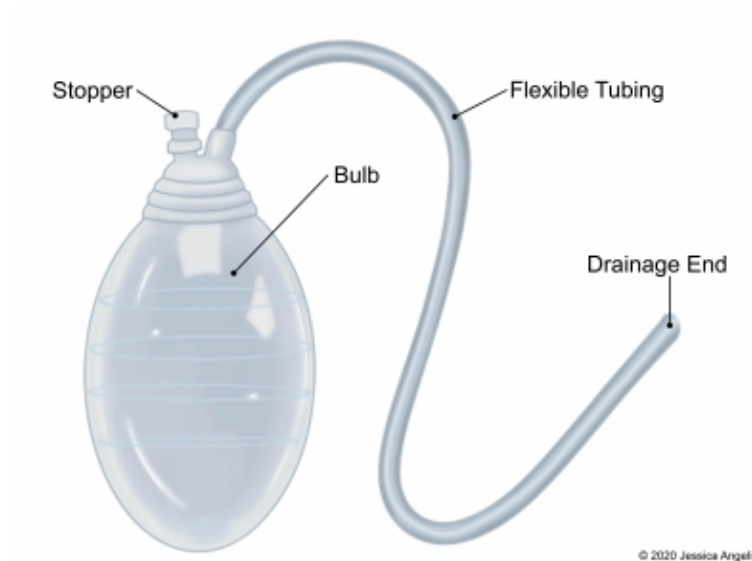


Surgical Drain

Jackson-Pratt (JP) Drain

This is perhaps the most common type of drain used after surgery.

What is a Jackson-Pratt Drain and Why Do You Need It?



A Jackson-Pratt or 'JP' is a thin flexible tube put under your skin to drain fluid from around an incision (cut) or wound. A JP has a soft squeeze bulb that when compressed creates a gentle suction, which helps pull fluid into the bulb. It usually has lines around the bulb to measure the volume of fluid drained from the wound.

Measuring volume and emptying the JP Reservoir (bulb)

1. Wash your hands before and after emptying the JP.
2. Open the stopper while holding the bulb upright. The bulb will expand/open. Now figure out which line is nearest the top of the fluid in the bulb and write down the number on/nearest to that line. That is the volume for that period of measurement.
3. Empty the bulb by inverting it and squeezing the contents out. Flush the drainage fluid down the toilet.
4. Measure and empty the bulb every 12 hours, approximately.
5. Do not disconnect the bulb from the tubing at any time.
6. Each time you do the above steps, record the date, time of day, and number of milliliters (ml or cc) on the provided sheet of paper for each drain. Please bring this information with you to your appointments.



7. Finally, squeeze the air out of the bulb. While squeezing the bulb, put the stopper back into place. In this state, the bulb should remain compressed, always creating a gentle suction.

Note: The bulb will inflate as it fills with fluid. As the bulb inflates, the amount of suction decreases.

Tips:

- Secure the bulb by safety pinning the loop on the bulb to your garment. Be careful not to poke a hole in the tubing or the bulb. You may suspend the bulb from a shoelace around your neck, which can be helpful when showering.
- Do not allow the bulb to dangle or pull at the insertion site.

How to “milk or strip” the JP drain tubing to keep the drain working

1. Milk or strip the tubing two or three times a day around the same time each day. Usually, it is enough to do this every 12 hours when you measure and empty the bulb.
2. Wash your hands before handling the tubing.
3. With forefinger and thumb of nondominant hand, pinch and firmly hold the tubing close to area where it comes out from under your garment so that you don't pull on the tubing and dislodge it.
4. With forefinger and thumb of your dominant hand (using an alcohol pad to glide down the tubing more easily) squeeze the tubing below your nondominant hand and slide your fingers down the tubing toward the bulb. This will press the contents in the tube out and into the bulb.
 - a. If you find it difficult to slide your fingers all the way down to the bulb, you may go down halfway and while pinching the tubing with your dominant hand, release the tubing from your nondominant hand and move it down to just above your dominant hand, grasping the tubing again.
5. Repeat this again until you have worked your fingers down to the bulb and the tubing is clear of fluid and debris.

Note: Occasionally, a drain may become clogged, and fluid will leak around the drain insertion site. It may be yellow, clear, or bloody. If you notice fluid on your garment at this spot, you can place gauze there to absorb the fluid. By regularly stripping the drain, it will usually unclog and continue to flow through the tubing again.



Tip: Occasionally, clots will seem stuck in the tubing but will generally work their way through with the stripping of the drain. You can gently pinch the tubing where there is a clot to help break it up but do not disconnect the bulb from the tubing because this is not helpful and may cause other problems with the drain.

When to call your doctor:

- The JP bulb starts filling up very quickly with bright red blood.
- The JP bulb will not hold the suction and fills up with air.
- Drainage/leakage around the JP site that does not stop.
- You notice a small white plastic plug in the bottom of your bulb.