



## **Discharge home with a wound drain**

This leaflet will describe how to care  
for your drain at home

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## What is a drain?

A drain is a thin plastic tube that is placed next to your wound, secured with a stitch. Its purpose is to remove fluid (lymphatic fluid) that collects after an operation. The end of the tubing that is outside your body will initially be attached to a plastic bottle to allow the ward nurses to measure any fluid output.

## Why do I need a drain?

The drain helps to prevent a buildup of fluid, called a seroma or lymphocele. If not drained, this fluid can cause swelling and discomfort. It is normal for you to go home with a drain and look after this yourself, with support from the nursing team. The drain will normally stay in until the amount of fluid has been reduced to an acceptable volume following your type of surgery. You will receive a follow up appointment where the drains will be reviewed and removed if appropriate.

## In hospital

While you are in hospital the general care and amount of fluid in your drain will be monitored and recorded by the ward nursing team.

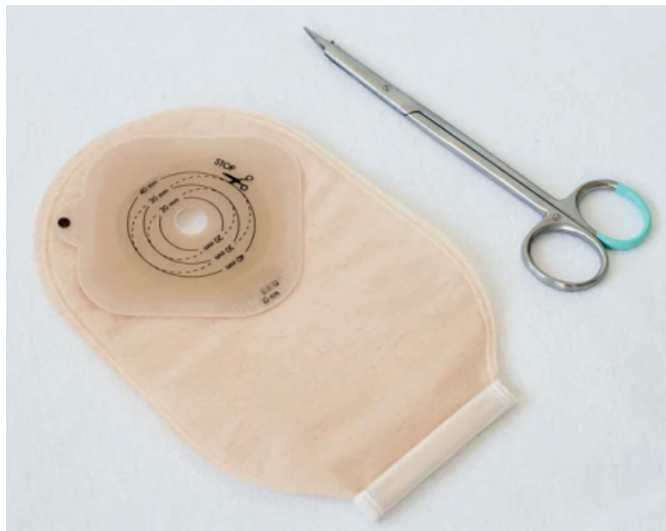
Depending on the length of your hospital stay you may be required to go home with your drain and return as an outpatient for the removal and on-going care.

If you are going home with your drain either your ward nurses or the Burns and Plastics Outreach Team will explain how to care for your drain and how to measure the fluid output.

Prior to discharge, a member of the nursing team will 'cut and bag' your drain.

**Cut and bag** means the drain will remain in place, but the tubing will be cut shorter, and the plastic drain bottle will be removed. A stoma/drainage bag will be secured around the drain tubing to collect any fluid.

You will be given a supply of stoma/drainage bags when you leave hospital, these should be replaced if there is any leakage.



## Stoma/drainage bag

### Caring for your drain at home

Once at home, you need to measure the fluid level every 24 hours. This is done by emptying the drainage bag into a measuring jug.

Try to measure the fluid amount at the same time each day. However, you may need to empty the stoma/drainage bag multiple times over the 24-hour period if the bag feels full. This is not uncommon.

If you have emptied the bag more than once in a 24-hour period, all the fluid amounts need to be recorded and added together to give a total for the 24 hours.

You can record the amount of fluid on the provided chart (page 5 of this leaflet).

Once measured, the fluid can be disposed of down the toilet.

## What if there is no drainage?

There are several reasons for no output from your drain, for instance there is no fluid to drain or a blockage in the tubing.

If your surgical site becomes more painful, hot, or swollen please seek medical advice. Otherwise, we will review the drainage at your next appointment.

## When to contact the hospital/seek medical advice

You feel unwell or experience a high temperature, please seek medical advice (e.g. GP or A&E)

The colour of the fluid drained changes from straw coloured to bright red.

There is any new redness, swelling and/or pain around the drain site.

If you have any concerns, you can contact the ward you were discharged from or the Burns and Plastics Outreach Team for advice.

# Measurement chart

Date	Drain output	Total 24-hour output	Comments
Example 01/01/2025	8am – 150mls 1pm – 80mls 7pm – 70mls	300mls total	Colour

## Contact us

If you have any queries, you can contact the following teams.

Burns and Plastics Outreach (8am-4pm)

- **0121 371 5462** (Please leave a voicemail)
- Email: **burnsplasticsoutreach@uhb.nhs.uk**

Out of hours or over weekends, please contact the ward you were discharged from via the switch board (0121 371 2000).

In case of an emergency please call 999 or present to the emergency department.

## Other leaflets that may help you

- Food for Recovery

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

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