



## **Early discharge with Exudrain® wound drains**

NURSING INFORMATION ON THE CARE OF BREAST SURGERY PATIENTS AT HOME

# Home sweet home...

*For the first few days after surgery many patients have two wound drains and need post-operative nursing care. However after a few days, only the axillary Exudrain® wound drain remains and the need for nursing care is very much reduced.*

*If the patient so wishes, and with the agreement of the Breast Care Team that the medical and social circumstances are favourable, then the patient may be given the option to be discharged from hospital to recover at home, visited by a home-care nurse or a community nurse to help with the drain.*

*This is what this brochure is about.*

**With a closed, low suction drain like Exudrain® the patient can in many cases recover at home.**



# Early discharge – when, how and why?

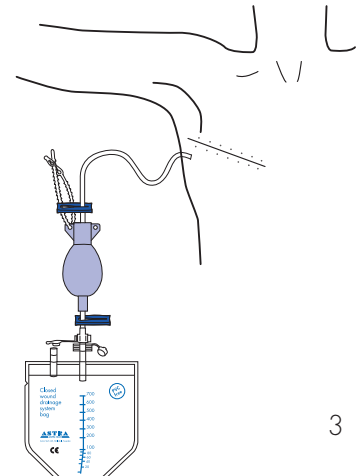
After breast surgery wound drains are placed in the wound to remove blood, secretions and other tissue fluids to promote healing. After a few days only the drain in the axilla is needed but this drain remains until the volume drained is less than 20–50 mls. per day. This is usually 1–2 weeks after surgery, but may in some cases be longer.

Many patients feel well enough after the first drain is removed for the Breast Care Team, under certain conditions, to allow them to continue their recovery at home with the axilla drain still in place. The wound and the drain are then regularly checked by the home care/community nurse who is in direct contact with the Breast Care Team at the hospital. With a safe and easy to handle drain like Exudrain® the patient can manage their own wound drainage needs with the support of the home care/community nurse as required.

## Increased quality of life

Discharge home with the drain still in place is very widely used and many patients prefer being at home with their loved ones as soon as possible. Breast surgery can be physically and emotionally distressing and the support and comfort from the family and home environment are so important during this period. Even with the best nursing care, making the patient comfortable and at ease in hospital, there is simply no place like home! Early discharge is only proposed when the surgical wound is healing without complications and the patient's home circumstances are suitable. Also during this time not only has the patient regular visits from the community/home care nurse but she may also contact the Breast Care Team at the hospital at any time.

With a closed, low suction drain like Exudrain® the patient can in many cases recover at home.



### **What is a wound drain?**

A wound drain is a thin, soft plastic tube, part of which is perforated with small holes. This tube is called a catheter and during surgery the part with the holes is placed in the surgical wound before it is closed. Any blood secretions or tissue fluids then pass through these small holes into the catheter and are collected in the lilac bulb.

Exudrain® can be attached to the patient's clothing with the hanger provided, allowing the patient to move about the home easily. The dressing over the wound makes it possible to wash, but soaking the dressing should be avoided.



**Early discharge** is discussed and agreed between the patient and the surgeon before and after surgery.

### **Daily measurement of the drained volume**

On the last page of this brochure there is a Drainage Logbook where the volume drained each day should be noted. The Exudrain® bag is graduated for this purpose. (It may help to mark the level with a felt pen on the bag each time the volume is read). Alternatively some surgeons prefer not to use the bag, but ask that the fluid in the bulb is emptied into a graduated container.

### **Removal of the drain**

When the volume is less than 20–50 ml per day the Exudrain® can be removed. Depending on local procedures this may be done in the hospital, or at home by either the Breast Care Nurse or Community Nurse. Removal of the drain may be made easier by a few simple operations (see page 9, Hints and tips for easy removal of drain).

# This is Exudrain®

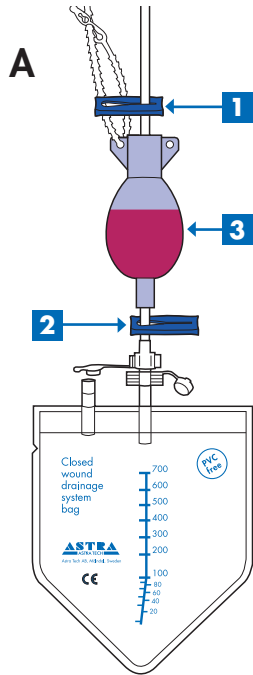
Exudrain® is a completely closed wound drainage system consisting of a catheter, suction bulb with inlet and outlet tubing and a bag. There is a clamp on the inlet tubing of the bulb that is used when emptying and reactivating the system. There is a second clamp on the outlet tubing of the bulb which is used when the bag is removed or changed. There are also three non-return valves – one in the bag and two in the bulb – to ensure that fluids can only go in one direction: away from the wound.

