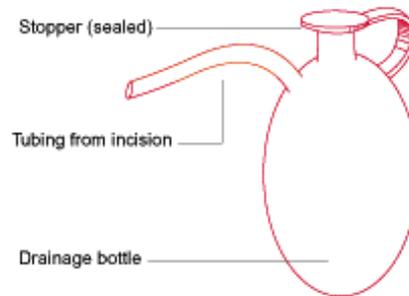




**Midtown 404-686-8143**  
**Emory Aesthetic Center 404-778-6880**

### Post Surgery Drain Care

Your surgeon has put one or more drains (or drainage tubes) made of soft plastic in the area of your incision. You will need a measuring cup that uses milliliters (mL) for measurement of the drain fluid. If you were not provided with this cup in the hospital or surgery center after surgery, you can buy one online or at your local pharmacy.



Drains are used in the incision area to stop fluid from building up. Fluid keeps the surgical site from healing.

Each drain has a suction bulb (the “Drainage Bottle” in the figure above) that will hold 3-4 oz. of fluid. The amount of fluid that collects in the bulb over a 24-hour period will slowly decrease. The fluid color may change from red to reddish-yellow, then to yellowish-white or straw colored fluid.

#### **STRIPPING THE TUBE:**

Each tube should be “stripped” if it looks like it is not draining.

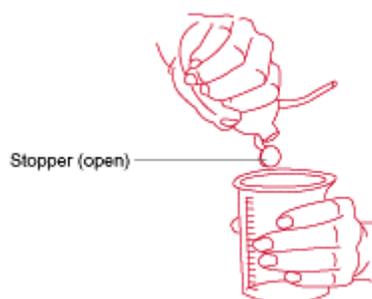
1. Hold the tubing near where it is inserted into the skin with one hand.
2. With the other hand (or a hard object like a pencil), gently squeeze the tubing while moving the hand along the tubing in a downward direction, away from the skin, toward the suction bulb.
3. You may need to repeat this a few times to get it to start draining again.

#### **DRAINING THE TUBE:**

Your surgeon can take out a drainage tube when the amount of drainage that single tube collects in a 24-hour period is 30 cc (1.5 tablespoons) or less, for 48 hours in a row. Until a tube is

removed, you have to empty the suction bulb on it two times a day or whenever it becomes full. Follow the steps below to drain the tubes.

1. Wash your hands with soap and water and dry them well.
2. Leave the suction bulb connected to the drainage tubing. Remove the drain stopper and squeeze the bulb to empty all drainage into the measuring cup.



3. To restart the suction, gently squeeze all the air from the bulb. Then close the plastic stopper. The bulb should be flat for the drain to work properly.
4. Write the amount of drainage on the Drainage Record Chart. If you have more than one drain, empty and record each drain separately.
5. Look at the drainage to see if it has an unusual color or odor. Look at the drain insertion site to see if there is any tenderness, redness, warmth to touch or pus. These are signs of infection.



6. Throw away the fluid in the toilet. Wash the measuring cup with soap and water, dry it and save it for next time. Wash your hands with soap and water and dry them well.
7. When the total amount of drainage in a 24-hour period is 30 cc (1.5 tablespoons) or less for 2 days in a row for any of the drains, call the clinic for an appointment so the drain can be taken out.

**CALL THE DOCTOR'S OFFICE IF: 404-686-8143**

- There are problems with the drain, for example, leaking of fluid, clogged tubing.
- There is increased redness or pain around the incision.
- You have a temperature of 101F (38.3C) or more.
- If you were given antibiotics and have run out.
- Do not use the patient portal for urgent or emergent questions.

PLEASE SCAN THIS QR CODE WITH YOUR PHONE TO VIEW A VIDEO TUTORIAL ON DRAIN CARE WE PREPARED FOR YOU.



