

Jackson-Pratt (JP) Drain Care Instructions

PROPER JP DRAIN CARE IS ESSENTIAL TO YOUR PHYSICAL RECOVERY. PLEASE CONTACT YOUR SURGEON'S OFFICE IF YOUR CONCERNS ARE NOT ADDRESSED BY THE FOLLOWING INSTRUCTIONS

Depending on the type of your surgery, your doctor may send you home with one or more bulb-shaped drains. Drains prevent the buildup of blood and fluid from occurring in the surgical site.

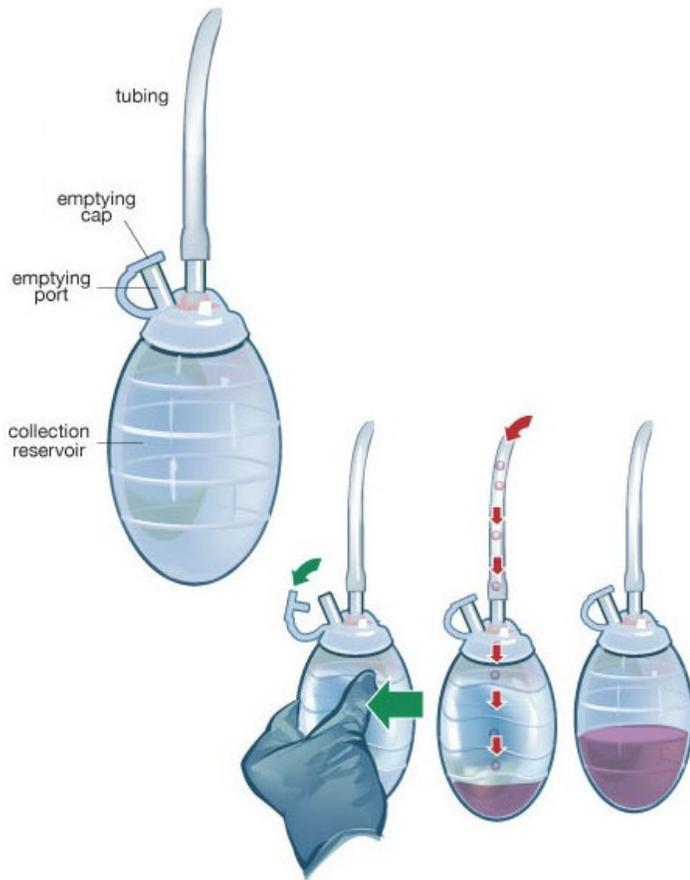
The most common drain is the Jackson-Pratt drain, which has a small "hand grenade" shaped bulb at the end of a plastic tube. The drain is secured to the body with a stitch to minimize accidental removal.

When the bulb is squeezed, a vacuum is created. This gentle suction helps to draw out any fluid collections.

HOW TO CARE FOR YOUR DRAIN

JP drain output needs to be properly measured and recorded for your surgeon to determine when it can be safely removed.

The collection bulb should always be collapsed (flat) to maintain continuous suction. The bulb should not be collapsed by pushing in the bottom end as this does not create suction. The bulb needs to be emptied when it is filled with fluid or the bulb is no longer on suction.



<https://youtu.be/66MKEoH654o>

The bulb may be pinned to clothing with a safety pin to prevent it from being dislodged or pulled. (Don't forget to unpin it when undressing...)

EMPTYING THE DRAINS

You will need a measuring cup provided by the hospital (will be given at the time of discharge)

1. Wash your hands with soap and water.
2. Uncap the drain and carefully empty the contents into the measuring cup- note the amount (in mL)
3. Squeeze the center of the bulb and recap with the drain plug before releasing.
4. Record the time, amount of drainage (mL or cc – they're the same) and which drain it came from (e.g. drain #1 or Right breast) on flowsheet provided. Download Extra flowsheets from www.feinerplasticsurgery.com
5. Discard drain contents in the toilet.
6. Repeat this process for all drains. Record the outputs **SEPARATELY** for each drain- do **NOT** add drains together
7. Bring the record of the drain outputs with you to each visit. The practice may typically remove the drains when they put out less than 30mL/day for two consecutive days.

TROUBLESHOOTING (PLEASE READ PRIOR TO CALLING OFFICE)

Problem	What to do?
Drain is not holding suction	Make sure the cap is securely in place and the bulb completely compressed. Check the drain site near the skin, if a black dot is visible or the channels of the drain are visible outside the skin, call the office.
Drain is pulled out or falls out	Do NOT attempt to replace. This is very common and nothing to worry about! Place a bandaid over the skin opening and notify the office during business hours.
Drain site is red and/or painful	Some discomfort and redness are to be expected around the immediate drain site. If redness is larger than the size of a quarter and swelling/heat present, call the office during business hours.
Drain site is leaking fluid	Sometimes the drain is clogged or insufficient to remove the fluid building up. Reinforce the dressing around the drain and change when saturated. If frequent dressing changes are noted, notify the office.
Drain output slows or stops	Attempt to strip the drain(see below) to ensure it isn't clogged. If nothing comes out, there may be nothing to drain. If surgical site is enlarging or painful, notify office.
Drain and bulb have "clots" or solid material	You may notice some thick or solid clot or whitish material in the drain tubing or bulb especially after a few days. This is normal. Continue to record drain output.

Drain issues are rarely emergencies, even if they fall out. The most important thing to note is that there isn't an issue with the drain and a change in the surgery site (e.g. drain clogged and breast painful/swelling noticeably)

HOW TO STRIP A JP DRAIN OF CLOGS

This procedure is performed when the drain is clogged and not draining.

1. Pinch the tubing as close to the dressing or body with your nondominant hand.
2. Then use your dominant hand to pinch the tubing near the first hand.
3. Slide the dominant hand towards the bulb to milk any material towards the bulb. Be careful to stabilize the drain and not to pull the tube out. You can use an alcohol swab to help your hand slide easier.
4. Pinch the tube when your hand stops sliding, then release the other hand to create a vacuum that should dislodge any clots or clog material.
5. Repeat until obstruction is cleared.

This YouTube video demonstrates much of what is contained in this handout and is a very helpful educational guide

<https://youtu.be/66MKEoH654o>