



WHAT YOU NEED  
TO KNOW ABOUT  
**DRAIN  
CARE**

## **Patient Instructions**

City of Hope is committed to providing you with excellent care and support as you become skillful and confident in your care. Please read this booklet carefully and let your nurse know if you have any questions or concerns.

# WHAT YOU NEED TO KNOW ABOUT DRAIN CARE

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*The basic information presented here was developed by clinicians at City of Hope. It may differ to some extent from your particular situation. This information must be used with the guidance of professional health care providers at City of Hope.*

## WHAT IS A DRAIN?

During surgery, your doctor may place one or more drains directly into your body. This drain removes the extra fluid your body makes when you have surgery. Removing the extra fluid helps reduce your risk of infection and speeds up healing. You will notice drain clots, these clots are string like, and clumped together in the tubing.

Your body will drain the largest amounts of fluid the first few days after surgery and then the amount will slowly lessen. The drain will be in place for one to two weeks or longer.

The most commonly used drains have a bulb or squeezable container attached to flexible tubing. This tubing is put under your skin, near your surgical incision. The drain works by creating suction when the bulb is squeezed flat and the cap is closed. This gentle suction helps to remove the fluid.

### Remember:

- Keep the bulb flat at all times.
- To flatten the bulb, squeeze it firmly in the middle and close the cap.



## CARING FOR YOUR DRAIN AT HOME

Take proper care of your drain to avoid infection and complications. **There are three steps to keeping your drain and incision site clean and healthy.**

1. "Milk" or "strip" your drain.
2. Empty your drain, measure fluid and record.
3. Clean the skin around your drain tubing.

### "Milk" or "strip" the drain

"Milk" or "strip" the tubing to clear clots or clogs three to four times each day or as needed to keep the fluid flowing. There are four steps to "Milk" or "strip" your drain (shown in photos below). Drain the bulb at any point that it becomes half full. If the bulb is too full, it will not suction well.

1. Wash your hands with soap and water. Dry your hands.
2. Using your thumb and index finger, pinch the tubing at the site where it exits your skin. Hold to secure in place.
3. Using your other hand's thumb and index finger, pinch the tubing, get an alcohol wipe and use it to slide.
4. Keep the first pinch on the tube and slide the second pinch along the tubing to reach the bulb. Keep firm pressure. This will stretch the tubing, but it will not break.



If you see a clot, stop and start to move the clot through the tubing with your second pinch. You can use an alcohol pad around the tubing to make it easier to slide. Do not pull so hard that it hurts or pulls the drain out of the skin. Repeat until the fluid drains freely.

## EMPTYING AND MEASURING THE DRAIN

Empty your drain at least three times a day. Follow these steps to empty your drain.

1. Wash your hands with soap and water for 15 to 20 seconds. Dry your hands.
2. Use a measuring cup and your **Patient Drain Record** sheet.
3. Unfasten the pin or clip that holds your drain to your clothing.
4. Open the cap on the bulb. Do not touch the inside of the cap. Use an alcohol wipe to clean the spout if it touches any surface to prevent infections.
5. Turn the drain upside down over the measuring cup and gently squeeze the drain to empty it. Avoid touching the measuring cup.
6. Squeeze the bulb flat to provide suction. Close the cap.



Generally, drains are removed when the fluid amount that drains is less than 30ml per day. Your doctor or nurse will decide when to remove the drain.

## IMPORTANT

Please get a precise measurement of the drain fluid, using the measuring cup provided, which measures in milliliters (ml). Do not record the measurement in other units (ounces, cups, etc.). Please do not guess or estimate the amount.



7. DO NOT wash inside of the bulb. If you have concerns about residue build up, your doctor/nurse can replace it.
8. Keep a record of the date, time, amount of fluid removed, color, odor and viscosity (how thick or thin the fluid looks). Use the **Patient Drain Record** included at the back of this booklet or cell phone application.
9. Call your doctor if the fluid is cloudy, smells bad or the amount has increased or if the color of the drain fluid changes to bright red after it already has been lighter in color for days.
10. Flush the fluid in the measuring cup down the toilet. Wash your hands.
11. Remember to bring your drain record to all clinic visits.

If you have more than one drain, the drains will be numbered. Keep a record of the amount of fluid from each bulb drain and add up the total amount removed from each drain in 24 hours. It is important to keep the totals separate for each drain. Your doctor will need to know how much fluid is coming from each individual drain.

## HOW TO DRESS AND SLEEP WITH THE DRAIN

The drain will be stitched in place so that it will not accidentally get pulled out. You can insert a safety pin through the loop on the drain bulb to secure it to your clothing. You can also use a fanny pack to secure the drain around your waist.

- Wear larger shirts, roomy blouses, sweaters and sweatshirts that open in the front until the drains are removed. Do not wear any clothing that you need to pull over your head.

Sleeping with drain(s) may be uncomfortable — particularly if you roll over and pull on the drain. It may take some practice, but some patients have found that using extra pillows to limit rolling over or propping yourself up may be helpful.

