Care of Your Surgical Drain at Home

Surgical drains are placed to help treat a collection of fluid or prevent fluid from building up in your body. Many times, you will go home with a drain. This handout will tell you how to care for your drain at home.

Cleaning the Site

You will need to clean your drain sites daily. You may shower while your drains are in place. Let the soap and water run over the incisions and the drain sites. **Do not** soak in the tub, pool or hot tub with the drains in place.

If you do **not** shower daily, you need to wash the incision and drain sites once a day. Make sure that you look at your drain sites for any sign of increased pain, redness, swelling, or pus-like drainage when doing your dressing change.

1. Wash your hands.
2. Remove old dressing.
3. Wash your hands again.
4. Use soap and water. If you have well water, use distilled water.
5. Clean around the drain where it enters your skin with a washcloth.
6. Pat the site dry, do not rub dry as this may slow healing.
7. Apply a new dressing and tape it in place (if desired).

Stripping the Drain

You may be asked to "strip" the drain while at home. This helps keep the tube open and working.

1. "Strip" drains 2 times daily. Hold the tubing between your thumb and index finger where the drain comes out of your skin.
2. Squeeze your fingers together to pinch the tubing closed.
3. Place the fingers of your other hand on the tubing just below where you have it pinched off.
4. While holding the first two fingers in place (to keep the drain from pulling out of the skin) slide the bottom two fingers down the tubing while squeezing the tubing gently. A small amount of oil on your fingers or an alcohol swab may make it easier to "strip" the drains.
    a. This movement will help pull clots into the collection bulb.
    b. Repeat this movement several times to make sure the tubing is free of clots.

Emptying the Drain

1. Empty and measure the amount of drainage in your drains twice a day. Keep a record of the amount. Bring to your next clinic visit. This will help decide us when to remove the drains.
2. Your fluid will range from a dark red to straw like in color. If it becomes thick, pus-like, and bad smelling call your doctor. This may be a sign of an infection.
3. Always keep suction in your drains. There are two different types:
    a. **Bulb-type drain** - open drain and squeeze the entire drain in one hand. Recap the opening with your other hand. (Diagram A)
    b. **Reliavac® drain**-open the drain and squeeze several times on the top of container until the balloon inside is totally filling the inside container. Recap the opening. (Diagram B)

	Surgery Patients	Breast Center Patients
Drain Removal Criteria	The goal is to have 30 mL or less in 24 hours before removing a drain.	Drainage output must be 30 mL or less per day for two calendar days in a row. When your drain meets this criteria, call the Breast Center to schedule an RN visit to have the drain removed. If you had **reconstructive plastic surgery**, the plastic surgeon will determine when your drains can be removed.

When to Call

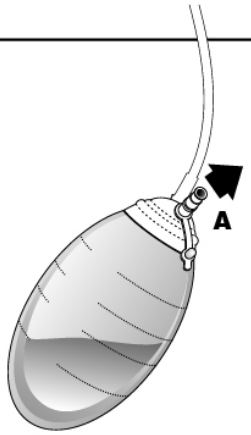
- Temperature of 100.5° F
- Signs of infection: redness or pus-like drainage
- Nausea or vomiting
- Pain that is not relieved by your pain medicine
- Pus-like drainage from drains

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, visit www.uwhealth.org/.

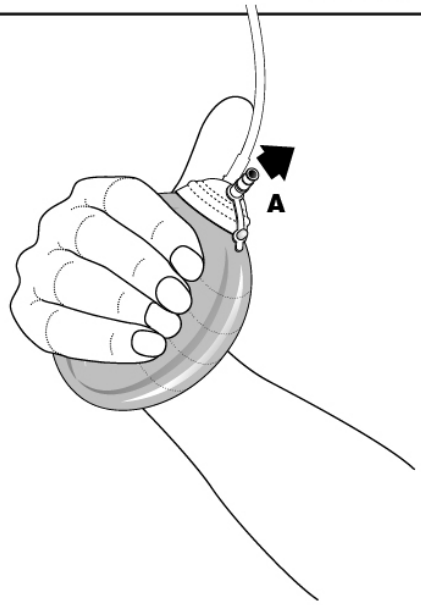
Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2025 University of Wisconsin Hospitals and Clinics Authority. University of Wisconsin Hospitals & Clinics Authority, All Rights Reserved. Produced by the Department of Nursing. HF#4603

To Empty Container:

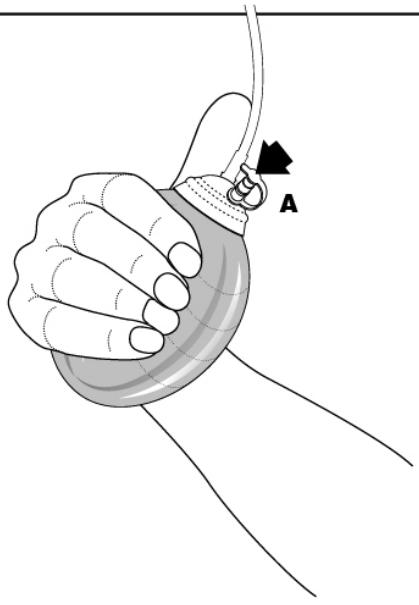


- Open port **A** (bulb will expand).
- Turn bulb upside down and squeeze liquid into the measurement container.
- Record amount of fluid in *Drainage Measurements* chart in back of this booklet.

