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The drain care information found on this video is intended for patients following: mastectomy surgery or lumpectomy surgery with axillary lymph node dissection. It is not intended for patients following breast reconstruction surgery. If you have had breast reconstruction, please follow the instructions provided by your plastic surgeon.

Typically problems with drains are not life threatening and are not an emergency. If you have concerns about drain care or the surgery site, after-hours or on weekends, go to the emergency department of the hospital where you had your surgery. The hospital has your history and medical records.

If you live outside the city, report to the nearest emergency department.

The Surgery Guide as well as links to other resources are available online at www.wrha.mb.ca/bhc or feel free to call the Breast Health Centre if you have any questions about topics discussed in this chapter or related to surgical treatment.
Typically, women who are having a mastectomy or a lumpectomy with axillary lymph node surgery will have 1 to 2 drains. A drain is a small plastic tube that is placed near your incision to remove blood and fluid that can collect under your skin after surgery. Removing the fluid helps the wound to heal, makes you more comfortable and reduces the risk of infection.
The nurse will show you how to empty your drain before you go home from the hospital. At first, the fluid that drains will be red or pink in colour; then gradually it will become clearer, a yellowish-pink and more watery. The amount that drains may change from day to day, but it usually decreases a few days after the surgery. The drain is usually removed in 7-10 days.

Drains should be measured and emptied 3 times per day. Your drain can be removed when the drainage total is less than 30 mls in 24 hrs.

If you have two drains and only one drain in less than 30 ml, that one drain can be removed. You do not necessarily have to wait for both drains to be less than 30 ml.

Call your surgeon’s office or a nurse at the Breast Health Centre for removal of the drain.
To empty the drain:
• Wash your hands
• Open the stopper to release the suction.
• Measure the amount of fluid that collects in the bulb of the drain, using the calibrated numbers on the side of the bulb and record the amount in the record table found in your surgery guide.
• If you have more than one drainage tube, record the amount from each one separately
• Empty the fluid from the bulb through the opening
• Squeeze the bulb to create suction and recap the stopper
• Wash your hands

Do not rinse the bulb or bottle. It is normal to see pieces of tissue or clots along the tubing. To prevent the clots from plugging the tubing, “milking” the drain three times per day can help promote the fluid to flow.

1. Wash your hands and apply a couple of drops of lotion or soap to the tips of your fingers
2. Near the tip of the tube that is inserted in your skin, pinch the tube securely with your finger and thumb.
3. With your other hand, starting just below where the tubing is pinched, use you fore-finger and thumb to squeeze and slide your fingers down the tube, half-way to the bulb. Keep the tube pinched.
4. Bring your opposite hand down to just above where the tube is pinched.
5. Repeat step 3 to “milk” the lower half of the tube right down to the bulb.
You can shower with a drain in place. It is helpful to tape the tubing from the drain to your skin below the drain site. This will decrease the pull on your skin.

If you have a gauze bandage on the drain site, you can remove the gauze, shower and then pat the area dry with a clean towel, and apply a new gauze.

If you are not comfortable changing the bandage, you may bathe, but keep the bandages dry and change the bandage in seven days or sooner if it gets wet.

If you prefer taking a bath, have the drain sit on the edge of the tub and keep the water in the tub low enough to avoid getting the drain incision and surgical site wet.

Some of the surgeons use the plastic bandage, which is waterproof. This can be left on while showering and removed after seven days.

If you are unsure what to do, you can call the nurse at the Breast Health Centre.
Your surgical guide tells you when to contact your surgeon’s office or a nurse at the BHC.

You should call the centre:
• If the bulb will not stay squeezed; or if the tube is blocked or not draining and you have tried milking the tube.
• Or, fluid collects under the skin instead of going in the tubing. It may feel like a pocket of water sitting underneath the skin.
• Or, if the total amount of fluid is less than 30 ml in 24 hours.

After the drain has been removed, it is normal for a small amount of fluid to leak from the drain site for 24-72 hours. Apply and change the gauze as needed.

Fluid may collect under the skin once the drain site has healed over. Most of the fluid will reabsorb on its own within 3-6 weeks. The fluid may need to be drained by your surgeon if the swelling becomes large or painful.
Contact your surgeon’s office or the Breast Health Centre if:

- Any new bleeding from the incisions or drain site
- Any foul-smelling fluid coming from the incisions, drain site or drainage bulb
- Increased warmth, swelling, pain or redness along incisions
- Chills or fever (above 38.5 C or 101.3 F) for two days or more
- Signs of infection such as swelling, redness, warmth in your “at risk” arm

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If you are experiencing any:

- new bleeding or drainage from the incisions or drain site
- foul-smelling fluid coming from the incisions, drain site or drainage bulb
- Increased warmth, swelling, pain or redness along the incisions or drain site
- Chills or fever above 38.5 C or 101.3 F for two days or more
- Any signs of infection or inflammation such as swelling, redness or warmth in your “at risk” arm

you are encouraged to contact the Breast Health Centre.
If it is after hours or on the weekend, report to the emergency department where you had your surgery or if you are outside the city the nearest emergency department.
The surgery guide and all of the resources referred to on this DVD as well as links to additional resources are available online at
wrha.mb.ca/bhc, or feel free to call the Breast Health Centre at 204-235-3906 or toll free in Manitoba at 1-888-501-5219 if you have any questions about topics discussed in this chapter or related to your surgical treatment.

I hope the information has been useful and has answered some of your questions.