Know Your Ostomy Checklist

Surgeon:		_ Surgery Date:		
Ostomy Type: I have a (n) Colostomy Ileostomy Urostomy Other (
Stoma Shape:	Stoma Color:	Stoma Position and Level:	Stoma Location:	Stoma Size:
☐ Round	☐ Red		☐ Right side of the body	
□ Oval	☐ Pink	☐ Below skin	above the belly button	
☐ Irregular ☐ Smaller at the top, larger at the bottom ☐ Larger at the top, smaller at the bottom ☐ Has one opening ☐ Has two openings	□ Brown (not normal) □ Black (not normal) □ Maroon (not normal) □ Blue/Purple (not normal) □ Other	level (in a skin fold or sunken) Flush to skin level/at skin level Above skin level	□ Right side of the body below the belly button □ Left side of the body above the belly button □ Left side of the body below the belly button □ In or near a skin crease □ In or near a skin fold □ On a flat skin surface	□ Round □ Oval □ Irregular

