

Patient information and Discharge Advice for adult patients who have undergone Surgery to Fix Fractured Ribs

Major Trauma Centre

Aintree Site

Lower Lane, L9 7AL Tel: 0151-525-5980

Royal Site

Prescot Street, L7 8XP

Broadgreen Site

Thomas Drive, L14 3LB

Royal & Broadgreen Tel: 0151-706-2000

The Procedure

This leaflet is for patients who have had a procedure under general anaesthetic to fix broken ribs.

The procedure is for patients who have had several displaced broken ribs caused by trauma.

The aim of the procedure is to reduce pain, reduce or prevent time spent on a ventilator and avoid complications such as pneumonia.

The surgical procedure involved making cuts to expose the broken ribs and then repairing the broken ribs with metal plates attached with screws.

You will have had a post-operative chest drain inserted to the side where your ribs were fixed, which is usually removed 1-2 days after your surgery (however this may vary).

After the operation

The surgeon temporarily (for a day, or two, or even longer sometimes) placed one or two drains in the chest. This is normal procedure to assist in draining any air, fluid or blood that may have collected or may collect in your chest after your surgery.

VTE (venous thrombo-embolism)

VTE is a collective term for 2 conditions:

- DVT (deep vein thrombosis) – this is a blood clot most commonly found in a deep vein that blocks the flow of blood.
- PE (Pulmonary embolism) – a potentially fatal complication where a blood clot breaks free and travels to the lungs.

Whilst you are less mobile, the risk of VTE is higher.

VTE is a major health risk in the UK. Your consultant will discuss with you if intervention with anticoagulation (blood thinners) is required.

Things that you can do to prevent VTE:

- Mobilise as instructed by the consultant and therapy teams.
- Keep well hydrated – drink plenty of water.

We strongly advise you not to smoke. This is a great opportunity to stop smoking. The ward staff or your GP can help you to access smoking cessation services.

- Flowtrons may be put on your calves whilst in your hospital bed to help pump blood from your calves around your body.
- If you have been recommended anticoagulation therapy, please comply fully with the treatment for the duration of the course.

Some patients who have suffered rib fractures will go home with 28 days (post operation) blood thinning injections. Your Consultant, Pharmacist and Nursing team will speak to you re this.

Discharge

Your doctor has now made the decision that you are medically fit to be discharged.

Discharge summary, medical advice, patient information leaflet, medical alert card, sick note, and medicines will be given to you on the day of discharge from the hospital.

In the first 24 hours post discharge we advise that you should be accompanied by a responsible adult on returning home from the hospital that can stay with you for at least 24 hours.

Breathing Exercises

We realise that there is pain involved with surgery & broken ribs, and the pain may interfere with deep breathing and walking. Please let us know if your pain is not well controlled.

Whilst in hospital you would have been showed how to use an Incentive Spirometer (IS) - This is a breathing exercise device. Along with coughing and walking, it helps to prevent collapse of the lungs and pneumonia.

Your Major Trauma Therapy Team will ensure you are discharged with an Incentive Spirometer (if required) as well as breathing exercises for you to do after discharge.

It is common to have some Shortness of Breath on exertion for a significant period following rib fractures & fixation. This will improve with time & by doing the exercises many times a day.

Wounds and Dressings

A doctor or nurse will give you advice about how your wounds were closed and how to care for them. If dressings are required for your wounds after discharge, they will be provided and explained to you.

You need to keep the scar / scars covered after your surgery. You do not need to worry about getting the wound wet.

Dressings acts as a barrier against water. Many patients have concerns that standing up straight will pull at the clips or stitches. Don't worry about this. Getting out of bed and standing up straight will actually help you to recover more quickly.

Skin Staples or Stitches

If you have skin staplers or stitches which need to be removed, this can usually be done by the practice nurse at your GP surgery or walk-in centre 14 days after your operation. Chest drain wound sutures are normally removed 10 -14 days after removal of drain

Discomfort

You may experience pain and discomfort around the scar, especially for the first few days or week.

Painkillers

Painkillers will be prescribed for you for about 7 – 14 days. The Trauma Acute Pain Team will discuss your painkillers with you prior to discharge and also make recommendations to yourself and GP. The painkillers may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering.

Tiredness

Your body is using a lot of energy to heal itself, so you will feel more tired than normal – sometimes it can come upon you suddenly. Keep a routine, get up at your normal time in the morning, get dressed, move about the house. If you get tired, you can rest later.

Feeling emotional

If you feel upset or emotional in the days and weeks after your operation, don't worry - this is a perfectly normal reaction which many people experience.

Family and friends

Family and friends can give you practical help with the tasks you might be temporarily unable to do while you recover – such as driving, the weekly shop, or lifting heavier items.

