Breast Reconstruction Drain Care

The purpose of your wound drain(s) is to help healing by draining fluid from the surgical site. This is very important after this delicate surgery. These drains are often called “JP” drains – common brand names are Jackson Pratt® and Blake® drains. These devices help prevent swelling and pooling of blood and fluid. The drainage tube is placed into the area near the surgical incision and is held in place by stitches.

Taking Care of Your Drain(s)

You will need to clean the area of your skin around the tubing according to your doctor’s directions on your discharge instruction sheet. You will be taught how to “strip” the tubing, empty and measure the fluid from the drains. You will be taught how to examine the fluid, and when to call a health care professional if you notice changes that may be problems.

You do not need to use a dressing over the drain site. If you prefer to have the site covered, you may use a split gauze dressing. Put it around the drainage tube where it enters the skin then tape it around the edges.

“Stripping” or Clearing the Drainage Tubing

In the morning and evening you need to strip each drainage tube. Also, your drainage tubing may get clots or clogs that keep the fluid from draining. You may need to move and break up clogs so that it drains

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

correctly. This action is called “stripping” or “milking”. To do this you use your fingers to squeeze along the length of the drain tubing to help keep the fluid flowing. Stripping is also important to keep clots from sticking and drying inside the tube.

**Your drain 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 tube where it exits your skin
- You have a spongy or slushy feeling area around where the tube exits your skin.

**How to “strip” or “milk” your drain tubing:**

1. Using one hand, firmly hold the top of the drain tubing, near where it leaves the skin. This will prevent the drain from being pulled out while you are stripping it.

2. Firmly pinch the tubing with your other hand, using your thumb and first (index) finger. Squeeze the tubing below your first hand, going down toward the bulb. You should squeeze it firmly enough so the tubing becomes flat.

3. Slowly, but firmly, pull your pinched thumb and first finger down the tubing to the bulb. Avoid using your fingernails as they may damage the tube. If you see a clot, you may stop and start, as you need to move the clot through the tubing. You may use a cloth or alcohol swab around the tube to make this easier. You may see a clot move down, but not out of the tube. This keeps clots from sticking and drying in the tube.

4. **Stop** if you are pulling on the tubing so much that it hurts. You do not want to pull the tubing so hard that you pull it out of the skin.

5. When you reach the bulb, release your fingers closest to the bulb. Then release the area of the tube held closest to your body.

6. Repeat if needed.
Emptying your drain(s):

Empty the fluid collected in the drain bulb in the morning and again in the evening. If the bulb is heavy with a lot of fluid, you may empty it as needed.

Your drain(s) will be labeled according to the location on your body (for example, LB = left breast, SP = supra-pubic) and numbered if more than one drain is in one area. Empty the bulbs one at a time and record the amount of fluid on the **Wound Drainage Record Sheet**. It is important to keep track of which bulb the drainage came from. Each of your drains will be taken out based on the decreasing amount of fluid output.

**Supplies needed:**

- Measuring cup
- Wound Drainage Record Sheet, pen/pencil

**Steps to empty drains:**

1. Wash your hands well with warm water and soap.
2. Look for any redness, unusual or foul smelling drainage where the tube leaves your body. Call your doctor or nurse if you have redness or drainage at the insertion site.
3. Loosen the safety pin or clip that holds the bulb to your clothing.
4. Open the plug on the bulb.
5. Turn the bulb upside down over the measuring cup to empty. You may need to squeeze the bulb to empty it.
6. Squeeze the bulb until it is flat. Without letting go, replace the plug.
7. Reattach the bulb to your clothing. Attach it lower than the place where the tube comes out of your body. Make sure the tube lies flat underneath clothing without kinks.
8. 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 during office hours. Empty the drainage in the toilet.
9. Record the date, time, amount and color of drainage on the **Wound Drainage Record Sheet**.
10. Wash your hands with soap and water.
Only one drain per site will be removed during an office visit. Only one drain per site can be removed because drainage may increase in the remaining drain(s). A drain(s) may be removed when the amount of drainage emptied from the bulb in a 24 hour period is less than 30 milliliters (a few teaspoons) 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 office during regular business hours; if it occurs on the weekend call the office during daytime hours.

**Call the surgeon’s office at (614) 293-0223 if you have any of these problems:**

- Fever above 100.5 degrees F
- New or increased pain
- Redness, swelling, or unusual drainage where the tube exits the skin
- Foul smelling drainage (such as that of rotten eggs)
- A sudden increase in the amount of drainage (greater than 40 ml's)
- You are unable to clear clots out of the tube by stripping
- There is little or no drainage in the bulb and fluid is leaking where the tube exits the skin
- The bulb will not stay pressed together after you have emptied it
- The drain tube pulls out of your skin