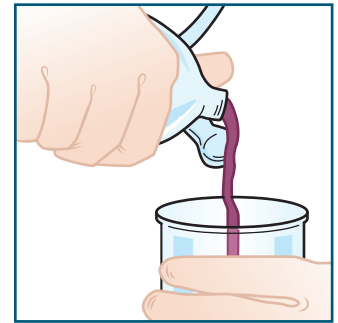


## Discharge Instructions: Caring for Your Jackson-Pratt Drainage Tube

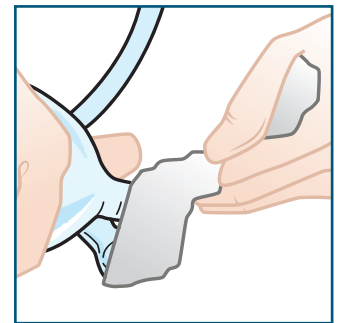
Your doctor discharges you with a Jackson-Pratt drainage tube. Doctors commonly leave this drain within the abdominal cavity after surgery. It helps prevent swelling and reduces the risk for infection. The tube is held in place by a few stitches. It is covered with a bandage. Your doctor will remove the drain when he or she determines you no longer need it.

### Home care

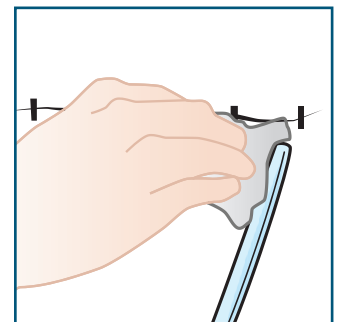
- Don't sleep on the same side as the tube.
- Secure the tube and bag inside your clothing with a safety pin. This helps keep the tube from being pulled out.
- Empty your drain at least twice a day. Empty it more often if the drain is full.
  - Lift the opening on the drain.
  - Drain the fluid into a measuring cup.
  - Record the amount of fluid each time you empty the drain. Share this information with your doctor on your next visit.
  - Squeeze the bulb with your hands until you hear air coming out of the bulb if your doctor had instructed you do so (sometimes the bulb is used as a reservoir without suction). Check with your doctor about specific drain instructions.
  - Close the opening.
- Change the dressing around the tube every day.
  - Wash your hands.
  - Remove the old bandage.
  - Wash your hands again.
  - Wet a cotton swab and clean the skin around the incision and tube site. Use normal saline solution (salt and water). Or, you can use warm, soapy water.
  - Put a new bandage on the incision and tube site. Make the bandage large enough to cover the whole incision area.
  - Tape the bandage in place.
- Keep the bandage and tube site dry when you shower. Ask your healthcare provider about the best way to do this.
- "Stripping" the tube helps keep blood clots from blocking the tube. Ask your nurse how often you should strip the tube. However, depending on where and why your doctor placed the tube, stripping may not be necessary. It may even be dangerous in some cases.
  - Hold the tubing where it leaves the skin, with one hand. This keeps it from pulling on the skin.
  - Pinch the tubing with the thumb and first finger of your other hand.
  - Slowly and firmly pull your thumb and first finger down the tubing. You may find it helpful to hold an alcohol swab between your fingers and the tube to lubricate the tubing.
  - If the pulling hurts or feels like it's coming out of the skin, stop. Begin again more gently.



**Empty the bulb.**



**Clean and reconnect the bulb.**



**Clean the site.**

**Follow-up care** – make a follow-up appointment as directed by our staff.

**When to seek medical care** – call your doctor right away if you have any of the following:

- New or increased pain around the tube
- Redness, swelling, or warmth around the incision or tube
- Drainage that is foul-smelling
- Vomiting
- Fever over 101.5 degrees Fahrenheit (38.6 degrees Celsius)
- Fluid leaking around the tube
- Incision seems not to be healing
- Stitches become loose
- Tube falls out
- Drainage that changes from pink to dark red
- Blood clots in the drainage bulb
- A sudden increase or decrease in the amount of drainage (over 30 mL)