## SHOWERING WITH THE DRAIN

Personal hygiene is important. If your doctor has given permission, please be sure to shower every day. Cleanliness is important in preventing infection. The drain and tubing can get wet without danger. To avoid pulling on the tubing in the shower:

1. Secure the tubing around your neck with a sash, around your waist with a belt, or tape the drain directly to your skin.
2. Gently wash around the drain site with mild soap and water.
3. Dry the drainage site with a clean towel and cover with clean gauze.

**DO NOT SOAK** in a bathtub.



## CLEANING THE SKIN AROUND THE DRAIN TUBING

Clean the skin around your drain tubing every day.

1. Wash your hands with soap and water. Dry your hands.
2. Remove the tape and old dressing by gently pulling the tape toward the drain.
3. Wash the insertion site with mild soap and water.
  - Start at the center where the tube comes out of the skin.
  - Use a circular motion to clean the skin around the tube. Slowly move out and away from the tube and clean 3 to 4 inches around the tubing.
  - Do not clean back toward the tube.
  - Remove any dry or crusty blood with a cotton-tipped applicator, moistened with clean tap water.
  - Pat dry with a clean towel.
4. Check the skin around the tube for redness, warmth, swelling or a bad smell.
5. Make sure the bulb, tubing, stitch and skin around the drain are clean and dry.
6. Put a clean gauze dressing over the drain insertion site and tape it in place.
7. Wash your hands with soap and water.



## PAIN AND DISCOMFORT

Drains are certainly a bothersome part of having surgery. Unfortunately, they are often necessary to help you heal faster and avoid even more painful infections.

You may experience some pain and discomfort when a drain is placed and when it is removed. You may also experience some pain and discomfort while the drain is in place. This is to be expected. Be sure to call your doctor or nurse if the pain increases or you experience new pain.

## MANAGING PROBLEMS WITH THE DRAIN

### What do I do if the bulb detaches from the tube?

1. Clean the end of the tube and spout of the bulb with alcohol.
2. Push the tube securely over the spout to reattach.
3. Open the cap and squeeze the bulb flat to let out the air.
4. Close the cap while the bulb is still flat.
5. Notify your doctor immediately. You may be at increased risk for infection, so your doctor needs to be aware.



## **What to do if your drain comes out and other problems**

Drains rarely become dislodged when they are pulled on sufficiently hard. The tubing can break or the retaining stitch can break or pull through the skin.

- If the drain becomes loose from the skin, please report this to your doctor immediately.
- If the drain has partially fallen out and/or no longer holds suction please report this to your doctor immediately.
- If the drain falls out completely, please put it in a plastic bag and report this to your doctor immediately.
- If the one-way valve becomes loose and lodged inside the bulb, report this to your doctor so that you can come in and have the bulb replaced.

## **CARING FOR THE SITE AFTER THE DRAIN IS REMOVED**

When the drain is removed, the insertion site needs to heal.

The day after your drain has been removed:

1. Remove the old dressing.
2. Cleanse the area with soap and water (or 50/50 peroxide and water).
3. Apply antibiotic ointment to gauze and/or an adhesive bandage.
4. Put the ointment gauze/adhesive bandage on the area where the drain was removed.
5. After a few days, when the skin starts to scab, remove the dressing.
6. Be sure to protect the area from rubbing on clothes until it completely heals.

Call your doctor or nurse if the site becomes red, swollen or drains pus. Mild soreness is natural, but pain caused by infection needs to be treated as soon as possible.

## CALL YOUR DOCTOR OR NURSE RIGHT AWAY IF:

- You have a fever greater than 101°F.
- The drain fluid is cloudy, has a bad smell or big red clots.
- If the color of the drain fluid suddenly changes to bright red after it already has been lighter in color for days.
- You have any new or increased pain.
- The drain amount is increasing instead of decreasing.
- There is increasing drainage around the drain site — this usually means the drain is clogged.
- If you are leaking at the site where the drain tube exits even after stripping the drain of clots.
- Your sutures (stitches) open up.
- Your tube has completely or partially fallen out.
- You have redness or swelling around the insertion site.
- Your bulb will not stay flat after you empty it.
- The total drainage for any tube is less than 30ml for three days.

