

DR. JAMES LOWE'S DRAIN AND WOUND CARE INSTRUCTIONS

Day 1-2 Keep wounds clean and dry or apply antibiotic ointment as instructed. Use half strength peroxide for first two days only to remove all retained debris or old blood on the surface. If "Dermabond" or medical glue has been applied to your wound ointment is not necessary. Please, review any other wound instructions sheets provided and follow specific verbal instructions given your physician first and foremost.

First Week With permission, you may shower the 2nd post-operative day. Remove all dressings and let the soap and water gently fall around wound, rinse, and blot or air dry. The drains are placed and made to allow for cleaning during a shower submerging in water or a bathtub should be avoided.

Patients should shower at least every other day (<10 minutes) until all drains are removed. Secure drains to a waist band or gauze to free hands for cleaning during showers. After cleaning, it is important to allow wounds to fully dry before reapplying any garments or dressings. Avoid medical tape unless specifically approved by your physician.

Measure and record each drain output separately in the evening and morning every 24 hours on the provided data sheet. Measure drains every 12 hours at about the same time (i.e. 8am and 8pm). Emptying drains in the evening avoids soiling bed and in the morning avoids soiling cloths. You may empty drains more frequently and record if they are bulbs get full.

Wash hands before and after measuring drain output. Use the bulb measuring points when possible to estimate the amount drained prior to dumping into sink or toilet. Compress bulb and apply cap after each drain measurement to apply negative pressure. If your drain does not hold a seal place it to gravity below the level of the wound.

Strip drains as instructed twice a day during emptying to avoid debris build-up in tubing. Strip tubing toward the bulb and hold tubing above to avoid removing drain from wound or tension on the skin. Secure drains to undergarments to avoid removal and notify physician's office the next working day if a drain is inadvertently removed or if evidence of infection (i.e. fever, redness). Do not try to clean the interior of drains or bulbs.

Remember to always bring drain output sheet to your physician visits until all drains are removed. Elevate the operated area above the heart for at least one week if possible. The swelling and discoloration peaks at the third day and then decreases over the next five days. Limit physical activity until all drains have been removed.

Week 2-6 Sutures will usually be removed in clinic if indicated. Drains should be kept clean and protected. Patients continue drain care as instructed above until all drains have been removed. Expect drain output to change from red to yellow color, and redness to slowly develop around the drain sites. Notify Dr. Lowe's office if there are signs of infection, severe pain, or lack of drain output. As the drain output decreases the drains can be removed.

Notify the physician's office, after the first week every 3-4 days with the approximate 24 hour output from each drain. Keeping the physician informed about drain outputs between visits ensures the quickest drain removal and recovery. Often patients with low drain outputs are asked to come in for drain removal before their next appointment. Sometimes only one drain can be removed and other times all can be removed depending on the location, output, and clinical situation.

It is important for patients to understand that drains are a wound's "best friend." Many surgeries performed in plastic surgery and dermatology would not be possible without drains and compression. Drains prevent fluid collections, encourage wound healing, and improve contour. After a drain is removed it is important to limit activity and apply compression when possible to avoid complications or a new drain.

The physician and staff prefer to pull the drains themselves. This can be associated with discomfort and pain that can be improved with pain medication. Drain removal is a sign of progress, healing, and clinical success that should be welcomed by the patient. On occasion, patients are allowed to remove their own drains with instruction, but the physician should determine when and where the drain is removed. Once all drains are removed patients can resume bathing and swimming as normal.

Avoid sun exposure and apply sunscreen when possible. Apply products such as Mederma, Silicone Sheeting, or Silicone Gel to decrease scarring once the wound is fully healed. The longer you use these products, the better the final appearance of your wound. At 6 weeks, most swelling and discoloration should be gone and applying over-the-counter moisturizer to wound site with massage 2-3 times weekly will improve the scar.

Months 3-6 Continue scar treatments. Usually, scar revision will not be done until 8 to 12 months after surgery, if needed.

STRENUOUS ACTIVITY AND HEAVY LIFTING IS TO BE AVOIDED FOR AT LEAST 6-WEEKS. DIRECT SUN CONTACT ON THE SURGICAL SITE IS TO BE AVOIDED FOR 6-12 MONTHS. PLEASE USE A SUN SCREEN – SPF 15 OR GREATER WHEN IN THE SUN.

Call the office you have any questions or problems, or if you are having any signs or symptoms of infection (redness, fever, or drainage). Our office phone is (405) 942-4300. JBL

Drain Data Sheet

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Drain Data Sheet

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