Jackson Pratt Drain Care

Anesthesia can alter your thought process. Please do not make important decisions, sign legal documents, drive, or drink alcohol for 24-48 hours after anesthesia.

Questions | Concerns
- Call UTHA ASC at 512-232-7347 during office hours (Mon-Fri 7:00am -3:30pm)
- Call UTHA Clinic at 833-882-2737 during after-hours

What is a Jackson Pratt (JP) Drain?
This is a small tube that connects to a bulb. Its gentle suction removes extra fluid from a surgical wound. Your doctor will remove the tube when the amount of fluid decreases. The color and the amount of fluid varies. Directly after surgery, the fluid may be bright red. Overtime, it changes to light pink and may become clear or the color of straw.

How should I care for my tube site?
- Keep the skin around the tube dry. Check with your doctor about how to shower. You may need to cover the site with plastic when you shower.
- Tape the tube to the skin below the bandage. Make sure to keep some slack in the tube. This helps prevent pulling on the stitches

How should I care for the bulb?
- Keep the bulb compress at all times except while you empty it.
- Attach the bulb to your clothing with a safety pin.
- Try to empty the bulb at least once daily, or when the bulb becomes half full. If it becomes too full, there will not be enough suction.

To empty the bulb:
- Wash your hands
- Open the bulb cap
- Drain the fluid from the bulb into the measuring cup. If you have two drains, use two cups.
- Clean the mouth of the bulb with an alcohol wipe.
- Squeeze the bulb (fold it in half before you close the bulb cap). If it does not stay compressed, call your surgeon.
• Record the amount of drainage on the “patient drain record” and bring this record to your follow-up appointment.
• Flush the drainage down the toilet. Rinse the measuring cup.
• Wash your hands.

**When should I call my doctor?**
• You have a fever over 101 F.
• The drainage increases or smells bad.
• The skin around your tube has increased redness, swelling, warmth or pain.
• You have pus or fluid leaking at the tube site.
• Your stitches break.
• The tube falls out.
• You have any problem or concerns.

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### Patient Drain Record

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Patient | Patient’s Representative Signature: ________________________________   Date ____________________ Time____________________

Pre-Operative Nurse Signature: ________________________________________________   Date ___________________ Time____________________

Post-Operative Nurse Signature: _______________________________________________   Date ___________________ Time____________________

Additional Instructions:

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