

JP 引流装置的护理

为“重建外科中心”患者的解说

当患者出院时，胸部会插有 JP (Jackson-Pratt) 引流。本讲义解释了如何在家中护理此装置，直到它们可以移除。

为何需要引流？

JP (Jackson-Pratt) 引流是一个封闭的球状引流器，它可将液体从手术部位引出。它有助于防止血液和体液在皮肤下积聚而导致肿胀。它也有助于伤口愈合。

引流导管穿入手术切口附近的皮肤。以缝合线固定。

积液的颜色发生变化是正常的。它可能是棕色、深红色、红色、橙色、粉红色、黄色和透明。引流管中也可能有组织碎片。

为避免感染，请勿：

- 将导管与引流袋分开。
- 将导管或引流袋戳孔或切割。
- 冲洗引流袋或导管。

记录引流袋的积液

- 出院时，将收到一个量杯。用它来测量引流袋的积液量。
- 如有多个引流袋，请以 1、2、3 和 4 标记每一个引流袋，并跟踪每个引流袋的积液量。

如何倒空引流袋及记录积液

每天至少清空每个引流袋 2 次，或在 1/3 满时清空。清空引流袋的步骤：

- 将量杯放在引流袋近旁。
- 用肥皂和温水洗手。
- 松开衣服上固定导管的安全别针或夹子。
- 用酒精棉清洁引流袋的排液口及排液塞的外部。



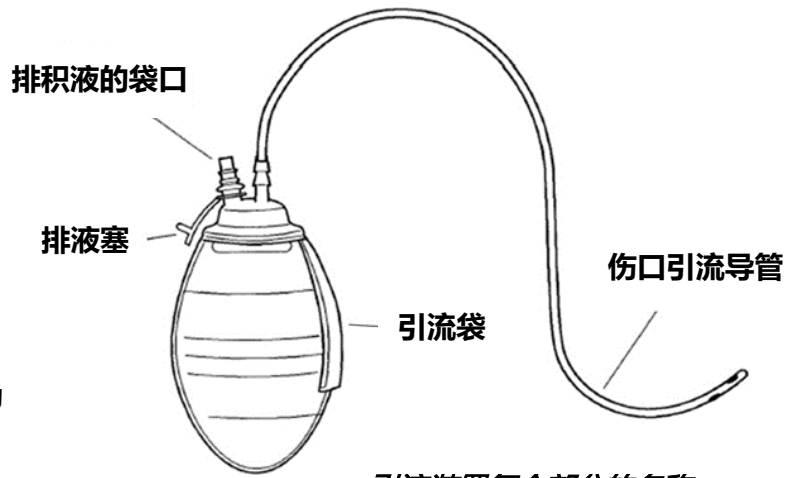
A Jackson-Pratt drain

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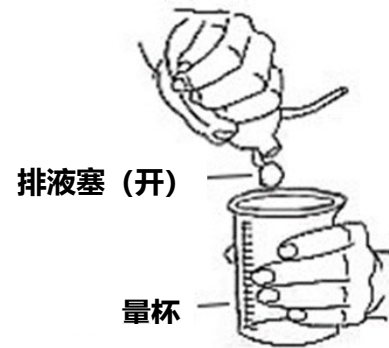


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copy of this handout.

- 打开排液塞。
- 将引流袋朝下倒置在量杯上。轻轻挤压将积液倒入杯中（见左图顶部）。
- 再次用酒精湿巾清洁排液塞及袋口。
- 用手将引流袋压扁（见左图底部）。用排液塞将袋口塞紧，使引流袋保持压缩的平扁状态。
- 盖子盖好引流袋后，切勿再挤压引流袋。因为这样做会将引流排出的液体再推回伤口里。
- 查看量杯侧面的指标、纪录下排出了多少积液。在本讲义末尾的引流记录表上写下这个数量，以毫升（mL）为单位。
- 检查导管的颜色和气味。
- 将所收集的积液倒入马桶后冲水。
- 将引流袋别在衣服上。
- 用肥皂和温水洗手。



JP 引流装置每个部分的名称



将引流袋倒放在量杯上。轻轻挤压引流袋，以将它挤空。



在将排液塞盖紧之前，请用手将引流袋抓扁。

洗澡

- 使用引流袋期间**切勿**泡澡、坐在热水浴缸里或游泳。
- 从手术后 48 小时开始，每天淋浴（除非另有指示）。让肥皂水流过引流袋部位。不要擦洗。
 - 淋浴时，将引流导管系在项链或挂绳（如鞋带）上，然后宽松地挂在脖子上。可确保导管不会脱落。