The bag is connected to the bulb with a screw connector, and both the outlet tubing and the bag have caps attached for sealing off the outlet when Exudrain® is used without the bag.

Exudrain® is a closed system which ensures safe and easy handling and minimises the risk of infection.



# How to use Exudrain®



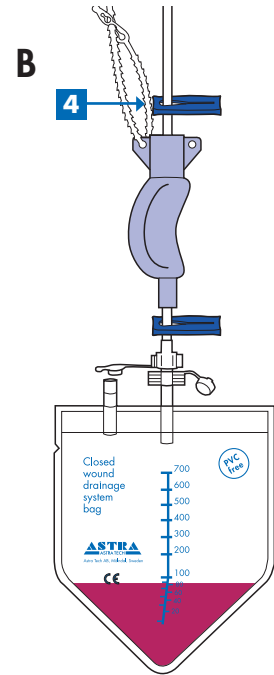
One prerequisite for early discharge with the wound drain still in place is that the drain is not only clinically safe but is also easy to use. Patients can very easily be taught how to use Exudrain®.

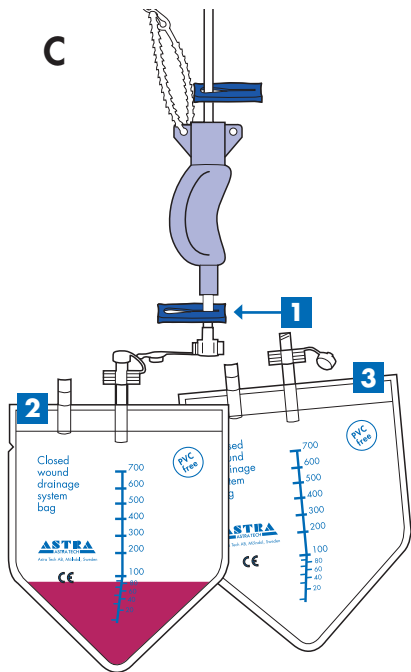
## A. Emptying

1. Close the inlet clamp (above the bulb)
2. Check that the outlet clamp is open
3. Squeeze the bulb slowly with one hand, so that the fluid is transferred into the bag. The valves in the bulb outlet and bag prevent the fluid going back into the bulb so it is safe to release the bulb and squeeze again if this is easier.

## B. Reactivating (restarting drainage)

4. Release the bulb and then open the inlet clamp
- Check that the inlet tubing is not kinked or bent – this can prevent the drain from working properly.





### C. Changing bags

1. Close the outlet clamp.
2. Unscrew the bag and seal it with the cap.
3. Attach a new bag by screwing it tightly to the connector.

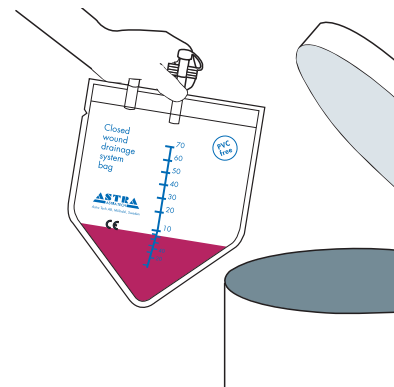
### If you use Exudrain® without a bag

At home, with the agreement of the Breast Care Team, Exudrain® can be used without the bag. However, when emptying the fluid in the bulb it is recommended to connect a bag. Instructions:

1. Connect a bag to the bulb
2. Emptying:
  - Close the inlet clamp
  - Check that the outlet clamp is open
  - Squeeze the bulb
  - Open the inlet clamp
3. Removing the bag:
  - Close the outlet clamp
  - Unscrew the bag and seal it with the cap.

### Disposal of bags

Seal the bag with the cap and place it in a suitable container. The bag is then disposed of following the instructions given by the hospital.



# Common questions – and answers

## What to do if...

### ...the area around the catheter feels swollen and warm:

This can occur during the healing process, but it is always a good idea to contact the Breast Care Team to check that the wound has not been infected.

### ...the area around the axilla and/or upper arm feels

**swollen:** Contact the Breast Care Team. There may be a need to aspirate (remove) a build up of fluid which has not been able to escape through the drain.

