

Taking care of a drain after surgery

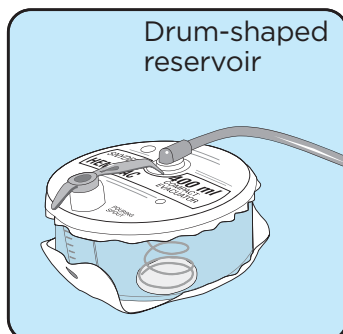
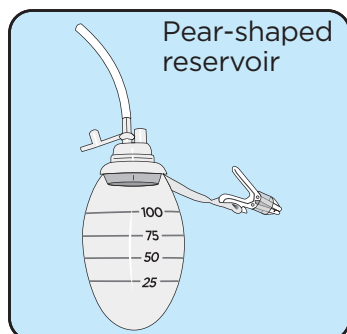


In the coming days or weeks, you will need to empty the fluid from your drain regularly and note how much was collected. This fact sheet reminds you how to do this and what to watch out for.

What is a drain?

The drain is a tube that is placed in the incision at the time of surgery. It extends outside the body and is kept in place by sutures (stitches).

The outer end of the tube is connected to reservoir (a small bulb), that constantly draws fluid from the incision. This reservoir is a container that can be compressed. It has the shape of a pear or a small drum.



Why do I need a drain?

The drain:

- prevents fluid from building up around and in the incision
- reduces the risk that the incision might become infected
- makes it possible to measure how much fluid is coming out of the incision; the amount should decrease over time.

How long will the drain stay in place?

The drain could stay in from a few hours to a few weeks. Your doctor will decide when is the best time to take it out.

What does the fluid look like?

The fluid might be red like blood, pinkish yellow, or amber yellow. Over time, it should become less red, and the amount of fluid should decrease steadily. Clots (small lumps) may form in the tube.

When should I take care of my drain?

You must empty the reservoir at least once a day. But you may have to empty it more often.

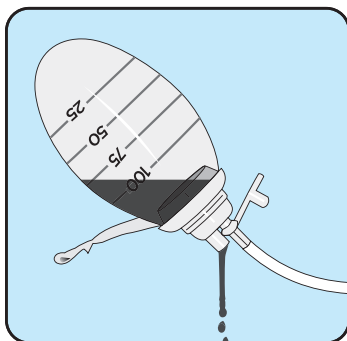
As soon as the reservoir is half full, it needs to be emptied. Your healthcare team will show you how, but here is a checklist on pages 2 and 3.

What should I do?

Here are the steps to empty and clean your drain.

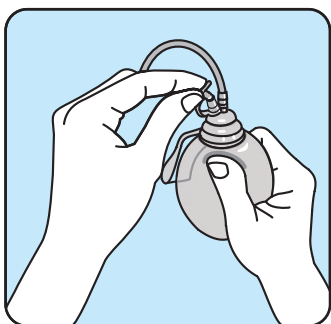
STEP 1: EMPTY THE RESERVOIR

- Prepare the necessary equipment: clean towel, alcohol swab, and the graduated container given to you by your care team.
- Wash your hands well with soap and water.
- Sit at a table or stand in front of a counter and place the towel on your thighs or on the counter.
- Detach the reservoir from your clothes.
- Open the cap and empty the liquid into the graduated container placed on the table or counter.



- Compress the reservoir all the way down to empty it as much as possible.
- Clean the tip of the reservoir with the alcohol swab and let it dry completely without wiping it.

STEP 2: RESTART THE SUCTION



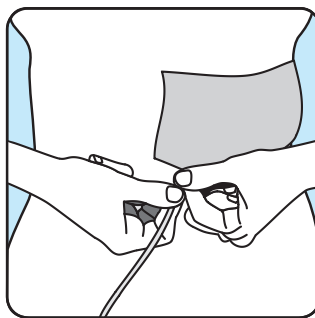
Pear-shaped reservoir: squeeze the pear until its sides touch.



