

SURGICAL DRAIN CARE

Your physician felt it necessary to insert drains. It is necessary to empty them several times before seeing your physician. It is advised that you empty them when they are no more than **HALF FULL**. Your physician would like you to keep a record of the amount of drainage. Here are some instructions that will help you know how to measure our drainage and how to empty your drains.

A drain is used to remove fluids that build up in areas of your body. Unwanted fluid can collect in areas of infection, areas where surgery has been done, or in other body areas. The drain is made up of a round tube and a soft round squeeze bulb. One end of the tube is placed in the area where body fluids may build up. The other end sticks out of your body through a small incision (cut), and is connected to the squeeze bulb.

How does a drain work? The drain removes fluids by creating suction (pulling) in the tube. To produce suction, the bulb is pressed flat and is connected to the tube sticking out of your body. Suction is created as the bulb sucks in air from the tube going into your body. This pulls fluid out from the area where the drain was placed and into the rubber tubing. The fluid then travels through the tubing and into the bulb of the drain. As the drain bulb fills with fluid, it goes back to its round shape.

Why do I need a drain? When fluid builds up in a body area, the area may not heal as fast as it should, or an infection may start. Too much fluid in a body area may also cause pain and swelling. Using a drain after surgery may help you heal faster and decrease your risk of getting an infection. A drain may be used after flap surgery.

When is a drain removed? The amount of fluid that comes out of the surgery or wound area and into the drain will decrease as the area heals. In most cases, the drain will need to stay in place until less than 30 milliliters (about two tablespoons) of fluid are draining from it in a day. You will need to keep track of how much fluid is draining into the drain on a 24 hour period basis.

What are the risks of having a drain? If a drain is not taken care of correctly, it may allow germs to enter your body and cause an infection. If the drain is placed after certain types of surgery, you may get an infection if it stays in your body longer than it is needed. If you get an infection, you may have more pain and swelling, and your wound will heal more slowly, or it may not heal at all. The end of the tubing inside your body may get blocked with blood or other materials. If this happens, the bulb cannot correctly suction fluids. You will need to strip the drain every time you empty and measure the fluid.

How do I take care of the skin around my drain entry site? Change bandages at the drain entry site every day and apply antibiotic ointment. Your caregiver will tell you if you need to do this more often. **Collect the following items and place them where they can be reached easily:**

- A clean container.
- New gauze pads.
- Saline solution or soap and water.
- Plastic trash bag.
- Surgical tape.
- Waterproof pad or bath towel.

Follow these steps to care for your skin around the drain entry site:

- Wash your hands with soap and water. Dry your hands.
- Loosen the tape and gently remove the old bandage. Throw the old bandage into a plastic trash bag.

- Look for any new redness, swelling, or pus at the place where the drain enters your skin. Check for a foul (bad) smell coming from the area. Tell caregivers if you see any of these changes. Make sure the stitches that attach the drain to your skin are tight. Tell caregivers if they are loose or missing.
- Place a waterproof pad or towel under the drain to soak up any spills.
- Pour a small amount of saline solution or clean water into a container. Dip a cotton swab in the solution once. Gently clean the skin around the drain, moving in circles. Start from the place where the drain enters your skin and clean outward in circles, moving away from the insertion site. Clean your skin 3 to 4 times, using a new swab each time.
- Let the skin dry. When the area is dry, apply antibiotic ointment and put a new bandage around the tube entry site. Use surgical tape to hold it down against your skin. Tape the tubing down to the bandages. Attach the bulb to your clothing using a safety pin.
- Throw all used supplies in the trash bag. Wash your hands after you are finished.
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When do I empty the drain? For the first 24 hours (one day) after most types of surgery, there will often be drainage coming out of the wound. Check the drain at least every four hours. Empty it if it is half full of fluid. **Do not let the drain fill up any more than half full.** After one day, empty your drain when it fills up half way, or every 8 to 12 hours even if it is not half full. After the drain is emptied, the empty bulb needs to be squeezed. This is done to keep the suction of the drain strong enough to pull out more fluid. Remember to strip the drains prior to emptying the bulb.

How do I empty the drain? The following are general directions for emptying the drain bulb, and squeezing the bulb. **Gather the following supplies, and place them where they can be easily reached:**

- Clean measuring container.
- Drain Record/Worksheet.
- Plastic trash bag.

Follow these steps to empty the drain:

- Wash your hands with soap and water. Dry your hands.
- Place a waterproof pad or towel under the drain to soak up any spills. Place the bulb lower than the wound to prevent fluid from going back into your body. Check the bulb for any holes or cracks.
- Strip the drain.
- Remove the plug at one side of the bulb and pour the fluid into a measuring container. Do not touch the tip of the spout with the mouth of the collection cup or anything else. This keeps germs from getting inside the bulb and tubing. Clean the plug with a cotton ball dipped in alcohol, or an alcohol swab.
- Squeeze the bulb tightly while the plug is still off. **Do not** squeeze the bulb if the plug is in place. While the bulb is being squeezed, put the plug back to seal the bulb. If you cannot squeeze it and plug it at the same time, ask someone for help. You may also place the bulb on a hard surface, such as a table. Use your elbow or hand to press down hard on the bulb, and then stick the plug in it.
- Measure the amount of fluid that came out of the drain bulb. Write down the amount, color, and odor of the fluid, and the date and time that you collected it. Use a piece of paper, a notebook, or drainage chart to keep track of this information.
- Flush the fluid down the toilet. Throw all used supplies in the trash bag. Wash your hands after you are finished.

What can I do to prevent problems with my drain?

- Always keep the bulb lower than the wound. This will stop the fluid from going back into your body.
- Do not pull on the tubing. This can loosen the stitches holding the drain to your skin, causing the drain to fall out.

When should I call my caregiver? Call your caregiver if:

- The fluid removed by the drain is cloudy, yellow, or foul-smelling.
- You have more swelling or redness where the drain enters your skin.
- You feel more pain in the area of your drain.
- You see holes or cracks in the tubing or bulb of the drain, or the drain is leaking.
- The drain stitches come loose or break off.
- You have a fever (increased body temperature).
- Your bandages are soaked with blood.
- Your drain comes out.

When should I seek immediate help? Go to the nearest emergency room if:

- The drain starts filling up very quickly with bright red blood.

Can I shower with the drain(s)?

- Yes you may shower 48 hours after the surgery
- Placing the drains on a wire coat hanger and hanging it on the faucet will keep the drain bulbs from falling and free your hands to take a shower.
- You **MAY NOT** sit submerged in a bath tub.