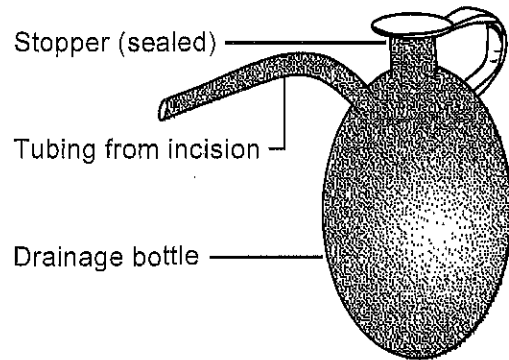


Post-Surgical Drain Care

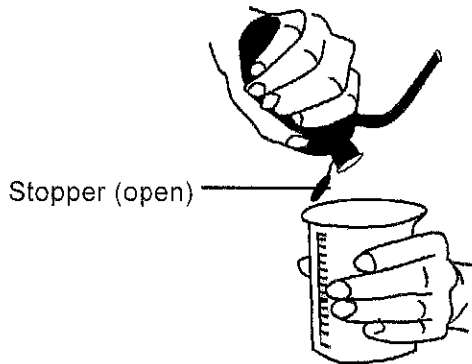
After surgery, you will have one or two drains, called a Jackson-Pratt (JP) drain, placed near the incision. This device collects fluid, under suction, from your surgical area. The drain promotes healing and recovery, and reduces the chance of infection. The drain will be in place until the drainage slows enough for your body to reabsorb fluid on its own. You must record how much comes out of each drain every time you empty it. This will guide your surgeon in determining when to remove your drains.



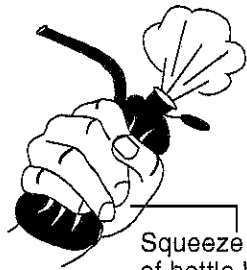
How to Empty Your JP Drain

Note: Wash your hands thoroughly before emptying your drain(s).

1. Unpin the drain from your clothing.



2. Open the top of the drain and remove the cap and observe how much fluid is in the bulb (markings are on the side of the bulb). Turn the drain upside down and squeeze the contents of the bulb into the toilet.
3. Use the drain output log chart to record the amount of drainage three times a day or any time the bulb is full.
4. If you have more than one drain, remember to record the drainage from each drain separately.
5. To prevent infection, do not let the stopper or top of the bottle touch any other surface.



Squeeze air out of bottle before reattaching (to create sucking pressure)

6. Use one hand to squeeze all of the air from the drain. With the drain still squeezed, use your other hand to replace the top. This creates the suction necessary to remove the fluids from your body.
7. Pin the drain back on your clothing..
8. Wash your hands again. Remember to wash your hands before and after the procedure to reduce the risk of infection.

Right Drain

7:00a.m. 3:00p.m. 11:00p.m.

Left Drain

7:00a.m. 3:00p.m. 11:00p.m.

Day 1: _____

Day 2: _____

Day 3: _____

Day 4: _____

Day 5: _____

Day 6: _____

Day 7: _____

I have received a copy of my instructions.

_____ Name

_____ Date



JACKSON-PRATT (JP) DRAINS

- **JP DRAINS:** The purpose of JP drains is to keep the blood and drainage minimized at your surgical area. They work by applying low pressure suction at the site.
- **EMPTYING YOUR DRAIN:** You will need to empty, measure, and reapply negative pressure to the drain(s) 3 times daily; or more often as needed. When the drain is half full or does not have a collapsed shape, it is time to empty it. To empty the drain, pull the stopper out, being careful not to touch the inside of the stopper or the bulb. Squeeze the bulb into a collapsed position and replace the stopper. The bulb should maintain a collapsed position after the stopper is replaced. Record the amount of drainage on your output record. If you have more than one JP drain, record outputs separately. Drainage can be flushed down the toilet. Bring your output record with you to each post-operative visit.
- **STRIPPING:** If the drainage stops, inspect the tubing for a clot. If the tubing appears clotted, you will need to strip the drain. With one hand, secure the end of the tubing on the side of the tubing closest to the incision. With the other hand, squeeze the tubing with one finger and your thumb. While squeezing the tube, pull toward the bulb to expel the clot into the bulb. Reapply suction. Stripping is easier if you obtain some liquid soap to help slide your fingers down the tube.
- **DISCONTINUING DRAINS:** When the drainage reaches 24ml's or less in a 24 hour period contact the office for an appointment. We will evaluate drainage amounts and discontinue your drains in the office.
- **SITE CARE:** Place gauze around the site by wrapping it around the tubing.
- **LOSS OF SUCTION:** Occasionally, the drain tube will become loose and fail to apply suction. You will possibly hear air movement when you attempt to apply suction. Inspect that all connections are tight. Please contact our office and a nurse will assist you with this.
- **SHOWERING:** You may shower and allow clean water to run over the site; however, strictly avoid submerging drains underwater. Dry the area with a towel and apply dry dressings after your showering.

I understand and have received a copy of the instructions.

Signature: _____ Date: _____