如何压挤引流管

每天压挤导管 2 次或多次以避免导管堵塞。如何压挤引流导管：

- 用一只手紧握导管。以确保导管不会被拉出。
- 用另一只手的手指夹着酒精湿巾压导管。
- 继续捏压导管，同时将酒精湿巾顺着导管下滑向引流袋。滑动时导管被捏平。
- 如此捏压导管到达引流袋后，松开手指。

当引流装置可以被移除时

何时可以取出引流装置、取决于手术的类型。

- 所有引流装置至少需要保留1周。
- 请咨询护士，以了解下列那一项适用于患者：
 - 对于大多数手术，连续2天在24小时内引流量少于30毫升时，即可移除引流装置。
 - 涉及植入物的手术，当连续2天在24小时内引流量少于20毫升时，即可移除引流装置。
 - 如在手术的切口、或在近旁装置了2个引流装置。我们将在符合情况时移除1个引流装置。等待2天后再移除第二个引流装置，以确保安全。

当引流积液量合乎移除条件时，患者有3个选择：

- 经 MyChart 发电邮或致电诊所 206.598.1217 接通后按 2。告诉护士引流装置已可以移除，并要求安排护士门诊。
- 联系家庭医生，咨询他们是否可以移除引流装置。
- 如认为自己可以移除引流装置，请致电诊所获取如何移除的说明。

来看门诊时请携带积液记录。

何时需要与诊所联系

如发生下列情况、请与诊所联系：

- 伤口或引流导管部位发红、肿胀或漏液
- 体温超过华氏 100.5^oF(摄氏38.5^oC)
- 引流袋或收集容器在清空后立即充满血液或引流液
- 疼痛加剧，或止痛药无法缓解疼痛
- 引流袋无法保持压缩状态
- 引流积液浑浊或有异味
- 引流导管脱出
- 缝合线脱出

如出现新的胸痛或呼吸急促，请拨打 911。

您有疑问吗？

我们很重视您的提问。如果您有任何问题或疑虑，请联系您的医生或医疗保健提供者。

门诊时间（周一至周五，节假日除外，上午 8 点至下午 5 点）：

如果您有任何问题或疑虑，我们建议您通过 EPIC MyChart 向您的外科医生发送消息。如果照片有助于解释您的担忧，请附上照片。

或者，您可以拨打 206.598.1217 选项 2 致电“重建外科中心”。

门诊时间以外的紧急需求：

如果您在下班后、周末或节假日有紧急护理需求，请致电 206.598.6190 并要求与值班的整形外科医生交谈。

Caring for Your JP Drains

For patients at the Center for Reconstructive Surgery



When you go home, you will have JP (Jackson-Pratt) drains in place. This handout explains how to care for your drains at home until they are ready to be removed.



Scan for a digital copy of this handout.

Why do I have drains?

JP drains are *closed bulb drains* that move fluid away from your surgical site. This helps keep blood and fluids from building up under your skin and causing swelling. It also helps your wound heal.

The drainage tubing goes through your skin near your surgical incision. It is held in place by a stitch called a *suture*.

It is normal for drainage color to change. It may be brown, dark red, red, orange, pink, yellow, and clear. There may also be pieces of tissue in your drainage.

To avoid infection, do not:

- Disconnect the bulb from the drain tubing.
- Poke holes or cut the tubing or bulb.
- Flush or irrigate the tubing or bulb.

Recording Your Drainage

- You will receive a measuring cup when you leave the hospital. Use this to measure your drainage.
- Label your drains with numbers 1, 2, 3, and 4 and keep track of the drainage from each one.

How to Empty and Record Your Drainage

Empty each drain at least 2 times every day, or whenever it is 1/3 full. To empty a drain:

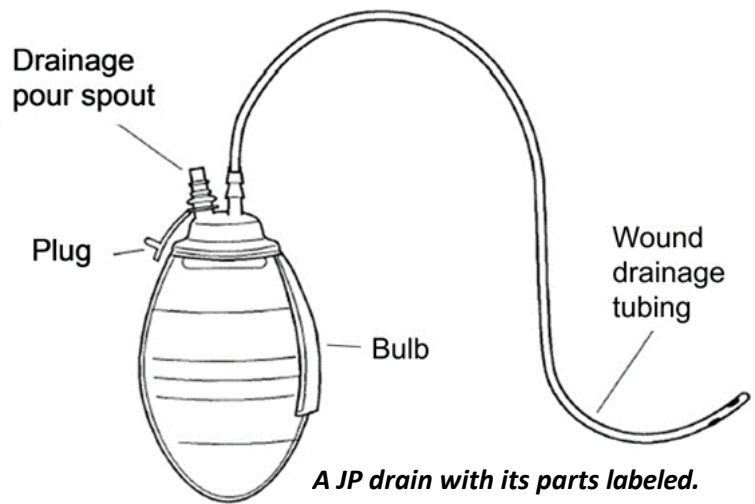
- Have your measuring cup nearby.
- Wash your hands with soap and warm water.
- Loosen the safety pins or clips that hold the tubing to your clothes.
- Clean the outside of the drain plug and spout with an alcohol wipe.
- Open the drain plug.



