The drain suctions and collects fluid to promote healing. The fluid needs to be measured daily until the doctor removes the drain. You may have more than one drain. Keep a separate record for each drain. Your nurse will show you how to care for your drain before you leave the hospital.

To strip the drain:
- Wash hands before and after handling the drain to reduce the risk of infection
- Pinch tubing and hold securely close to where the tubing comes from the body
- With the other hand, hold the tubing between your forefinger and thumb
- Gently squeeze the tubing - moving the fluid and possible clots away from the body and toward the collection bulb (drain)
- Release the tubing closest to the body first and re-pinch tubing close to the lower hand (before moving the lower hand)
- Continue squeezing the tubing until you have squeezed all the fluid into the bulb (drain)
- The bulb (drain) should be compressed during this procedure

To empty the drain:
- Un-pin the drain from your garment or dressing
- Open the rubber stopper
- Gently squeeze the contents into a measuring cup. Empty the drain being careful not to touch anything with the opening of the drain
- Measure the contents and record the amount in milliliters
- Dispose of cup after use
- Close the drain
- Change the dressing around the drain tubing daily
- To prevent dislodging the drain, re-pin the drain to your garment or dressing below your heart level
- Wash hands
- Sometimes there may be dried blood in the tubing – this is normal
- **Bring this record to all of your appointments with your doctor.** This amount of measured drainage is important for determining drain removal. You may take the dressing off in the morning and shower

Be sure to call your surgeon if:
- Leaking occurs around the drain tubing insertion area
- Leaking, redness or swelling at the drain tubing insertion area
- Sudden increase in fluid in the bulb (drain) (> 200 ml in 24 hours)
- No drainage at all in the drain