The purpose of a JP drain post transplant is to alert clinicians to inappropriate fluid drainage (blood, urine), evacuate fluid likely to become problematic (old blood that could become infected), and to protect the surgical wound. Leaving a foreign body in place after these functions have been served only increases the likelihood of infection. Therefore, once the foley is removed, the fluid assessed to serous, and the patient is ambulatory a drain may be removed:

1. If the total drainage is less than 60cc/24 hours during the first week postoperatively
2. If the total drainage is less than 100cc/24 hours during the second week postoperatively
3. After 2 weeks unless there are extenuating circumstances suggesting that the surgical wound may be more susceptible than most.

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6/18/18
Date

JW reviewed 10/31/07
Revised 6/10/09
Reviewed 5/14/12, 6/12/15, 6/8/18