



Patient Instructions after Surgery: Caring for your Drain(s)

A surgical drain is a soft, flexible, plastic tube that is connected to a plastic collection bulb. Drains are used to prevent fluid from collecting at the surgery site while the body is healing. They are in place for about one to three weeks after surgery, or until the drainage decreases to a small amount (30 milliliters or less for two days in a row). If you would like to watch a video to learn more about caring for your drain, visit:

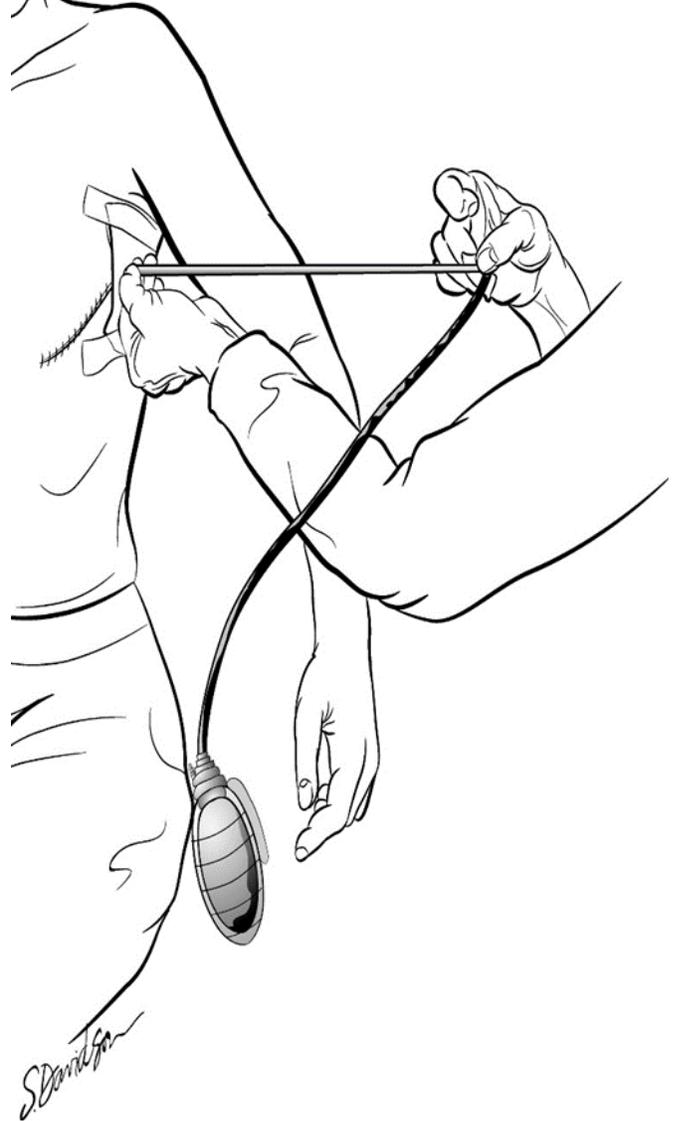
<http://surgery.med.umich.edu/plastic/clinical/instructions/#jpdrain>.

Scroll to the bottom of the page and click on “view instructional video.”

While your drain is in place:

1. **Do not drive** until your drain has been removed (or when your surgeon says it is okay).
2. **Do not drive while taking narcotic pain medication.**
3. It is okay to shower.
4. Keep the drain collection bulb anchored to your clothing to prevent pulling it out. A lanyard was included in your drain kit. Place the lanyard around your neck. Using large safety pins, attach the drains to the lanyard. Keeping your drains pinned and out of your way will be helpful when you become more mobile and for showering. If you have questions about anchoring your drainage tubes, talk with your nurse practitioner.
5. Clean the drain insertion site daily using this procedure:
 - Wash your hands.
 - Remove the old sponge dressing.
 - Make up a small amount of the cleaning solution: ½ cup tap water and ½ cup hydrogen peroxide.

- Dip a clean cotton-tipped swab in the solution and clean around the drain area.
 - Use a clean cotton-tipped swab each time you clean the around the drain area.
 - Apply a clean drain sponge around the drain and tape.
6. Empty the collection bulb on your drain three times a day (or more often if you see lots of blood clots and tissue) using the following procedure:
- Open the lid on top of the bulb and pour the drainage into the measuring container or cup.
 - Squeeze the bulb and hold it while closing the lid. The bulb needs to be collapsed to create the suction needed to drain the incision area.
 - Measure the drainage amount in the cup and record it on the drain record sheet. Record each drain amount separately.
 - Call your nurse practitioner when the total daily drainage is less than 30 milliliters or 30cc's for two days in a row. Note that one milliliter (written as 'ml') and one cubic centimeter (written as 'cc') are equal.
- The drain can be removed when the total drainage is less than 30 mls. two days in a row.**
7. Strip the tubing three times a day. Using the following procedure: (See drain stripping on the next page).
- Grasp the tubing closest to your body (at the insertion site) with one hand hold the tubing tightly. This hand will keep the tubing from pulling out of your body.
 - Take an alcohol swab in the other hand. Using the swab, pinch the tubing tightly just below your first hand. Keeping the tubing pinched, slide the alcohol swab down the tubing toward the collection bulb and away from your body. You should notice any clots in the tube are forced down the tube and into the collection bulb. This is called “stripping” or “milking” the tube.
 - The tube may become flat from the suction. This is okay.



Picture: Drain Stripping

After your drain is removed:

Your drain will be removed in the surgery clinic. Once it's been removed you may see a small collection of fluid at the site. A small collection of fluid, about the size of an egg, is normal. Most of this fluid will be reabsorbed by your body in a month or two. If the fluid becomes larger than the size of an orange, call the surgical nurse practitioners at: (734) 936-6000. This is not an emergency.

Follow these guidelines once the drain has been removed:

1. Keep the site dry with a gauze dressing over it for the first 48 hours.
2. Stop using the hydrogen peroxide; use only soap and water for cleaning.
3. Some leaking at the drain site is normal. If the site continues to leak after three days, call the surgical nurse practitioners. A site that constantly leaks can lead to infection.
4. Let the nurse practitioners know of any large fluid collections (more than the size of an egg).

When to call your doctor

Contact your surgeon or nurse practitioner for any of the following reasons:

- Oral temperature of 101 degrees Fahrenheit or greater.
- Persistent, severe or increasing pain.
- Bleeding from the incision that is difficult to control with light pressure.
- Persistent nausea or vomiting.
- Fluid or drainage from the incision area, other than what is collected by the drain.
- One inch of redness or more around the incision area.
- Incision becomes warm or hot to the touch.
- Foul odor from the incision area.
- Swelling of the entire surgical area.

- Leakage around your drainage tube and gauze dressing that is wet.
- Any significant change that concerns you.

How to call your doctor:

During business hours (8:00 am to 5:00 pm; Monday-Friday): Contact the surgical nurses at (734) 936-6000.

After 5:00 pm daily, weekends and holidays: Contact the UM paging operator at: (734) 936-6267 and ask to have the on-call Maize Surgical Resident paged.

Fast Facts for Drain Care:

- ✓ Clean the drain site once a day.
- ✓ Strip the drain tubing three or more times a day.
- ✓ Empty the collection bulb three or more times a day. Measure and record each amount separately.
- ✓ Call the surgical nurse practitioners when the drainage is less than 30 mls for two days in a row.

Things to remember:

- ✓ Keep your drain anchored to your clothing.
- ✓ Do not drive while you have a drain in place.
- ✓ Do not drive while taking narcotic pain medication.
- ✓ It is OK to shower.

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