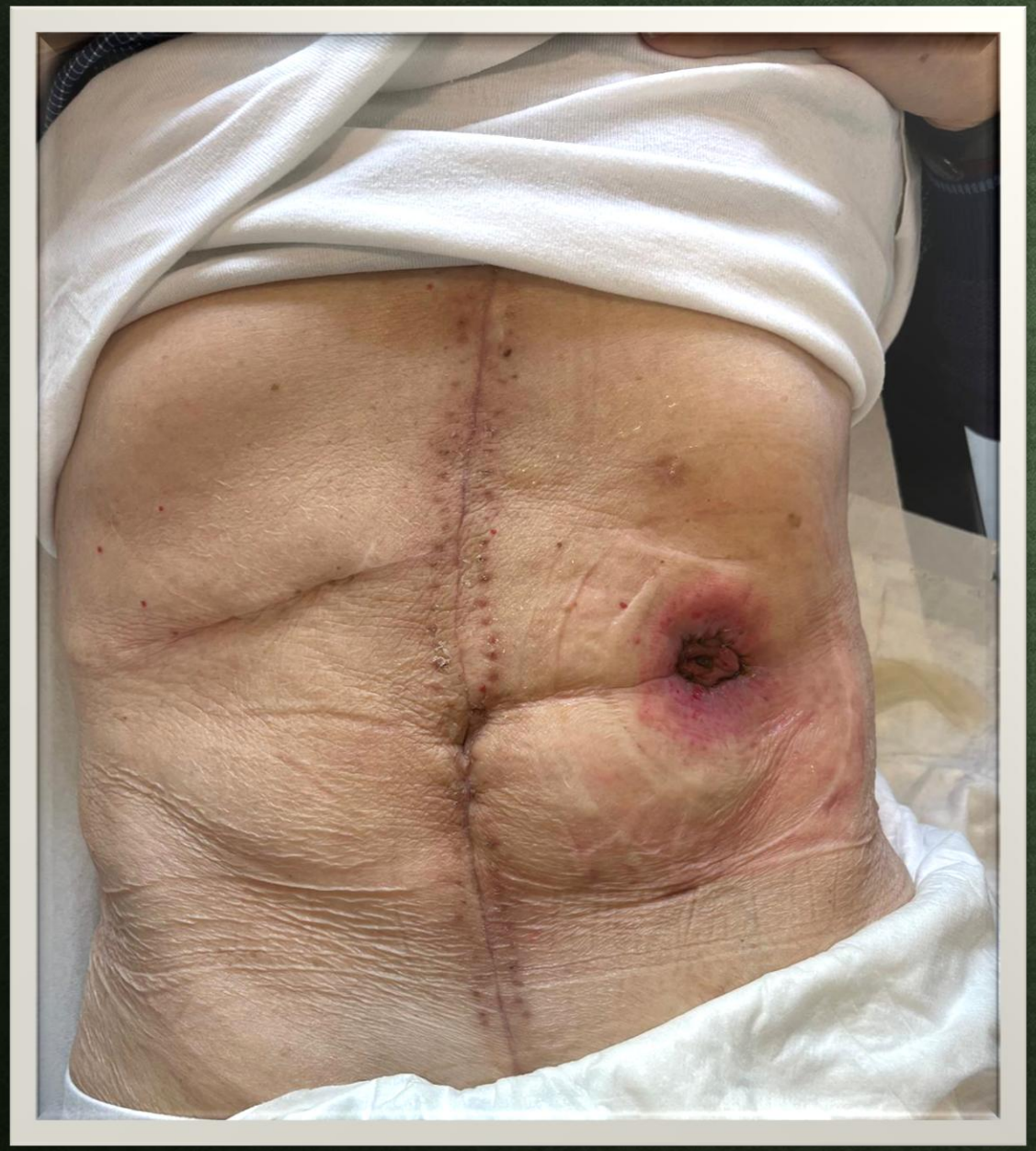

