

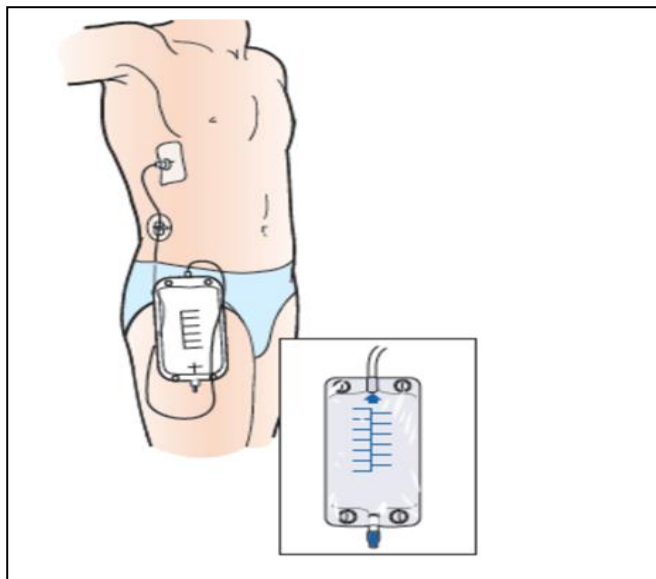
Patient information

Going home with an abdominal drain

Advice for patients and Family/Carers
Department of General Surgery

What is a drain?

A surgical drain is a **tube that facilitates the removal of blood, pus, or other fluids**, preventing them from accumulating within a wound or cavity. This fluid, called exudate, is a clear, straw-coloured liquid that naturally forms as part of the healing process. The end of the tubing that comes out of the body will be attached to a bag to monitor the amount and colour for the health professionals.



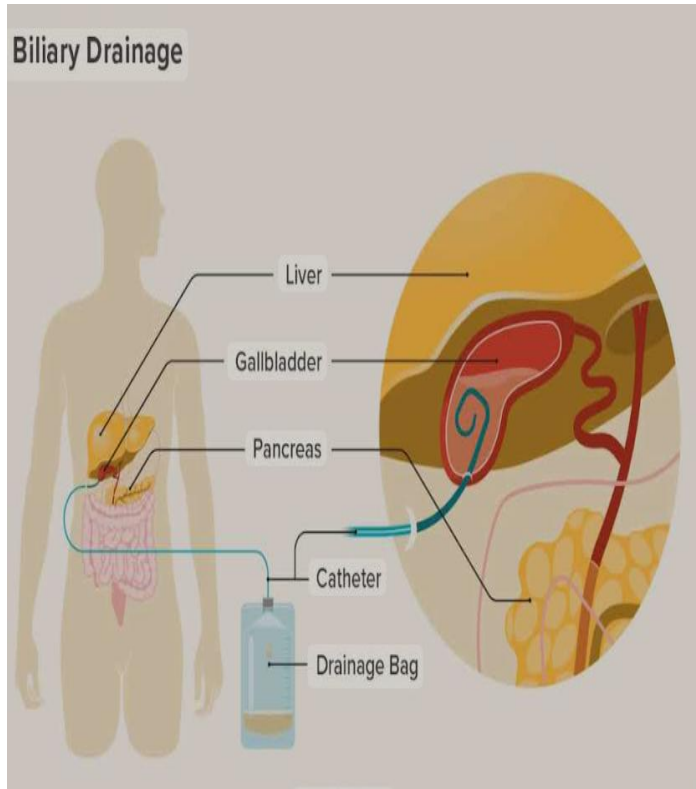
Why do I need a drain?

Body tissues cut during an operation leak fluid after surgery, if this leakage is thought to be a significant amount or of a type of fluid which can cause further problems to your health, for example, bile, then it is helpful to drain this outside of the body. This will help with healing, reduce pain/discomfort, swelling and help to prevent internal infections (a collection of fluid in the body can cause pain and be a potential site for infection). Moreover, drains are often used to help prevent fistulas (abnormal connections).

