Wash your hands thoroughly before and after handling the reservoir (wear gloves if instructed to do so by your physician). Observe the collected fluid and record the date, time and amount collected on the Drainage Volume Chart below.

Drainage Volume Chart

Date	Time	Amount
DAY 1		
DAY 2		
DAT 2		
DAY 3		
DATS		
DAY 4		
DAY 5		
DAY 6		
DAY 7		

Remember:

Bring this completed chart to your physician on each postoperative visit.



Caution: Federal (USA) law restricts this device to sale by or on order of a physician.

To request additional copies, please call 1.800.268.3849.

Cardinal Health Medi-Vac® Products 1500 Waukegan Road McGaw Park, IL 60085

www.cardinal.com/mps

© Copyright 2004. Cardinal Health, Inc. or one of its subsidiaries. All rights reserved. Lit. No. MV00481 (0304/5M/MC1915)



Patient Instruction Guide

Jackson-Pratt[®] Wound Drainage System





You have had surgery which requires you to continue the use of a Jackson-Pratt[®] wound drainage system.

General care of the drain site may include changing the dressing daily and cleaning the skin around the drain with mild soap and water. The wound drainage system will require you, or someone caring for you, to empty and reactivate it. While in the hospital, your nurse will show you the techniques used to care for your drain site and wound drainage system.

After surgery, you will have a Jackson-Pratt[®] suction reservoir with a drain (tubing). The Jackson-Pratt system operates by using suction — as the reservoir expands, the suction created will pull out excess fluid. To prevent fluid from collecting and causing infection, your physician will determine the intervals at which the reservoir should be emptied.

Be certain to follow your physician's instructions carefully.

Use the guidelines in this pamphlet and the Drainage Volume Chart as directed.

Before You Begin: (Be in the bathroom or have supplies ready.)

Drain

(tubina)

CAUTION

Do not disconnect the tubing from the reservoir at any time.

To Empty:

Figure 1: Unplug drainage plug (A) from the emptying Emptying port (B), hold the reservoir Port (B) upside down over a toilet or measuring container (as directed by your physician) and squeeze the reservoir to empty the collected fluid. When the reservoir is emptied of all fluid, you will need to reactivate it.

To Reactivate:

Figure 2: Squeeze to compress the reservoir as completely as possible.

Figure 3: With the reservoir compressed, insert the drainage plug (A) into the emptying port (B) as far as possible and release the reservoir. The reservoir should expand gradually as it fills with fluid. If the reservoir does not expand gradually and collect fluid, contact your physician.

Attach the reservoir (using the plastic strap) to your clothing as directed by your physician. Place the reservoir below the drain site to maintain adequate drainage. Be certain to empty the reservoir before the fluid collected reaches the 100cc mark.











Figure 3

Summary:

- 1. Observe and record the amount of fluid collected on the Drainage Volume Chart.
- 2. Wash hands thoroughly (wear gloves if directed by your physician) before handling the reservoir.
- 3. Holding the reservoir over the toilet or measuring container, unplug the drainage plug and squeeze the reservoir until empty.
- 4. Reactivate the drainage system by compressing the reservoir and inserting the drainage plug as far as possible.
- 5. Flush the drainage fluid down the toilet. Wash hands thoroughly.

Caution:

Do not disconnect, kink or puncture the tubing connected to the reservoir.

Do not let the reservoir completely fill because the drainage will stop.



Do not disconnect the tubing from the reservoir.

If any of these problems occur, contact your physician.

Call your physician for any of the following:

- The reservoir cannot be reactivated.
- The drain falls out.
- The fluid in the reservoir has a foul odor.
- The patient has a fever.
- Abnormal drainage, increased redness or swelling is observed near the drain site.
- Air/fluid leaks or other malfunctions occur.
- No fluid collects in the reservoir.
- · Clots form in the tubing and block drainage.



