

Chest injuries/rib fractures



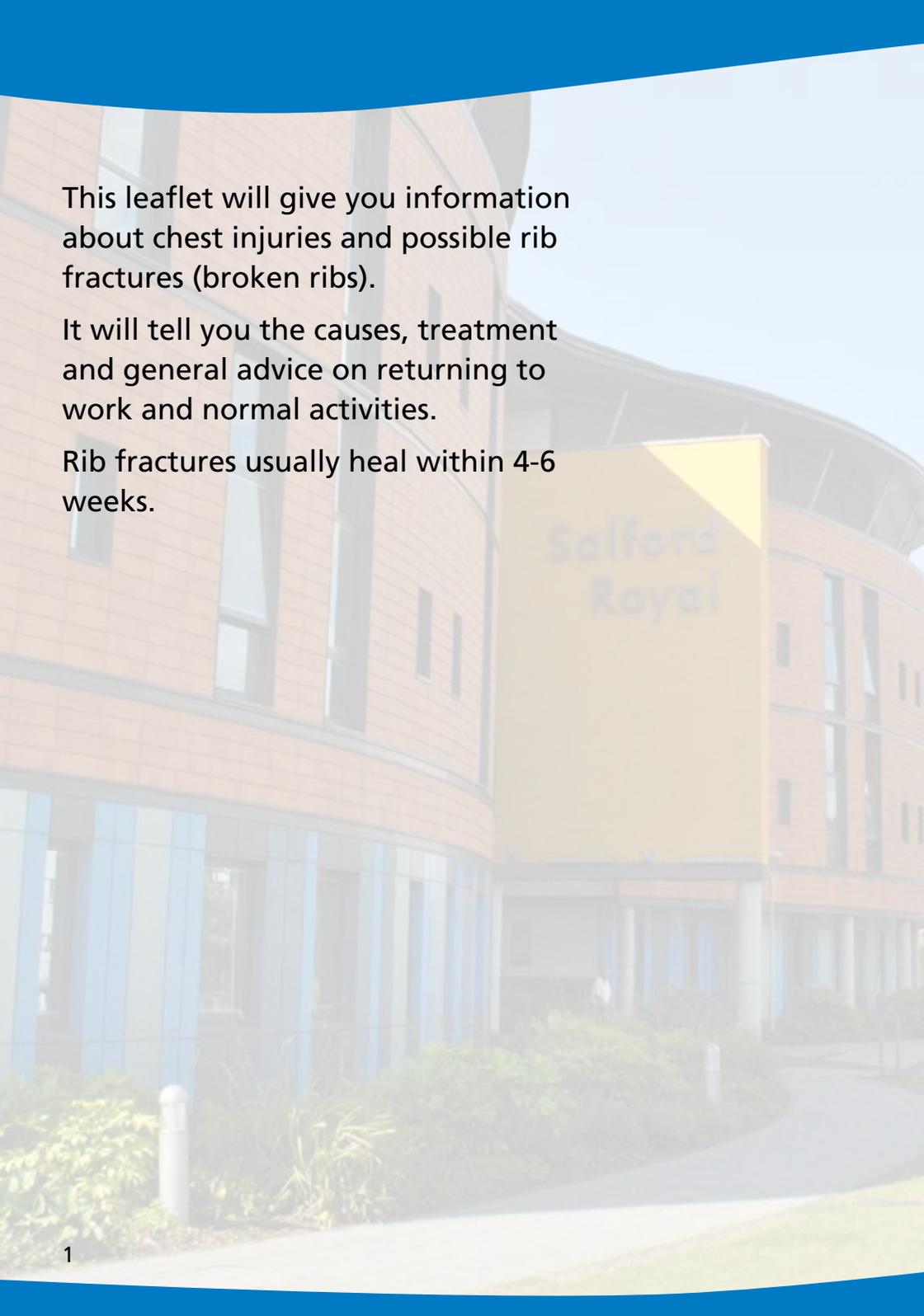
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This leaflet will give you information about chest injuries and possible rib fractures (broken ribs).

It will tell you the causes, treatment and general advice on returning to work and normal activities.

Rib fractures usually heal within 4-6 weeks.

What are rib fractures?

A rib fracture is when one or more of the bones in the rib cage breaks or cracks. They are one of the most common injuries to the chest and can occur as a result of an injury for example following a fall, road traffic accident or during contact sport. Occasionally they happen due to overuse of the muscles that surround the ribs in sports with repetitive actions or following a long term cough.

The pain you experience from a chest injury including rib fracture, will be worse on deep breathing, coughing and moving. It is natural to want to avoid this pain by not taking deep breaths or coughing and staying as still as possible. **This is the wrong thing to do as it makes you at risk of complications like a chest infection.**

Other complications can include pneumothorax (air collecting in between the lung and chest)

and haemothorax (blood collecting in between the lung and chest wall).

Signs and Symptoms

Pain is the most common symptom of chest injuries/rib fractures and is often made worse by laughing, coughing and deep breathing. Most rib fractures will heal by themselves within 4-6 weeks, however, it can sometimes take longer to become pain free.

How are rib fractures diagnosed?

