

HOW TO CARE FOR YOUR JACKSON PRATT DRAINS

Sometimes it is necessary to place a drain/s into the incision site during surgery. This helps remove fluids that accumulate after surgery. The drain (Jackson Pratt or "J.P."), provide a suction and collects excess fluid, while promoting the healing process and reducing the chance of an infection.

- 1. Wash your hands before handling drains.
- 2. Remove the plug attached to the bulb. This will cause the bulb to expand with air, making it easier to measure and empty out.
- 3. There are lines marked on the bulb. The bulb can hold up to 100cc of fluid. Measure and record the amount of drainage from your J.P. drain bulb every 12 hours or as needed as it fills up. This is done by estimating the amount from the lines on the bulb. Alternatively, if you have a small measuring cup in milliliters, you can empty the contents of the bulb into the cup to measure the amount of fluid. (Drainage into your J.P. bulb should not exceed ³/₄ full to maintain maximum suction). Record every measurement on the sheet provided to you. Bring it with to each of your follow-up visits. (To help prevent infection, do not allow the rubber plug or bulb to touch the measuring cup or any other surface while empting.) Always wash your hands before and after handling the bulb.
- 4. Discard the fluid into the toilet carefully. Be sure not to splash any onto you or others.
- 5. Once empty, compress the bulb while replacing the plug to create a vacuum so that the bulb is in suction mode.
- 6. If the drain should accidentally partially come out of the incision site, do not push it back in. It is now contaminated and can cause infection. Just call our office if this should happen. Place extra gauze or a sanitary napkin to absorb any leakage. No need to panic.
- 7. Requesting to remove a drain before it is ready to come out may cause a seroma that will need to be manually aspirated with a needle. Drains will be removed once it is draining less than 30 to 35cc in a 24 hour period per drain.

<u>IMPORTANT</u> You must remain on antibiotics while your drains are in. If you run out of antibiotics, please request a refill. Not doing this could cause infection.

Call our office if any of the following should occur:

- **%** Call our office if there is leakage around the tube
- **X** Tube is clogged
- X Increased pain, swelling, heat, redness or burning around the insertion site.
- ✗ Fluid is thick, has a foul smell, looks like pus, milky consistency or is bright red after the 4th or 5th day of surgery. It is normal for it to be bright red the first few days after surgery. It should get lighter after a few days to a seriously clear to pink color.
- Have a fever that won't resolve

Please note drain number or side (left or right, etc) drains should be marked.



board CERTIFIED PLASTIC SURGEON

| Date: | Time: | Drain #1 | Drain #2 | Drain #3 | Drain #4 |
|-------------------------|------------------|-------------|-------------|----------|----------|
| Example: <u>8/02</u> | <u>7:00 a.m.</u> | <u>60cc</u> | <u>70cc</u> | | |
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