

Going home with a drain

This leaflet aims to answer your questions about going home with a drain. It explains the benefits, risks and alternatives, as well as explaining how to look after your drain and measure the drainage within a 24 hour period.

If you have any further questions, please speak to a doctor or nurse caring for you.

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What is a drain?

A drain is a thin PVC tube, with many holes at the end, which is placed in the cavity created when tissue is removed during surgery. The tube is added in order to remove the fluid that collects after an operation. The end of the tubing that is outside your body will be attached to a plastic measuring bottle similar to the one pictured on page 9 of this booklet.

Why do I need a drain?

Body tissues cut during your operation leak fluid after surgery. If this fluid is not allowed to drain, it can collect under the skin and potentially cause problems.

The principle reasons for having a drain to remove this fluid are:

1. To allow the wound to heal.
2. To reduce pain, as the collection of fluid in a closed cavity can cause discomfort.
3. To prevent a collection of fluid which is a potential site for infection.
4. To minimise any bruising to the area.

How does the drain work?

Suction drainage: An active (vacuum) drain works by gentle suction. When the suction in the bottle is active, the red vacuum indicator on the top is in a downwards (pressed) position.

The colour and amount of the fluid can be seen, which is important for the surgeon. As the area heals the

amount of drainage collected lessens until it is low enough for the drain to be removed.

Passive drainage: This relies on gravity to take fluid away without additional suction.

As the area heals the amount of drainage collected lessens until it is low enough for the drain to be removed.

How long will I have the drain for?

This will depend on the type of surgery you have had and your individual circumstances.

Following plastic surgery, drains are normally removed once they have collected less than 30 to 40mls in 24 hours. This process can take five to seven days but for some operations it can be up to six to eight weeks. For breast procedures the drain is usually removed within two weeks.

What are the risks?

You need to be aware of any potential problems. In most cases there are very few complications. Some of the complications can be:

Infection: An infection can occur around the entry of the drain site at any time following surgery and you may need treatment with antibiotics. Symptoms of an infection include increased swelling, redness, fluid leakage, an increase in your temperature and increased pain.

Seroma or collection of fluid at the wound/drain

site: There is a risk that fluid may pool beneath your stitch line after surgery if the wound drains put in during the operation are not working properly. If this happens a doctor may need to remove the fluid by another method and remove the drain.

Tissue in growth: This is when tissue grows around the drain and happens occasionally when the drain has been in place for a while. This can mean when removing the drain it may be a bit more painful.

There may be other risks specific to your individual case. Your surgeon or nurse will discuss any further risks with you. If you are concerned about any of these risks or have any further queries, please speak to your consultant or a member of the medical team.

Are there any alternatives?

Your surgeon has inserted your drain/s as part of your surgical procedure and will advise on when it is best to remove it/them based on the type and amount of drainage and the surgery you have had. If they are removed too early you could suffer a build up of fluid around your operation site. If they are left in for too long there is an increased risk of infection.

Will I feel any pain?

You may feel discomfort around the drain site and may need medication to help ease this. Your surgeon will prescribe regular medication to reduce the pain. However, if you are in constant pain or get new pain you should contact the staff (contact numbers on page 14).

Stiffness can occur if you restrict your movement because you can feel the drains moving with you. It is normal to feel them, as they are plastic tubes sitting under the skin, so please try to move as normal.

How can I prepare for going home with my drain?

If you are clinically well and do not need to be in hospital but you still need a drain, you will be offered the chance to go home with it. This is quite normal so there is no need to worry. The nurse looking after you will show you how to care for your drain and give you a chart so that you can monitor the output at home.

To go home with your drain/s you will need to meet the following criteria:

- You have been shown how to measure your drainage and change the drainage bottle and are happy to do this independently at home.
- You are able to organise your own transport to and from the hospital. This is because you may need to get back to the hospital at short notice if you have any problems or difficulties at home with the drain. Alternatively we may be able to arrange for you to stay in the Simon Patient Lodge at St Thomas'.
- You are able to attend the plastic dressing clinic on a weekly basis or when the drainage is below 30mls.
- You have not had any problems with the drains while you have been in hospital.
- You are aware and able to check for signs of infection at the drain site.
- You can be visited daily at home by the district nursing team if needed.

What do I need to do after I go home?

- Any time you need to check the drain site or change the bottle you should always wash your hands with soap and water and dry them on a clean towel, both before and afterwards.
- At home you need to remember to pick the drain up when you move around and be careful not to get the tubing caught on any of the furniture, to prevent it being pulled out.
- Do not raise the drain higher than your wound to avoid the contents pouring back into the wound.

Measuring your drainage

1. You should measure the amount of drainage at roughly the same time every day (approximately 8am).
2. Put the bottle on a flat surface. Measure the amount of fluid in the bottle since the last measurement (24 hour drainage) and also the total amount in the bottle (total drainage). Record the volume of fluid on the chart on page 15 of this booklet.
3. Mark the level of the drainage (fluid level) on the white stripe with indelible pen (e.g. a ballpoint pen or permanent marker pen) on the side of the drainage bottle.
4. When the drain is less than 30mls, you will be instructed to either call the plastic surgery dressing clinic/outreach nurse (Monday to Friday) or Somerset Ward (weekends and bank holidays) to report your drainage and arrange removal. Contact details are on page 14 of this booklet.

Example:

Date	Time	24 hour drainage (mL)	Total drainage (mL)
Monday Day 1	8am	120	120
Tuesday Day 2	8.15am	100	220

The drain management chart for you to use can be found on page 15 of this booklet.