They will keep your spirits up. If you live alone, and you do not have family or friends close by, organise support in advance - have family or friends come to stay with you for the first few days after surgery if possible. Build up gradually

Have a go at doing some of the things you'd normally do, but build up gradually. Everyone recovers at a different speed, so not all of the suggestions will be suitable for everybody.

Returning to work

Getting back to your normal work routine sooner rather than later can actually help you to recover more quickly. So work can be part of your recovery.

How quickly you return to work depends on a number of things. People whose work involves a lot of heavy lifting, or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically.

In most cases it's usually safe to return to work 4-6 weeks after the surgical rib fixation. If your employer has an occupational health nurse or doctor they will advise you on this. Alternatively your GP can give you advice.

Ultimately, it's your decision when you want to go back, and there's no insurance risk to your employer if you choose to do so. You do not need your GP's permission to go back to work - this is ultimately your decision.

Depending on the nature of your job, you might want to ask your employer about returning to work on lighter duties at first. This means:

- Spending more time sitting rather than standing or walking
- Doing work that is mostly paperwork, using a computer or telephone
- Not carrying more than around 5 kg any significant distance
- Avoiding tasks such as prolonged loading or unloading, packing or unpacking.
- If you have an HR Department at work, they will be able to advise you on how your absence might affect any benefits you may be receiving during your time off.

Driving

You should inform your insurance company about your operation. Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says.

Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking. You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop.

Driving exercise

It is advisable not to restart driving for about 4 weeks after an emergency Thoracotomy. After about four weeks, you might want to test your fitness to drive.

Do this in a safe place without putting the keys in the ignition: simply sit in the driving seat and practise putting your feet down on the pedals. Again, build up gradually. If you feel pain, stop immediately. If you feel sore afterwards, you may need to wait a day or two and try again.

Only when you can put enough pressure on the pedals to do an emergency stop - without feeling any pain or soreness afterwards - should you think about driving again. It is advisable not to restart driving with a long journey.

Holiday and flying

A restful holiday in this country may be undertaken at any time, providing you are able to cope with the travelling. Holidays abroad should be deferred for at least six weeks after the operation.

The risk of your lung collapsing again is increased if you fly in an aeroplane. This increased risk lasts for around a year. The most recent advice is that this risk is quite small and most airlines will allow you to fly within two weeks of an x-ray confirming that your lung is re-inflated. If you do plan a flight in the six weeks following your injury it would be sensible to check with the airline.

You should not fly in an unpressurised aeroplane or SCUBA dive unless you have been assessed as fit to do so by a doctor with a special interest in chest medicine. At your outpatient appointment discuss your plans with the surgeon. Avoid strenuous holidays and extensive travelling at first.

Cover the scars with complete sun block when sunbathing in the first six months. It is also important to clarify your holiday insurance.

Key activities, in summary

Until informed otherwise we advise you:

1. No removal of skin staplers or stitches for two weeks.
2. No work for, at least, two weeks
3. No school, college, or university for, at least, two weeks.
4. No driving for four weeks; you must inform the DVLA of your injury who may also advise you in regards to when you can drive.
5. No physical activity for six weeks (including physical education).
6. No strenuous physical activities for, at least, 12 weeks (three months).

These activities include skiing, skating, mountain biking, diving, skydiving, contact sports, military combat, rigorous sexual intercourse, and lifting of heavy objects.

For very specific groups of patients the interval of limited activity can range from six weeks to six months (this will be discussed with you prior to your discharge)

When should you return to hospital?

You should bear in mind that there always is a risk of developing complications after every operation.

Call your doctor or attend the Accident & Emergency Department, if you have:

- Increased or persistent pain not relieved with pain relief medications
- Redness or swelling around the wound
- Discharge of pus or blood from the wound
- Increased pain in the chest
- Increased Shortness of Breath
- Persistent fever
- Temperature above 38.5°C
- Shakes, swelling, chills, rigors
- Uncontrolled vomiting
- Inability to have a bowel movement

after four days

- Dizziness/feelings of faintness
- Blood in your vomit, urine, or cough
- Swollen leg or both legs

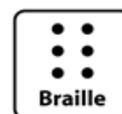
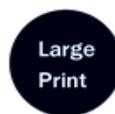
Follow up appointments

It is important that you do not miss any of your follow up appointments.

Your surgeon will inform you prior to discharge if you will require a follow up in our Major Trauma Clinic to ensure that your wound and tummy are healing and for us to also monitor how you as a whole are recovering from your injury.

Who do I contact if I have questions or concerns?

- Nursing staff on Major Trauma Ward:
Telephone number: 0151 529 6255
- Major Trauma Nurse Practitioner: 0151 529 2551 (please leave your name, date of birth, brief issue and contact number)
- If you think that your condition is serious then it is best to go straight to your local Emergency department*.
- Seek advice from your GP



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation@liverpoolft.nhs.uk