Caring for Your Penrose Drain

This information explains how to care for your Penrose drain after you leave the hospital.

Your nurse will review these instructions with you before you leave. They will also give you the supplies you will need.

About Your Penrose Drain

A Penrose drain is a soft, flat, flexible tube made of latex. Part of the drain will be inside your incision (surgical cut), and part of it will come out of your skin. A safety pin or a small tab is usually left at the end of the Penrose drain to keep it from slipping into the wound (see Figure 1).

The Penrose drain lets blood and other fluids move out of the area of your surgery. The blood and fluids are released outside
of your body onto a dressing (gauze bandage). This keeps fluids from collecting under your incision and causing infection.

The length of time that you will have your drain depends on your surgery and the amount of fluid that’s draining from your incision. As your incision heals, you will have less fluid. When no fluid drains from your Penrose drain for 24 hours, contact your doctor to make an appointment to remove it.

Instructions for Changing Your Dressing

Change your dressing 2 times each day, as well as anytime it becomes wet or loose. It’s best to change your dressing around the same time each day. To keep track of how much drainage you’re having, write down the amount in the drainage log at the end of this resource. Each time you change your dressing, record the following information:

- How much drainage is on the gauze? (Is it the size of a dime, a quarter, a lime, an orange?)
- What color is the drainage? (Is it bright red, dark red, pink, brown, yellow?)
- Does the drainage have any odor? (Does it smell foul, sweet, musty?)

Bring your drainage log with you to each of your appointments.

Gather your supplies
Before you remove the dressing, gather the following supplies:
• Wash cloth and soap
• 2 sterile 4 inch X 4 inch gauze
• Paper tape
• 1 pair of nonsterile gloves

If your gauze doesn’t already have a cut in it, you’ll also need a clean pair of scissors.

It’s a good idea to change your dressing near a sink, since you’ll need to clean the area around your incision with soap and water.

**Change your dressing**

1. **Clean your hands.**
   - If you’re washing 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, be sure to cover all of your hands with it, rubbing them together until they’re dry.

2. **Carefully remove your dressing.** Look at the color and amount of drainage, and notice any odor before you throw it away. Record what you see and smell in the drainage log at the end of this resource.

3. **Look at and feel your skin around where the drain is inserted.** If you have any tenderness, swelling, or pus, call
your doctor or nurse. These could be signs of an infection.

4. Clean your hands again, following the instructions in step 1. Put on clean gloves.

5. Clean your skin around and under the Penrose drain using a soft wash cloth, soap, and water. Be careful not to pull the drain out. Wipe away any remaining soap, and dry your skin thoroughly.

6. If the 4X4 gauze doesn’t already have a cut in it, make a cut in one of the gauzes using the clean scissors. The cut should start in the center of the side and go to the middle of the gauze pad (see Figure 1).

7. Place a sterile 4X4 gauze underneath the Penrose drain (see Figure 1). The Penrose drain with the safety pin in place should lie flat on top of the sterile 4X4 gauze.

8. Cover the Penrose drain by placing another sterile 4X4 gauze on top of it.

9. Secure the gauze with paper tape.

10. Remove your gloves and throw them away.

11. Clean and dry your hands following the instructions in step 1.

You may resume your normal activities and diet as instructed by your nurse.

**Call Your Doctor if:**

- You have a temperature of 100.4° F (38° C) or higher
- You have increased discomfort, tenderness, redness, or swelling near your Penrose drain or incision
- The skin around your Penrose drain is hot to the touch
- The drainage from your Penrose drain is thick, green, or has a foul odor
- Your Penrose drain comes out

**Drainage Log**

Remember to bring your drainage log with you to each of your appointments.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Amount</th>
<th>Color</th>
<th>Odor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

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

Caring for Your Penrose Drain - Last updated on April 5, 2017
©2019 Memorial Sloan Kettering Cancer Center