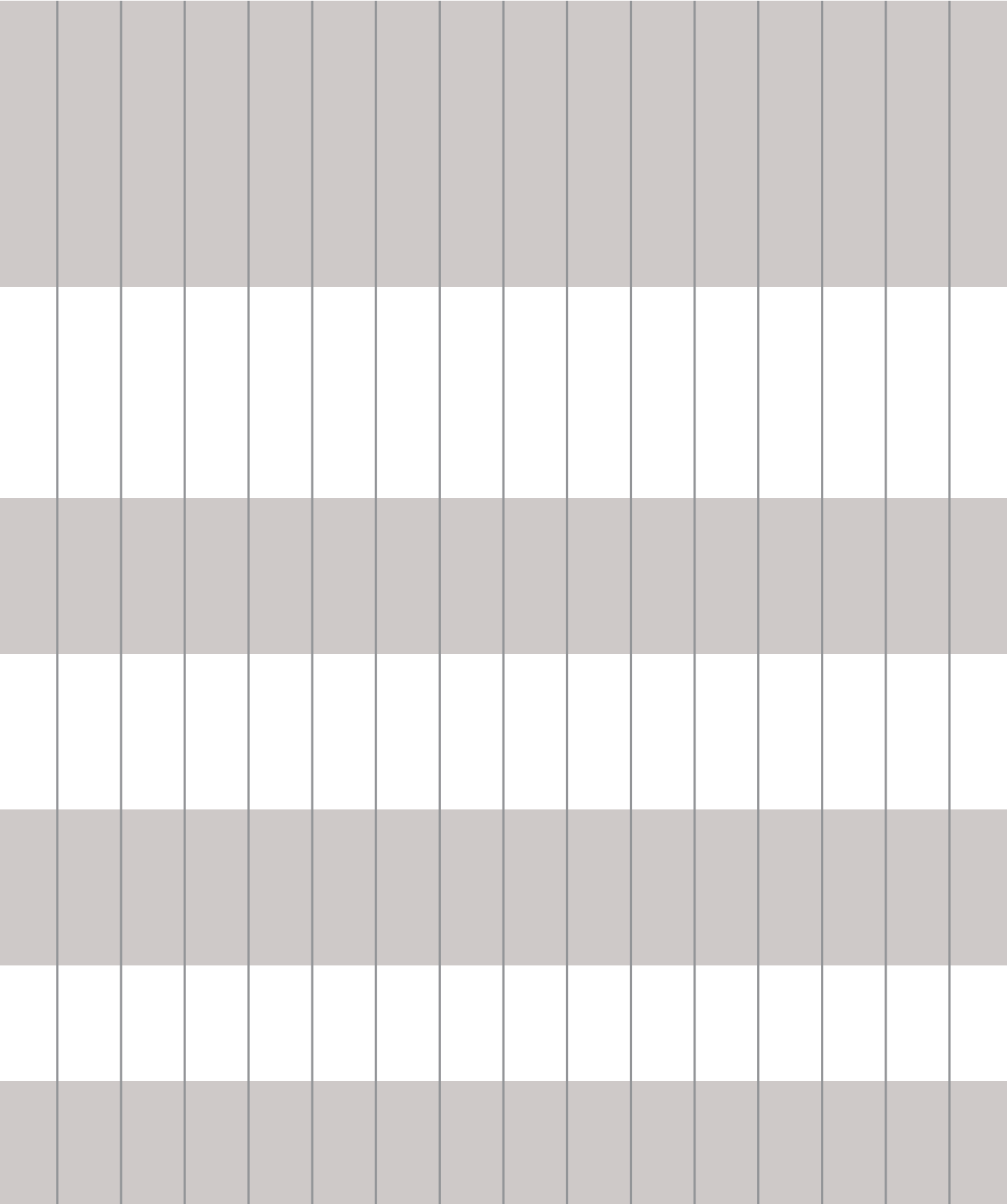
*Talk to your doctor or nurse if you do not understand these instructions and/or have questions or concerns about your care. Remember to monitor your progress by looking at all your wounds several times a day.*

**If you are not feeling well or get worse, get help right away by calling the Nursing Triage Call Center at 626-218-7133. The nurses are available 24 hours, seven days per week.**

# PATIENT DRAIN RECORD

Use the template provided on the next page or ask your nurse about a recommended cell phone application to record drain output.





The image displays a grid of 16 columns and 4 rows of shaded rectangular cells. The grid is composed of 16 vertical columns and 4 horizontal rows. Each cell is filled with a uniform light gray color. The columns are separated by thin, dark gray vertical lines, and the rows are separated by thin, dark gray horizontal lines. The overall appearance is that of a blank ledger or a data table template.

PATIENT DRAIN RECORD

Patient Name:

Drain No. 1 Location:

Drain No. 3 Location:

Drain No. 5 Location:

Drain No. 2 Location:

Drain No. 4 Location:

Drain No. 6 Location:

DATE	DRAIN NO.	VOLUME DRAINED A.M.	VOLUME DRAINED MID-DAY	VOLUME DRAINED P.M.	VOLUME DRAINED TOTAL (24 HOURS)	DRAINAGE AND DRAIN SITE EVALUATION <small>DRAINAGE: (COLOR, ODOR, VISCOSITY: THICK/THIN) DRAIN SITE: (REDNESS, SORENESS, LEAKAGE — DESCRIBE)</small>





For more information and a video on how to  
take care of your drains, please visit  
**[CityofHope.org/draincare](http://CityofHope.org/draincare)**.







Patient, Family and Community Education  
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