## Preventing Deep Vein Thrombosis After Surgery

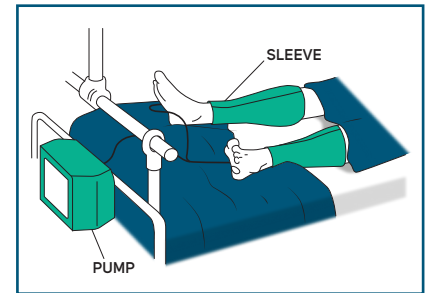
In the days and weeks after surgery, you have a higher chance of developing a **deep vein thrombosis (DVT)**. This is a condition in which a blood clot or **thrombus** develops in a deep vein. They are most common in the leg. But, a DVT may develop in an arm, or another deep vein in the body. A piece of clot, called an **embolus**, can separate from the vein and travel to the lungs. A blood clot in the lungs is called a **pulmonary embolus (PE)**. This can cut off the flow of blood. It is a medical emergency and may cause death.

Healthcare providers use the term **venous thromboembolism (VTE)** to describe both DVT and PE. They use the term VTE because the two conditions are very closely related. And, because their prevention and treatment are closely related.

### Prevention in the hospital or other facility

Your healthcare provider will usually prescribe one or more of the following to prevent blood clots:

- **Anticoagulant.** This is medicine that prevents blood clots. You take it by mouth, by injection, or through an IV. Commonly used anticoagulants may also be used, including rivaroxaban, apixaban, dabigatran and enoxaparin. Sometimes your healthcare provider may not give you an anticoagulant medicine. It is important that he or she discuss the risks and benefits with you and document them.
- **Compression stockings.** These are elastic stockings that fit tightly around your legs. They help keep blood flowing toward your heart by the pressure they apply. They prevent blood from pooling and forming blood clots. When you first put them on, the stockings may be uncomfortable. But after a while, you should get used to them.
- **Exercises.** Simple exercises while you are resting in bed or sitting in a chair can help prevent blood clots. Move your feet in a circle or up and down. Do this 10 times an hour to improve circulation.
- **Ambulation (getting out of bed and walking).** After surgery, a nurse will help you out of bed, as soon as you are able. Moving around improves circulation and helps prevent blood clots.
- **Sequential compression device (SCD) or intermittent pneumatic compression (IPC).** Plastic sleeves are wrapped around your legs and connected to a pump that inflates and deflates the sleeves. This applies gentle pressure to promote blood flow in the legs and prevent blood clots. Remove the sleeves so that you do not trip or fall when you are walking. For example, when you use the bathroom or shower. If you need help removing the sleeves, ask the nurse or aide.



A patient with a sequential compression device



Ankle exercises can help keep blood flowing in the veins

### Prevention at home

Deep vein thrombosis can occur even after you go home. Follow all instructions from your healthcare provider. The following are some general guidelines about DVT prevention:

- **Anticoagulant medication.** If an anticoagulant was prescribed, make sure you follow all directions about taking it. Be sure you know what foods and medicines may interact. Also, ask your healthcare provider what to do if you forget to take a dose.
- **Compression stockings.** Your healthcare provider will tell you how often to wear and remove the stockings. Follow all instructions closely. Each time you remove your stockings, check your legs and feet for reddened areas or sores. If you see any changes, call your healthcare provider right away.
- **Returning to activity.** Follow all instructions about returning to activities. Be as active as you can. This improves blood flow and helps prevent a clot from forming. When in bed or in a chair, continue with the ankle exercises you did in the hospital.
- **Sequential compression device (SCD) or intermittent pneumatic compression (IPC).** In certain situations, this device may be recommended at home. If you are using this device at home, make sure you closely follow all instructions from your healthcare provider. You will be instructed on how often and for how long to use the device. Again, remove the sleeves if you are up and walking.

### When to get help

You may have signs or symptoms of a blood clot. Or, you may have signs or symptoms of bleeding from medications to prevent clots.

Call 911 if you have the following:

- Chest pain
- Shortness of breath
- Fast heartbeat
- Excessive sweating
- Fainting
- Coughing (may cough up blood)
- Heavy or uncontrolled bleeding

Call your healthcare provider if you have the following:

- Pain, swelling, or redness in the leg, arm, or other area
- Blood in the urine or stool
- Very dark or tar-like stool
- Vomiting with blood
- Bleeding from the nose
- Bleeding from the gums
- A cut that will not stop bleeding
- Bleeding from the vagina

## Discharge Instructions: Postsurgical Deep Coughing

Deep coughing helps keep your lungs clear. If you've had surgery, this will help you get better faster. Deep coughing also helps you breathe easier and may prevent a lung infection. Follow these steps to do postsurgical deep coughing.

