



### **DRAIN RECORD INFORMATION**

- A drain is placed to prevent excess fluid from accumulating at the surgery site.
- The drain must be emptied 2-3 times a day or when 2/3 full.
- Open the cap of the drain bulb. Pour out the drainage into a clean measuring cup. Record the amount of drainage and the time of day. Dispose of drainage in the toilet and flush.
- After the fluid is emptied, squeeze the bulb tight and recap to maintain the suction. The bulb suction is working when the bulb is flat or deflated.
- The drain tubing must be “milked” or “stripped” occasionally in order to keep the tubing clear of small clots that can block the fluid flow. Hold the tubing securely at the skin site with one hand. With the other hand, pinch the tubing at the upper portion between your thumb and index finger and slide your fingers towards the bulb compressing the tubing. Make sure you compress and squeeze forward all the fluid in the tubing from the skin to the bulb.
- If the tubing and bulb should come apart, wipe both ends with alcohol and reconnect. Squeeze the bulb again and replace cap.
- The drain will be removed within 7-14 days or when your total output for the 24 hours is less than one ounce (30 cc's) (40 cc's for the abdomen) for 3 consecutive days.
- Continue antibiotics as long as you have drains in place.
- If you have more than one drain in place, please indicate which drain is being recorded on your record sheet.
- Please measure output in cc's or ml's (they are the same thing).
- Ok to shower while drains are in place. Do not soak in the tub or submerge the drain sites under water. Make sure you have a place to hang or put your drains in the shower so they aren't hanging from your stitches (that can cause pain and tear the stitches!) and wash gently around the drain sites with gentle soap and water. Pat the areas dry and re-dress with gauze after your shower. Most patients aren't feeling up to this until a few days after surgery. Do not shower if you are woozy or dizzy as the hot water can make it worse. Sponge bathe until you feel you are ready, and use caution the first time. A shower chair or bench can be helpful.
- Change the gauze dressing around the drain site each day.
- Check the skin around the drain for leakage or redness. A slight redness immediately around the tube is not unusual. If there is leakage around the drain, begin by “milking” or “stripping” the drain and observe if the leakage reduces. If not, change the gauze more frequently as needed to catch the drainage.
- Always secure the drain to your clothing so there is NO tension on the drain at the incision site. DO not cut drain tubes.
- Keep tubes connected to the bulbs; check that the bulb is always deflated (or flat).
- Call the office if there is a large amount of leakage around the drain, a marked increase in drainage output (double the usual flow), increased heat, redness or tenderness around the drain insertion site, or if you have any questions or concerns.