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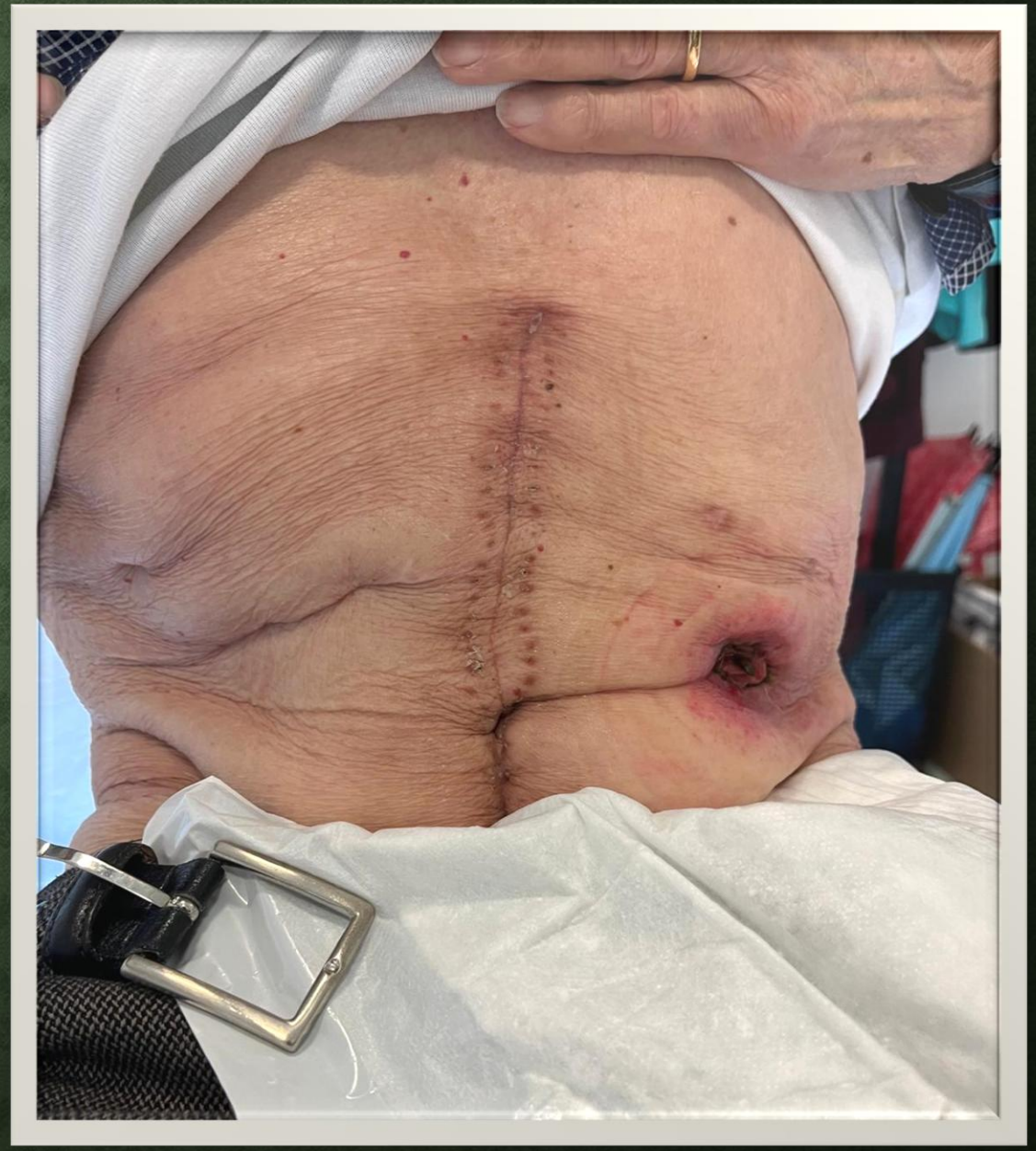