### Step 1

- Sit on the edge of a bed or a chair. You can also lie on your back with your knees slightly bent.
- Lean forward slightly.
- If you've had surgery on your chest or stomach, hold a pillow or rolled-up towel firmly against your incision with both hands.
- Breathe out normally.

### Step 2

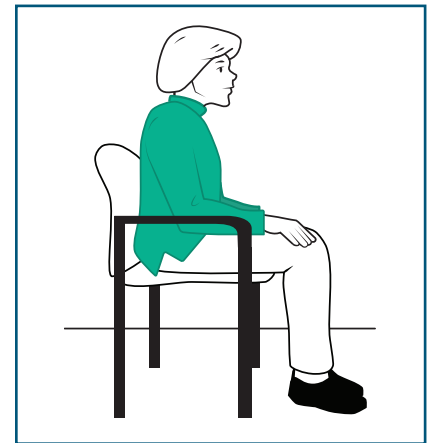
- Breathe in slowly and deeply through your nose.
- Then breathe out fully through your mouth. Repeat this breathing in and out a second time.
- For the third time, take a slow, deep breath through your nose. Fill your lungs as much as you can.

### Step 3

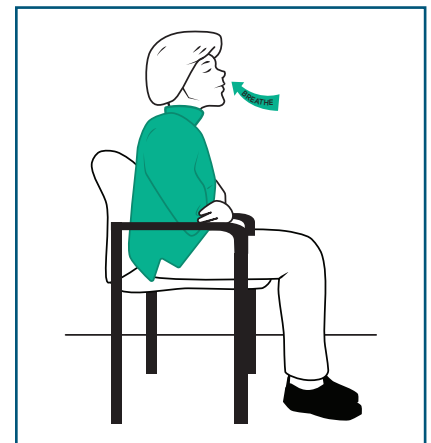
- Cough two or three times in a row. Try to push all of the air out of your lungs as you cough.
- Relax and breathe normally.
- Repeat the above steps as directed.

**When to seek medical care** – call your doctor right away if you have any of the following:

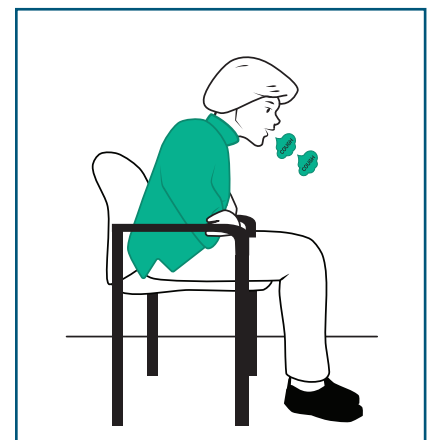
- Fever above 101.5 degrees Fahrenheit (38.6 degrees Celsius)
- Signs of infection, such as redness, swelling, or warmth at your incision site
- Drainage, bleeding, or pus from your incision
- Brownish or bloody sputum
- Nausea or vomiting
- Shortness of breath



Step 1



Step 2



Step 3

## Using an Incentive Spirometer

Soon after your surgery, a nurse or therapist will teach you breathing exercises. These keep your lungs clear, strengthen your breathing muscles, and help prevent complications.

These exercises include doing a deep-breathing exercise using a device called an **incentive spirometer**.

To do these exercises, you will breathe in through your mouth and not your nose. The incentive spirometer only works correctly if you breathe in through your mouth.

### Four steps to clear lungs

- 1. Exhale normally.**
  - Relax and breathe out.
- 2. Place your lips tightly around the mouthpiece.**
  - Make sure the device is upright and not tilted.
- 3. Inhale as much air as you can through the mouthpiece (don't breathe through your nose).**
  - Inhale slowly and deeply.
  - Hold your breath long enough to keep the balls or disk raised for at least three seconds.
  - If you're inhaling too quickly, your device may make a tone. If you hear this tone, inhale more slowly.
- 4. Repeat the exercise regularly.**
  - Do this exercise every hour while you're awake, or as your healthcare provider instructs.
  - You will also be taught coughing exercises and be asked to do them regularly on your own.



Deep breathing expands the lungs, aids circulation, and helps prevent pneumonia.