Caring for Your Jackson-Pratt Drainage System

This information explains how to care for your Jackson-Pratt® drainage system while you’re at home. You may also find it helpful to watch the video below.

Please visit www.mskcc.org/pe/jackson_pratt to watch this video.

About Your Jackson-Pratt Drainage System

The Jackson-Pratt drainage system (JP drain) draws out fluid that collects under your incision (surgical cut) after your surgery.

It has a soft plastic bulb with a stopper and flexible tubing attached (see Figure 1). The drainage end of the tubing (flat white

Figure 1. Jackson-Pratt drain
portion) is placed into your surgical site through a small opening near your incision. This area is called the insertion site. A suture (stitch) will hold it in place. The rest of the tube will extend outside your body and will be attached to the bulb.

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

How long you will have your Jackson-Pratt depends on your surgery and the amount of drainage you’re having. Everyone’s drainage is different. Some people drain a lot, some only a little. The Jackson-Pratt is usually removed when the drainage is 30 mL or less over 24 hours. You will record the amount of drainage in the drainage log. It’s important to bring the log with you to your follow-up appointments.

**Caring for Your Jackson-Pratt at Home**

Caring for your Jackson-Pratt at home will involve the following:

- Milking the tubing to help move clots.
- Emptying the drain 2 times a day and recording the amount of drainage on the Jackson-Pratt Drainage Record.
  - If you have more than 1 drain, make sure to measure and record the drainage of each one separately. Do not add them together.
• Caring for your insertion site.
• Recognizing when there is a problem.

**Milking the tubing**

These steps will help you move clots through the tubing and keep the drainage flowing.

Milk the 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.

1. Clean your hands. To wash your hands with soap and water, wet your hands, apply soap, rub them together thoroughly for 15 seconds, then rinse. Dry your hands with a disposable towel, and use that same towel to turn off the faucet. If you’re using an alcohol-based hand sanitizer, cover all of your hands with it, rubbing them 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 between the thumb and forefinger of your hand. This will help to make sure that you’re not 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, pushing any clots down toward the drainage bulb. You may want to use alcohol wipes to help you slide your fingers down the tubing.
5. Repeat steps 3 and 4 as necessary to push clots from the tubing into the bulb. If you are not able to move a clot into the bulb and there is little or no drainage in the bulb, call your doctor or nurse.

**Emptying your Jackson-Pratt drain and recording the drainage**

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

**Supplies**

- Measuring container your nurse gave you
- Jackson-Pratt Drainage Record
- Pen or pencil

**Instructions**

1. Prepare a clean area to work on and gather your supplies. This can be done in your bathroom or in an area with a dry, uncluttered surface.

2. Clean your hands. To wash your hands with soap and water, wet your hands, apply soap, rub them together thoroughly for 15 seconds, then rinse. Dry your hands with a disposable towel, and use that same towel to turn off the faucet. If you’re using an alcohol-based hand sanitizer, cover all of
your hands with it, rubbing them together until they’re dry.

3. If the drainage bulb is attached to your surgical bra or wrap, first remove it from there.

4. Unplug the stopper on top of the bulb. This will cause the bulb to expand. Do not touch the inside of the stopper or the inner area of the opening on the bulb.

5. Turn the bulb upside down, gently squeeze the bulb, and pour the drainage into the measuring container (see Figure 2).

6. Turn your bulb right side up.

7. Squeeze the bulb until your fingers feel the palm of your hand.

8. Continue to squeeze the bulb while you replug the stopper.

9. Check to see that the bulb stays fully compressed to ensure a constant gentle suction.

10. Do not let the drain dangle.

   ○ If you are wearing a surgical bra, there will be either a plastic loop or Velcro® straps attached at the bottom. Attach the drainage bulb to the bra.

   ○ If you are wearing a wrap, attach the drainage bulb to the wrap.

   ○ A fanny pack or belt bag may be helpful to hold the drain.

11. Check the amount and color of drainage in the measuring container. The first couple of days after surgery, the fluid
may be dark red in color. This is normal. As you continue to heal it may appear pink or pale yellow.

12. Record this amount and the color of drainage on your Jackson-Pratt Drainage Record.

13. Flush the drainage down the toilet and rinse the measuring container with water.

14. At the end of each day, add up the total amount of drainage for the 24-hour period and record it in the last column of the drainage record. If you have more than 1 drain, measure and record each one separately.