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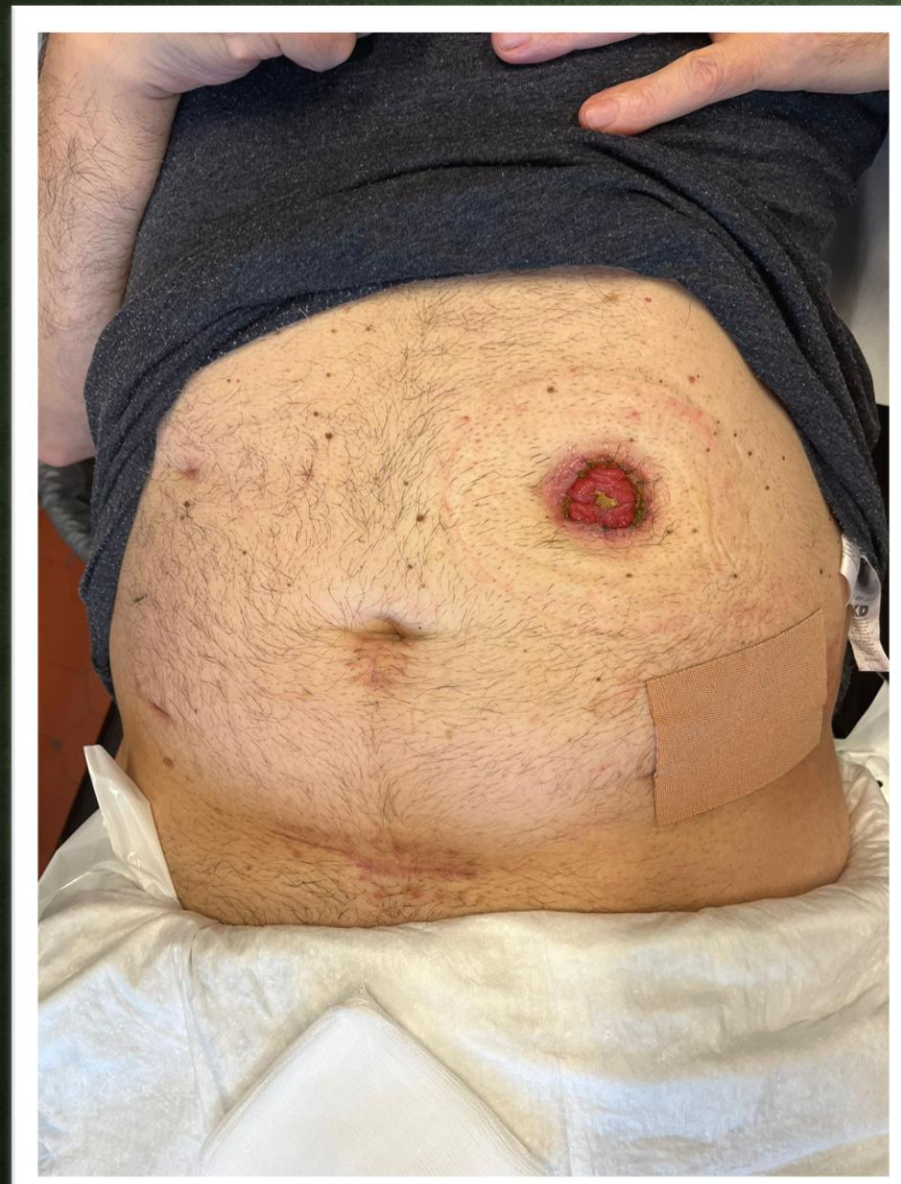

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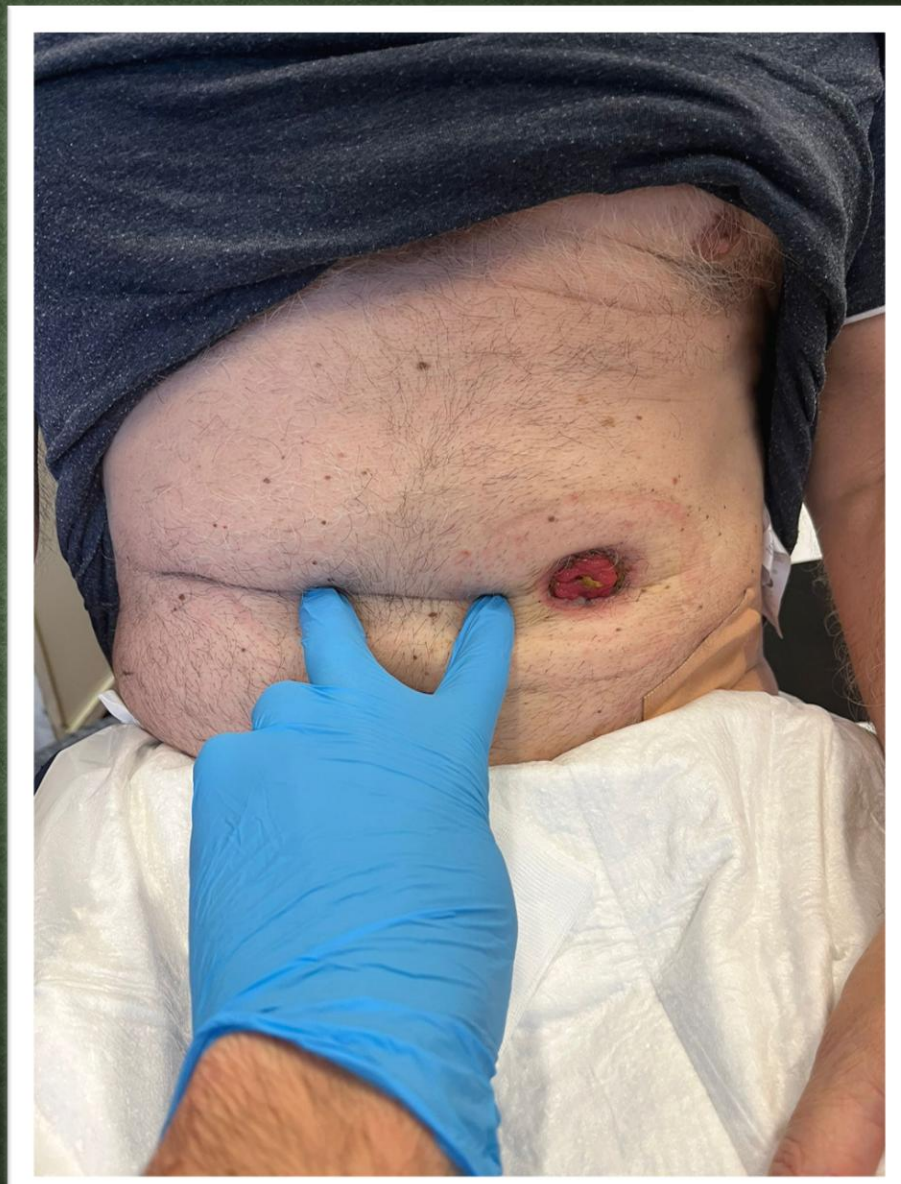

