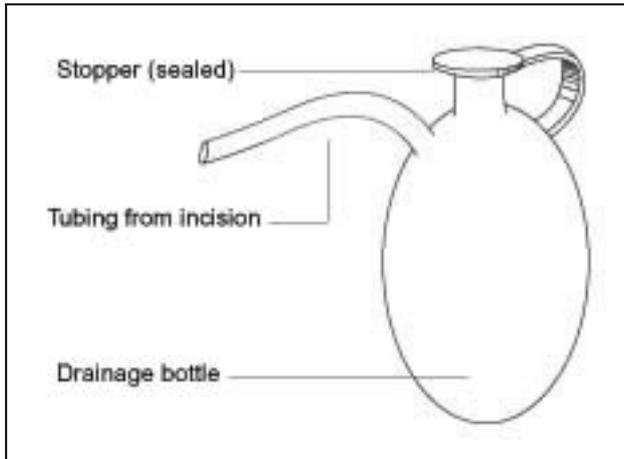


Drain (Jackson Pratt) Care



The Jackson Pratt is a small plastic reservoir which creates a gentle suction to remove excess fluid from a surgical wound. The color and amount of fluid will vary. Immediately after surgery the fluid is bright red and it gradually dilutes to straw-color. When the amount decreases to approximately one or two tablespoons (fifteen to thirty ml) per 24 hours Dr Iseli will remove it.

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DAILY CARE OF JACKSON PRATT

- Keep bulb compressed at all times except while emptying it. If the stopper pops open, compress bulb and replace the stopper. The compression creates the suction. (Sometimes the drain moves out of the wound and you are unable to keep the bulb compressed.)
- Keep sites where the tubes enter the skin dry and covered with a light dressing.
- Tape tubes to skin 2-5cm below insertion sites to keep from pulling on stitches. Tubes are stitched in place and will not slip out.
- Pin bulbs to your shirt (not to your pants) with a safety pin.
- The first few days after surgery there is usually more fluid in the bulb. Empty bulb whenever it becomes half full since the bulb does not create enough suction if it's too full. Include this amount in 24 hour totals.
- When the amount of drainage decreases, empty bulb at the same time every day, recording the amounts and the twenty four hour totals. Write these totals down. This helps Dr Iseli know when tubes can be removed.
- If there is drainage around the tube sites, change dressings and keep the area dry. If you see a clot in the tube, just leave it.

TO EMPTY BULB

- Open stopper to release suction.
- Holding stopper out of the way, pour drainage into measuring cup.
- Measure and write down amount. If there are 2 bulbs, note if from #1 or #2 and keep totals separate. Dr Iseli will want to know which tube is draining more.
- Compress bulb by pressing the sides completely together (like squeezing toothpaste).
- Replace stopper.
- Check tape (tube must be taped to skin) and pin bulb to your shirt.

SEEK MEDICAL ATTENTION

- If there is a sudden increase in red blood in the bulb (>50mL/ hour)
- If you develop redness, increased pain or temperature >38.5 degrees.