

DRAIN CARE

Drains are often a necessary evil of surgery. Many patients complain the most about the drains. In this paper we will outline how to care for your drains, and we hope that with this information you will have as few problems as possible. Believe us, we try to not use drains unless they are really necessary, and we try to get them out as soon as we can!

Whenever your body suffers an injury the healing process begins. This is certainly true after surgery. There are 2 primary concerns after surgery that often require the use of drains. Number one, there can be "space" left behind after something is removed or rearranged. We would like to collapse, or minimize this "space." Number two, the body often begins the healing process by producing "fluid" to act as a protectant and a source of nourishment for the damaged tissues. If this "fluid" accumulates too much, however, healing can be delayed. The "space" may fill up and not go away.

In these cases drains are placed in these areas to try and prevent these complications. There are 2 major kinds of drains that are used most often.

- I. One drain used is a soft, often yellow, rubber-like ribbon. The end of the drain can come out from the incision or from a separate opening near the incision. Sometimes there is a safety pin on the end of the drain, or the drain may be stitched to the skin. Because this drain is there, it is expected that there will be a lot of drainage that comes out into the bandage. This outside bandage should be changed as often as needed to keep it relatively dry. If you leave a very wet bandage in place for too long it may cause irritation of the skin. You need to be careful that you don't accidentally pull these drains out when you change the bandage.

- II. The more common drain used requires a little more care. This kind of drain is most often a round plastic tube that is attached to a collection device of some sort, usually a bulb. The tube itself comes out of the incision or out of a separate site near the incision. It is almost always stitched in place. The tube is then connected to the reservoir that collects the fluid that comes out. **Use the following instructions to take care of this kind of drain:**
 1. Support the tube(s) and the collection device with tape or safety pins so that they don't pull against your skin. This is the most common problem. And when you have pulling, you will have pain and discomfort.
 2. Keep the collection device compressed so that it continues to pull out the fluid. If the bulb is full of air, it can't suck out the fluid.
 3. Similarly, the bulb must be emptied of fluid if it fills up.
 - i. Measure and record the amount of fluid in the bulb. (There are marks on the side of the bulb)

- ii. Open the top and squirt the fluid into the sink or toilet.
 - iii. Re-compress the bulb and replace the cap on the top.
4. Every 24 hours, total the amount of fluid that has come out of the drain and record this one number as the drainage from that drain on your worksheet. Keep a separate record for EACH tube. (We will remove drain tubes when they are no longer needed. Sometimes we remove one tube but leave others if you have more than one. We need to know the output from each drain separately.)
5. You can clean the skin around the drain site if needed. Use ½ strength peroxide (mix peroxide half and half with water) with a Q-tip. You can apply a small amount of antibiotic ointment to keep the area moist if needed.
6. Sometimes there will be some drainage from the drain site, itself. This is especially true if the tube gets clogged. You will need to use bandages around the drain site to collect this drainage. You might have to clean the area as in #5, above. There is also a technique called “stripping the tube” that you might try. Be careful that you don’t pull too hard against your skin or pull the tube out!
 - i. About half way along the tube, pinch it shut with your left thumb and pinching finger.
 - ii. With your right thumb and pinching finger, pinch the tube right next to the left hand and then slide your right, pinched thumb and finger towards the bulb. Keep the right hand pinched.
 - iii. Release the left hand pinch.
 - iv. Release the right hand pinch.
 - v. Repeat this process several times. It can help to move liquids and blood clots into the bulb. Sometimes the tubing remains collapsed after you do this, and that is OK. If you can’t slide your pinching thumb and finger along the tube, you can use some lotion on your fingers to make them slipperier.
7. You can sometimes take showers with drains in place, but it is more common to take sponge baths until the drains come out. You definitely don’t want to take baths or soak the drains under water.

We hope this information is helpful. Be sure to ask us if you have any other questions. Even when drains are used patients can end up with fluid problems. Dr. Lundquist will be evaluating your healing during your post-operative visits. Occasionally he will “tap” fluid out of your wound with a small needle. This usually isn’t painful, and more often helps to decrease pain and pressure from the fluid that has built up. Don’t be worried about this!