Rib fractures do not always show on a chest x-ray therefore this may not always be necessary. They are suspected in a chest injury or when someone with weak bones is unable to cough or deep breathe.

If your clinical team think you may have a diagnosis of rib fractures they will explain this to you.

What can I do to help myself if I have chest injuries/rib fractures?

It is important to try and keep mobile and also ensure you can deep breathe and cough. This will help to prevent complications like a chest infection.

Smoking is best avoided, it is recognised that smokers have a higher risk of developing complications such as chest infections after rib fractures.

Take regular painkillers so you can deep breathe and cough effectively whilst the injury heals.

You should aim to complete routine, everyday activities as much as possible e.g. walking around and making yourself a drink or something to eat.



Breathing exercises are also helpful

If you are admitted to hospital you may see a physiotherapist to advise you on breathing exercises.

Sit in a comfortable position, with your head, neck and arms well supported and shoulders relaxed.

- Rest one hand on your stomach, keeping shoulders and upper chest relaxed and allow your hand to rise gently as you breathe in and then sigh out through your mouth
- Take a long, slow, deep breath in, through your nose if comfortable, once your lungs are full, hold the air in for 2-3 seconds then let the air out gently through your mouth
- Repeat the deep breath 3-4 times

- Take a deep breath in and then with your mouth wide open, breathe the air forcefully out of your lungs, as if you are steaming up a mirror before wiping it clean. This must be long and strong enough to move phlegm from the bottom of your lungs
- Follow this with a cough and then relaxed breathing until you have your breath back.

Completing the above exercise is important, as pain from rib fractures can make it difficult to take deep breaths and to cough. This can make it hard to clear the chest of any phlegm which increases your risk of developing a chest infection and pneumonia.

Treatment of rib fractures/chest injuries

Good pain relief is the best treatment as it will allow you to move more easily and reduces the risk of chest infection by helping you to deep breathe and cough. Painkillers you may be given include:

Paracetamol:

Most people can take paracetamol safely. Paracetamol can be combined with other painkillers but you must ensure the other painkillers do not already contain paracetamol. Please note patients who weigh 50 kilograms or less may require a reduced dose of Paracetamol and should consult their GP, Pharmacist or appropriate clinician for advice.

Non-steroidal anti-inflammatory drugs (NSAIDs):

Ibuprofen, Naproxen and Diclofenac. These should be taken for a short period of time only (no more than 2-3 weeks). You should also check that you do not have any of the following medical conditions as you may not be able to take NSAIDs:

- Stomach problems such as an ulcer
- Kidney problems such as reduced kidney function
- Bleeding problems or if you take blood thinning medication e.g. Warfarin
- Heart problems such as a recent heart attack
- Asthma

If you are unsure please check with your doctor or healthcare professional.

Codeine Phosphate:

Can cause drowsiness and constipation. If you are feeling drowsy the dose may need to be reduced, if this persists seek medical advice from your pharmacist or GP. Do not use any machinery, sign legal documents or drive if you are drowsy. If you are feeling constipated treat it promptly, speak to your pharmacist for advice and treatment options. Drinking water and eating fruit and vegetables high in fibre will help to prevent constipation.

To help you recover painkillers should be taken on a regular basis throughout the day. Your level of pain will indicate what you need to take:

- To treat mild pain paracetamol may be adequate taken on a regular basis
- To treat moderate pain you may require a combination of paracetamol, NSAIDs and codeine

Initially you will need to take your painkillers regularly to enable you to deep breathe and cough effectively. As your pain eases you will be able to reduce the frequency you take your painkillers. If you need further advice you can ask your doctor or pharmacist. It is important to follow the instructions on how to take the painkillers to get the best results from them and never take more than the recommended dose.

Surgery

Rib fractures do heal without surgery, however in some cases an operation using plates and screws to stabilise the fractures aids recovery. This is usually only in cases of severe injury or multiple fractures. If surgery could be of benefit then a surgeon from the chest injuries group will discuss with you in more detail.

Returning to normal activity/work

Depending upon your job and injury severity, you may need to take some time off work whilst the fracture heals. You may be given advice from your doctor on discharge from hospital or you can speak to your GP.

Lifting should be avoided for 3-4 weeks minimum. After this you may take part in light exercise as your pain allows. Contact sports should be avoided for at least 6 weeks to avoid rib fractures failing to heal and therefore delaying recovery. This can also go on to cause long term problems, particularly with pain.

Precautions

- Do not strap your chest/ ribs, this may help with pain but will stop the lungs from expanding which may lead to a chest infection
- Do not rest in bed for long periods
- Do not avoid coughing to clear any phlegm off your chest
- Most patients will improve with the advice in this leaflet; occasionally they can become more unwell.

When should I contact my doctor?

- If you have a fever
- If you develop bruising to your chest
- If you develop an uncontrollable cough
- If you are coughing up thick, discoloured phlegm
- If your pain is uncontrolled.

When should I seek immediate help?

- If you begin coughing up blood
- If the pain in your chest is so severe that it stops you from deep breathing or coughing
- If your breathing becomes more difficult or you develop increased shortness of breath or chest tightness
- If you develop abdominal pain.

Further reading:

NHS UK:

www.nhs.uk/conditions/rib-injuries/Pages/Introduction.aspx

Contacts

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