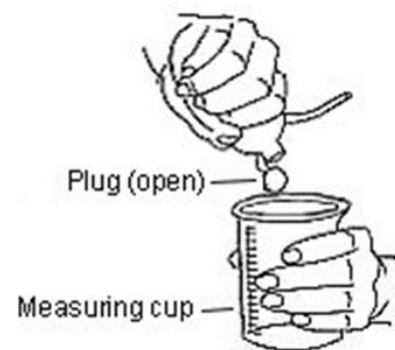
A Jackson-Pratt drain

Drawing used with permission from Truven Health Analytics.

- Turn the bulb upside down over the measuring cup. Gently squeeze the bulb to empty it into the cup (see the middle drawing on the right).
- Clean the plug and spout again with an alcohol wipe.
- Squeeze the bulb flat with your hand (see the bottom drawing on the right). Keep it squeezed as you put the plug back into the spout.
- Never squeeze the bulb after you have put the cap back in place. Doing this can push the drainage back into your wound.
- Look on the side of the measuring cup to see how much fluid you emptied. Write this amount, in milliliters (mL), on your drainage record sheets at the end of this handout.
- Check the drainage for color and smell.
- Empty the drainage into your toilet and flush.
- Pin or clip the drain bulb back onto your clothing.
- Wash your hands with soap and warm water.



A JP drain with its parts labeled.



Turn the drain collection container upside down over the measuring cup. Gently squeeze the bulb to empty it.



Squeeze the bulb flat with your hand before you replace the plug.

Bathing

- Do not take a bath, sit in a hot tub, or go swimming while you have drains.
- Starting 48 hours after surgery, shower every day (unless instructed otherwise). Allow soapy water to run over the drain sites. Do not scrub.
 - Attach your drains to a lanyard or shoelace looped loosely around your neck while you shower. This will ensure the tubes do not fall out.

How to Strip Your Drains

Stripping your drains 2 or more times each day will keep them from clogging. To strip your drains:

- With one hand, hold the tubing firmly. This will make sure the tubing does not get pulled.
- With your other hand, use an alcohol wipe between your fingers to pinch the tube flat.
- Continue pinching as you slide the wipe down the tube toward the bulb. The tube should be squeezed flat as you slide the wipe down the tube.
- Once you reach the bulb, let go.

When Your Drains Are Ready to Be Removed

When your drains will be ready for removal depends on the type of surgery you had.

- All drains must remain in for at least 1 week.
- Check with your nurse for which of the following applies to you:
 - For most surgeries, drains can be removed when you empty less than 30 mL of drainage in 24 hours, for 2 days in a row.
 - For surgeries involving an implant, expander, or thigh drains, drains can be removed when you empty less than 20 mL of drainage in 24 hours, for 2 days in a row.
 - For surgeries involving 2 drains placed under the same incision or close together, we will remove 1 when it meets criteria. We will wait an additional 2 days before removing the second drain, to make sure it is safe to do so.

When your drains are ready to be removed, you have 3 options:

- Send a MyChart message or call the clinic at 206.598.1217 and press 2. Tell the nurse that your drains are ready to be removed and ask to schedule a nurse visit.
- Contact your primary care provider and ask if they are willing to remove the drains.
- If you feel OK removing the drains yourself, contact the clinic for instructions.

Bring your drain records to all your follow-up visits.

When to Contact the Clinic

Contact the clinic if:

- You have redness, swelling, or drainage at your incision or drain site
- You have a fever higher than 100.5°F (38.5°C)
- Your bulb or collection container refills with blood or drainage right after you empty it
- You have more pain than usual, or your pain is not eased by your pain medicines
- Your drain bulb will not stay compressed
- Your drainage is cloudy or has a bad smell
- The tube falls out
- A suture comes out

If you are experiencing new chest pain or shortness of breath, please call 911.

Questions?

Your questions are important. Contact your doctor or healthcare provider if you have questions or concerns.

During Clinic Hours (Monday through Friday except holidays, 8 a.m. to 5 p.m.):

If you have any questions or concerns, we recommend messaging your surgeon through MyChart. Please include a photo if it would help explain your concern.

Or you may call the Center for Reconstructive Surgery at 206.598.1217 option 2.

Urgent Needs Outside of Clinic Hours:

If you have an urgent care need after hours, on weekends, or on holidays, please call 206.598.6190 and ask to speak to the plastic surgeon on call.

