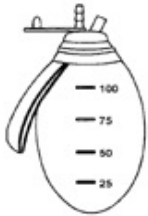


## CARE OF DRAINAGE TUBES AND BULBS

After discharge from the hospital you may have one or more drainage tubes placed during surgery to collect blood and fluid.



Identify the exit site of the drainage tube. Identify the silastic tubing exiting the wound leading to a reservoir bulb. Suction is maintained when the bulb is compressed. Any fluid or blood is allowed to collect into the bulb.

Check the amount of drainage every 4 to 6 hours. Wash hands with soap and water. Uncap the bulb releasing the suction, and read the quantity of fluid as measured in cc's (cubic centimeters) on the graduated scale imprinted on the bulb. Mark the time, date, bulb number or side, and the amount of fluid in each bulb. Record drainage amount separately for each drainage bulb.

Empty the fluid from the bulb and discard. Reapply suction by tightly squeezing the bulb and plugging the cap firmly. The bulb should be completely collapsed to achieve maximum suction.

If drainage fills up quickly, contact the office. If the bulb ceases to drain, do not become alarmed as long as the operative site does not show excessive swelling. Drains will be removed in the office. Use the following form and bring to your next appointment.

Name:		Drain No.			
Date	Time	# 1	# 2	# 3	# 4
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc
		cc	cc	cc	cc

(Continue measurements on separate page if necessary)