

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 and typically heal on their own in a month or two.

How are these injuries treated?

Most of the time, rib fractures are treated with rest and limited activity, deep breathing, and pain management. Following your doctor's instructions for these self-care activities is the best way to heal. In some cases, broken ribs will need surgery. Your trauma service team will tell you if this is necessary.

Limit your activity.

The best treatment is TIME and avoiding further injury by **NOT**:

- Lifting more than 10 pounds—nothing heavier than a gallon of milk.
- Pushing or pulling anything heavy. Avoid vacuuming, mowing, or shoveling, for example.
- Playing sports that could injure your chest, such as contact sports, high-impact exercise, or activity with jostling or jarring. Avoid football, basketball, wrestling, horseback riding, biking, hiking, running, or riding in ATVs and off-road vehicles.

What do I need to do next?

- 1 Practice deep breathing and coughing at least 8 to 10 times a day, using your spirometer (see page 2).
- 2 Walk, do low-impact exercise, and resume normal daily activities. (You may resume normal sexual activity when you feel ready.) Be careful not to overdo.
- 3 Carefully follow your doctor's instructions about any pain medicine you take.
- 4 Keep your follow-up appointment with your primary care provider or your hospital's trauma services team.
- 5 Return to work only when cleared by your primary healthcare provider.

Do regular deep breathing.

It's important to cough, breathe deeply, and use your spirometer [spy-ROM-i-ter] 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. See page 2 for instructions on using a spirometer.

When should I call my doctor?

Go to the nearest emergency department if you experience any of these:

- Difficulty breathing
- Coughing up blood
- Blue lips
- Coughing up more mucus or thick mucus
- Fever of 102°F or higher

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.

Manage pain safely.

It's important to manage your pain so you can cough, breathe, and move. Anti-inflammatory medicines, such as naproxen or ibuprofen (brand-name Aleve or Advil) can help. Also, try an ice pack for 20 to 30 minutes at a time. Remember that pain medicines won't relieve 100% of your pain, but it will make it possible for you to do the things you need to recover.

Your trauma service doctor may prescribe just enough **opioid** [OH-pee-oid] pain medicine when you leave the hospital to last until your follow-up visit (if taken as directed). **Prescription opioids** are medicines used to help relieve severe pain after a surgery or injury. Some common opioid medicines are codeine, hydrocodone, methadone, morphine, and oxycodone.

These medicines can be an important part of treatment. They also come with serious risks. It's important to work with your healthcare provider to make sure you are getting the safest, most effective care.

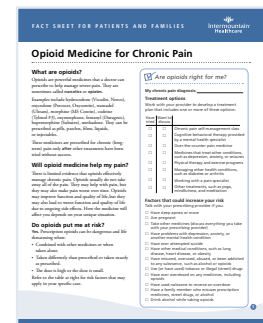
Your trauma service team will not be able to:

- Manage chronic (long-term) pain— see your primary care provider if your pain continues beyond 3 or 4 weeks.
- Refill pain medicines over the phone.
- Give you a new prescription if yours is lost, stolen, or your run out early.

Be sure to ask your healthcare provider for these Intermountain fact sheets on how to take and dispose of prescription opioids safely.



Prescription Opioids:
What you need to know



Opioid Medicine for
Chronic Pain

Using your spirometer

A spirometer is for exercising your lungs. While you are awake, use your spirometer every hour, doing 5 to 10 deep breaths (see instructions below) each hourly session.

Follow these steps to effectively use your spirometer:

- 1 Place spirometer on a flat surface or hold in an upright position.
- 2 Completely exhale (until there is no more air to come out).
- 3 Put the mouthpiece in your mouth and close your lips tightly around it.
- 4 Inhale through your mouth as slowly and deeply as possible (if this is difficult, suck the air in as you would if breathing through a straw but more slowly). Ask for a nose clip if it is hard to breathe just through your mouth.
- 5 Watch the indicator on the spirometer to see if you are reaching your target goal or even higher.
- 6 Hold in all the air you inhale for at least 3 to 5 seconds, if possible.
- 7 Remove the mouthpiece, and exhale normally.
- 8 Take several normal breaths before trying another deep breath with the spirometer.
- 9 Cough after each deep breath.



Deep breathing and coughing is important to prevent lung problems.

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