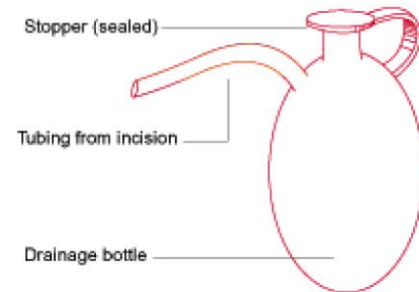


Care of your Jackson-Pratt Drains

Introduction

The Jackson Pratt system is made up of a soft plastic bulb (figure 1). At the top of the bulb are a catheter and a drainage outlet with a 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. Your doctor 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 your follow-up appointments.



Caring for your Jackson-Pratt System

Caring for your Jackson Pratt at home will involve the following:

1. Stripping the tubing to help move clots.
2. Emptying the drains several times a day and recording the amount of drainage on the **JP DRAIN OUTPUT RECORD**
3. Caring your insertion site (the area where the catheter enters your skin)

Stripping the Tubing

These steps will help move clots through the tubing and promote the flow of drainage. Do this before you empty and measure your drainage.

1. Wash your hands thoroughly with soap and water. Dry them thoroughly.
2. At the point closest to the insertion site, pinch and hold the tubing between the thumb and the forefinger of one hand.
3. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched; slide them down the tubing as far as they will reach. If there is still tubing between the fingers of your lower hand and the bulb, keep the lower fingers pinched and release your upper fingers. Pinch the tubing right below the fingers of your lower hand. Slide them down the tubing as far as they will reach. Repeat until you reach the bulb. You may want to use swabs to help you slide your fingers down the tubing more easily.
4. Repeat steps as necessary to push clots from the tubing into the bulb. If you are unable to move a clot into the bulb, call your doctor's office.
5. The fluid may leak around the site if a clot is blocking the drainage flow. If there is a fluid in the bulb and no leakage at the site, then the drain is working in spite of what appears to be a clot.

How to Empty Your Jackson Pratt and Record the Drainage

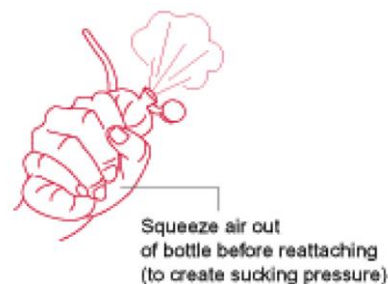
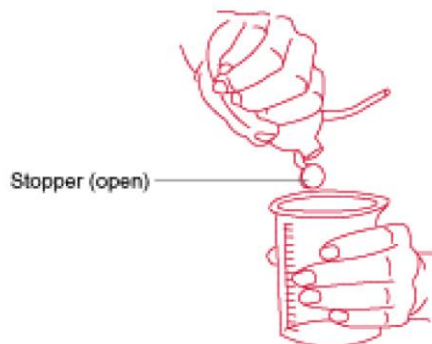
You will need to empty your Jackson Pratt in the morning and in the evening.

Equipment Needed:

1. Measuring container given to you by your nurse
2. JP drain output record

Steps to Follow:

1. Prepare a clean area on which to work and gather your equipment.
2. Wash your hands thoroughly with soap and water. Dry them thoroughly.
3. Unplug the stopper on top of the Jackson Pratt.
4. This will cause the bulb to expand.
5. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
6. Turn the Jackson Pratt upside down, gently squeeze the bulb, and pour the contents into the measuring container (Figure 2).
7. Turn the Jackson Pratt right side up.
8. Squeeze the bulb until your fingers feel the palm of your hand.
9. Continue to squeeze the bulb while replugging the stopper.
10. Check to see that the bulb remains fully compressed to assure a constant gentle suction.
11. Pin the collar of your Jackson Pratt securely to a piece of your clothing. **Do not allow your drains to dangle.** A "Fanny pack" or belt bag may be helpful to hold the drain.
12. Check the amount of drainage in the measuring container.
13. Record this amount on your Jackson Pratt Drainage Record.
14. Empty the drainage down the toilet and rinse the measuring container with water.
15. At the end of each day, add the total amount of drainage for the 24-hour period and record it in the last column of the drainage record.
16. **If you have more than one drain, measure and record each separately**