LIMITI DELLO STOMA SITING SECONDARI ALLA CHIRURGIA

ADDOME GINOIDE E ANDROIDE

ADDOME GINOIDE

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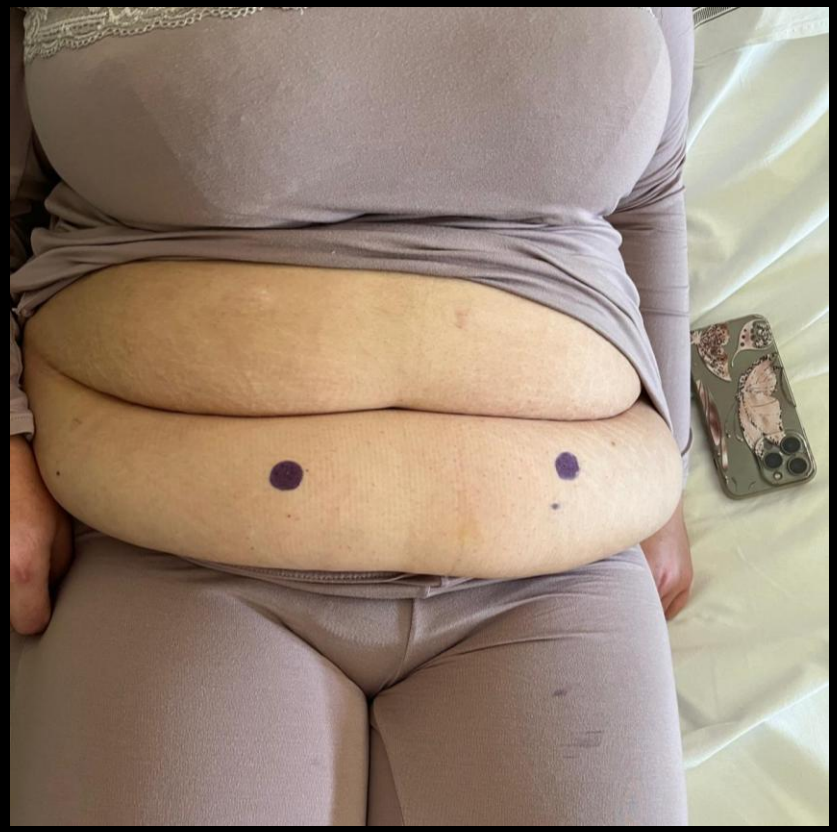

