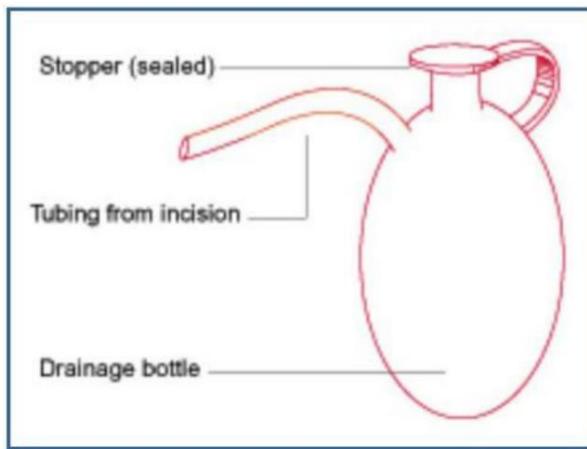




Dr. Emil Kohan  
421 North Rodeo Drive., Suite T-13  
Beverly Hills, CA 90210  
Tel: (424) 363-6838  
Fax: (424) 256-0668

### **DRAIN CARE INSTRUCTIONS**

The Jackson Pratt (JP) system is made up of a soft plastic bulb. At the top of the bulb are a catheter and a drainage outlet with 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. Drainage is very individual. Your doctor will decide when to remove the drains based on the amount of drainage, 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**

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 for your insertion site (the area where the catheter enters your skin).
4. Recognizing when there is a problem.

### **STRIPPING THE TUBING**

Helps move clots through the tubing to promote 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 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 alcohol 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.

5. The fluid may leak around the site if a clot is blocking the drainage flow. If there is fluid in the bulb and no leakage at the site, then the drain is working in spite of what appears to be a clot.

### **EMPTYING THE DRAIN AND RECORDING THE OUTPUT**

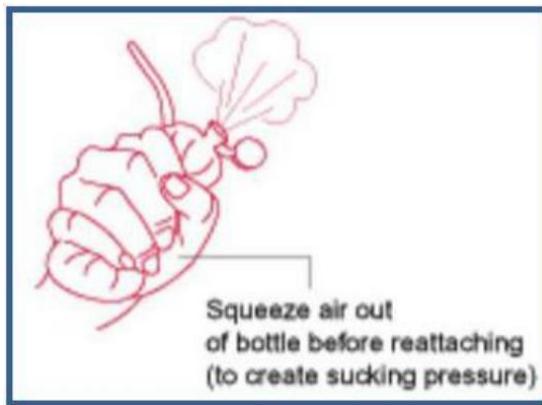
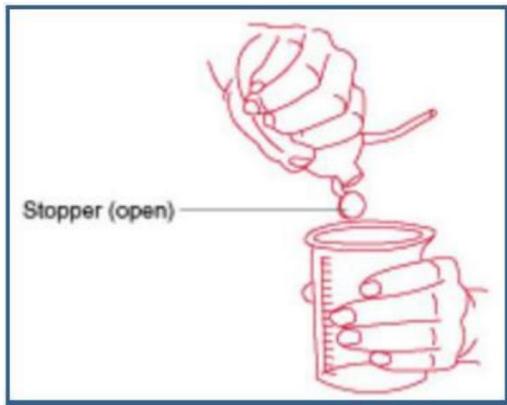
You will need to empty your Jackson Pratt in the morning and in the evening.

#### **Equipment Needed:**

- JP drain bulb to measure output.
- JP drain output record sheet.

#### **Steps to Follow:**

1. Wash your hands thoroughly with soap and water. Unplug the stopper on top of the Jackson Pratt. This will cause the bulb to expand.
2. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
3. Turn the Jackson Pratt upside down, gently squeeze the bulb, and pour the contents into the measuring container.
4. Turn the Jackson Pratt right side up.
5. Squeeze the bulb until your fingers feel the palm of your hand.
6. Continue to squeeze the bulb while re-plugging the stopper.
7. Check to see that the bulb remains fully compressed to assure suction.
8. Pin the collar of your Jackson Pratt securely to a piece of your clothing. Do not allow your drains to dangle.
9. Check the amount of drainage in the JP bulb with the cap is open at it is OFF of suction (ie not compressed). Record this amount on your Jackson Pratt Drainage Record.
10. Empty the drainage into a cup and down the toilet.
11. Each day, add the total amount of drainage for the 24-hour period and record it in the last column of the drainage record.
12. If you have more than one drain, measure and record each separately.



### **CARING FOR THE 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. You may clean around the JP sites with hydrogen peroxide and a Q-tip to clean any dried blood or fluid.

## **PROBLEMS YOU MAY ENCOUNTER WITH THE JACKSON PRATT SYSTEM**

### **Problem: The bulb is not compressed.**

#### **Why?**

- 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.
- Compress the bulb. If the bulb remains expanded after following the above steps, notify our office.

### **Problem: There is no drainage, a sudden decrease in the amount of drainage, or drainage on or outside the catheter dressing.**

#### **Why?**

- Sometimes a “string-like” clot clumps the catheter. This can block the flow of drainage.

#### **What to Do:**

- Follow the instructions for tube stripping.

### **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 (323) 363-6838 or message the doctor or staff directly.

#### **What do I report to my doctor?**

- Immediate refilling of the bulb with drainage or blood after emptying (the entire bulb refills with fluid or blood).
- The tube falls out.
- A fever.

#### **Helpful Drain 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 or from pulling on the drain sutures.
- 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 the tube exit site.
- Be very careful with daily activities so that you do not dislodge the tubing.
- For showering, consider hanging the drain bulbs on a string or ribbon around your neck. Another option is to use a coat hanger to suspend the drain bulbs from a handle in the shower.

Date of Surgery: \_\_\_\_\_

**DRAIN CARE SHEET****Please bring this sheet to all postoperative appointments**

	JP # 1	JP # 2	JP #	JP #
Date:			Date:	
Morning				
Midday				
Evening				
	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>
	JP # 1	JP # 2	JP #	JP #
Date:			Date:	
Morning				
Midday				
Evening				
	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>
	JP # 1	JP # 2	JP #	JP #
Date:			Date:	
Morning				
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