

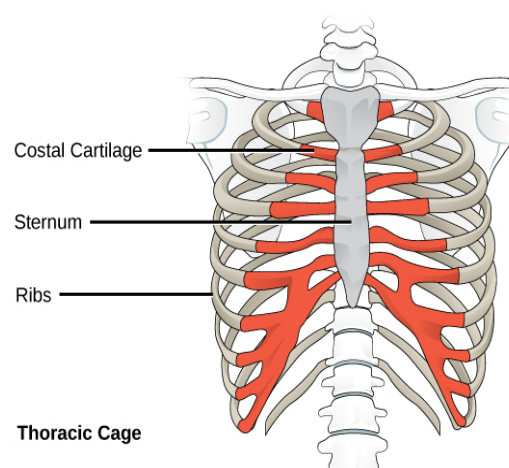
Patient information

Physiotherapy advice following rib fractures and chest injury

This leaflet will provide information about any injuries to your chest wall, including:

- Rib fractures
- Sternum fractures
- Chest wall bruising.

Rib fractures are one of the most common chest injuries, and can often result from a fall, a traffic accident, and contact sports.



Types of rib fractures

Non displaced



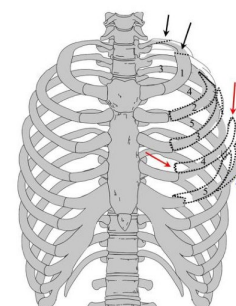
This is where your rib is fractured but the pieces stayed in line with each.

Displaced / Complex



This is where the pieces of rib bone have moved and have become misaligned.

Flail chest



This occurs when multiple adjacent ribs are broken in multiple places causing a segment of bone to become separate, free-floating, and moving.

Potential complications

Pain is often the most common symptoms of rib fractures and/or chest wall injuries. This means that you may have more discomfort on deep breathing, coughing, and moving around. As a result, you are more prone to build up sputum (phlegm) in your lungs following rib fractures and/or chest injuries.

Subsequently, you are **at a higher risk of developing a chest infection**, which is one of the most common complications following a chest injury.

To avoid this, mobilising is the number one way to prevent a chest infection. Mobilising naturally helps you take deeper breaths and shifts any secretions you may have. Make sure you are taking adequate pain relief to support this.

It is also very important to take regular deep breaths and cough when at rest. These are normal actions that your body does every day to help us prevent chest infections.

Some **other less common complications** include:

- **Pneumothorax**

This is when there is abnormal air in the space between your lungs and chest wall. This can cause shortness of breath, increasing chest pain, or pain that is not near the fracture.

Depending on the severity, you may require a chest drain to let the air escape.

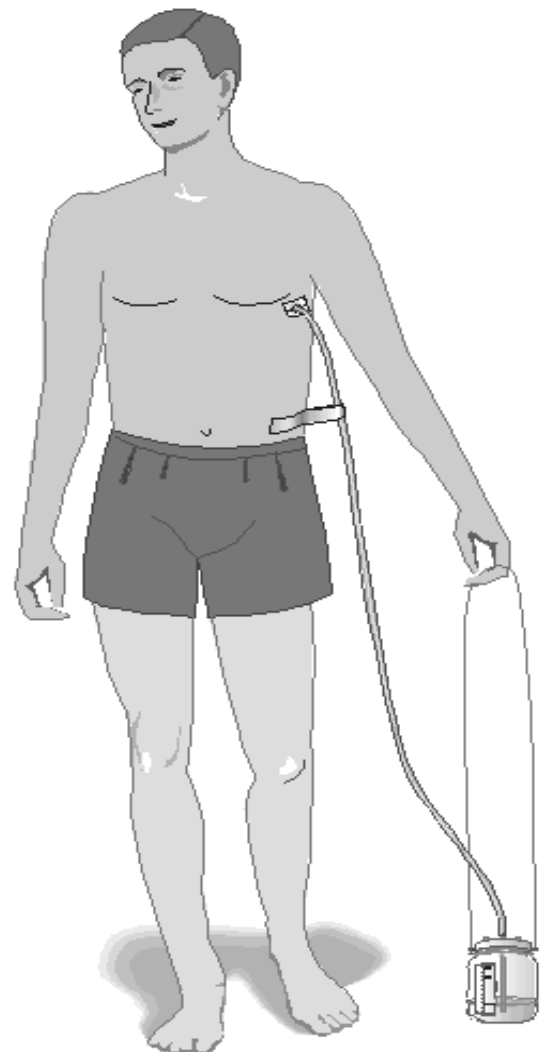
- **Haemothorax**

This is when there is blood collection in the space between your lungs and chest wall. This can cause shortness of breath and pain in the lower chest.

Depending on the severity, you may require a chest drain to drain the blood.

- **Abdominal injuries**

The broken ribs may cause trauma to surrounding organs such as the liver or spleen. This may cause pain in the abdomen or the back. If this is the case, this will be managed separately.



Your time in the hospital

There is no specific treatment for rib/sternum fractures, and chest wall bruising. However, you may have the following medical management during your time in the hospital:

- Pain relief

It is **important** to take your pain relief regularly to enable you to move and breathe normally. If you have a patient-controlled analgesia (PCA), please use this to optimise pain.

- Oxygen therapy

You may be put on supplementary oxygen as pain could impact your breathing. This is because you may not be fully expanding your lungs due to pain, which means your body does not get enough oxygen.

- Nebuliser

If you are struggling to clear phlegm due to pain, you may be prescribed a saline (salty water) nebuliser to help loosen it up.

- Chest drains

This is a tube that lies between your lungs and chest wall to drain any blood / fluid and/or air. It allows your lungs to re-expand, therefore helping you breathe better. It is **important** to keep your chest drain below the insertion site and not pull out the tube attached.

Physiotherapy advice and exercises

- **Early mobilisation**

This is highly encouraged to prevent any hospital acquired muscle weakness (deconditioning), and to avoid developing potential complications whilst your ribs are healing.

It is **essential** to take regular pain relief for this.

- **Deep breathing**

Try and do this in an upright position or whilst sitting out for best practice.

- **Supported cough**

You can wrap a pillow or a rolled-up towel around the area where the ribs are fractured. This provides a gentle pressure to the area when you cough (see images below).

This helps to reduce the amount of pain produced when coughing and enable you to clear phlegm more effectively.



General advice

Do's

- Take regular pain relief.
- Keep as mobile as possible – this is the best way to breathe deeply and clear phlegm.
- Exercises recommended by your physiotherapist.
- Keep your shoulders moving with light everyday activities (unless you are told not to due to the other injuries).
- This advice is especially important if you are a smoker.

Don'ts

- Stay lying down or still for long period of time.
- Strain yourself or lift, push or pull anything that makes your pain worse.
- Do not smoke. Visit www.nhs.uk/better-health/quit-smoking for help and support or speak to our smoking cessation team.

Discharge advice

- Continue carrying out breathing exercises and taking prescribed pain relief at home.
- Discuss with your employer if your job requires a lot of manual handling or lifting. Talk to your GP about returning to work concerns.

Seek medical advice from your GP or call 111 if any of the following symptoms are experienced once you are at home:

- Your phlegm becomes yellow / green
- Unwell with a high temperature
- You start coughing up blood (haemoptysis).

You should always dial 999 immediately if you experience any of the following symptoms: ongoing or worsening shortness of breath, increasing chest pain, or new pain that is not near your initial injury.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk>