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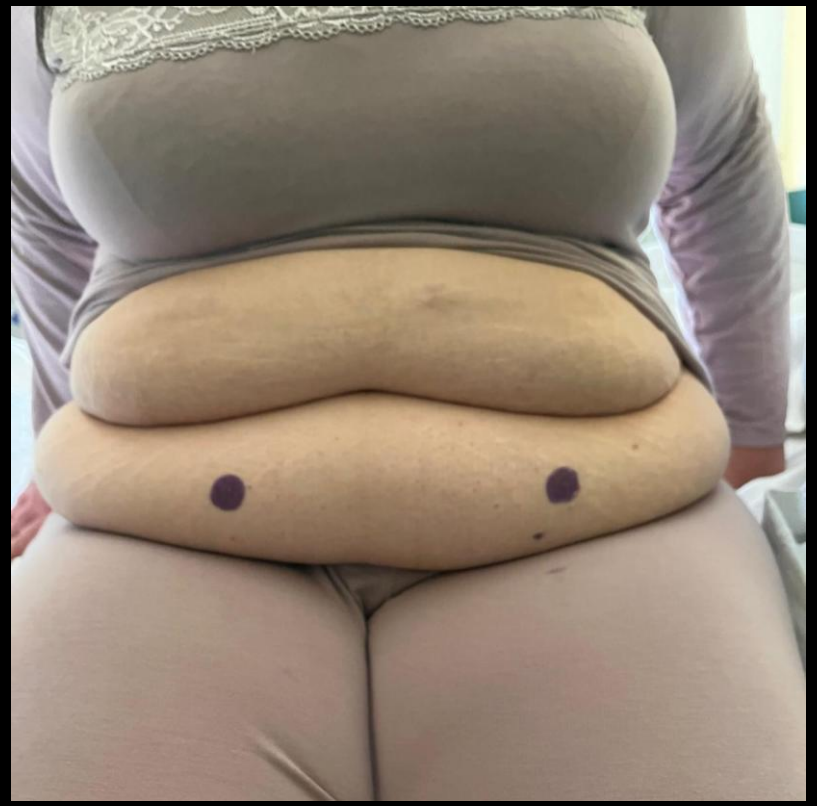

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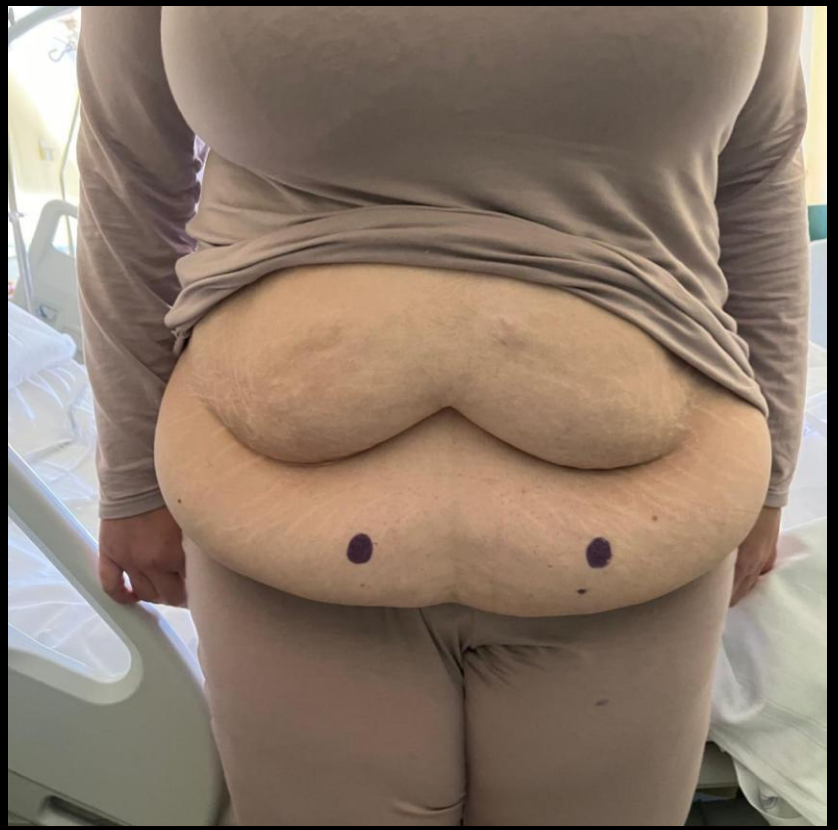

