

Chest wall injury

Having been examined thoroughly by the doctor we feel that you should be able to return home after your chest wall injury but there are some important points to remember. This leaflet provides advice and guidance to patients with fractured (broken) ribs, fractured sternum (breastbone) and chest wall bruising.

What are the causes of chest wall injuries?

Simple rib fractures are the most common injury sustained following blunt chest trauma and account for nearly half of chest wall injuries from non-penetrating trauma – i.e. there is no external wound. The most common cause of chest wall injuries in elderly persons is a fall from height or from standing. In adults, road traffic collisions are the most common cause. Rib fractures in young people usually happen as a result of accidents arising from recreational and athletic activities. Because children have more elastic ribs, they are less likely than adults to sustain fractures following blunt chest trauma.

Pain

Injuries of the chest wall can be very painful. Due to movement of the chest wall, deep breathing and coughing will hurt but are an important part in making a full recovery. Chest wall injuries normally take weeks to get better. As a guide, a patient with one broken or bruised rib can expect to be in pain for three weeks and to be in discomfort for several more weeks and even longer if more than one rib is involved. It may be helpful to sleep sitting upright for the first few nights.

What is the treatment?

There is no specific treatment for broken ribs and it is not always necessary to x-ray the chest. You may have a tracing of the heart taken (ECG) if the doctor thinks it necessary. The main complication is that rib fractures may affect breathing: pain from rib fractures can cause respiratory splinting (where the pain stops you from breathing as deeply as normal) and stagnation of the normal lung secretions can lead to a lung infection. This risk is higher in those who smoke and have lung disease.

To prevent infection you must:

- DO regular deep breathing exercises - e.g. take ten very deep breaths every hour.
- If you feel the need to cough, DO NOT try to suppress it as it is important to clear the sputum in order that it does not collect and cause infection.

- If you support your chest with a pillow when coughing this should relieve some of the pain.
- DO take regular pain relief.
- DO NOT take cough medicine.

What to look out for

You should seek further medical advice if you experience any of the following:

- You become short of breath.
- Your sputum becomes discoloured and more productive.
- You become unwell with a temperature.

Tell us your views

If you wish to discuss any aspect of your treatment and care, please speak to a senior member of staff or to the nurse looking after you. The matrons are also available during normal working hours and they welcome your views.

You can also pick up a copy of the Trust leaflet called 'Talk to us', which explains how you can raise concerns or give feedback on your experience at the hospital.

Friends and Family Test

Whatever your experience you can give feedback by answering the Friends & Family test question – *How likely are you to recommend our service to family and friends if they needed similar care or treatment?* - by going online www.royalberkshire.nhs.uk/get-in-touch/friends-and-family-survey.htm.

Further information

More information is available on the Trust website: www.royalberkshire.nhs.uk

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References: E-medicine, Medscape

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