Caring for the Insertion Site

Once you have emptied the drainage, clean your hands again. Check the area around the insertion site. Look for tenderness, swelling, or pus from the insertion site. If you have any of these, or if you have a temperature of 101° F (38.3° C) or higher, you may have an infection. Call your doctor’s office.

Sometimes the drain causes redness about the size of a dime at your insertion site. This is normal. Your healthcare provider will tell you if you should place a bandage over the insertion site.

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

Problems You May Have With Your Jackson-Pratt
<table>
<thead>
<tr>
<th>Problem</th>
<th>Reason</th>
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<tbody>
<tr>
<td>The bulb is not compressed.</td>
<td>The bulb wasn’t squeezed tightly enough.</td>
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<td>The stopper is not closed securely.</td>
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<tr>
<td>The tubing has been dislodged and is leaking.</td>
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**What to do**
- Compress the bulb using steps 2 through 9, outlined in “Emptying your Jackson-Pratt drain and recording the drainage.”
- If the bulb remains expanded after following the steps above, call your doctor or nurse during business hours.

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<tr>
<th>Problem</th>
<th>Reason</th>
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<tr>
<td>There is:</td>
<td>Sometimes string-like clots clump together in the tubing. This can block the flow of drainage.</td>
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<td>- No drainage.</td>
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<td>- A sudden decrease in the amount of drainage.</td>
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<td>- Drainage around the tubing insertion site or on the bandage covering the tubing.</td>
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**What to do**
- Milk the tubing as described above.
- If there is no increase in drainage flow, call your doctor’s office during business hours. If it occurs after business hours, call the next day.

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<tr>
<th>Problem</th>
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<tr>
<td>The tubing falls out of your insertion site.</td>
<td>This can happen if the tubing is pulled. It rarely happens because the tubing is held in place with sutures.</td>
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</table>

**What to do**
- Place a new bandage over the site and call your doctor’s office during business hours.
- You have redness greater than the size of a dime, swelling, heat, or pus around your insertion site.
- These may be signs of an infection.

**What to do**
- Take your temperature. Call your doctor or nurse and describe the signs of infection around your insertion site. Let them know if your temperature is 101°F (38.3°C) or higher.

Once you know how to care for your Jackson-Pratt, you will do it on your own. Your nurse will watch you the first time you empty the drainage to make sure you are doing it correctly. Even after you have begun to care for it yourself, you can always ask for help. If you have any problems while you’re at home, call your doctor’s office.

**Call your doctor or nurse right away if you have:**

- Bright red drainage
- A temperature of 101°F (38.3°C) or higher
- Increased redness, tenderness, swelling, or pus at your insertion site

**Call your doctor or nurse during business hours if:**

- The amount of drainage suddenly drops or has increased 100 mL over the past 24 hours
- The tube falls out of the insertion site
- You cannot compress the bulb

**Caring for Your Skin After Your Drain Is**
Your drain will be removed at your doctor’s office. You will have a bandage over the insertion site.

It is important for you to keep your insertion site and the area around it clean and dry. This will help to prevent infection and promote healing of your skin. Caring for your skin after your drain is removed will be different if you had reconstructive surgery.

**Caring for your skin without reconstructive surgery**

- Remove the bandage after 24 hours.
- You may shower after you have removed the bandage but do not take a tub bath or submerge the area in water until your incision is completely closed and there is no drainage.
- Wash the site gently with soap and rinse the area with warm water. Pat the area dry.
- Inspect the site, using a mirror if necessary. It is 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**
• Change the bandage every 12 hours as needed.

• Your surgeon will let you know how long to wait before showering. This is usually 24 to 48 hours after your drain is removed.

• Do not take a tub bath or submerge the area in water until 6 weeks after your reconstructive surgery.

• Wash the site gently with soap and rinse the area with warm water. Pat the area dry.

• Inspect the site, using a mirror if necessary. It is normal to have:
  ○ Slight redness
  ○ Mild swelling
  ○ Tenderness
  ○ A small amount of clear or slightly bloody drainage on the gauze pad

Call your doctor if you have any questions, or if you have:

• Increased redness

• Increased pressure or swelling

• Skin that is hot to the touch around the surgical sites

• A temperature higher than 101° F (38.3° C)

Jackson-Pratt Drainage Record JP# ____________

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<th>Comments</th>
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Caring for Your Jackson-Pratt Drainage System
# Jackson-Pratt Drainage Record

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If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at ______________________. After 5:00 PM, during the weekend, and on holidays, please call____________________. If there’s no number listed, or you’re not sure, call 212-639-2000.