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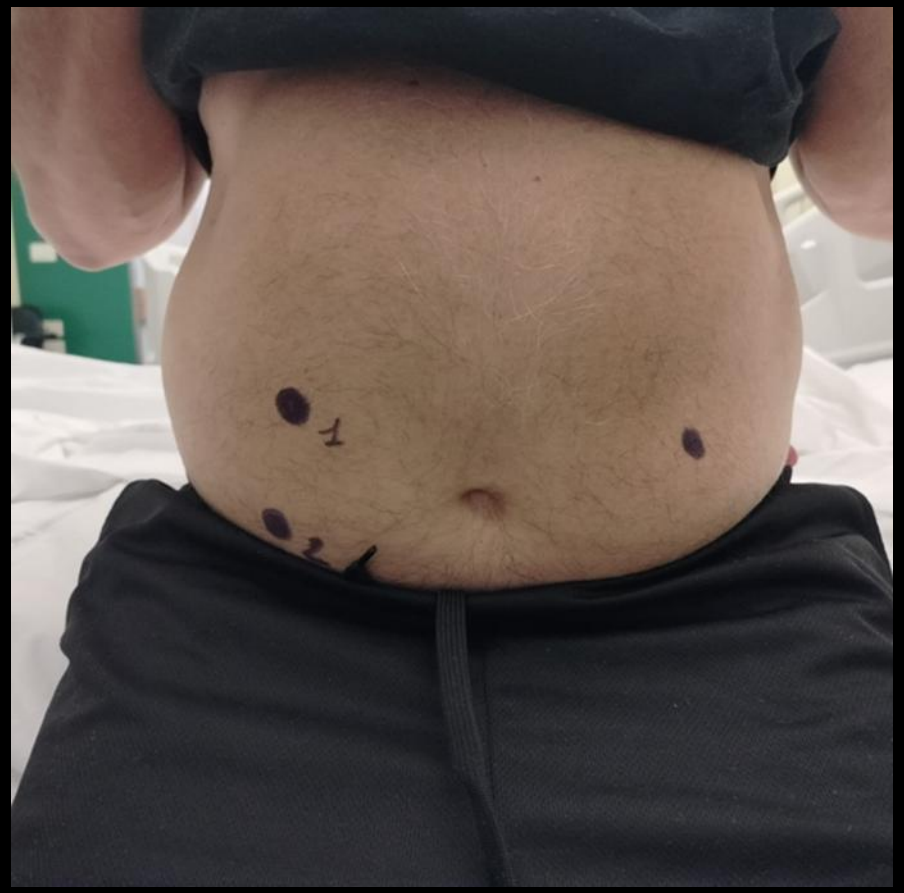

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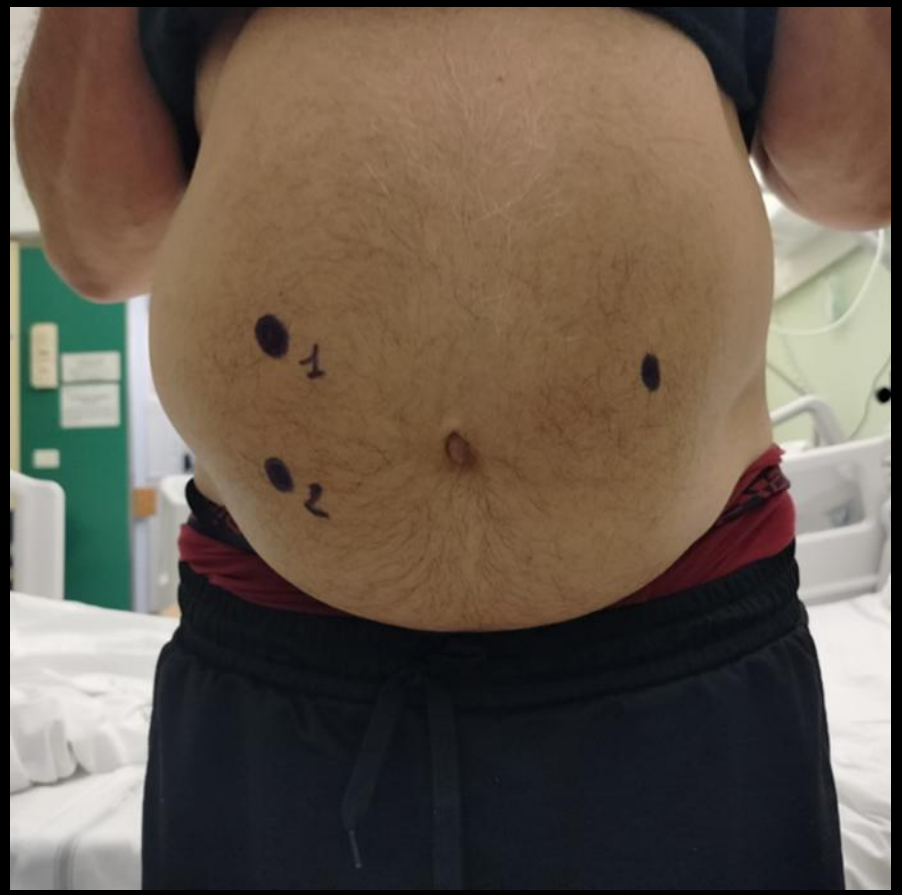

