

# Post Operative Drains

## Types of Drains

- Redivac – these drains have a vacuum to help drain fluid.
- Foley drain – looks like a urinary catheter, but used to drain fluid from the surgical site
- Abdominal portex drain – standard abdominal drain tubing, as in second picture below.



<https://en.wikipedia.org/wiki/File:Drainage.JPG>



<https://www.woundsource.com/blog/identifying-different-types-wound-drainage&psig=AOvVaw1JNFO->

## What to Monitor

- Check drains hourly, especially immediately post operatively. This can be relaxed after 24hours if appropriate.
- Output – is it serous/ haemoserous/ blood/ purulent/ bile?
  - **Alert medical team if high output, change in output or fresh blood**
- Ensure all output is recorded on the 24hr chart.
  - If it's a drainage bag without clearly marked levels, only add volume to chart when bag is emptied and output has been measured accurately. This should be done 6hourly initially, but can be relaxed after 24-48 hours if appropriate. **This should be done more often than 6 hourly if there is high output.**
  - With redivac drains, you can mark the level and time it was checked on the bottle.
  - Change redivac canister when it is full and document you have done so.  
Don't forget to check the drain site for oozing, bruising, bleeding etc.
- Check the tubing is patent – if it hasn't drained for a while, make sure there isn't a blockage. If it has become blocked, inform the medical team. They may advise you to 'cut and bag' the drain. This means that you should cut the tubing to above the blockage and then insert it into a wound manager bag.
- Make sure redivac drains are on suction, if not you should replace the cannister.



The red 'wings' are open and pointing to max.



The red 'wings' are pointing to 0.

Photos: J.Poleson

## Flushing

- Occasionally, you may be instructed to flush drains to ensure patency. This should only be done when prescribed on the kardex. It is an aseptic non-touch procedure with sterile water or saline.

## Removal

- This should only be done on instruction from the surgeons.
- If it is a redivac, you **must** make sure that you have released the vacuum before removal.
  - To release the vacuum:** Clamp the tubing and clamp the white sliding clamp on the top of the bottle. Unscrew the bottle from the tubing keeping both clamps closed. Carefully open the clamp on top of the bottle, keeping the tubing clamp closed. You should hear air being drawn into the bottle and the red wings should be pointing to zero (as above). You can now reattach the tubing to the bottle and release the clamp on the tubing.
- To remove the drain:** First, remove the stitch. Ask the patient to take a deep breath in and then slowly blow out (as if blowing out a candle). This ensures that the patient's abdominal muscles are relaxed as you remove the drain, making it easier for you and less painful for them. As the patient is blowing out, you should be sliding the drain out of the site, with sterile gauze ready to press over the site (in the same way you would if you were removing a CVC). There may be some exudate that leaks from the site initially, this is normal. Finally, you should apply an absorbent dressing.
- FOR CHEST DRAIN REMOVAL, SEE CHEST DRAIN INFORMATION.**