Changing your drainage bottle

You will be sent home with spare drainage bottles.

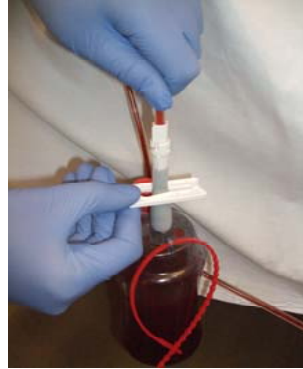
There are three reasons why your bottle may need changing at home:

1. The bottle is full.
2. The red vacuum indicator has completely expanded showing that there is no suction (as shown on page 11).
3. The tubing has become disconnected.

Follow the steps on the next pages to change your bottle. A nurse will demonstrate this with you before you go home.



1. Close the clip on the tubing.



2. Close the clip on the bottle.



3. Disconnect the tube from the bottle, by unscrewing the luer lock.



4. Screw on the new bottle. Make sure it is on tightly as loose connections can lead to loss of suction.



5. Open the clip on the tubing.



6. Open the clip on bottle. White tape can be used to help mark the drainage output.

What should I do if I have a problem?

Usually patients who go home with drains do not have problems managing their drains at home. However, there are some situations that may occur that you should know how to deal with.

1. What to do if the drain loses vacuum

When the suction in the bottle is active, the red concertina like vacuum indicator on the top is in a downwards (pressed) position. Occasionally the suction in the bottle stops and the red vacuum indicator is pushed up (as shown in the pictures on the next page).



Bottle with vacuum on and working **(vacuum indicator pushed down/compressed)**.



Bottle with vacuum off and not working **(vacuum indicator expanded/no longer compressed)**.

This could be due to a leak around the drain site where it goes into the skin. The area may need resealing. This can be done by the district nurses or in the dressing clinic or ward. Please make sure you take home some film dressing. Check the connection valves on the bottle in case they have become dislodged.

In some cases you may be asked to remove the suction before re-connecting a new bottle but you will be told this before you go home and a nurse will demonstrate this for you.

2. What if I accidentally remove the drain or it falls out?

Do not panic. The site may leak fluid or start bleeding slightly. With a clean towel or the gauze provided place this over where the drain was and put pressure on the area for at least 15 minute or until the leakage/bleeding stops. When it stops cover the hole with a clean plaster. Contact the hospital on the numbers provided. If it continues bleeding for longer than 20 minutes, please go to your local accident and emergency department (A&E), but continue to press with a clean towel.

If you think that your drainage bottle has lost its suction, or if it has fallen out, please telephone for advice (see contact details on page 14).

3. What if the drain appears to be blocked?

Do not panic. Sometimes clots of blood/tissue can appear in the tubing and will move along and end up in the bottle. If you have any concerns please contact the plastic dressing clinic (during working hours) or out of hours call Alan Apley Ward, your GP practice nurse, or your district nurse if they are visiting you at home.

4. You think you have an infection

Symptoms of infection include increased swelling, redness, tenderness, fluid leakage, an increase in your temperature and increased pain around the drain site or if the site begins to smell. Please seek medical attention immediately by contacting the plastic dressing clinic in working hours or out of hours call Somerset Ward or your GP.

Will I have a follow-up appointment?

Once your drain output is less than 30mls in 24 hours **and** your surgical team is happy, your drain will be removed. Drain removal is usually done by a nurse in the plastic dressing clinic or on the ward. However, if you have some distance to travel this is sometimes done by district nurses. Please do not arrange for your district nurse to remove your drain without confirmation from your surgical team that the drain can be removed.

How will the drain be removed?

The nurse will discuss the plan with you and gain your consent to do this procedure. Please ask the nurse if you have any questions or concerns.

The nurse will remove the vacuum from the drain and then remove the dressing and the stitch holding the drain in place. You will then be asked to take a deep breath as the drain is removed. The area will be covered with an absorbent dressing. The drain site may continue to leak until the area has completely healed. This will require a simple dressing.

Depending on the type of surgery you had and your medical condition you will still require follow up appointments with your consultant teams. Please check with your nurse if you are not sure when these are.

Contact us

Plastic surgery dressing clinic (PDC)

The clinic is situated on the ground floor, Gassiot House, St Thomas' Hospital.

Please call between 8am and 10am, Monday to Friday.

t: 020 7188 7188 ext 54517 or 54518 (nurses) or
020 7188 7188 ext 54082 (reception staff).

Somerset Ward

The plastic surgery ward is on the 12th Floor, North Wing, St Thomas' Hospital.

Please call between 8am and 10am at weekends and ask for the nurse in charge.

t: 020 7188 6558

Plastic surgery appointment queries

Plastic surgery access team

t: 020 7188 8882

Plastic surgery clinical nurse specialist (CNS) (general)

Gaby De Luca

t: 020 7188 2503 **e:** gabriella.deluca@gstt.nhs.uk

Breast reconstruction clinical nurse specialist (CNS)

Kerri Larnach

t: 020 7188 7188 ext 53267 **m:** 07717 694 218

Plastic Outreach Nurse

Diane Sinden

m: 07342 079 589

Guys & St Thomas' breast care team

t: 020 7188 0869

Drain management chart

Date:	Time:	Drain 1		Drain 2	
		Location:		Location:	
		MLS in bottle:	24 hr total:	MLS in bottle:	24 hr total:

Date of surgery:	Operation:
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Specific post operative instructions in regards to the drain:

Useful sources of information

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints)

e: complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices – Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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