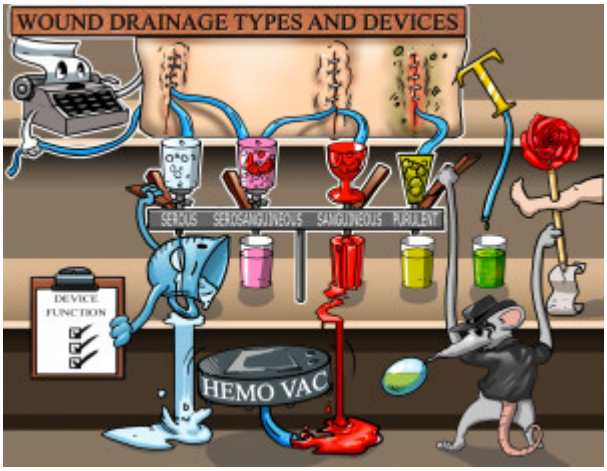
Wound Drainage Types and Devices

Wound drainage can tell a provider a great deal about the healing process. It is important to be able to assess and identify the different drainage, also called exudate, in order to track the progress of healing. Drainage devices are used to prevent abscesses from occurring after a surgical intervention or to help bring fresh blood to the area.



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Drainage Types

Serous

Seltzer

Serous fluid is a watery substance that appears clear to yellow. It is typically seen in the early stages of any healing and consists of leukocytes that migrated to the area of injury.

Serosanguineous

Seltzer-Sangria

Serosanguineous fluid consists of leukocytes and blood resulting in a light pink watery fluid. This type of fluid can also be seen in early stages of healing, and the amount should decrease as healing progresses.

Sanguineous

Sangria

Sanguineous fluid is bright red drainage. Can indicate active bleeding and can signify poor wound healing or reinjury. Can happen after a dressing change if the dressing is stuck to the wound. If there is an increase in the amount of drainage, notify the provider.

Purulent

Pus

Purulent fluid indicates an infection. Characterized by green, dark yellow, and/or brown pus. Typically the wound would have a foul smell. Notify the provider if this is found on a patient.

Drainage Devices

T-tube

T-tube

T-Tubes are sometimes placed after the gallbladder is surgically removed (cholecystectomy). The T-tube is placed in the common bile duct if stones are suspected or known to be present. The T-tube promotes patency of the common bile duct.

Penrose

Pen-rose

A Penrose drain is a soft flexible tube that is placed in the wound that allows for the passive movement of fluid out of the wound. It is often used when a small amount of drainage is anticipated, typically in limbs.

Jackson-Pratt (JP)

M. Jackson Rat

This device is typically placed when a surgeon does not want fluid to build up around a surgical site after a surgery. There is a bulb that is connected to a tube, which is placed in the wound. It works by creating a negative pressure when the bulb is squeezed flat and then connected to the tube.

Hemovac

Blood-vacuum

A surgeon may place a hemovac drain, which is similar to a JP drain. However, this system can hold more fluid.

Considerations

Record Drainage Amounts

Measuring-cup Recording Drainage

Check and record the drainage amount according to facility policy or surgeon orders. If there is a sudden decrease or increase in the amount of drainage, then notify the provider. This could indicate the presence of a blockage or active bleeding.

Check Device Function

Device Checklist

Assess drainage devices frequently to ensure that the container is not full and it is still producing a vacuum effect. Make sure the device and tubes are secure and will not get caught resulting in dislodgement of the tube. The T-tube drainage system should be below the surgical site to avoid a backup of bile, which could lead to infection.