

## CARE OF YOUR DRAIN BULBS

### Why are the drains inserted?

Drains are inserted to prevent body fluid from collecting at the surgery site and to reduce swelling and pain. The tubing is stitched to your skin during surgery. At the end of the tubing is a soft plastic bulb with a plug that allows the fluid to be emptied.

### Where does the fluid come from?

The fluid that collects in the drain bulb is a mixture of blood cells and body fluid. The drainage may be dark red at first because of the large amount of blood cells in the area. It will gradually change to pink-tinged and finally to a yellow, straw color. The amount of drainage varies. Neither body size, age, nor any other medical condition you may have seems to determine the amount. Gradually, the fluid stops accumulating. The time this takes varies among patients.

### When will the drain be removed?

Physicians may remove the drains when the amount of drainage is reduced to between 20 to 50 ccs (1 to 3 tablespoons) per drain, per 24 hours. If the drain(s) are removed too soon, the fluid can collect under the skin, forming a seroma (collection of fluid), and become painful by putting pressure on the surgical site.

### How do I take care of my drain?

Your nurse will show you how to care for your drain. It is important not to allow the drains to hang loosely. Always pin them to your clothing and empty them when they become heavy. The first day may require emptying every several hours. Later, twice a day will be often enough. Pressure caused from a heavy drain, not pinned to your clothing and pulling on your incision site, can cause pain and scar formation at the drain insertion site. The scar will heal but will be thick and have an uneven appearance.

### May I shower or take a tub bath while I have a drain?

Most physicians do not allow showers while the drain is in place. You may take a sponge bath, or a tub bath as long as the water level is kept below the level of the drain.

Clean around each drain using a clean washcloth and warm soapy water. Gently pat the area dry. Cover with a sterile gauze dressing and tape in place.

# POTENTIAL POST-SURGICAL PROBLEMS

## Fluid leakage at Drain Site

Sometimes, a small amount of fluid will leak from around the drain, onto the skin. This is not dangerous. However, you should apply a sterile dressing and change the dressing when it becomes damp. Do not allow a wet dressing to remain in place. This will allow bacteria to grow. The dressing should be changed as often as needed to prevent irritation and breakdown of the skin. If large amounts of fluid begin leaking from the site, call your surgeon or nurse and ask for instructions.

## Clogged Drains

Bulb drains may clog because of the formation of small clots in the tubing. This is common. If you notice that there is no fluid in the bulb, check the tubing for a possible blockage caused by a clot. If a clot is found or if your drain has stopped draining, perform the following steps to reopen drainage:

- Wash your hands with soap and water.
- Gently squeeze the tubing where the clot is located to loosen it.
- After squeezing the clot, begin near the insertion site on your chest and squeeze downward the entire length of the tubing toward the drainage bulb. Repeat the process several times, squeezing the entire length of the drainage tubing.
- Secure drains by pinning to your clothing to prevent hanging loosely.
- Monitor the drain bulb for fluid collection. After several hours if no drainage has collected, call your physician for further instructions.

## Monitoring Drains for Infection

It is very rare for infections to occur with bulb drains. However, if you notice the insertion site begins to have an increased redness, discharge of pus (thick yellowish or greenish fluid) or foul odor, call your physician. The main prevention for infection is to keep the area clean and dry.

## Drain Removal

Drains are removed by the surgeon during an office visit. Patients report a pulling feeling with a moderate amount of pain lasting for a few seconds when the drain is removed. A small bandage is placed over the drain removal site. This site will also need to be watched for infection for the next several days. Any increase in redness, swelling, drainage or pain should be reported to your surgeon.

# EMPTYING AND RECORDING YOUR DRAINAGE

- Empty drains when they become heavy or over half-filled with fluid. When your drainage has decreased to a small amount, empty twice a day.
- If you have more than one drain, each one should be numbered so that drainage from each one can be recorded separately.
- Gather your supplies: bulb drain record, pen or pencil, and a measuring cup.
- Wash your hands with soap and water.
- Open one drain by removing the plug in the drain bulb.
- Squeeze bulb and empty drainage into measuring cup.
- Squeeze the air out of the empty bulb and keep the bulb squeezed as flat as possible as you replug the drain. This compression of the bulb encourages the flow of fluid from the surgical site into the bulb.
- If any of the drainage spilled onto the outside of the bulb, wipe it off with a damp cloth using soap and water or an alcohol wipe.
- Secure the bulb by pinning it to clothing. Do not allow the bulb to hang freely.
- Measure the drainage in the cup.
- Observe the color of the drainage. If you begin noticing that the fluid has changed color, becoming a darker red or appears to have fresh blood reappearing after the color had changed to a light pink, call your physician and inform him/her of the change.
- Empty the drainage into the toilet and flush. You do not need to save the drainage.
- Wash your hands with soap and water.
- Record the amount of drainage and the time emptied in the appropriate column.
- If you have a second drain repeat the process.
- Take the written record to the surgeon on your return visit. An accurate record will assist the physician in determining when to remove your drain(s).

