Jackson Pratt Drain

Home Care Instructions

What is a Jackson Pratt (JP) drain?

This is a small tube that connects to a bulb. Its gentle suction removes extra fluid from the site where you had surgery. Your doctor will remove the tube when the amount of fluid decreases.

The color and amount of fluid will change over time.

How should I care for my tube site?

- Keep the skin around the tube dry. Check with your doctor about how to shower. You may need to cover the site with plastic when you shower. Or, it may be okay to let the site get wet and put on a clean bandage after you shower.

- Tape the tube to the skin below the bandage. Make sure to keep some slack in the tube. This helps prevent pulling on the stitches.

- You will need to change your bandage at least once a day. If the bandage gets wet, you'll need to change it again.

To change the bandage:

Prepare

- Wash your hands with soap and water.
- Place on your clean work area:
  - Bag for old bandage
  - Gauze bandage and one-inch paper tape
  - Anti-bacterial wash (0.9% normal saline) or soap and water
  - Cotton-tipped swab (like Q-tips) or a clean wash cloth

Remove the old bandage

- Wash your hands again with soap and water.
- Remove the old bandage and throw it out. Be careful not to pull on your stitches or tubing. Do not use a scissors—you might cut the tube.
- Check for any redness, swelling, drainage or broken stitches. If you have any of these, call your doctor.

Clean the site

- Wash your hands.
- Clean the skin around the tube site. Use soap and water or 0.9% saline with cotton swabs or a clean wash cloth. Start at the tube site and move outward in a circular motion, about 1 to 2 inches away from the site.
- Rinse with water and pat dry.

Replace the bandage

- We will give you a gauze bandage (2 per package).
- If you have bandages with slits, place one bandage around the tube. Place the other bandage under the tube, with the slit facing the opposite way. Tape the bandages in place.
- If you have bandages without slits, fold each one in half. Place one above the tube and one under the tube. Tape in place.
Tape the tube

- Tape the tube to the skin. Leave some slack in the tubing.

- Use paper tape, or use adhesive tape if paper won’t hold. Your nurse may show you how to use a StayFix bandage (tube stabilizer).

Clean up

- Throw out all used materials.

- Clean your work area with alcohol or soap and water and a paper towel.

- Wash your hands with soap and water.

How should I care for the bulb?

- Tape or pin the bulb to your clothing.

- Try to empty the bulb at the same time each day. Empty it at least once a day, or when the bulb gets half full. If too full, there won’t be enough suction.

- **For drains in the chest, armpit or groin:** Keep the bulb compressed at all times, except while you empty it.

- **For drains in the abdomen (belly):** Keep the bulb compressed as shown by your care team. *Examples:* “Full suction” (bulb stays fully compressed), “thumb print” (there’s a thumb-sized dent in the bulb) or “gravity” (bulb stays fully expanded).

To empty the bulb:

- Wash your hands, then open the bulb cap.

- Drain the fluid from the bulb into a measuring cup. If you have 2 drains, use 2 cups.

- Clean the mouth of the bulb with an alcohol wipe, if your nurse told you to.

- Compress the bulb again as directed by your care team. If it doesn’t stay compressed, call your clinic.

- Write the amount of fluid on the drainage record. If you have 2 drains, write the amount for each bulb.

- Flush the fluid down the toilet.

- Rinse the measuring cup, then wash your hands.

If your doctor told you to strip your tube, follow these steps:

1. Use lotion to make the thumb and index finger slippery on one hand.

2. With the other hand, pinch off the top of the tube close to the skin.

3. While pinching the tube, squeeze the tube with your slippery thumb and index finger. Keep squeezing the tube as you run your fingers down toward the bulb. This will move the fluid into the bulb.

4. Let go of the tubing with both hands. If the tube is still blocked, repeat these steps 3 or 4 times. Make sure that the bulb is compressed, so it creates suction.
When to call your doctor

- You have a fever over 101°F (38.3°C), taken under the tongue.
- The drainage smells bad.
- The skin around your tube has increased redness, swelling, warmth or pain.
- You have pus or too much fluid leaking at the tube site.
- Your stitches break.
- You think the tube is not draining.
- The tube falls out.
- You have any problems or concerns.
**Your drainage record**

Empty your bulb at the same time each day. Write down the date, time and amount of drainage for each bulb. You may wish to make notes about the color and smell as well.

Your doctor may ask you to call the office each day to report the amount of drainage. If so, please call:

Dr. ________________________________________
at ________________________________________.

Bring this record to each clinic visit:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<th>Bulb 2: Amount of drainage (in ml or cc)</th>
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