SYMPTOM

Serosanguineous

Serosanguineous drainage is thin, watery fluid containing clear serum and a small amount of blood, usually seen from a wound.

WHAT IT FEELS LIKE
A thin, watery leak rather than a body sensation

WHERE IT IS FELT
A wound, incision, drain site, or body opening

MOST COMMON CAUSES
Normal wound healing, recent surgery, minor skin injury

WHEN IT IS URGENT
Bleeding soaks dressings or continues despite firm pressure

USUALLY LASTS
A few days, based on the injury and healing

SEE A DOCTOR IF
Drainage increases, smells bad, or continues beyond expected healing

Overview

Serosanguineous means a mixture of serum and blood. Serum is the clear, pale-yellow liquid part of blood. When mixed with a small amount of blood, it usually looks thin, watery, and pink or light red.

The term most often describes fluid draining from a cut, surgical incision, pressure sore, or tube placed during surgery. You may see it on a dressing or in a surgical drain. It is a description of the fluid, not a diagnosis.

A small amount can be part of normal healing, especially soon after an injury or operation. What matters is how much fluid there is, whether it is changing, and whether you have other symptoms.

What it may feel or look like

Serosanguineous drainage may look:

The drainage itself may not cause a feeling. Any pain usually comes from the wound or

procedure rather than the fluid.

A change in appearance can be important. Bright-red blood, large clots, thick yellow or green fluid, or a bad smell is not typical serosanguineous drainage. Cloudy fluid may suggest inflammation or infection, although appearance alone cannot identify the cause.

If you have a surgical drain, the fluid may gradually change from red to pink and then pale yellow as healing continues. Follow the instructions from your surgical team because expected colour and volume differ by procedure.

- Thin and watery
- Pale pink, rose-coloured, or light red
- Clear or yellowish with streaks of blood
- Damp on a dressing without being thick or pus-like

Common causes

Normal wound healing is a common reason. Damaged small blood vessels release a little blood, while nearby tissues release clear fluid. The two may mix during the early stages of healing.

Recent surgery can cause pink drainage from an incision or into a surgical drain. A small amount may be expected after some procedures. Drainage should generally become lighter or decrease as directed by your surgical team.

Minor skin injuries such as cuts, scrapes, blisters, or skin tears can also release this fluid. Friction against a healing wound may cause a small amount of fresh pink drainage.

Less commonly, serosanguineous drainage can come from a wound that is not healing well. Pressure sores, poor circulation, repeated rubbing, or fluid collecting beneath the skin can contribute. Infection may cause increased drainage, but infected fluid is often cloudy, thick, discoloured, or unpleasant-smelling.

Pink or blood-tinged fluid from a body opening, such as a nipple, the vagina, an ear, or the nose, needs to be considered based on where it came from. It should not automatically be treated as ordinary wound drainage.

When to seek medical care

Seek emergency care if:

Apply firm pressure to active external bleeding with clean gauze or cloth while arranging help.

Do not remove an object embedded in a wound.

Contact your surgical team or seek same-day medical advice if drainage suddenly increases, becomes bright red, or returns after it had stopped. You should also get prompt advice for fever, spreading redness, increasing warmth, worsening pain, swelling, a bad smell, pus-like fluid, or wound edges pulling apart.

Book a routine appointment if unexplained drainage keeps returning, a wound is slow to heal, or fluid comes from a body opening without a known reason. People with diabetes, poor circulation, or a weakened immune system may need earlier assessment because wounds can be harder to heal.

- Blood is spurting or rapidly soaking through dressings
- Bleeding continues despite firm, steady pressure
- You feel faint, confused, very weak, or short of breath
- A surgical wound opens widely or tissue is protruding
- Clear or pink watery fluid drains from the nose or ear after a head injury

How the cause is found

A healthcare professional will ask when the drainage began and whether you recently had surgery or an injury. They may ask about changes in colour, smell, and amount, as well as pain, fever, redness, or swelling.

They will usually examine the wound and nearby skin. If you have a surgical drain, your record of the drainage amount and colour can be helpful.

Tests are not always needed. A sample may be sent to a laboratory if infection is suspected. Blood tests or imaging may be considered when there are signs of a deeper infection, a collection of fluid beneath the skin, or another complication.

Treatment and self-care

Treatment depends on why the fluid is present. A small amount from a normally healing wound may only need routine wound care and monitoring.

Follow the wound-care instructions given after surgery or treatment. Unless you were told otherwise:

If you have a surgical drain, empty and measure it exactly as instructed. Do not pull, flush, or

remove the drain unless your surgical team has told you how and when to do so.

Do not press on the wound to force fluid out. Avoid picking at scabs or closing a draining wound with household glue or tape.

- Wash your hands before and after touching the dressing
- Keep the wound protected with a clean, suitable dressing
- Change a wet or dirty dressing using the recommended method
- Note major changes in the fluid's amount, colour, thickness, or smell
- Avoid alcohol, hydrogen peroxide, or other harsh products on the wound

What to expect

For an uncomplicated cut or incision, a small amount of pink drainage often becomes lighter and decreases as the wound seals. The timing depends on the wound's size, depth, location, and treatment.

Drainage that stays the same, increases, or becomes thick or foul-smelling deserves medical review. Healing may take longer when a wound is deep, under pressure, repeatedly disturbed, or affected by poor blood flow.

After surgery, your own discharge instructions are the best guide to what is expected. Contact the surgical team if your drainage differs from those instructions, even if it does not meet emergency criteria.

Common questions

Is serosanguineous drainage pus?

No. It is usually thin fluid made of serum and a small amount of blood. Pus is often thicker, cloudy, and yellow, green, or brown. Colour alone cannot confirm infection.

Is it normal after surgery?

A small amount may be expected after some operations, especially during early healing or in a surgical drain. The expected amount and duration depend on the procedure.

Why has the fluid become redder?

Fresh irritation, movement, or bleeding from small vessels may make it redder. A sudden increase, bright-red flow, or soaked dressings requires prompt assessment.

Should I leave the wound uncovered?

Not automatically. A draining wound often needs a clean dressing to absorb fluid and protect the area. Follow the wound-care plan provided to you.

Can serosanguineous drainage spread infection?

The fluid itself does not prove infection. However, any wound fluid can contain germs. Wash your hands, dispose of used dressings safely, and do not share wound-care supplies.

Sources

- Cleveland Clinic. "Serous Drainage."
- MedlinePlus Medical Encyclopedia. "Surgical Wound Care - Closed."
- Centers for Disease Control and Prevention. "Surgical Site Infection Basics."
- NHS. "Cuts and Grazes."