



**POST-SURGERY INSTRUCTIONS: SUPPLEMENTAL DOCUMENTS
(DRAIN CARE and MEDICATION WORKSHEET)**

DRAIN CARE INSTRUCTIONS

Drain care is required 3 times per day immediately following surgery, and at any time the drainage bulb is more than 1/3 full. Follow the instructions provided below *explicitly* and record drainage as required on the drain log provided on page 8.

*****YOU MUST BRING YOUR DRAIN LOG WITH YOU TO EVERY FOLLOW-UP APPOINTMENT*****

1. Wash your hands well with soap and water.
2. Open cap on the drain bulb. Pour out drainage into a clean **measuring cup**. Record the amount of drainage and time of day, as indicated on the drain log. Dispose of drainage in the toilet and flush.
3. **Squeeze bulbs tightly and replace cap.** The compressed bulb is what provides the suction, so doing this is *very important*.

Once you have measured your fluid drainage, you must “**milk**”, or **strip, the drain tubing**. This is done to prevent small clots from blocking fluid outflow.

4. To do this, hold the tubing *securely* at the skin site with one hand. With the other hand, pinch the tubing between your thumb and index finger and apply firm pressure as you strip the tubing towards the bulb. You may use an alcohol swab to make it easier to strip the tubing.
5. If the tubing and bulb come apart, wipe the ends with alcohol and reconnect. Squeeze the bulb, again, and replace the cap.

Reminders

- **DO NOT get drain sites wet.** The dressings over the drain site will be changed in the office during your follow-up visits.
- **DO NOT** clean the inside of the bulbs or place ANYTHING inside of the bulbs. Doing so will *greatly* increase your risk of infection.

Additional Instructions

- Always secure the drain to your clothing so that there is no tension on the drain at the incision site.
- Do not cut the drains.
- Keep tubes connected to the bulbs.
- Ensure that the bulb is always compressed (deflated or flat) so that it will hold suction and drain properly.

Call the office immediately at (404) 841-8450 if any of the following should occur:

- You develop a fever of 100.5 or higher.
- A large amount of leakage around the drain site dressing.
- A marked increase in drainage output (double your usual output).
- Increased heat, redness or tenderness around the drain insertion site.
- The drainage develops a foul odor.

DRAIN LOG: Patient Name: _____ Week of: _____

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DRAINAGE RECORDER		DRAINAGE RECORDER							
DATE	TIME	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4	DRAIN 5	DRAIN 6	DRAIN 7	DRAIN 8
__/__/__	MORNING								
	AFTERNOON								
	EVENING								
	DAILY TOTAL								
__/__/__	MORNING								
	AFTERNOON								
	EVENING								
	DAILY TOTAL								
__/__/__	MORNING								
	AFTERNOON								
	EVENING								
	DAILY TOTAL								
__/__/__	MORNING								
	AFTERNOON								
	EVENING								

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	DAILY TOTAL								
<u> </u> / <u> </u> / <u> </u>	MORNING								
	AFTERNOON								
	EVENING								
	DAILY TOTAL								
<u> </u> / <u> </u> / <u> </u>	MORNING								
	AFTERNOON								
	EVENING								
	DAILY TOTAL								
<u> </u> / <u> </u> / <u> </u>	MORNING								
	AFTERNOON								
	EVENING								
	DAILY TOTAL								

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MEDICATION LOG Patient Name: _____ Week of: _____

Administer all medication, EXACTLY as prescribed. Use this document to record the time each medication is given each day.

Antibiotic: _____ mg _____ x per day



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Time/Day

Pain medication: _____ mg _____ x per day
Time/Day

Muscle relaxant: _____ mg _____ x per day
Time/Day

Other: _____ mg _____ x per day
Time/Day

Other: _____ mg _____ x per day
Time/Day

Other: _____ mg _____ x per day
Time/Day