### ...the catheter has been pulled out of the wound so that

**the holes show:** Contact the Breast Care Team. If the catheter has been pulled out completely the whole Exudrain® with catheter should be placed in a plastic bag to bring to the hospital.

### ...the bulb is becoming fully expanded but very little

**or no fluid is being collected:** Contact the Breast Care Team since this may indicate that the catheter has been partially pulled out of the wound.

### ...the bulb is fully expanded and half full, but the bulb

**cannot be squeezed and fluid cannot be transferred to the bag:** **1** Check that the outlet (lower) clamp is open and try again. **2** Replace the bag with a new one and try again. **3** Gently shake the bulb. There might be a clot obstructing

the outlet. Shaking will loosen the clot. **4** If you still cannot squeeze the bulb, contact the Breast Care Team.

**...the fluid coming out is now semi-transparent, but for the first few day(s) it was red:** This is quite normal and shows that your wound is healing well. There is no more blood coming from the wound, only tissue fluid and lymph.

**...the bag on Exudrain® is difficult to hide, especially when going out:** There are two ways of solving this. The outlet tubing can, for a while, be folded double and the bottom of the bag taped to the top of the bulb. Or, the bag can be removed altogether (see page 7) – remember to empty the bulb first and check regularly that it does not need emptying again. It is a good idea to always have a spare bag available.

**...the drainage logbook shows that the drained volume is increasing instead of decreasing:** Contact the Breast Care Team – they will advise whether there is a need for the drain to be checked in hospital.

**...there is a sudden decrease in the amount of fluid being drained or it stops altogether:** Contact the Breast Care Team – they will advise whether there is a need for the drain to be checked in hospital.



# Hints and tips

Exudrain® gently sucks fluid from the wound as the bulb expands. Therefore the bulb must be allowed to expand freely and not be hindered by tight clothing or tucking it inside a skirt lining, narrow pocket or belt.

The bulb should always be placed level with or below the wound to ensure that drainage continues. The tubing should not be kinked, although it may go above the level of the wound.

It is important to start moving the arm as early as possible since this will improve healing without affecting the drainage.

## Removal of the drain

When the volume is less than 20–50 ml per day the Exudrain® can be removed. Removal of the drain may be made easier by:

- Sliding the inlet (upper) clamp as close to the patient connector as possible
- Removing any securing sutures
- Gently rotating the drainage catheter, holding it close to the skin puncture site
- Asking the patient to breathe deeply and then firmly but gently pulling the drainage catheter out as the patient exhales
- Apply a dry dressing to the puncture site.



# Remember this...

## **Open above...**

Always check that the inlet (upper) clamp is open, except when emptying and reactivating the bulb. Check every now and then that there are no kinks in the tubing.

## **Empty twice a day...**

The Exudrain® bulb should be emptied before it is fully expanded. It is a good idea to make a routine of emptying once in the morning and once in the evening. During the first few days it may be necessary to empty the bulb more frequently.

## **...into the bag**

Even if you normally use the Exudrain® without the bag attached it is easier and more hygienic to put on a bag when emptying.

## **Mark and note**

If the bag is not changed each time the bulb is emptied then reading the daily volumes is easier if the level is marked on the bag with felt pen each day.

### **NOTE!**

The telephone numbers on the following page are available for you to use, at any time, if you have any questions or are concerned about anything.

# Drainage logbook

Patient's name \_\_\_\_\_

Date of surgery \_\_\_\_\_

Hospital \_\_\_\_\_

Ward \_\_\_\_\_

Breast Care Nurse, name \_\_\_\_\_

Breast Care Nurse, telephone \_\_\_\_\_

Community/Home Care Nurse, name \_\_\_\_\_

Community/Home Care Nurse, telephone \_\_\_\_\_

**Disposal of full bags:** \_\_\_\_\_

\_\_\_\_\_

**Removal of the drain:** you should make an appointment with the breast care nurse when the daily volume is less than \_\_\_\_\_ ml.

Day	1	ml
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
<b>Total fluid output</b>		



## EXUDRAIN® – THE CLOSED LOW VACUUM WOUND DRAIN

Exudrain® makes it possible to go home early with the drain in place. It is safe, hygienic and – last but not least – very easy to use.

Exudrain® is an example of the Astra Tech commitment to medical technology, especially in the field of developing products that will help improve quality of life for patients and at the same time provide better and more cost effective alternatives for health care providers.

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