Caring for the Insertion Point

- Once you have emptied the drainage, wash your hands again. Check the area around the catheter insertion site.
- Sometimes the drain causes redness the size of a dime at the insertion site. This is normal. Apply antibiotic ointment around the tubing and dress the wound with a piece of gauze attached by tape.
- Look for tenderness, swelling, or pus from the insertion site. If you have any of these or temperature of 101° F (38.3° C), you may have an infection. **Call our office at 480-947-2455.**



Drain Output Record: Please bring this form with you to each office visit.

	JP #1	JP #2	JP #3	JP #4
Date:				
Morning				
Midday				
Evening				
	Total	Total	Total	Total
Date:				
Morning				
Midday				
Evening				
	Total	Total	Total	Total
Date:				
Morning				
Midday				
Evening				
	Total	Total	Total	Total
Date:				
Morning				
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Evening				
	Total	Total	Total	Total
Date:				
Morning				
Midday				
Evening				
	Total	Total	Total	Total
Date:				
Morning				
Midday				
Evening				
	Total	Total	Total	Total
Date:				
Morning				
Midday				
Evening				
	Total	Total	Total	Total

Tips for Drain Care

The suction drain 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, your physician will remove it.

Daily Care of Suction Drain

- Keep bulb compressed at all times except while emptying it. The compression creates the suction.
- Keep the sites where the tubes enter the skin dry and cover with a light dressing.
- Avoid tension on the drain sutures. Pin bulbs to clothes with a safety pin and, if tubes are long enough, tuck into underwear.
- Always empty the bulb at the same time periods every day. Note the numerical markings on the bulb. Measure the amount when stopper is released and record the volume of drainage each time. **Bring the totals with you to your post-op visits for your surgeon to review.** It is easier for us if you only write down the 24 hour total for each drain in the space provided on the measurement recording chart.
- For the first few days after surgery, there usually is more fluid in the bulb. Empty the bulb whenever it becomes half full or every four hours while awake. Include this amount in 24 hour totals.
- If drainage around the tube site is noted, reinforce dressing and keep area dry. If the tube does not appear to be draining, let your physician know.

To Empty Bulb

- Open stopper to release pressure.
- Measure and write down the amount from EACH bulb. If there are two bulbs, keep SEPARATE records for each one. Your physician will want to know which tube is draining more.
- Empty bulb by turning upside down over cup and squeezing. Dispose of drainage in toilet.
- Turn bulb upright and squeeze again. Replace stopper to re-create suction.
- Pin bulb to clothing or support garment

Problems You May Encounter With the Jackson Pratt Drain

Problem: The *bulb* is not compressed.

- 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
- A sudden decrease in the amount of drainage
- Drainage on or outside the catheter dressing

Why?

- Sometime a "string-like" clot clumps the catheter. This can block the flow of drainage.

What to do.

- Follow the instructions for tube stripping
- If there is no increase in drainage flow, notify our office at 480-947-2455 during business hours. If it occurs at night, call our office the next day as this is not an emergency.

Problem: The Jackson Pratt catheter falls out from 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 480-947-2445 during business hours.

Problem: You have redness greater than the size of a dime, swelling, heat, or pus around the catheter insertion site.

Why?

- These may be signs of an infection

What to do:

- Take your temperature. Call our office and to notify us of the signs around the insertion site. And please let us know if your temperature is 101° F (38.3° C) or higher.
- Keep the insertion site clean and dry by washing it with soap and water and then gently patting it dry

What do I report to my doctor?

- Redness, swelling, and drainage around the area where the tubes exist on the body.
- Immediate refilling of the bulb with drainage/blood after emptying.
- Inability to flatten the bulb or drainage bottle
- The tube falls out.
- A fever of 101.5 or greater

Helpful Hints:

- It is recommended that you safety pin the drainage bottle to your clothing during the day and to your night clothes during the night. Allow enough slack to prevent the tube from being pulled out.
- Be 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 tube exit site
- Be careful with daily activities so that you do not dislodge the tubing.