



Drainage Record

Drains are often placed in wounds during surgery to prevent the accumulation of fluid underneath the incision site. This is a closed, air-tight drainage system which operates by self-suction. The drain(s) promote healing by keeping excess pressure off the incision and decreasing the risk of infection. The drain is sutured into place at the site of insertion to promote stability. The drain(s) is left in place until drainage is approximately **30cc's or less** (or 30ml's, or 1 ounce) **per drain for each 2 consecutive days**. The fluid that collects in the bulb is normally very red at first, changing to a more orange or straw-colored the longer it is in place. Clots in the tubing are expected as long as they do not interfere with the draining system. Although drains may be hard to get used to, they are very important and are there to help you heal. Please do not cut, tear out, or remove the drain yourself, as this may cause some major complications.

Emptying the Drainage Device:

Measure the drainage twice a day (when you wake up and before you go to bed), or more often if the bulb appears half full/half expanded.

1. Wash your hands. Remove the plug from the pouring spout. Do not touch the inside of the plug or the spout opening.
2. Pour the fluid into the specimen cup. You may squeeze the bulb gently to assist in emptying it.
3. Compress the bulb tightly and reinsert the plug into the spout, while keeping the bulb compressed. The self-suction has now been re-established.
4. Measure and record the drainage amount according to "cc" or "ml" or "oz" and write down on the chart on the back of this sheet.
5. Flush the fluid down the toilet and wash your hands.

CALL YOUR DOCTOR IF:

- Fever is greater than 101 degrees
- The bulb does not stay compressed
- Foul odor
- Cloudy yellow or green colored fluid
- Severe pain
- Increased redness
- Excessive drainage around drain insertion site
- Sutures break at insertion site
- Tubing becomes dislodged or comes out

DRESSING CHANGE:

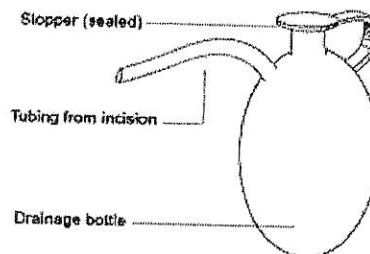
A small to moderate amount of straw-colored drainage is normal from the drain site. Cleanse drain insertion site if needed with hydrogen peroxide. Always keep a dry dressing around the drain site.

Gil Kryger, M.D. & Zol Kryger, M.D.



JACKSON PRATT DRAIN HOME INSTRUCTIONS

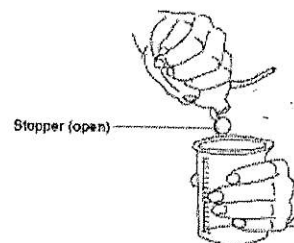
After surgery, you will have a drain(s) called a Jackson-Pratt (JP) drain. This device suctions and collects fluid from your surgical area. The drain promotes healing and recovery, and reduces the chance of infection. The drain will be in place until the drainage slows enough for your body to reabsorb fluid on its own. While you are hospitalized the nursing staff will care for the drain and teach you to continue to do so at home.



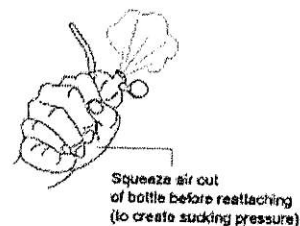
How to Empty your JP Drain:

Wash your hands thoroughly before emptying your drain(s).

1. Have the plastic measuring cup from the hospital ready to collect and measure the drainage.
2. Unpin the drain from your clothing.
4. Open the top of the drain. Turn the drain upside down and squeeze the contents of the bulb into the measuring cup. Be sure to empty the bulb as completely as possible.



5. Use the chart to record the amount of drainage twice a day or any time the bulb is full. Record the total for 24 hours. If you have more than one drain, remember to record the drainage from each drain separately.
6. To prevent infection, do not let the stopper or top of the bottle touch the measuring cup or any other surface.
7. Use one hand to squeeze all of the air from the drain. With the drain still squeezed, use your other hand to replace the top. This creates the suction necessary to remove the fluids from your body.
8. Pin the drain back on your clothing to avoid pulling it out accidentally. The drain must be placed below the drain site to maintain adequate drainage. DO NOT disconnect, kink or puncture the tubing that is connected to the drain. If this happens, please contact your surgeon.
9. Wash your hands again. Remember to wash your hands before and after the procedure to reduce the risk of infection.





DRAINAGE RECORD

Bring this with you to you next Doctor's visit.

Drain #1	DATE							
	A.M.:							
	P.M.:							
	TOTAL:							

Drain #2	DATE							
	A.M.:							
	P.M.:							
	TOTAL:							

Drain #3	DATE							
	A.M.:							
	P.M.:							
	TOTAL:							

Drain #4	DATE							
	A.M.:							
	P.M.:							
	TOTAL:							

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