

# Instructions for Surgical Drain Care

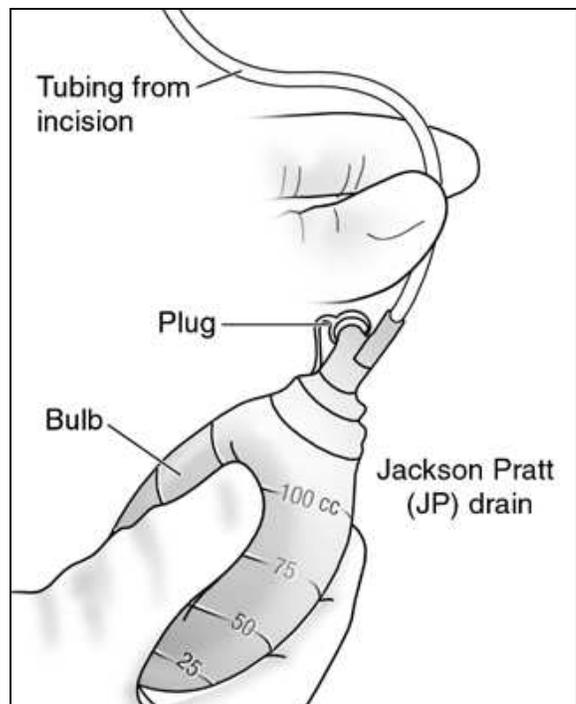
One of the most important goals of Moffitt Cancer Center is to provide you with quality patient care through education, research, and service. The following booklet has been prepared to help you understand how to care for your surgical drain. Your nurse and/or doctor will review this information with you and answer any questions that you may have.

The drain removes excess fluid that the body produces as a result of surgery. The fluid is a mixture of lymphatic fluid, blood cells and debris. Healing can occur more efficiently by removing the fluid. The amount of fluid collected by the drain is related to the extent of the surgical procedure. This means, the more extensive the procedure, the more fluid is produced. The color of the fluid usually begins as cranberry (blood tinged) and as the days after surgery go by, the color becomes pink or yellow. The more active you are, the more fluid will be produced. Sometimes increased activity can cause the color of the fluid to become cranberry after it has been yellow.

It is important to keep the drain tubing open. This is done by “milking” the tubing and emptying the bulb three to four times each day for the first 3 days only. We have provided a chart to help you keep track of the drainage.

## **Procedure:**

1. Wash hands thoroughly before caring for your drain. To milk the drain, follow these steps:
  - a) Place the tubing between your forefinger and your thumb. You may use an alcohol wipe to hold the tubing. Hold the site where the drain exits your body with your hand on the opposite side of your body. This can prevent pulling on the drain site.
  - b) Begin where the tube exits your body and gently strip the tubing, moving the fluid and any clots toward the bulb.
  - c) Repeat the procedure at least 3-4 times each day. The bulb should always be compressed for it to work properly.
2. Empty the bulb to keep it free of fluid, which can cause heaviness and unnecessary pulling. Do not touch the inside of the cap. Each time you empty the drain, measure the amount of fluid and write this down on the record sheet. Do this each time you milk the drain.
3. Measure the fluid for a 24-hour period.



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### **Dressing Care:**

1. You may shower after 2 days.
2. Before you shower, remove the dressing from the drain site. Shower. Apply a topical antibiotic and reapply a new dressing or band-aid.
3. The drain site should be re-dressed daily. It is normal for the drain site to have some redness or drainage.

### **Potential Problems with the Drain:**

Whenever something is placed in the body, there is a possibility of infection. If you develop a fever or chills, call your doctor right away. Signs and symptoms of an infection are: redness that increases at the drain site, heat at the drain site, cloudy fluid, fluid that has a bad odor, and an increase in your temperature.

It is common for fluid to drain around the site. Sometimes this happens if the body makes more fluid than can be drained. Call the clinic if no fluid is being collected in the bulb.

### **Drain Removal:**

The drain is removed by the nurse or doctor when the amount of fluid is 30cc (1 oz) or less for two straight days **OR** three weeks after surgery, whichever comes first. Call the clinic for an appointment when the drain is ready to come out. Once the drain is removed, do not swim or soak in a tub for two days. It is OK to shower. The site will close by itself within 3 to 4 days. Fluid may continue to ooze out until the site heals. To help with the healing process, keep the site as clean and dry as possible.

The body will now absorb the fluid it is producing. If the body cannot absorb the fluid it produces fast enough, the fluid will begin to collect in the surgical site. This is called a seroma and requires medical attention. **If this begins to happen, call the clinic office as soon as possible.**

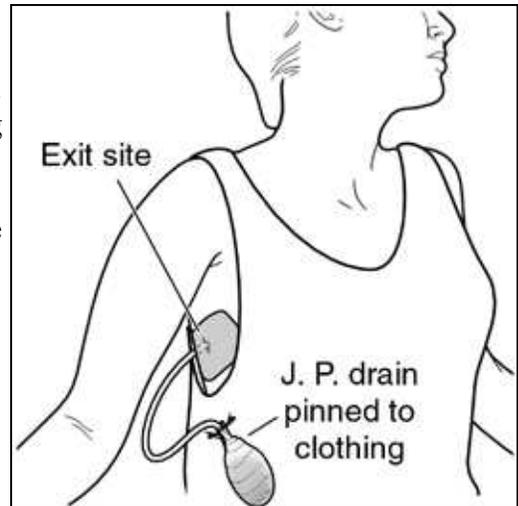
### **If You Need to Call:**

Your doctor's phone number is: \_\_\_\_\_

Your nurse's phone number is: \_\_\_\_\_

The clinic's phone number is: \_\_\_\_\_

**Please note:** If you have had breast reconstruction, such as tissue expanders or a TRAM flap, please ask for your plastic surgery team *first*. They will address concerns about your surgical drains, wound care, antibiotic therapy and pain medications.



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