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CHECKLIST FOR Abdominal Stoma Exam - UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. FOLLOW THIS CHECKLIST IN PUBLISHED ORDER

This may be a short 5 min station or as part of an abdominal exam station. Please apply this if stoma seen during abdominal exam.

Definition: A stoma is an externalisation of a hollow viscus.

Stage 1 – Pre Exam Checklist (If doing separately do this stage if not skip to stage 3)

- 1. Alcohol Gel / Bare Below Elbows
- 2. Introduction "Shake hands/ hello my name is......"
- 3. Consent "Will it be okay if I have a look at your stoma today?"
- 4. Positioning Lie flat as possible, check if patient comfortable in said position
- 5. Exposure Expose the abdomen; expose the lower limbs (shoes, socks off). Keep underwear on. Keep groin and genitalia covered with sheet.

Stage 2 – General inspection (If doing separately do this stage if not skip to stage 3)

NB: POSITION YOURSELF TO THE RIGHT SIDE IF NOT ALREADY DONE SO AS ALL

EXAMINATION SHOULD BE PERFORMED FROM THE RIGHT SIDE OF PATIENT

- 1. Take a step back to end of the bed
- 2. Comment on patient (obvious only)
 - Comfortable at rest or not
 - · Comment on stoma bags or obvious stomas
 - Comment on obvious scars from the end of the bed
 - Comment on drains, tubes or catheters, Comment on dressing or bandages and take them down, Obvious pallor, Obvious signs of distress (e.g. hyperventilation, clammy, pale and gray)
- 3. Comment on surroundings
 - Dietary status (check top of the bed) NBM, FF, LD, Sips, D&F/E&D, diabetic diet, low residue diet etc
 - If no other clues "say no other obvious clues around the bed"
 - Food or drink around indicating E&D

Remember this is not close inspection stage (this comes next), So only mention obvious things. Don't commit to things at this stage.

Stage 3: Examination of the stoma

- 1. Inspect abdomen
 - Inspection for scars (midline laparotomy, transverse, suprapubic incisions)
 - Distension, Bruising

RECOMMEND WEAR GLOVES AT THIS STAGE. PUT GLOVES ON AT THE START IF JUST EXAMINING STOMA.

- 2. Inspect the stoma
 - If bag on offer to take down bag. If examiner says no then look through stoma bag window
 - Distinguish what type (ileostomy | colostomy | ileal conduit aka urostomy)

	llesotomy	Colostomy	Ileal Conduit
Side (usually	Right	Left	Right
not always			

Spout	Yes	No	Yes/No
Content	Liquid – green	Solid/thick – brown/ faecal	Urine

- Is it an end stoma or loop stoma?
 - Two ends or just one (if two a loop aka defunctioning colostomy or ileostomy)
 - Note the second (distal) end may be difficult to see. Usually at the top edge or to the side of stoma. Not a separate stoma but next to it through the same hole.
- Is the mucosa healthy
 - Pink or dusky and black looking
 - If dusky or black, digitate (i.e. finger in to hole gently with some lubricating (KY) gel to see if deeper tissue dusky or viable
 - If pink then say appears healthy
- Skin around stoma
 - Any erythema, bruising, blisters or ulcers
- · Any evidence of retraction or prolapsed of stoma
 - If none say "no evidence of retraction or prolapse"
- Any evidence of a parastomal hernia
 - Inspect around the stoma for obvious swelling
 - Press around the stoma
 - Check for a cough impulse

By final year start thinking about what operation patient may have had done based on their stoma. THINK ANATOMY

Stage 5: To Finish Off

Turn to the examiner and say:

"To complete my examination I would like to:"

- 1. Full abdominal examination
- 2. If not already done so offer to digitate stoma
- 3. Examine the perianal region for perianal wound (e.g. in APER where back passage is removed and patient has a permanent end colostomy)

STAGE 7: COMPLETION

- Thank the patient
- · Offer to help get dressed and cover up
- USE ALCOHOL GEL AGAIN AT THE END

STAGE 8: PRESENT FINDINGS

END OF EXAMINATION