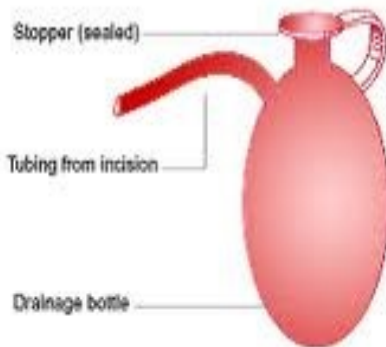


CARE OF YOUR JACKSON-PRATT DRAINS



After surgery, you may have a drain(s) called a Jackson-Pratt(JP) drain. This device is made up of a soft plastic bulb. At the top of the bulb are a catheter and a drainage outlet with stopper. The other end of the catheter is inserted near your incision to collect drainage. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out fluid that would otherwise collect under the incision. To achieve the best healing results, the bulb should be compressed at *all times* except when you are emptying the drainage. The amount of time you will keep the drain depends upon your surgery and the amount of drainage you are having. Drainage is very individual. At first, this fluid is bloody. Then, as your body heals, the fluid

changes to light pink, light yellow, or clear. Dr Devlin will decide when to remove the drains based on the amount of drainage that has accumulated, so please be sure to bring the **JP drain output record** with you to all of your follow-up appointments.

How to Empty your JP Drain:

1. Wash your hands thoroughly before emptying your drain(s).
2. Have a small plastic measuring cup ready to collect and measure the drainage.
3. Unpin the drain from your clothing.
4. Unplug the stopper on top of the JP. This will cause the bulb to expand. Turn to bulb upside down and squeeze the contents into the measuring cup. Be sure to empty the bulb as completely as possible.
5. Use the drain record to record the amount of drainage at least twice a day or any time the bulb is full. Record the total for each drain you have. If you have more one drain, remember to record the drainage from each drain separately.
6. To prevent infection, do not let the stopper or the opening touch the measuring cup or any other surface.
7. Turn the JP bulb right side up. Use one hand to squeeze all of the air form the drain and your other hand to replace the stopper. This creates the suction necessary to remove the fluids from your body.
8. Check to see that the bulb remains full compressed to assure a constant gentle suction.
9. Pin the drain back on your clothing to avoid pulling it out accidentally.
10. **Wash your hands again.** Remember to wash your hands before and after emptying to reduce the risk of infection.
11. At the end of each day, add the total amount of drainage for the **24-hour period**.



PROBLEMS YOU MAY ENCOUNTER WITH THE JACKSON PRATT SYSTEM

Problem: The bulb is not compressed and no fluid comes out.

Why?

- The bulb was not compressed completely because it wasn't squeezed tightly enough.
- The stopper is not closed securely.
- The suction catheter has been dislodged and is leaking

What to Do?

- Compress the bulb.
- If the bulb remains expanded after following the above steps, notify our office during business hours.

Problem: The Jackson-Pratt catheter falls out of the insertion site.

Why?

- This rarely happens because the catheter is held in place with sutures. It can occur if the catheter is pulled.

What to Do?

- If this does occur, place a fresh dressing over the site and call our office at 501-227-8811 during business hours.

What do I report to my doctor?

- Tenderness, swelling, or pus from the insertion site. (Sometimes the drain causes redness the size of a dime at the insertion site. **This is normal.**)
- Inability to flatten the bulb or drainage bottle.
- The tube falls out.
- A temperature of 101 or greater.

Helpful Hints:

- It is recommended that you safety pin the drainage bottle to your abdominal binder. Allow enough slack to prevent the tube from being pulled out.
- Be very careful not to puncture the tubing or the drainage bottle with the safety pin. Use the plastic tab on the drain to put the pin through.
- Attach the container below the level of the tube exit site.
- Be very careful with daily activities so that you do not dislodge the tubing