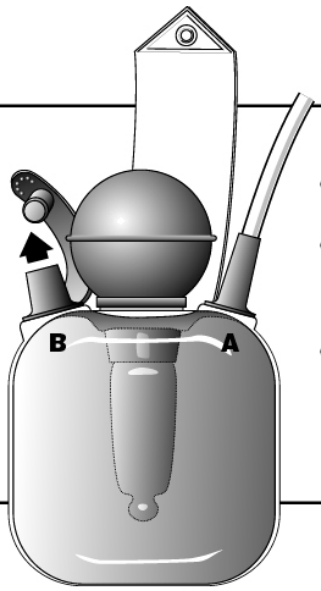
To Create Suction:



- Keep port **A** open.
- Squeeze bulb.



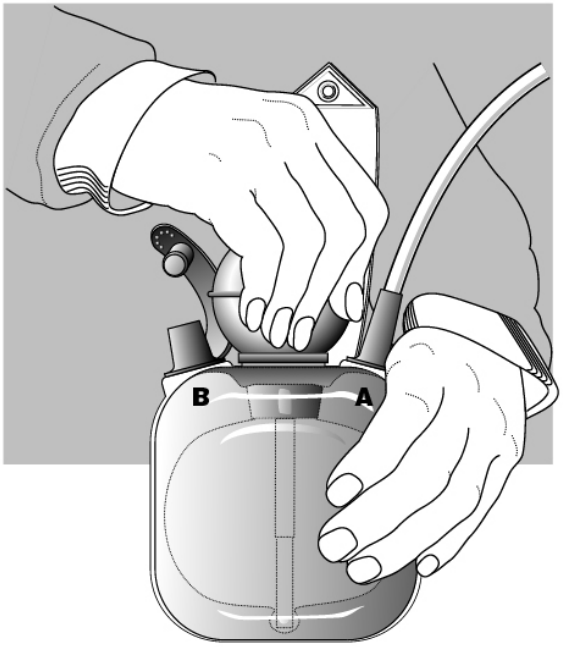
- Close port **A** while still squeezing bulb.

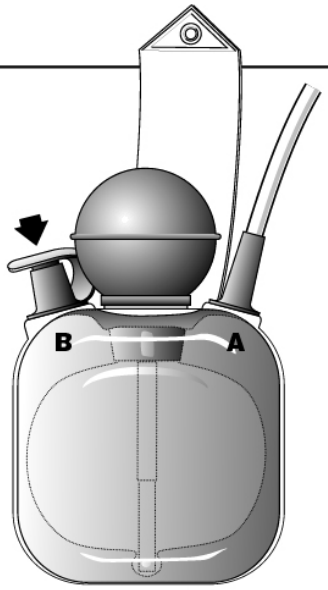


To Empty Container:

- Open port **B** (balloon will deflate).
- Turn suction container upside down and pour liquid into the measurement container.
- Record amount of fluid in *Drainage Measurements* chart in back of this booklet.

To Create Suction:





- Appearance of container with suction created.

- <u>Keep port **B** open.</u>
- Pump bulb until balloon fills container.
- Close port **B** (balloon will decrease slightly in size).

Daily Drain Record Sheet

Instructions: Fill out the information below for each drain that you have in place. See example below.

Example: Surgery was on a Wednesday. Start measurements on Thursday. Write down the date, amount of fluid emptied in the morning and evening and totals. Use other charts if you have more than one drain.

Sample Record

Drain# ___1___ Location: left breast

Day of Week	Thurs	Fri	Sat	Sun	Mon									
Date:	**1/1**	**1/2**	**1/3**	**1/4**	**1/5**									
AM Amount in mLs:	**20**	**20**	**15**	**15**	**10**									
PM Amount in mLs:	**30**	**30**	**25**	**25**	**25**									
Total:	**50**	**50**	**40**	**40**	**35**									

Your Record Sheet

Drain# _____ Location_____

Day of Week															
Date:															
AM Amount in mLs															
PM Amount in mLs															
Total:															

Drain # _____Location_____

Day of Week														
Date:														
AM Amount in mLs:														
PM Amount in mLs:														
Total:														

Drain #_____ Location_____

Day of Week														
Date:														
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