

Rib fractures and chest injury

Why are you getting this leaflet?

This leaflet is about the injury to your chest wall, including:

- Fractured ribs
- Fractured sternum (breastbone)
- Chest wall bruising

Injuries to the chest wall can be very painful. Unlike other parts of the body, it is difficult to rest your chest, as you use it when you breathe and it supports you when you sit up and lie down.

Pain is one of the main problems experienced after chest injuries. The amount of pain you feel and how long it may last will depend on the type of injury you have and how badly you have been hurt. As a rough guide, fractured ribs and sternums take about 4 to 6 weeks to heal and it is usual to still feel some discomfort after this time. Bruising can take between 2 to 4 weeks to heal.

What are the potential risks and complications?

Taking deep breaths and coughing are important normal actions that our bodies do every day. They help us to avoid developing chest infections.

If you have suffered a chest injury you may have an increase in the amount of sputum (phlegm) you produce in the days following your injury.

Chest infections are one of the most common complications after suffering a chest wall injury. Because you may be in pain, this can mean you are uncomfortable when trying to take a deep breath or cough up sputum. Combined with the fact that you may not be moving around as much as usual, this can mean that you are likely to develop an infection.

Other less common complications include

- **Pneumothorax** (air in the space surrounding the lung which may cause shortness of breath, increasing chest pain or pain that is not near the fracture)
- **Haemothorax** (blood in the space surrounding the lung can cause shortness of breath and pain in the lower chest)
- **Surgical emphysema** (air trapped under the skin can cause a bubbly swollen area on the chest wall and may be linked to a pneumothorax)
- **Abdominal injuries** (liver or spleen damage, which may cause pain in your abdomen or back)

What are the expected benefits of treatment?

There are no specific treatments for rib or sternum fractures and chest wall bruising and it is not always necessary to have an X-Ray. The most important thing you can do is to try to avoid

developing a chest infection while your injury heals. There are things you can continue to do when you have been discharged home from hospital to help prevent this from happening.

0810/01/ April 2020 - Physiotherapy

DO:

- Take regular pain relief – this will help you feel able to take deep breaths and cough.
- Keep mobile (e.g. walking) – this is the most effective way to help you deep breathe and clear any sputum. It is also good to take regular deep breaths when you are sitting up or moving around.
- Cough when you need to and support your chest when coughing – you can support the painful area with a pillow, towel or your hand.
- If you smoke, seek help with stopping.
- Keep your shoulders moving with light everyday activities that you can manage without making your pain worse (unless you are told not to because of other injuries).
- Keep an eye on your symptoms for signs that they are getting worse.

This advice is especially important if you are a smoker. Visit www.oneyoueastsussex.org.uk for help and support with giving up smoking, or speak to your GP for advice.

DON'T:

- Stay lying down or still for long periods of time.
- Lift, pull or push anything which makes the pain worse.

What should I do if I feel unwell when I go home?

Even after following the above advice, you may still develop a chest infection after being discharged home.

Please seek further medical advice from your GP if you experience any of the following:

- Your sputum becomes discoloured
- You become unwell with a high temperature
- You start coughing up blood

If you need to contact your GP outside of normal surgery hours please call NHS 111 by dialling 111 free of charge from your landline or mobile. Alternatively visit NHS 111 online.

If you experience any of the following symptoms you should always dial 999 immediately:

- **Ongoing or worsening shortness of breath**
- **Increasing chest pain**
- **A new pain which is not near your initial injury**

When can I return to work?

If your job involves a lot of manual handling or lifting, you may need to discuss with your employer whether you can do other duties while your injury heals.

If you have any concerns about your return to work, it may be helpful to talk with your GP.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner. If you have a general concern and need further advice, please contact NHS 111 by dialing 111 free of charge from your landline or mobile phone.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 135860 or by email: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ

Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:
URGENT CARE

Next review date: December 2027

Responsible clinician/author: Emergency Department Consultants

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