Jackson-Pratt Drain

Postoperative instructions

Please follow your surgeon's instructions if they differ from the following statements.

The Jackson-Pratt drain evacuates fluid from your wound. It helps prevent infection and speeds up healing

Checking the drain

- The first day, check the drain at least every four hours. Empty the drain if it is half full of fluid.
- From the second day onwards, empty the drain two or three times a day, or whenever it is half full of fluid.
- The normal colour of the liquid can range from dark red to pink, yellow or clear.



Emptying the drain

- 1. Wash your hands before emptying the drain.
- Uncap the bulb and empty its contents into the measuring cup provided. To avoid introducing bacteria into the drain, do not touch the inside of the cap or bulb.
- 3. For the first seven days, each time you empty the bulb, write down the amount of fluid that was in it and the date on a sheet of paper. Bring this paper to your next appointment.
- 4. Empty the liquid into the toilet or sink.
- 5. Squeeze the bulb then put the cap back on to activate the suction.
- 6. If the bulb is completely round, there is no suction and the drain will not work. Repeat the previous step to get all the air out.



Stripping the drain

If residue is blocking the tubing, start by holding the tube tightly near where it enters your skin.

Use the index and thumb on your other hand to pinch the tubing.

Slide your pinched fingers down the tube to push any clots into the bulb. Be careful not to pull on the drain.



Keeping the drain in place

- A safety pin is used to keep the drain attached to your clothes. You may want to wear loose clothing to avoid constricting the tube.
- The drain must be lower than the insertion site to ensure better drainage.

Call your doctor or visit your nearest Emergency Department if:

- you feel pain that is not controlled by pain medication;
- you see holes or cracks in the tubing or bulb of the drain;
- the fluid removed by the JP drain is cloudy, pus- coloured or foul-smelling;
- · you have fever and chills;
- the drain starts filling up very quickly with bright red blood;
- you see fluid leaking from around the drain insertion site;
- the drain stitches break off;
- · the drain comes out.

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