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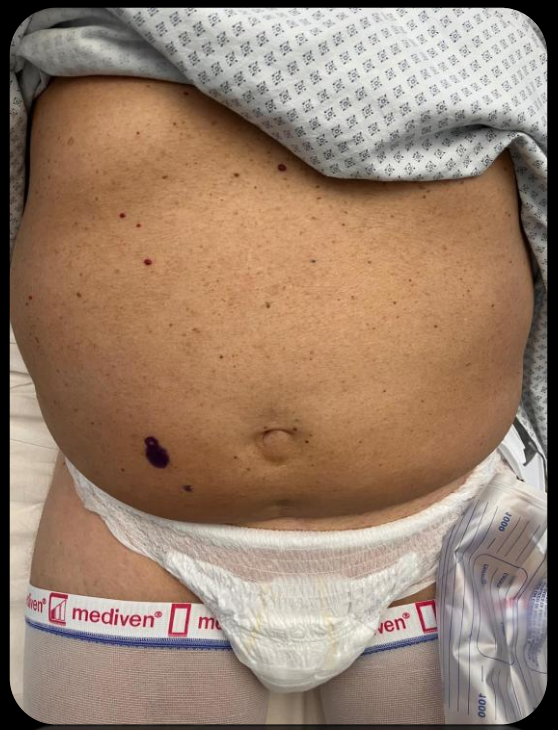

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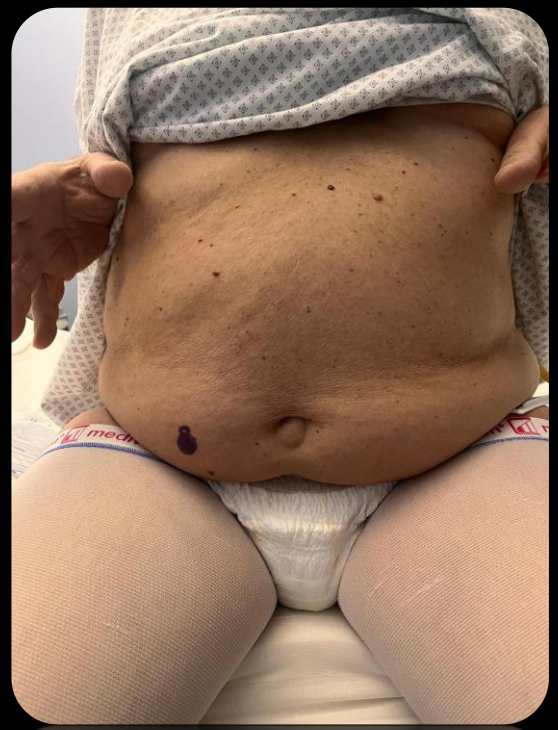

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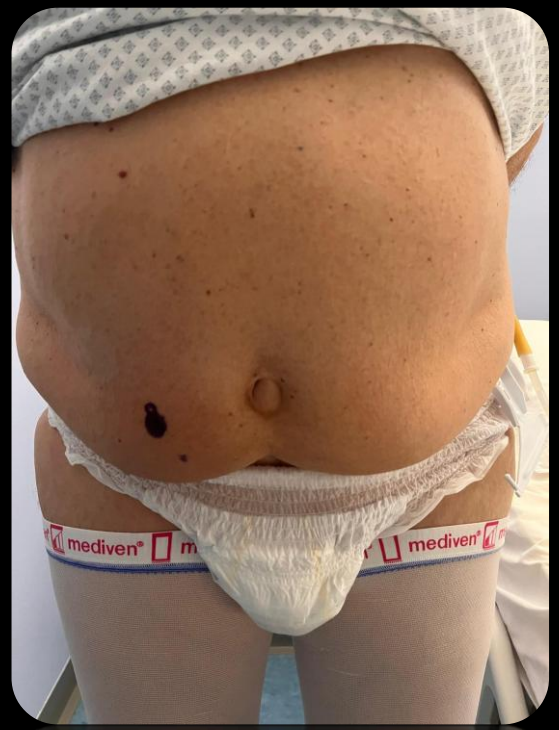

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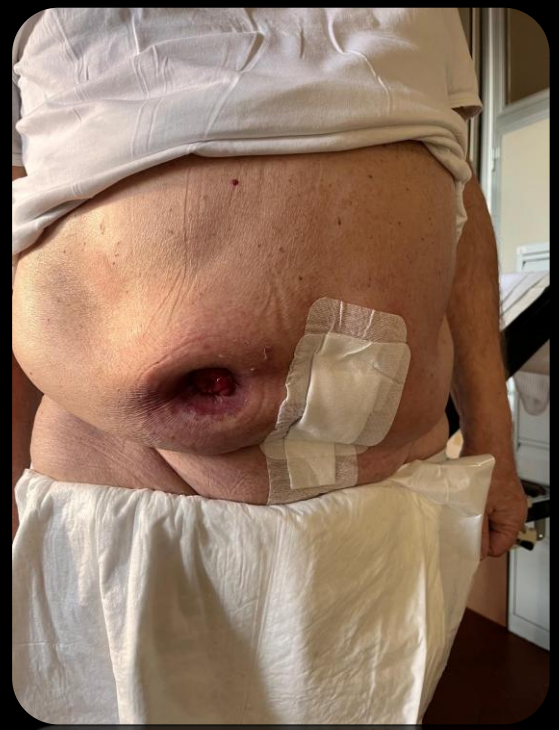

