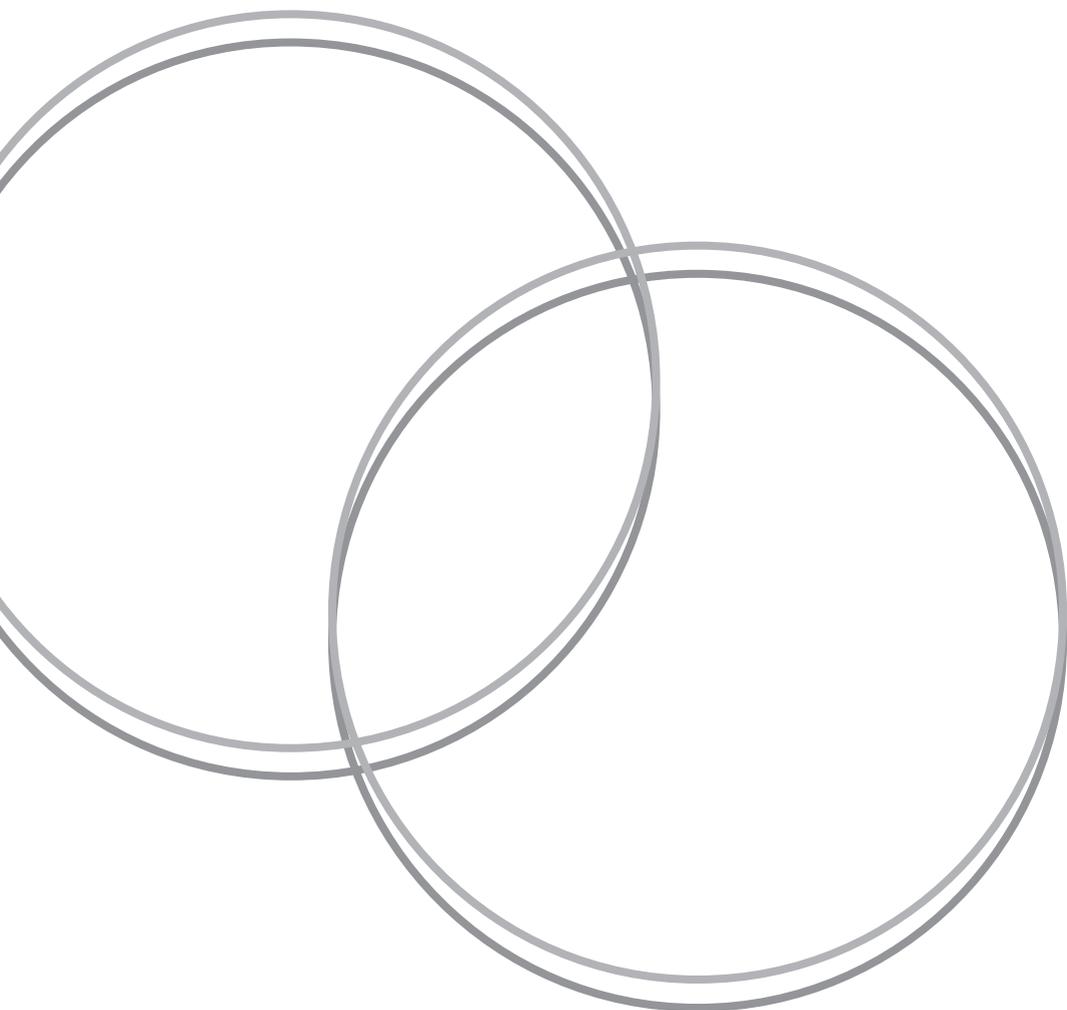




Oxford University Hospitals  
NHS Foundation Trust

# Going home with a wound drain after breast surgery

**Information for patients**



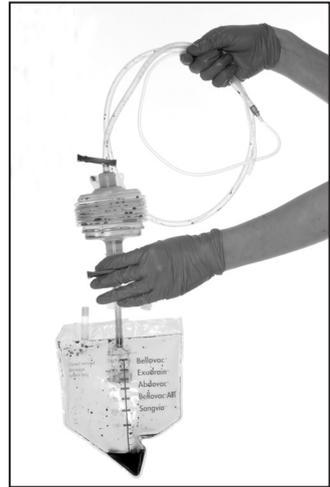
This leaflet is designed to give you more information about going home with a wound drain. If you have any other questions after reading it, please speak to your doctor or nurse.

## What is a wound drain?

A wound drain is a thin plastic tube that has one end placed under your skin in the area where you have had surgery. It is used to remove the fluid that collects in this area of your body after an operation. The other end of the tubing, which is outside your body, is attached to a bottle or bellows and a bag, as shown below. This is where the fluid is collected.



