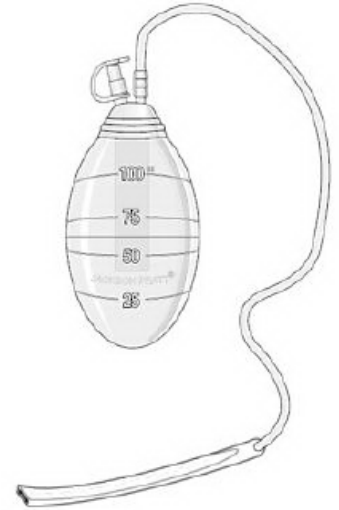


Caring for Your Drain

This information describes how to care for your drainage system after you leave the hospital. Your nurse will also review this with you.

What is a drain?

- The drain system has a soft plastic bulb with a stopper. A catheter is attached to it. The drainage end of the catheter is inserted near your incision. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out the fluid that collects under your incision. The bulb should be compressed (either squeezed in or deflated) at all times, except when you are emptying the drain.
- How long you will have your drain depends on your surgery and the amount of drainage you are having. Drainage is very individual; some women drain a lot, some only a little.
- **The drain is usually removed when the total drainage is 30 mL (30 cc) or less for two days in a row.**
- Your surgeon will know how much your drain is draining because you will record this at home in Your Drainage Record (you will receive this at the time of your surgery).



Caring for your drain

Caring for your drain at home will involve the following:

- Milking the tubing to help move clots
- Emptying it twice a day and recording the amount of drainage on Your Drainage Record
 - If you have more than 1 drain, make sure to measure and record the drainage of each one separately. Do not add them together
- Caring for your insertion site, the area where the catheter enters your skin
- Recognizing when there is a problem

Milking the Tubing

These steps will help you move clots through the tubing and keep the drainage flowing. Do this before you empty and measure your drainage.

1. Wash your hands thoroughly with soap and water. Dry them completely.
2. Look in the mirror at the tubing. This will help you see where your hands need to be.
3. At the point closest to your insertion site, pinch and hold the tubing between the thumb and forefinger of 1 hand.
4. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched, slide them down the tubing as far as they will reach. If there is still tubing between the fingers of your lower hand and the bulb, keep the lower fingers pinched and release your upper fingers. Pinch the tubing right below the fingers of your lower hand. Slide them down the tubing as far as they will reach. Repeat until you reach the bulb. You may want to use alcohol swabs to help you slide your fingers down the tubing.
5. Repeat steps 3 and 4 as necessary to push clots from the tubing into the bulbs. If you are not able to move a clot into the bulb, call your surgeon's office.

6. The fluid may leak around the insertion site if a clot is blocking the drainage flow. If there is fluid in the bulb and no leakage at the site, then the drain is working.

How to Empty your Drain and Record the Drainage

You will need to empty your drain in the morning and evening. Some women find that they need to empty their drain more often during the first few days. This will depend on the amount you are draining.

Equipment needed

- Measuring container given to you by your nurse
- Your Drainage Record included in this section

Instructions:

1. Prepare a clean area to work on and gather your equipment.
2. Wash your hands thoroughly with soap and warm water. Dry them completely.
3. Unplug the stopper on top of your drain. This will cause the bulb to expand. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
4. Turn your drain upside down, gently squeeze the bulb and pour the drainage into the measuring container.
5. Turn your drain right side up.
6. Squeeze the bulb until your fingers feel the palm of your hand.
7. Continue to squeeze the bulb while re-plugging the stopper.
8. Check to see that the bulb stays fully compressed to ensure a constant gentle suction.
9. Pin the collar of your drain securely to a piece of your clothing or feed it through the velcro of your surgical camisole. Do not let the drain dangle.
10. Check the amount and color of the drainage in the measuring container.
11. Record this amount and the color of drainage on your drainage recording sheet.
12. Flush the drainage down the toilet and rinse the measuring container with water.
13. At the end of each day, add up the total amount of drainage for the 24 hour period and record it in the last column on Your Drainage Record.
14. If you have more than one drain, record each one separately.

Caring for the Insertion Site

Your drain will be anchored to your skin with a stitch. This will prevent the drain from falling out. Sometimes, the drain causes redness the size of a dime at your insertion site. This is normal. You may place a bandage over the insertion site if needed.

Once you have emptied the drainage, wash your hands again. Check the area around the insertion site. Look for:

- Tenderness
- Swelling
- Pus coming from the insertion site

If you have any of these symptoms or a temperature of 101 ° F (38.3° C) or higher, you may have an infection. Please call your surgeon's office.

Problems You May Encounter With Your Drain

Problem: The bulb is not compressed

Why?

- The bulb was not compressed all the way because it wasn't squeezed tightly enough
- The stopper is not closed securely
- The suction catheter has been dislodged and is leaking

What to Do:

- Compress the bulb using steps 2,3,4,7 and 8 outlined in "How to Empty Your Drain and Record the Drainage"
- If the bulb remains expanded after following the steps above, notify your surgeon's office

Problem: There is no drainage, a sudden decrease in the amount of drainage or drainage outside of the catheter

Why?

- Sometimes, string-like clots clump together in the catheter. This can block the flow of drainage

What to Do:

- Milk the tubing as described above
- If there is no increase in the drainage flow, notify your surgeon

Problem: The catheter falls out of your insertion site

Why?

- This can happen if the catheter is pulled. This is rare because the catheter is held in place with stitches

What to Do:

- Place a new bandage over the site and call your surgeon's office

Problem: You have redness greater than the size of a dime, swelling, heat or pus around your insertion site

Why?

- These may be the signs of infection

What to Do:

- Take your temperature. Let them know if your temperature is 101 °F (38.3 °C) or higher
- Call your surgeon and describe the signs of infection around your insertion site
- Keep your insertion site clean and dry by washing it with soap and water

Call your surgeon's office right away if you have:

- Bright red drainage
- A temperature of 101 °F (38 °C) or higher
- Redness greater than the size of a dime or pus at your insertion site

Call your surgeon's office during business hours if:

- The amount of drainage suddenly drops or the drain is leaking at the insertion site
- The catheter falls out
- You cannot compress the bulb

Instructions After Your Drain Is Removed

After your drain is removed, please follow the instructions below

- Remove the bandage after 24 hours
- You may shower (no tub bath) after you have removed the dressing
- Wash the site gently with soap and rinse the area with warm, running water
- Pat the area dry
- Inspect the site. You can expect the following:
 - Slight redness
 - Swelling
 - Tenderness
 - A small amount of clear or slightly bloody drainage on the gauze pad