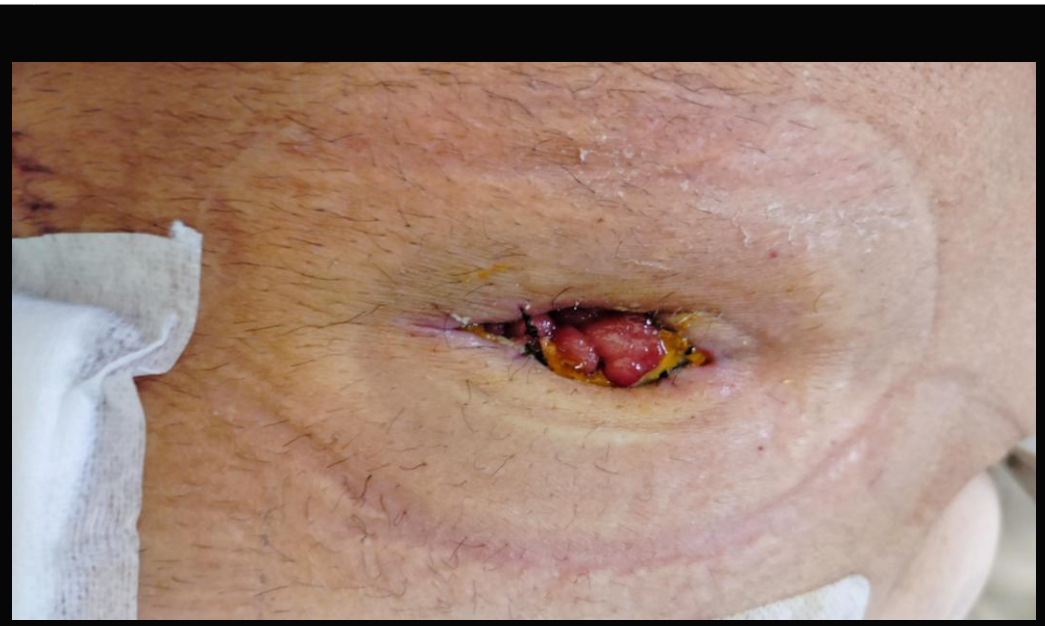

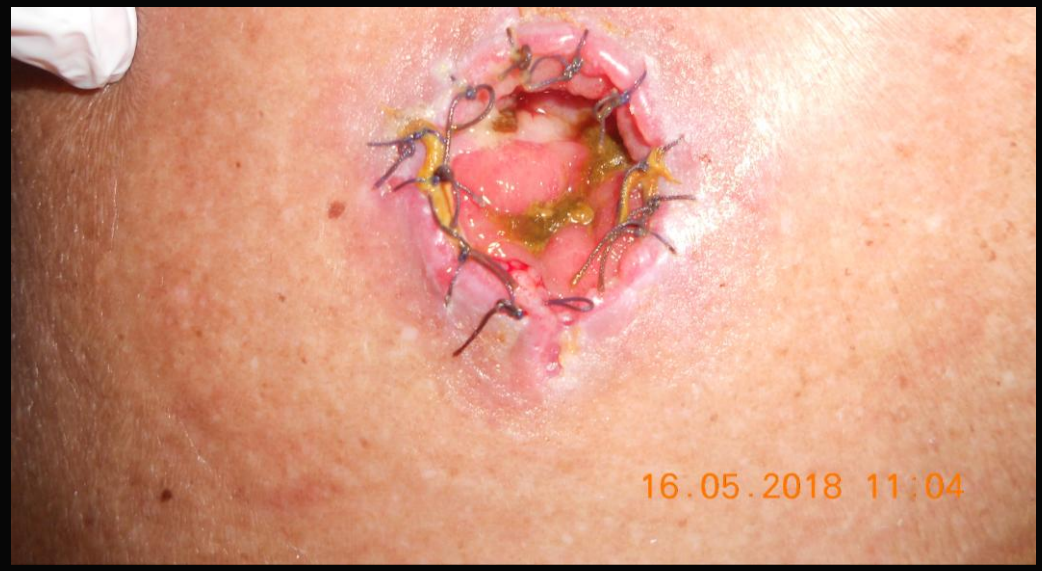

A VOLTE LE DIFFICOLTA’ CHIRURGICHE…