Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Caring for Your Jackson-Pratt Drain

This information explains how to care for your Jackson-Pratt drain when you leave the hospital. You may also find it helpful to watch the video below.

Please visit www.mskcc.org/pe/jackson-pratt-video to watch this video.

About your Jackson-Pratt drain

Your Jackson-Pratt drain has a soft plastic bulb with a stopper and a flexible tube attached (see Figure 1). The drainage end of the tubing (flat white part) goes into your surgical site through the insertion site. The insertion site is where your surgeon made cuts.

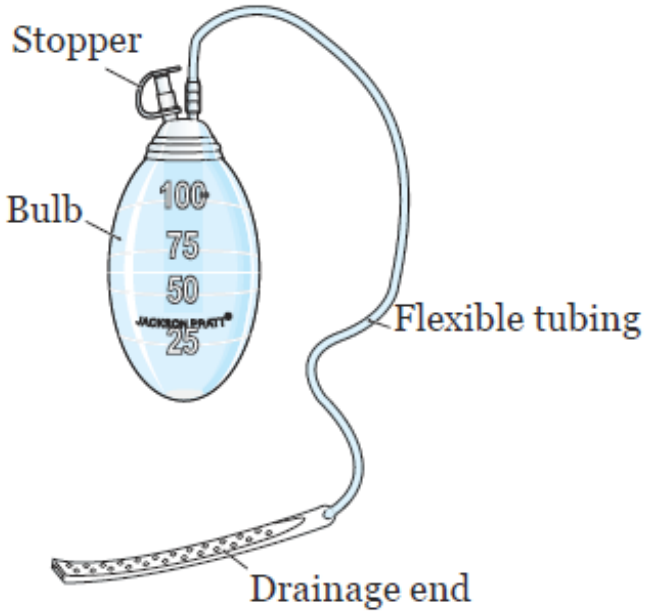


Figure 1. Jackson-Pratt drain

A suture (stitch) holds the drainage end in place. The rest of the tube extends outside your body and is attached to the bulb.

When the bulb is compressed (squeezed) with the stopper in place, this creates a constant gentle suction. The bulb should be compressed at all times, except when you're emptying the drainage.

Everyone's drainage is different. Some people drain a lot, some only drain a little. Write down the amount of drainage you have in the drainage log at the end of this resource. Bring your drainage log to your follow-up appointments.

How long you'll have your Jackson-Pratt drain depends on your surgery and the amount of drainage you have. Call your care team if your drainage is 30 milliliters (mL) or less in a 24-hour period. Your surgeon may remove your Jackson-Pratt drain or keep it in longer for certain procedures.

How to care for your Jackson-Pratt drain

When you leave the hospital, care for your Jackson-Pratt drain by:

- Milking your tubing to help move clots.
- Emptying your drain 2 times a day. Do this once in the morning and once in the evening.
- Write down the amount of drainage on your Jackson-Pratt drainage log at the end of this resource. If you have more than 1 drain, measure and write down the drainage of each one separately. Do not add them together.
- Caring for your insertion site.
- Checking for problems.

Milk your tubing

These steps will help you move clots through your tubing and keep drainage flowing. Milk your tubing before you open the stopper to empty and measure your drainage. You should also do this if you see fluid leaking around the insertion site.

Before you start, gather your supplies. You'll need:

- The measuring container your nurse gave you.
- An alcohol pad.
- Your Jackson-Pratt drainage log, and a pen or pencil.

1. Clean your hands.
    1. If you're washing your hands with soap and water, wet your hands and put soap on them. Rub your hands together for 20 seconds, then rinse the soap off. Dry your hands with a disposable towel. Use the same towel to turn off the faucet.
    2. If you're using an alcohol-based hand sanitizer, cover your hands with it. Then rub your hands together until they're dry.
2. Look in the mirror at the tubing. This will help you see where your hands need to be.
3. Pinch the tubing close to where it goes into your skin using your thumb and forefinger. You may use alcohol wipes to help you slide your fingers down the tubing. Keep this hand in place while you milk your tubing. This will help make sure that you aren't tugging on your skin, which can be painful.
4. 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. Push any clots down toward the bulb.
5. Repeat steps 3 and 4 as many times as you need to push clots from the tubing into the bulb. Call your care team if you cannot move a clot into the bulb and there's little or no drainage in the bulb.

Empty your Jackson-Pratt drain

Once all the clots are in the bulb, get ready to empty it. Make sure you have a clean area to work on. You can do this in your bathroom or in an area with a dry, uncluttered surface.

If you're wearing a surgical bra or wrap, remove the drainage bulb from it first if it is attached.

Follow these instructions to empty your Jackson-Pratt drain:

1. Unplug the stopper on top of the bulb. This will make the bulb expand. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
2. Turn the bulb upside down and gently squeeze it. Pour the drainage into the measuring container (see Figure 2).



Figure 2. Emptying the bulb

3. Turn the bulb right side up. Squeeze the bulb until your fingers feel the palm of your hand. All the air should come out of the bulb.
4. Keep squeezing the bulb while you re-plug the stopper. Check to see that the bulb stays fully compressed to ensure a constant gentle suction. The stopper must be closed for the drain to work.
5. Attach the drainage bulb to your surgical bra or wrap, if you're wearing one. Use the plastic loop or Velcro® straps at the bottom. Do not let the drain dangle. It may be helpful to hold your drain in a fanny pack or belt bag.
6. Check the amount and color of drainage in the measuring container. The first couple of days after surgery, the fluid may be a dark red color. This is normal. As you continue to heal, it may look pink or pale yellow.