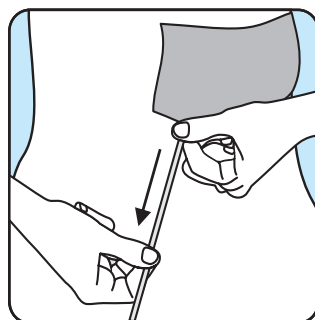
Drum-shaped reservoir: press the two surfaces of the drum as close together as possible.

- While keeping the pear or drum well compressed, close the cap. **This is important to properly create the suction that draws the fluid into the reservoir.**

STEP 3: REMOVE CLOTS AND DEBRIS



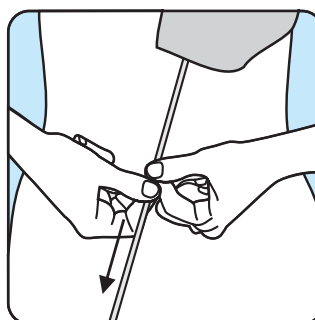
- Hold the tube tight where it comes out of the dressing by squeezing it between two fingers of one hand.
- Place two fingers of the other hand close to the fingers of the first hand.



- Squeeze the tube with the two fingers of the second hand. Slide them along the tube for about 15 cm (6 inches).

- Usually, this will push the clots forward. The tube will stretch slightly as you slide your fingers along. Don't worry, it will go back to its normal shape as soon as you are done.

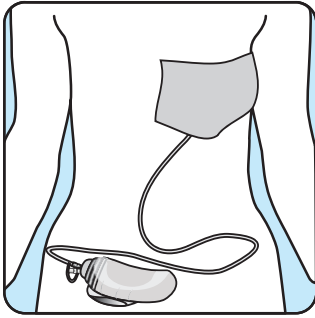
BE CAREFUL! You will need to hold the tube firmly so it doesn't break away from the incision. If you have trouble, don't hesitate to ask someone close to you for help.



- With the fingers of your first hand, squeeze the tube at the point where you stopped pushing.
- From there, start pushing again with the fingers of the second hand.

- Repeat this process along the whole length of the tube. In general, each time, the clots will advance a few centimeters.
- Keep doing this until the clots fall into the reservoir. Sometimes the clots don't go down. If it doesn't work after a few tries, you can stop; it is not serious.

STEP 4: MEASURE THE CONTENTS



- Re-attach the reservoir to your clothes.
- Measure the amount of fluid drained and **note it in the table at the end of this fact sheet.**

- Pour the drained fluid into the toilet. If you have several drains, empty them and measure the amounts from each drain.
- Wash your hands well with soap and water.

What signs should I watch for?

Make sure the reservoir is always well compressed. If necessary, repeat step 2. Contact a member of the care team, Info-Santé **8-1-1**, or your CLSC nurse if:

- your bandage gets dirty and the tank does not fill up
- you have pain that is getting worse despite pain medication
- your incision becomes more and more red, swollen, or hard
- you have chills
- your temperature is above 38.3 °C



- the reservoir always fills with air as soon as you close the cap after restarting the suction
- the reservoir fills quickly with blood

Who can I go to for help or to ask questions?

If you have any questions, please do not hesitate to contact your doctor or the clinic nurse.

If you are unable to contact one of these professionals, call **8-1-1**, or go to a walk-in clinic or CLSC.



USEFUL RESOURCES

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site
chumontreal.qc.ca/fiches-sante



Questions

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca

APPENDIX: LOGBOOK FOR TRACKING THE AMOUNTS OF FLUID IN THE DRAINS

Write in this table the number of millilitres that you measured. If you have more than one drain, use a different table for each drain.

DRAIN 1

Date	Morning	After-noon	Bedtime	Total

DRAIN 2

Date	Morning	After-noon	Bedtime	Total

DRAIN 3

Date	Morning	After-noon	Bedtime	Total

DRAIN 4

Date	Morning	After-noon	Bedtime	Total

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