**DRAINAGE RECORD CHART (measure in milliliters (mL), not in ounces)**

PATIENT  
NAME

|                    |         |         |         |         |                     |         |         |         |         |
|--------------------|---------|---------|---------|---------|---------------------|---------|---------|---------|---------|
| <b>DAY 1 Date:</b> |         |         |         |         | <b>DAY 8 Date:</b>  |         |         |         |         |
|                    | Drain 1 | Drain 2 | Drain 3 | Drain 4 |                     | Drain 1 | Drain 2 | Drain 3 | Drain 4 |
| AM                 |         |         |         |         | AM                  |         |         |         |         |
| PM                 |         |         |         |         | PM                  |         |         |         |         |
| TOTAL              |         |         |         |         | TOTAL               |         |         |         |         |
| <b>DAY 2 Date:</b> |         |         |         |         | <b>DAY 9 Date:</b>  |         |         |         |         |
|                    | Drain 1 | Drain 2 | Drain 3 | Drain 4 |                     | Drain 1 | Drain 2 | Drain 3 | Drain 4 |
| AM                 |         |         |         |         | AM                  |         |         |         |         |
| PM                 |         |         |         |         | PM                  |         |         |         |         |
| TOTAL              |         |         |         |         | TOTAL               |         |         |         |         |
| <b>DAY 3 Date:</b> |         |         |         |         | <b>DAY 10 Date:</b> |         |         |         |         |
|                    | Drain 1 | Drain 2 | Drain 3 | Drain 4 |                     | Drain 1 | Drain 2 | Drain 3 | Drain 4 |
| AM                 |         |         |         |         | AM                  |         |         |         |         |
| PM                 |         |         |         |         | PM                  |         |         |         |         |
| TOTAL              |         |         |         |         | TOTAL               |         |         |         |         |
| <b>DAY 4 Date:</b> |         |         |         |         | <b>DAY 11 Date:</b> |         |         |         |         |
|                    | Drain 1 | Drain 2 | Drain 3 | Drain 4 |                     | Drain 1 | Drain 2 | Drain 3 | Drain 4 |
| AM                 |         |         |         |         | AM                  |         |         |         |         |
| PM                 |         |         |         |         | PM                  |         |         |         |         |
| TOTAL              |         |         |         |         | TOTAL               |         |         |         |         |
| <b>DAY 5 Date:</b> |         |         |         |         | <b>DAY 12 Date:</b> |         |         |         |         |
|                    | Drain 1 | Drain 2 | Drain 3 | Drain 4 |                     | Drain 1 | Drain 2 | Drain 3 | Drain 4 |
| AM                 |         |         |         |         | AM                  |         |         |         |         |
| PM                 |         |         |         |         | PM                  |         |         |         |         |
| TOTAL              |         |         |         |         | TOTAL               |         |         |         |         |
| <b>DAY 6 Date:</b> |         |         |         |         | <b>DAY 13 Date:</b> |         |         |         |         |
|                    | Drain 1 | Drain 2 | Drain 3 | Drain 4 |                     | Drain 1 | Drain 2 | Drain 3 | Drain 4 |
| AM                 |         |         |         |         | AM                  |         |         |         |         |
| PM                 |         |         |         |         | PM                  |         |         |         |         |
| TOTAL              |         |         |         |         | TOTAL               |         |         |         |         |
| <b>DAY 7 Date:</b> |         |         |         |         | <b>DAY 14 Date:</b> |         |         |         |         |
|                    | Drain 1 | Drain 2 | Drain 3 | Drain 4 |                     | Drain 1 | Drain 2 | Drain 3 | Drain 4 |
| AM                 |         |         |         |         | AM                  |         |         |         |         |
| PM                 |         |         |         |         | PM                  |         |         |         |         |

|       |  |  |  |  |       |  |  |  |  |
|-------|--|--|--|--|-------|--|--|--|--|
| TOTAL |  |  |  |  | TOTAL |  |  |  |  |
|-------|--|--|--|--|-------|--|--|--|--|