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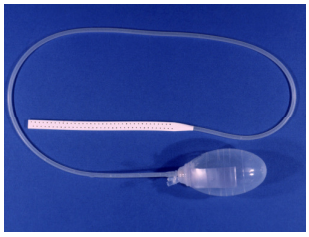
information

Wound and drain care following surgery

This sheet tells you how to take care of your wound and drain after surgery. If you have any questions about this information, please contact your doctor.

Caring for your drain

You have a small tube, or drain, being left in your incision. You may have more than one drain. This is so that fluid that normally builds up in the area after surgery can drain out of your body. Each drain consists of a collection tube and a small "bulb" to hold the fluid that has drained.



The section tells you how to care for your drain(s).

- Make sure the tube and the bulb don't have any kinks or twists.
- The bulb should be emptied when it is about 2/3 full. For the first 24 hours after surgery, you need to check the drainage about every 6 hours unless you have been told otherwise by your surgeon. After that, the drainage should be less each day and you can begin to check it less frequently.
- Before you empty the bulb, clean your hands. Open the stopper on the bulb and allow the fluid to drain into the cup you were given. **Be sure not to touch the inside of the bulb, the cap, or the place where the fluid drains**. This is to keep these areas free from bacteria. Look at the fluid and note the following. (Use the form on the back of this brochure to record the information for your doctor.)

Cleaning your hands

- You need to clean your hands several times when caring for your drain.
- You may wash with soap and water and dry well.
- Or, if your hands are not visibly dirty, you may use an alcohol-based hand cleaner instead.

Amount – Measure the fluid using the cup and write down the time and how much fluid drained. In the first few days, you may see 100 ccs or more of drainage. The amount slowly decreases to less than 30 ccs a day before the drain is removed.

Color – Please note the color of the drainage and record this for your doctor. For the first 12-24 hours, the color is usually cherry red. Over time, you'll see less red in the fluid and more yellow or straw-colored material.

Thickness of the fluid – At first, your drainage will be a little thicker than water. It slowly changes and becomes more thin and water-like.

- When the bulb is empty, flatten it against a flat surface and remove all the air. Then

close the stopper, being careful not to touch the inside. If the bulb does not stay flat, make sure the stopper is closed. If the bulb still does not stay flat, call your doctor.

- Wash the cup you used to hold and measure your drainage with soap and water, and dry it thoroughly. Clean your hands again when you are done.

- Attach the drain to your clothes as you were shown, using the loop attached to the drain. (Do not put a pin through the tubing or bulb.) This may be done on either the inside or the outside of your clothing. Allow some slack in the tube so it doesn't pull against your incision. You may pin the drain to your clothes or put the bulb in the pocket of loosely fitting pants.

Caring for your dressing

- When you go home, your incision will be covered with a dry dressing. Keep the dressing clean and dry.

- Your doctor will decide when your dressing can be removed. Sometimes the doctor does this, sometimes you are asked to remove the dressing yourself. To remove the dressing, clean your hands first. Then gently remove the tape one side at a time. Carefully lift the gauze. Don't worry if the gauze sticks slightly to the tape or to the incision underneath. Gentle pulling will remove the gauze safely.

- The incision will be red and a little swollen. This is normal.

- Your incision should be dry and completely closed (edges are together). If there is drainage or if there are openings in the incision, please call your doctor. If you have thin paper strips across your incision, do not remove them. If they fall off on their own, it's OK as long as your wound stays closed.

Managing pain and returning to normal activity

- You will be given a prescription for pain medicine. As your pain decreases, try to switch to Tylenol (acetaminophen), either regular or extra-strength. Please do not take any other pain medicine without asking your doctor first.

- Please do not shower or swim until your doctor says it is OK.

- Please do not drive while you taking prescription pain medicine.

- You may go back to your usual diet unless you have been told otherwise.

- You may feel tired and have a lack of appetite for a while. These are normal reactions to surgery and should improve.

- You may resume sexual activity unless your doctor has told you otherwise.

Danger signs

Please call your surgeon if you notice:

- Fever
- Expanding area of redness around your incision
- A lot of swelling around the incision
- Drainage from the incision itself (that is, from your surgical wound)
- The drainage bulb will not stay flat after you empty it
- The incision edges are not together; the incision is opening up
- Your pain is not relieved by your pain medicine
- Your drain is not working. You'll know the drain is not working if the bulb will not stay flat after you flatten it and put the cap back on.
- The drain is collecting thick or heavy fluid
- Your drainage is increasing instead of decreasing, or if you have a sudden increase in drainage

☎ My doctor:

Name: _____

Phone number:

Follow-up care

- Please call your surgeon's office for a follow-up appointment.

My appointment: _____

Turn to back for a form you can use to record your drainage. →

Your surgical drain(s): Information for your doctor

Please use this form to record information about the fluid that you empty from your drain(s). Bring this form with you when you see the doctor.

Date/time	Amount	Color	Thickness	Which drain (if you have more than one)	Notes

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