7. Write down the amount (in mL) and color of your drainage on your Jackson-Pratt drainage log.
8. Flush the drainage down the toilet and rinse the measuring container with water.
9. At the end of each day, add the total amount of drainage you had for the day. Write the amount in the last column of the drainage log. If you have more than 1 drain, measure and record each one separately. Do not add them together.

How to care for your insertion site

Check for signs of infection

Once you empty your drainage, clean your hands again. Check the area around your insertion site for signs of infection, such as:

- Tenderness.
- Swelling.
- Pus.
- Warmth.
- More redness than usual. Sometimes the drain causes redness about the size of a dime at your insertion site. This is normal.

If you have any of these, or a fever of 101° F (38.3° C) or higher, call your care team. They may tell you to put a bandage over your insertion site.

Keep your insertion site clean

Keep your insertion site clean and dry by washing it with soap and water and then gently patting it dry.

Common problems with Jackson-Pratt drains

Problem: The bulb isn't compressed.

Reasons: The bulb isn't squeezed tightly enough, the stopper isn't closed securely, or the tubing is dislodged and is leaking.

What to do: Compress the bulb using the steps in the "Empty your Jackson-Pratt drain" section of this resource. If the bulb is still expanded after following the steps above, call your care team. If it happens after business hours, call the next day.

Problem: There is:

- No drainage.
- A sudden decrease in the amount of drainage.
- New swelling to your surgical site.
- Drainage around the tubing insertion site or on the bandage covering the tubing.

Reason: Sometimes string-like clots clump together in the tubing. This can block the flow of drainage.

What to do: Milk your tubing using the steps in the "Milk your tubing" section of this resource. If there's no increase in drainage flow, call your care team. If it happens after business hours, call the next day.

Problem: The tubing falls out of your insertion site.

Reason: This can happen if the tubing is pulled. It rarely happens because the tubing is held in place with sutures.

What to do: Place a new bandage over the site and call your care team.

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

Reason: These may be signs of an infection.

What to do: Take your temperature. Call your care team and describe the signs of infection around your insertion site. Tell them if you have a fever of 101 °F (38.3 °C) or higher.

Your nurse will watch you the first time you empty your drainage to make sure you're doing it correctly. Once you're able to care for your Jackson-Pratt drain, you'll do it on your own. You can always ask for help even after you start caring for it yourself. Call your care team if you have any problems caring for your Jackson-Pratt drain.

How to care for your skin after your drain is removed

Your care team will remove your drain. They will put a bandage over the insertion site. Keep your insertion site and the area around it clean and dry. This will help heal your skin and prevent infection.

If you had reconstructive surgery, caring for your skin after your drain is removed will be different.

Caring for your skin without reconstructive surgery

If you had surgery without reconstruction, follow these guidelines after your drain is removed:

- Take off the bandage after 24 hours.
- Keep your incision site above water until your incision is completely closed and there's no drainage. You can take a shower after you take off the bandage, but do not soak in bathtub or swimming pool.
- Wash the site gently with soap. Rinse the area with warm water, then pat the area dry.
- Check the site, using a mirror if necessary. It's normal to have:
  - Slight redness.
  - Mild swelling.
  - Tenderness.
  - A small amount of clear or slightly bloody drainage on the gauze pad.

Caring for your skin with reconstructive surgery

If you had reconstructive surgery, follow these guidelines after your drain is removed.

- Change the bandage every 12 hours as needed.
- Your surgeon will let you know how long to wait before showering after your drain is removed.

Keep your incision site above water until 4 to 6 weeks after your reconstructive surgery. Do not take a bath or submerge the area in water, such as in a bathtub or swimming pool. Watch *How To Care for Your Jackson-Pratt Drain* (www.mskcc.org/pe/jackson-pratt-video) to learn more.

- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Check the site, using a mirror if you need to. It's normal to have:
  - Slight redness.
  - Mild swelling.
  - Tenderness.
  - A small amount of clear or slightly bloody drainage on the gauze pad.

When to call your care team

Call your care team right away if:

- You have bright red drainage.
- You have a fever of 101 °F (38.3 °C) or higher.
- You have increased redness, tenderness, swelling, pressure or pus at your insertion site.
- Your skin is hot to the touch around the surgical sites.
- You cannot move a clot into the bulb and there's little or no drainage in the bulb.

Call your care team Monday to Friday between 9 a.m. and 5 p.m. if:

- The amount of drainage suddenly drops or has increased 100 mL over the past 24 hours.
- Your drainage is 30 milliliters (mL) or less in a 24 period.
- The tube falls out of your insertion site.
- You cannot compress the bulb.
- You have any problems caring for your Jackson-Pratt drain.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 332-699-7260.

Your Jackson-Pratt drainage log

JP# _____

Date	Comments	Morning	Evening	Total

Your Jackson-Pratt drainage log

JP# _____

Date	Comments	Morning	Evening	Total

For more resources, visit www.mskcc.org/pe to search our virtual library.

Caring for Your Jackson-Pratt Drain - Last updated on November 6, 2026
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