

*If you have any questions, please ask your physician or nurse.*

## Jackson-Pratt (JP) Drainage Tube: After Hospital Care

A Jackson-Pratt® (JP) drain is a closed suction drainage tube system. It is used to remove extra fluids from around an incision or within the body cavity. This helps prevent infection, reduce swelling and promote healing of your wound. It is placed in your body during surgery and left in place for a short time. Stitches keep the tube secure. A bandage covers the insertion site of the drainage tube to protect it. You will go home with the JP drain and your healthcare provider will remove it later.

### Caring for the JP drain

Your healthcare provider will show you how to take care of the JP drain before you go home. You will need to strip (milk) the tubing, empty the drain and record the drain output at least 2 times a day. You will also need to change the bandage over the JP insertion site once a day and as needed.

### Stripping the JP drain

To prevent blood clots from blocking the fluid from draining through the tube, you will need to strip the drain. Strip the tubing before you empty the drain or when blood clots are visible.

Follow these steps to strip the JP tubing:

1. Wash your hands.
2. Use your fingers to hold the tube where it is closest to your skin (do not remove the bandage). Keep this hand in place to avoid pulling your skin.
3. Use your thumb and first finger on the other hand to pinch the tube.
4. Gently and slowly slide your thumb and first finger down the tubing away from the skin toward the bulb. You may use an alcohol swab between your fingers and the tube to help it glide more easily. Stop if this hurts or you feel the tube being pulled out of the skin.
5. Do this 2 or 3 times until the tubing is clear of clots.

### Emptying the JP drain bulb

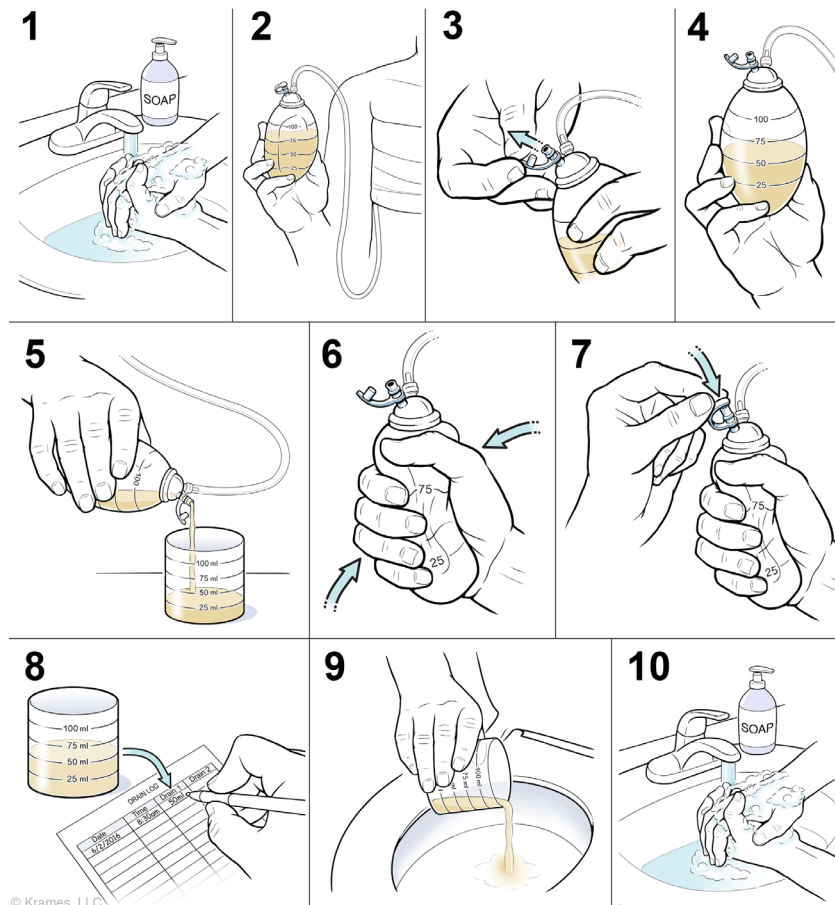
Prepare a clean work surface in the bathroom for your supplies. Gather these supplies:

- JP daily drain output log
- A milliliter (mL) measuring cup

Follow these steps to empty the JP drain bulb (Figure 1):

1. Wash your hands with soap and water before handling the JP drain.
2. Unpin the bulb from your clothing. Strip the JP drain tubing before you empty the contents of the bulb.
3. Unplug the bulb spout.
4. The bulb will expand when the suction is released.
5. Pour the contents of the bulb into the measuring cup. Squeeze the bulb to fully empty the JP drain.
6. When the bulb is empty, use one hand to squeeze the air out of the bulb. The bulb will become a crescent shape.
7. Use your other hand to plug the bulb while it is compressed. Secure the bulb to your clothing with a safety pin.
8. Place the measuring cup on a flat surface. Check the amount of fluid in the cup at eye level. Measure the amount of drainage in mLs. Write the date, time and amount of drainage in the JP daily drain output log.
9. Empty the contents of the measuring cup into the toilet to discard the fluid.
10. Wash your hands with soap and water.

