

Drain Care

Drain care is required 3 times per day immediately following surgery. Follow these instructions explicitly and record drainage as required, below. **You must do this 3 times per day, and at any time the drainage bag is more than 1/3 full.** You will be required to submit the drain log Dr. Tarola for your patient record.

- 1. Wash your hands well with soap.
- 2. Open cap on the drain bulb. Pour out drainage into a clean measuring cup. Record the amount of drainage and time of day as indicated. Dispose of drainage in the toilet and flush.
- 3. **Squeeze bulbs tight.** Replace cap.
- 4. Once you have measured your fluid drainage, you must "milk" or strip the drain tubing. This is done to prevent small clots from blocking fluid flow. To do this, hold the tubing securely at the skin site with one hand. With the other hand, pinch the tubing between your thumb and index finger and apply firm pressure as you strip the tubing towards the bulb.
- 5. If the tubing and bulb come apart, wipe the ends with alcohol and reconnect. Squeeze the bulb again and replace cap.

Cleansing the Drain Site

Check the skin around the drains for leakage or redness (a slight redness immediately around the tube is not unusual). If there is leakage, begin milking the tubes downward towards the bulb and continue milking every hour until leakage slows down.

Additional Instructions:

- Always <u>secure the drain to your clothing with a safety pin</u> so that there is no tension on the drain at the incision site
- Do not cut the drains
- Keep tubes connected to the bulbs
- Check that the bulb is always deflated (or flat)

Caution and Concern

Notify Dr. Tarola at 615-624-8914 immediately if any of the following occur:

- A large amount of leakage around the drain
- A marked increase in drainage output (double your usual flow)
- Increased heat, redness, or tenderness around the insertion site