The drainage is indicated in the following circumstances

- **To drain Intra-abdominal Abscess** or collection such as Gallbladder perforation or larger diverticular abscesses.
- **For high-risk surgical patients:** For patients who are not suitable candidates for immediate gallbladder removal surgery (cholecystectomy) due to severe illness, advanced age, or comorbidities, a cholecystostomy is a safer, temporary option.
- **As a definitive treatment** for who are unwilling to undergo surgery

- **Postoperative bleeding:** To monitor for and drain postoperative bleeding in the abdomen.
- **Pancreatic fluid collections:** To drain collections of pancreatic fluid, including pseudocysts or leaks.



How long will I need the drain for?

This will depend on the type of surgery you have had and individual circumstances. It will also depend on the amounts of fluid draining and the type of fluid it is important to note the colour of the output and discuss this with your consultant when you return for your follow up appointment. The drain is secured and left in place for several days to allow continuous drainage until the infection resolves.

Will I feel any pain from the drain?

You may feel discomfort around the drain site. You may also get discomfort/pain internally where it rubs against tissues and organs i.e., following gallbladder surgery. The drain may sit under the liver and cause pain/discomfort, particularly on movement. Please take painkillers to ease this. It is important to continue moving, to avoid other post-operative complications such as chest infections and deep vein thrombosis (blood clots).

Will I go home with the drain in?

If you are clinically well and do not need to be in hospital but still need a drain, you may be discharged with the drain still in place. This is not unusual and there is no need to worry. A district nurse or a practice nurse can support you with the drain and monitor the skin around the drain. The nurse looking after you will show you how to care for the drain and give you the supplies needed.

What do I need to do at home?

- Check the drain site, change the bag or change the dressings if needed. You should ensure to wash your hands thoroughly before and after with soap and water and a clean towel. You will be shown how to attach clean bags before discharge.
- Be careful not to get the drain caught on any furniture to prevent it being pulled out.
- Keep the drain lower than the wound to allow drainage to continue.
- Measuring the drainage; You should measure the drainage at roughly the same time each day or when the bag is 2/3 full (whichever is sooner). Empty the bag into a jug or container and note the amount in mls and the colour and write this on the chart supplied. It is important to note the colour of the fluid coming out as this indicates what may be draining. For example, green if it is bile, red if it is blood or yellow if it is tissue fluid. It is important to keep track of the volume of fluid from your drain so you can recognise what is normal output for you and when something isn't right. This will also help us to know when the drain can be removed.

When should you call for help?

If you have a problem, please do not worry, contact the number below:
If the stitch holding the drain in place comes loose, secure with a dressing if possible. You will have been given this by your nurse before you leave hospital.
If the drain falls out, place a piece of gauze or clean dressing over the site.

Signs of infection include:

- ❖ Increased swelling.
- ❖ Redness.
- ❖ Yellow or green pus (this is usually cloudy fluid).
- ❖ A bad smell.
- ❖ Increased pain around the drain site.
- ❖ If you notice any of these then please contact the hospital on the number you have been given to arrange a time to come in for assessment and have the stitch replaced or if the drain needs to be replaced.

How will the drain be removed?

The drain will be removed after assessment and appropriate consultation with the surgical team. The doctor or nurse will discuss the plan with you. The stitch holding the drain in place (there is not always a stitch) will be cut and the drain slowly pulled out. The area will then be dressed or a small wound bag applied over the site. This may continue to leak a small amount of fluid afterwards. You will be supplied with some spare dressings or bags to apply at home.

We hope that you found this leaflet helpful. If you require further information, please contact:

Surgical Assessment Unit (SAU): 01633 493341

B0 Ward: 01633 493929

C0 Ward: 01633 493924

D3 West Ward: 01633 234041

D3 East Ward: 01633 234037

If you feel you are unable to manage your drain then please contact your discharging ward as above.

"This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg".

Reviewer

Bindu Kuttipuram Varghese (MSc ACP)

Drain Chart

Date & Time	Amount in mls	24 Hour total	Colour of Fluid
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