**Figure 1. How to empty the JP drain bulb**



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## Recording the JP drain output

Each time you empty the JP drain, record the date, time and amount of drainage in the JP daily drain output log at the end of this handout. If you have more than 1 drainage tube, each is labeled with either a number or letter. Be sure to record each one separately in the correct column. Bring your JP daily drain output log to each healthcare provider visit. Your healthcare provider will use this log to determine when you no longer need the drain.

## Changing the JP drain bandage

Change your bandage at least 1 time each day. You may also need to change your bandage if it becomes:

- Very wet or soiled (slight dampness is OK)
- Loose and at risk of falling off

If possible, have someone help you change your bandage at first. You will need the following items to change your bandage:

- 2 pairs of clean, disposable gloves
- 1 gauze bandage
- Surgical tape
- Cotton swabs
- Soap and water

Follow these steps to change your bandage:

1. Wash your hands well with soap and water. Dry your hands.
2. Put on clean gloves.
3. Loosen the tape carefully and take off the old bandage. Throw the old bandage into the trash bag.
4. Look for any new redness, swelling, bad odor or pus on the skin around the JP drain.
5. Use a cotton swab dipped in the soapy water to clean the skin around the JP drain.
6. Do this 3 or 4 times, using a new swab each time.
7. Take off the first pair of gloves and throw them in the trash bag. Put on the second pair of gloves. If you do not have gloves, wash your hands again.
8. Put a new bandage around the JP drain tube site. Use surgical tape to hold it down against your skin.
9. Throw all used supplies in the trash bag.
10. Wash your hands when you are finished.

## JP drain care reminders

- Wash your hands before and after you touch the JP drain.
- Strip/milk the tubing before you empty the JP drain.
- Empty the JP drain at least 2 times a day or when it becomes half full.
- After you empty the JP drain, be sure to squeeze the bulb before closing the plug. Suction is working when the bulb stays compressed.
- When you leave the hospital, a safety pin will be attached to the JP drain. To limit tension on the tubing and prevent the tube from falling out, secure the safety pin to your clothing near your insertion site. Make sure the tubing is not kinked.
- Do not sleep on the same side as the tube.
- Do not submerge the JP drain site under water.

## Follow-up care

Make a follow-up appointment as directed.

## When to call your healthcare provider

Call your healthcare provider if you notice any of these changes:

- New or increased pain around the tube
- Leaking around the tube site
- A sudden increase or decrease in the amount of drainage (over 30 mL or as instructed)
- Drainage from the bulb increases for more than 2 days in a row
- Large amount of bright red blood or a clot in the drainage bulb
- Drainage changes color (bright red or greenish/yellow) or has a foul odor
- Stitches that hold the JP drain in place become loose, fall out or are no longer attached to the JP drain
- Tube falls out
- Bulb of the JP drain does not hold suction when compressed
- Edges of the surgical incision are no longer together
- Skin around the JP tubing is red, swollen, painful or seeping pus
- You have a fever of 100.4 degrees F (38 degrees C ) or higher, or as directed by your healthcare providers

## JP Drain Daily Output Log – Week 1

Wash your hands and milk the tubing before emptying the drain.

Empty the drain and record the amount at least 2 times a day or when it becomes half full.

Bring this log to your next visit with your healthcare provider.

Day 1		Drain #1	Drain #2	Drain #3	Drain #4
	Morning				
	Afternoon				
	Evening				
	Daily total				
Day 2		Drain #1	Drain #2	Drain #3	Drain #4
	Morning				
	Afternoon				
	Evening				
	Daily total				
Day 3		Drain #1	Drain #2	Drain #3	Drain #4
	Morning				
	Afternoon				
	Evening				
	Daily total				
Day 4		Drain #1	Drain #2	Drain #3	Drain #4
	Morning				
	Afternoon				
	Evening				
	Daily total				
Day 5		Drain #1	Drain #2	Drain #3	Drain #4
	Morning				
	Afternoon				
	Evening				
	Daily total				
Day 6		Drain #1	Drain #2	Drain #3	Drain #4
	Morning				
	Afternoon				
	Evening				
	Daily total				
Day 7		Drain #1	Drain #2	Drain #3	Drain #4
	Morning				
	Afternoon				
	Evening				
	Daily total				

## JP Drain Daily Output Log

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	Morning				
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