This booklet describes how to care for your drainage tube. The purpose of the tube is to remove fluid from a space inside your body. It is usually placed because of:

- **Pus** (an abscess) that builds up some place in the body. This is often a sign of infection.
- A **pocket of fluid** (a seroma or lymphocele) that builds up at the site where a lymph node was removed or surgery was done.
- A **blocked duct in your liver** which causes bile to collect in your liver.
- A **blocked duct in your gallbladder** which causes bile to collect in your gallbladder.

The tube will stay in place until your doctor decides that it should be removed. This usually happens when the drained fluid is only a small amount per day.

We will review this booklet with you before you leave the hospital. If you have any questions, be sure to ask.

**About your drain tube**

Your drain tube has several pieces, including a lock and a stopcock. The stopcock controls the flow of fluid through the tube. **Do not unlock the drain tube.** The lock holds the tube in place and helps to keep it from falling out of your body.

**Do not disconnect the tubing between your body and the stopcock.** If you have leaking or any other problem, call your care team. (Note: There is a string inside your drain tube. It is important to keep this in place—within the connecting tube, right in the middle—or the connection will leak.)

If you need to replace your drainage bag, you may disconnect the tube between the stopcock and the bag. Your nurse will show you how.

You will likely have a three-way stopcock. The stopcock has an arm labeled “off.” We will show you how to turn the arm to control the flow of fluid. If you have a two-way stopcock, do not turn it.
Caring for the tube site

Your nurse may give you a StayFix bandage to hold the tube in place. We will show you how to use this. **If you have a StayFix bandage, change it once a week or each time it gets wet.**

Change your other bandages and clean the skin around the tube every other day (or when your doctor tells you). If the bandages get wet, you must change them again. You may shower, but keep your bandage covered with plastic. Ask your doctor when it will be safe to take a shower without a plastic cover. Do not swim, take a tub bath or soak your tube site.

To change your bandages, follow these steps.

**Step 1: Prepare.**

1. Clean your work area with a household cleaner and water (or cleaning alcohol) and a paper towel.
2. Wash your hands with soap and water. Caregivers should put on clean gloves.
3. Place the following items on your clean work area:
   - Bag to hold the old bandages
   - Germ-killing liquid hand soap (or a product suggested by your nurse or pharmacist)
   - Cotton swab, gauze pad or clean washcloth
   - Sterile 2x2 or 4x4 peel-open bandages
   - 1-inch wide paper tape or Medipore tape
   - Paper towel.

**Step 2: Remove the bandages and check the skin.**

1. Remove the old bandages and put them in the trash bag. Be careful not to pull on your tubing or stitches, if you have them. Do not use scissors—they could cut the tube.
2. Look at the skin around the tube. If you have stitches, check these as well. Call your clinic or home care nurse if you see broken stitches or more redness, swelling or drainage.

**Step 3: Clean the skin around the tube.**

1. Wash your hands with soap and water. Caregivers should put on clean gloves.
2. Put the soap on your cotton swab, gauze pad or washcloth.
3. Clean the skin around the tube site. Start at the tube and move outward about 1 to 2 inches, moving in circles.
4. Rinse the skin with water. Pat or air dry.

**Step 4: Replace the bandages.**

There are two bandages per package. (You may also use gauze bandages with slits cut into them.)

1. Fold one bandage in half and place it below the tube site.
2. Fold the other bandage in half and place it over the tube site.
3. Tape the bandages in place.

**Step 5: Tape the tube to the skin.**

Always check that the tube is firmly taped to the skin.

1. Leave a small amount of slack in the tubing so it doesn’t pull on the stitches. It also helps keep the tube from being pulled out.
2. Tape the tube to the skin about 3 to 4 inches below the place where the tube enters the body.
**Step 6: Clean up.**

1. Throw away the bag of used materials.
2. Clean your work area with a household cleaner, water (or alcohol) and a paper towel.
3. Wash your hands with soap and water.

**Emptying the drain**

Empty the drain when it is more than half full—at least once a day. Write the amount and other details in your drainage record (see back page). Try to empty the drain at about the same time each day.

**Step 1: Gather these items.**

- Measuring cup (from the hospital)
- Alcohol pads
- Drainage record
- Paper towel

**Step 2: Empty the drainage bag.**

1. Wash your hands with soap and water. Caregivers put on clean gloves. Remove the cap, if you have one. Then, open the clamp on the bag.
2. Drain the fluid from the bag into the measuring cup. Check the color of the fluid. If you notice a bad smell like rotten eggs, call your nurse or clinic.
3. Close the clamp on the bag. Clean the cap and the bag’s outlet with an alcohol pad. Replace the cap.
4. Write the amount of fluid in your drainage record.

**Step 3: Clean up.**

1. Pour the fluid from the cup into the toilet. Rinse the cup, then pour the rinse water into the toilet.
2. Clean your work area with a household cleaner, water (or alcohol) and a paper towel.
3. Wash your hands with soap and water.

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If you have a JP (Jackson Pratt) drain

Keep the bulb compressed (folded) at all times except when you empty it. To drain the bulb:

1. Wash your hands. Open the bulb cap.
2. Drain the fluid into the measuring cup.
3. Clean the mouth of the bulb with an alcohol wipe, if your nurse tells you to.
4. Fold the bulb in half and close the bulb cap. If it does not stay compressed, call your nurse or clinic.
5. Write the amount of fluid in the drainage record.

**Call your doctor if**

- You have a fever over 101°F (38.3°C).
- You have stitches that break.
- Your tube leaks, gets clogged or falls out.
- The skin around your tube has more redness, swelling, pain or drainage.
- The drainage has a bad smell (like rotten eggs).
- For liver or gallbladder drains: You have nausea, vomiting, itching and jaundice.

Refer to your discharge instructions for whom to call with concerns or questions.

Doctor: _______________________________

Phone: _______________________________

For general questions 24 hours a day, call the Nurse Advice Line: 612-672-1878.
Your drainage record

Write down the date, time, amount, color and smell of your drainage. If you flush your drain, you should also note the date, time and amount of flush you use. If you have more than one tube, be sure to record the drainage for each tube.

Please also check your temperature by mouth once a day. Note this in the chart. If you have a fever over 101°F (38.3°C), call your doctor.

Bring your record to each doctor’s visit. This will help the doctor decide when to remove the tube.

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<thead>
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<th>Date and time</th>
<th>Amount of fluid (drainage)</th>
<th>Amount of flush</th>
<th>Total fluid (subtract flush from drainage)</th>
<th>Notes (such as color and smell)</th>
<th>Daily total</th>
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