Rib Fractures and Chest Wall Injuries

You have had a chest injury that may include rib fractures. While broken or cracked ribs can be very painful, they’re usually not life-threatening. Broken ribs usually heal on their own in a month or two. During this healing period, you can expect to have some ongoing pain. You may also have pain with some types of movements for many months.

How are these injuries treated?
Splinting (wrapping your chest) was a common treatment in the past, but it is NOT done in current practice. Studies show that splinting doesn’t help and can cause complications. Here’s how to help your injuries heal:

- **Limited activity.** The best treatment is TIME and avoiding further injury.
- **Deep breathing.** It’s important to cough, breathe deeply, and use your incentive spirometer (see the photo) 8 to 10 times a day, or every hour while you’re awake. This will keep your lungs healthy and help prevent infection. Using a pillow to brace yourself can make breathing exercises less painful.
- **Pain management.** It’s important to manage your pain so you can cough, breathe, and move. Anti-inflammatory medications, such as naproxen or ibuprofen (brand-name Aleve or Advil) can help. The doctor might prescribe pain medication. (See page 2.) Also, try an ice pack for 20 to 30 minutes at a time.

In some cases, broken ribs will need surgery. The Trauma Service team will tell you if this is necessary.

Activity do’s and don’ts

**For 4 to 6 weeks:**
- Do not lift more than 10 pounds. In other words, do not lift anything heavier than a gallon of milk.
- Do not push or pull anything heavy. Avoid vacuuming, mowing, or shoveling, for example.
- Don’t do sports that could injure your chest. This includes contact sports, high-impact exercise, or activity with jostling or jarring. Avoid football, basketball, wrestling, horseback riding, ATVs and off-road vehicles, biking, hiking, or running.

**Warning signs — when to get help**

Go to the nearest emergency department if you experience any of these:
- Difficulty breathing
- Blue lips
- Fever of 102°F or higher
- Coughing up blood
- Coughing up more mucus or thick mucus

Complications of broken ribs include pneumonia, fluid building up in the lungs, or a punctured lung. If you notice any of the symptoms above, you may have one of these problems.
About pain medication
Pain medication won’t relieve 100% of your pain. But it will make the pain more tolerable so you can breathe, cough, and move around. Your need for pain medication should decrease over time, until eventually you don’t need it.

The Trauma Service and pain medication
The Trauma Service team can address only short-term pain. Because the Trauma Service does not manage chronic (long-term) pain, see the policies below:

• When you leave the hospital, you will be prescribed enough pain medication to last until your follow-up visit, if you take it as directed. During the follow-up visit, you may be given one refill prescription, if needed.
• The Trauma Service does NOT refill pain medications over the phone.
• If you have lost a prescription, it was stolen, or it ran out early, the Trauma Service will not be able to give you a new prescription.

If your pain continues beyond 3 or 4 weeks, you will need to see your primary care provider about managing pain.

Safety with opioid medication
Opioids are strong medications that change the way the brain processes pain. Examples include hydrocodone and oxycodone. Opioids can be dangerous if you don’t use them correctly. Follow these rules for safety:

• Do not drink alcohol or use recreational drugs while taking opioid pain medication.
• Do not take sleep aids, anti-anxiety medication, or other pain relievers without your doctor’s permission.
• Do not drive a car, operate dangerous machinery, or care for others while taking the medication. These medications may harm your judgment.

• Never share your pain medication. Don’t give a pill to a friend or family member, even if the person is in pain. Sharing pain medications is dangerous and illegal.
• Lock up your pain medication so that others can’t take it. (Some opioid medications may be a target for break-ins and theft.)
• Take the medication only as long as you need it. When the pain resolves, stop taking the medication. To avoid side effects that can happen when you stop suddenly, you may want to “taper off” the dosage for a few days.
• Watch for side effects.
  – The most common effect is constipation. Drink extra water and take a laxative or stool softener if needed.
  – The most serious side effect is decreased breathing, which can be deadly.
• When you’ve finished taking the medication, get rid of leftover pills by dropping them off at a drug collection site. For a list of sites, see useonlyasdirected.org/safe-disposal-drop-off-locator.

Safety with over-the-counter pain pills
• Do not take more than the maximum daily limit of over-the-counter pain pills. Check the bottle for the number of pills you can safely take each day.
• Especially, do not take too much acetaminophen (Tylenol). Do not take more than 3,000 mg total every 24 hours. Some prescribed pain pills already contain acetaminophen. Ask your pharmacist if this is the case for you.