

Stoma Formation

I. Consent

- Discusses indications for stoma
- Discusses possible risks or complications

II. Pre operation planning

- Ensures optimal siting of stoma (by self or stomal therapist)
- Aware of clinical indications
- Aware of significant co-morbidities - obesity, renal disease, etc.
- Knows relevant results
- Has reviewed relevant imaging

III. Pre operative preparation

- WHO Safety check and team time out
- Consideration of DVT prophylaxis and antibiotic prophylaxis
- Ensures specialised equipment available as required
- Patient is positioned appropriately
- Prepares and drapes appropriately

IV. Exposure and closure

- Laparoscopic or open approach
- Fashions stoma with or without spouting, as indicated
- Decides whether to fashion over rod (if loop stoma)
- Fitting and application of wafer and bag

V. Intra operative technique: global (G) and task-specific items (T)

- Mobilises bowel to ensure adequate length to reach surface without tension
- Makes appropriately sized skin opening with core of subcutaneous fat
- Enters peritoneal cavity using rectus-splitting technique
- Retrieves bowel with minimal trauma

VI. Post operative management

- Assesses vascularity/viability
- Notifies/deals with short-term complications such as separation, retraction or necrosis

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