



Patient information and Discharge advice for adult patients who have sustained Fractured Ribs



Aintree University Hospital
NHS Foundation Trust

Major Trauma Ward
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Who is this leaflet for?

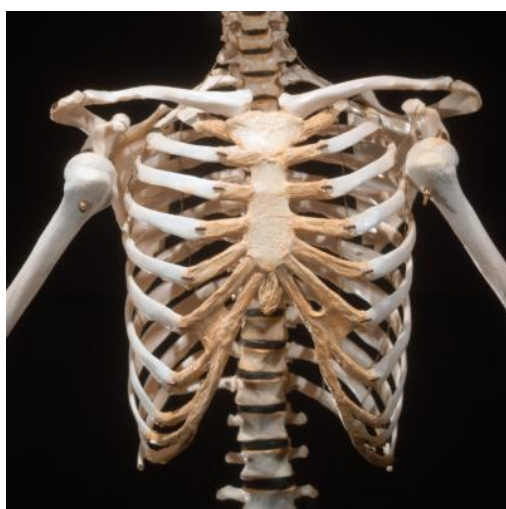
This leaflet provides support and guidance to patients with fractured (broken) ribs.

Where are my ribs?

The ribcage is also known as the thoracic cage, it is made up of the rib bones and their connective tissue and is part of the respiratory system.

It enables the expansion of the chest cavity so that the lungs can expand and breathe oxygen.

The ribcage helps protect the heart and lungs from damage.



What is a rib fracture?

A rib fracture is a crack or break in one or more of your rib bones.

Rib injuries occur when there is a force to the chest such as from a fall, road accident or assault.

Rib fractures can sometimes take up to 8 weeks to heal.

How are rib fractures treated?

Rib fractures are normally managed without any operation, in most cases rib fractures are treated with suitable pain relief and breathing exercises.

Some patients who suffer multiple rib fractures and may have also injured their lungs, may undergo an operation to fix their ribs.

A rib fracture can be very painful because your ribs move when you breathe.

Due to movement of the chest wall, deep breathing and coughing will hurt but are an important part in making a full recovery.

Complications

If you are tempted to only take shallow breaths and avoid coughing there is a heightened risk of developing a chest infection.

Less common complications

Adequate pain relief is very important when treating broken ribs.

You may need prescription medications to keep your pain under control while your bones heal.

Take these medicines on the schedule your health care provider prescribed.

Discharge

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.

The first 24 hours post discharge

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 realize that there is pain involved with your injury, 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 as well as breathing exercises for you to do after discharge.

Painkillers

Painkillers will be prescribed for you for about 7 – 14 days.

The Trauma Acute Pain Team will discuss you 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.

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.

Getting back to work

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 weeks after rib fractures.

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 injuries.

Some companies will not insure drivers for a number of weeks after injury, 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 rib fractures.

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

If you do plan a flight in the six weeks following your injury it would be sensible to check with the airline.

1. No work for, at least, two weeks
2. No school, college, or university for, at least, two weeks.
3. 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.
4. No physical activity for six weeks (including physical education).
5. No strenuous physical activities for, at least, 8 weeks (two 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 you discharge)

When should you return to hospital?

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

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

- Increasing or sudden onset of shortness of breath
- Increased or persistent pain not relieved with pain relief medications
- Increased pain in the chest
- 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 or Emergency General Surgery Clinic to ensure that your wound and stomach 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?

- Major Trauma Nurse
Coordinators: Contact Hospital

switch board on 0151 525 5980 and ask switchboard to bleep 5428.

- This service is available 7 days a week from the hours of 8 am to 8 pm.
- Nursing staff on Major Trauma Ward: Telephone number: 0151 529 6255
- Major Trauma Nurses 24hr answering machine. Leave name contact number and short message. Telephone number: 0151 529 2551
- If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*.

Please seek advice from your GP.

*When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.



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@aintree.nhs.uk