

Caring for your Drains

You may have one or two drains placed at your surgical site. These drains are used to minimize swelling from the fluid that can accumulate at the surgical site. We use a closed suction system where there is a bulb at the end of the tube that compresses to create gentle suction. When the bulb is squeezed, and the opening is closed by reinserting the plug, a negative pressure is created to facilitate fluid to move from the surgical site to the bulb.

This fluid is a mixture of lymphatic fluid and blood. The color will go from red, to pink to yellow. Occasionally it will intermittently get red due to drainage of a clot or small pocket of blood. The amount of drainage varies with each patient. If you are emptying the bulb frequently and the fluid appears to be red blood, call Dr. Stanley (i.e. 3 full bulbs a day). If this is occurring, please be sure to use the compression described in your post op instructions.

The drainage should gradually decrease in volume and it is important to record your daily output. Once the drainage is down to 30-35 cc/day it is likely that it is ready to be removed. Commonly the drains are ready for removal in 1-2 weeks. After the drain is removed, we expect that your body will resorb the small amount of fluid that might remain. If it does not, a “seroma”, or fluid collection may occur. This feels like a swelling or firm area under your incision. This can be drained in the office using local anesthesia and a small needle.

It is important to let the drains hang loosely, securing them to your clothing or bra or using a provided “drain bag” that can hang around you neck. Empty the drain daily. You may need to empty 2-3 times a day for the first couple of days. Do not let the drain get heavy and avoid dropping the drain as this will cause discomfort. When showering, it is helpful to wear a lanyard around your neck and clip the drain to the lanyard. Do not let the bulb hang down during the shower as this will pull on the site and be uncomfortable.

Emptying and Recording your drainage:

- Empty when drain is heavy or ½ full. When drainage is low, empty 1-2 times a day
- If you have more than one drain, label the drains with a permanent marker +/- a piece of tape and make sure to measure and record each drain separately
- Open drain by removing plug. There are markings on the bulb to gauge volume or use a measuring cup. (1cc = 1ml)
- Squeeze the air out of the bulb and replace the plug
- Discard drainage into a toilet
- Bring your drainage record to you appt with Dr. Stanley

Bathing:

Your waterproof dressing can get wet the first 48 hours. Once that comes off the steristrips can get wet. Remove any drain dressing (dry gauze). Place the drain bulb into a bag or clip to a lanyard and get in the shower. During the shower you can run warm water over the incision and lightly use soap. After the

shower, gently pat the incision/strips dry with a clean towel. Replace the gauze around the drain(s) after putting a small amount of Neosporin or Bacitracin on the drain entrance into the skin.

Cover any areas of the incision that are draining.

Leaking drain site:

Occasionally a small amount of fluid may leak from around the insertion site. This is not dangerous but be sure there is a clean dressing around the site to avoid too much moisture on your skin. Make sure the drain is working properly by “stripping” the drain (see below).

Clogged Drain:

If you notice that a drain that has been draining freely suddenly stops draining, you will need to check the tubing. Small clots can form in the tubing. This can sometimes cause the fluid to drain from the drain insertion site. If you feel the drain is clogged (either flow has stopped, or you see a clot with no fluid below the clot), Gently squeeze the area, starting near the skin and compress the entire tubing downward toward the bulb while maintaining the compression near the skin. This will flatten the tube. Release both ends of the flattened area at the same time and this extra suction will help release the clot. You may need to repeat this several times. Do not tug on the tubing. If you are unable to clear the tube after several hours, call Dr. Stanley.

Infections:

It is common to have a little redness around the drain site. This is normal. If this redness spreads beyond the site, it could be an infection. Please call if you have increased redness, pain, swelling or drainage of pus.

Activity:

During the first week gently use your arm for personal hygiene and light activities. Avoid heavy lifting, housework. It can be comfortable to rest the arm on a pillow, allowing air to get into the underarm. After the drains are removed you will start range of motion exercises to assure that you have full range of motion. You will be provided a referral to physical therapy if you feel you are not making progress. Driving is discouraged while you have your drains and do not drive if taking a narcotic.

Please call with questions or concerns 497-3370