

Queen Elizabeth University Hospital



# **Rib Fractures and chest injury**

## Information for patients

You have been given this leaflet as you have had an injury to your chest which may have resulted in breaking some of your ribs or your sternum (breastbone).

Injuries to your chest can be very painful. Unlike other parts of your body, it is difficult to rest your chest, as you move it when you breathe and it supports you when you sit up or lie down.

Pain is one of the main problems experienced after chest injuries. The amount of pain you feel and how long it will last will depend on the type of injury you have and how badly you have been hurt. As a general guide, fractured ribs will take about 4-6 weeks to heal, with the pain being more severe in the first week. The more ribs you have broken, the more painful it will be.

### **Potential complications from your chest injury**

#### **Pain**

Particularly on breathing in, coughing and moving.

The skin over the fracture site(s) will be tender to touch.

#### **Chest infection**

This is one of the most common complications.

It can be painful to take a deep breath in or cough and may take shallower breaths. This along with not being as active as usual may increase your risk of developing a chest infection, which can make your breathing worse.

#### **Collapsed lung (pneumothorax)**

Your lung may have been punctured and collapsed. If this has happened, you may have had a tube placed in your chest called a 'chest drain' to help your lung re-expand.

## Treatment of rib + sternum fractures

There is no specific treatment for rib or sternum fractures. The aims of treatment are to control your pain so that you can breathe and cough better and increase your mobility. These help to avoid complications like chest infections whilst your ribs heal.

We are unlikely to get you completely pain free, but we want to allow you to be able to take a deep breath and cough. There are several things we can offer to achieve this; which include:

- Oral pain killers: Paracetamol, anti-inflammatory drugs (for example, Ibuprofen) and Morphine based tablets. These should be taken regularly to get the greatest benefit. This will usually be the first step tried and will be sufficient for most people. They can have side effects, such as constipation, nausea, and drowsiness.
- Intravenous analgesia: In severe cases when pain does not respond to oral tablets, pain relief may have to be administered through an intravenous line (“a drip”). This can either be administered by the nursing staff or via a patient-controlled system (PCA).
- Nerve blocks: When pain is severe, particularly when breathing becomes difficult, then a local anaesthetic “nerve block” may be recommended. A small plastic tube (catheter) is placed under the skin and into the space containing the nerves that supply feeling to the ribs. Local anaesthetic can then be passed down this catheter to numb the nerves. This can reduce the need for morphine based drugs and therefore the potential side effects from these.

## Other things you may get to help you

You will be seen by a physiotherapist who will give you some breathing exercises to do.

‘Incentive spirometry.’ This is a handheld device that measures the best volume you can breath in one go. We aim to do this several times a day as it encourages you to deep breath and cough, as well as allowing us to monitor your progress. A member of the team will discuss with you.

You may require oxygen, this may be due to damage to the underlying lung from the injury, pain from the rib fractures causing you to only take small shallow breaths or from a chest infection.

## **Things you can do to help**

- Take regular painkillers as prescribed, this will help you feel able to take deep breaths and cough
- Keep as mobile as possible
- Take regular deep breaths + follow breathing exercises including incentive spirometry.
- Cough when you need to and support your chest when coughing – you can support the painful area with a pillow, towel, or hand.
- Avoid smoking
- Tell staff if your symptoms are getting worse or your pain is not controlled.
- Sometimes pain killers can make you constipated, let the staff know if this is the case and we can prescribe a laxative.
- Continue to eat and drink.