*Wound drain with bottle*



*Wound drain with bellows and bag*

## **Why do I need a wound drain?**

After the surgery you have had your body will naturally produce a liquid called 'serous fluid'. This is very common after this type of surgery. If this fluid is allowed to build up under your skin it can form a 'seroma'. This can cause swelling and discomfort and may become infected.

It is quite normal for you to go home with a wound drain still in place, as it can take a few weeks for the fluid to stop being produced.

## **How does the drain work?**

The drain bottle or bellows works using a vacuum (sucking pressure) to gently remove the fluid.

## Measuring the drain output

While you are in hospital we will regularly measure the volume of liquid that is collected through the drain. This is called the 'drain output'.

**When you go home you will need to continue to measure the drain output in the morning, at the same time every day. Please record the volume in the table at the end of this leaflet.**

It is important that the drain output is measured at the same time every day, so that we have an accurate measurement of how much liquid has been collected over 24 hours.

The contents of the drainage bottle or bag may change over time, from being red to straw coloured (please see picture below). It is also common for a sediment to form at the bottom of the bottle or within the tubing itself.

The drain will usually be removed when the drainage output is less than 30mls in a 24 hour period. **Please measure the drain output at the same time everyday and email the daily output to the breast reconstruction nurses using the below email address: [breastreconstructionnurses@ouh.nhs.uk](mailto:breastreconstructionnurses@ouh.nhs.uk).**



*Darker blood coloured and lighter straw coloured liquid*

If the drain fluid starts to leak from around the insertion site (where the drain goes into your skin) or there are any signs of infection we may decide to remove it earlier than this. Please contact the breast reconstruction nurses if you have any concerns. The contact number is: **01865 234 193**.

There are two reasons why your drainage bottle or bag may need to be changed.

1. When the bottle/bag is full or too heavy for you to comfortably carry.
2. When the bellows are fully expanded or the green vacuum indicator on the bottle has completely pushed up this shows that there is no suction left and that the drain is not able to remove fluid as effectively.

### **When to change bellows and bag**



*Bellows under full vacuum*



*Bellows when vacuum has gone and no suction left*

## When to change bottle



*Vacuum indicator on bottle  
when under full vacuum*



*Vacuum indicator on bottle  
when vacuum has gone and  
no suction left*

# Different types of wound drain

## Redivac drain bottle

### *How to measure the drain output:*

- **At the same time every day** place the bottle on a level surface.
- Mark the volume of drainage and the date on the white strip with a pen.



### *How to change the bottle:*

- Wash your hands.
- Seal off the vacuum by sliding the clamp across the green connection tubing attached to the bottle.
- Close the clamp on the clear tubing.
- Unscrew the tubing from the bottle.
- Remove the blue cap from the new bottle but do not remove the white clamp, as the vacuum will be lost. You can use the blue cap to seal the old bottle.
- Reattach the tubing to the new sterile bottle by screwing the ends together.
- Open the clamps on the clear tubing and the green connection tubing attached to the bottle. It doesn't matter which order you do this in.



*Removing blue cap from new bottle*

- Wash your hands.
- You can return used bottles to the hospital when you come back for follow up appointments in the dressing clinic or with your consultant.



*Opening sliding clamp  
on green connection  
tubing*

## Bellovac drain

### *How to measure the drain output:*

Record the volume of drainage **at the same time every day** by looking at the markings shown on the bellows. Once you have recorded the measurement, empty the fluid as instructed below.



- Slide across the top clamp (above the bellows) to close. Open the clamp between the bellows and drainage bag.
- Compress (squash down) the bellows fully but gently between your hands, to empty the fluid into the drainage bag. Keep the bellows fully compressed when the last of the fluid has gone through.



- Whilst still holding the bellows compressed, close the bottom clamp in between the bellows and the drainage bag and then open the top clamp. This recreates the vacuum needed for the drain to start to work again.

### ***How to change the drainage bag:***

- To change the drainage bag, slide the bottom clamp to the closed position and unscrew the full bag from the bellows. Screw on the cap attached to the full bag, to prevent it from leaking. Screw a new bag on to the end of the bellows.



*Changing the drainage bag*

**If you have any concerns about your drains please contact any of the numbers at the end of this leaflet. This is especially important if you experience any signs of infection, including redness around the insertion site, an increase in pain and swelling around the area where the tubing goes into your skin or you start to feel generally unwell or have flu like symptoms.**

## **Who to contact**

### **Breast reconstruction nurses**

Tel: **01865 234 193**

Email: **breastreconstructionnurses@ouh.nhs.uk**

### **Plastics dressing clinic**

Tel: **01865 231 173**

### **Specialist Surgery Inpatient Ward**

Tel: **01865 231 232**

Evenings and weekends please call via main **John Radcliffe Hospital switchboard**

Tel: **01865 741 166**

Ask to bleep the Senior House Officer or Registrar On Call, or bleep number 6521 (for the member of staff co-ordinating the specialist surgery ward).



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Breast Reconstruction Nurses  
November 2022  
Review: November 2025  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

