Breast Reconstruction Drain Care

When you go home after surgery, you may have one or more drains in place to help your wounds heal. Your wound drain(s) is held in place with stitches and helps to drain fluid and blood from the site of your surgery. These drains are called “JP” (Jackson Pratt) or Blake drains.

Taking Care of Your Drain(s)

You will need to clean the area of your skin around the drain tubing. Your doctor or nurse will give you instructions about how to take care of your drains at home. You will be taught how to “strip” the tubing and empty and measure the fluid from your drain(s). You will need to check your drainage fluid and call your doctor if you notice any problems.

You do not need to use a dressing over your drain site. If you prefer to have your drain site covered, you may put a split gauze dressing around the tube when it exits your skin. Tape the dressing to your skin to hold it in place.

“Stripping” or Clearing Your Drain Tubing

You will need to “strip,” or clear your drain tubing at least 2 times each day. It is important to move and break up any clots or clogs and to keep fluid from sticking and drying inside your tubing.
Your drain tubing needs to be stripped in the morning and evening and if:

- You can see a clot blocking the tubing.
- Fluid is leaking from around the area where the tubing exits your skin.
- You have a spongy or slushy-feeling area around where the tubing exits your skin.

How to “Strip” Your Drain Tubing

1. Use your hand to firmly hold the top of your drain tubing where it exits your skin. This will prevent the drain from being pulled out.

2. With your other hand, pinch the tubing with your thumb and first (index) finger closest to where the tubing exits your body. Squeeze the tubing firmly enough so it becomes flat.

3. Slowly, but firmly, pull your pinched thumb and finger down your tubing towards the bulb. **Do not** use your fingernails as they may damage the tube. If you see a clot, stop and start as often as needed to move the clot through the tubing. It may help to use a cloth or alcohol swab around the tubing. It is normal to see a clot move down, but not out of the tubing. This keeps clots from sticking and drying in your tubing.

4. **Stop** if you are pulling on the tubing so much that it hurts. **Do not** pull the tubing so hard that you pull it out.

5. When you reach the bulb, release your fingers closest to the bulb. Then release your hand that was holding the drain tubing in place, closest to your body.

6. Repeat if needed.

How to Empty Your Drain(s)

You will need to empty your drain bulb at least 2 times each day, once in the morning and again in the evening. If the bulb is heavy and filled with fluid, you may need to empty it more often.

Your drain(s) will be labeled based on the location on your body (LB = left breast, SP = supra-pubic) and numbered if more than one drain is in one area. Empty each bulb, one at a time, and measure the amount of fluid drained. It is important to keep track of which bulb the drainage came from.
**Supplies needed:**

- Measuring cup
- Wound Drainage Record Sheet and pen or pencil

**Steps to empty drains:**

1. Wash your hands with warm water and soap.
2. Loosen the safety pin or clip that holds the bulb to your clothes.
3. Open the plug on the bulb.
4. Turn the bulb upside down over the measuring cup and gently squeeze until all the fluid has drained out.
5. Squeeze the bulb until it is flat. Without letting go, replace the plug.
6. Reattach the bulb to your clothes. It is important to attach the bulb lower than where the tubing exits your body. Make sure the tubing lies flat under your clothes without kinks.
7. Use the markings on the side of the cup to measure the amount of drainage in milliliters (mL). Check the drainage for color and smell. If you notice a bad smell (like rotten eggs), call your doctor or nurse right away. Empty the drainage in the toilet and flush.
8. Use your **Wound Drainage Record Sheet** to write down the date, time and the amount and color of the drainage.
9. Wash your hands with soap and water.

Only one drain at each site can be removed at one time. It is normal for your drainage to increase in your remaining drain(s) after a drain has been removed. A drain(s) may be removed when the amount of drainage in a 24 hour period is less than 30 mL for a few days.

If your drain(s) falls out, it is not an emergency. Tape a gauze dressing over the site and call the surgeon’s office during regular business hours.
When to Call the Doctor

Call your surgeon's office at (614) 293-0223 if you have any of these problems:

- Fever of 100.5 degrees Fahrenheit (38.1 degrees Celsius) or higher.
- New or increased pain
- Redness, swelling, or unusual drainage where the tubing exits your skin
- Drainage that smells bad
- A sudden increase in the amount of drainage (greater than 40 mL)
- You are unable to clear clots out of your tube
- There is little or no drainage in your bulb and fluid is leaking where the tubing exits your skin
- The bulb will not stay pressed together after you have emptied it
- The drain pulls out of your skin