

Collapsed Lung

A chest injury has damaged one of your lungs, causing a condition called “collapsed lung.” Your lung now needs time to heal.

What is a collapsed lung?

When you have a chest injury, one or both of these problems can happen:

- Blood or other fluid can build up in your chest cavity and press on your lung.
- If the injury pierced your lung, it can leak air into the chest cavity. This pocket of leaked air can press on your lung.

Because of the pressure on your lung, your lung can't expand as much as it normally does when you breathe. This is why the problem is called a “collapsed” lung. In many cases, the problem affects only part of the lung.

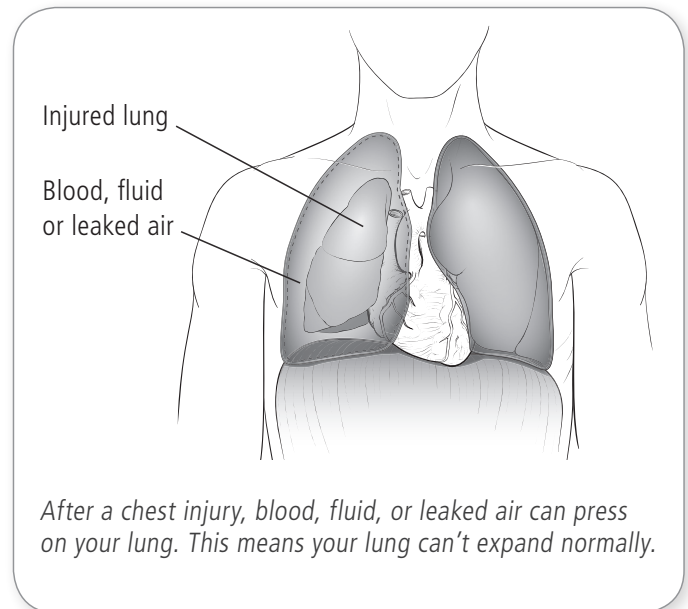
How is it treated?

Your treatment team used x-rays to check how much air or fluid was pressing on your lung. A minor problem can often get better on its own. Or, the team may have placed a small tube in your chest so blood or air can escape. Either way, it's important to protect your lung while it heals.

Activity do's and don'ts

Until your doctor says it's okay, DON'T do these activities:

- Don't lift more than 10 pounds. In other words, don't lift anything heavier than a gallon of milk.
- Don't push or pull anything heavy. For example, don't vacuum, mow, or shovel.
- Don't play contact sports, such as football or wrestling, or any sport that requires a helmet.
- Don't do high-impact exercise or activities with jostling or jarring. Avoid hiking, biking, running, horseback riding, or ATV riding for now.
- Don't fly in a plane until at least 3 weeks *after* your doctor says your lung has been completely healed. Also, don't travel to any elevation over 7500 feet. The extra air pressure at high elevation can re-collapse your lung.



DO the following activities:

- If the doctor put a tube in your chest:
 - For the first 48 hours, keep the dressing on the area where the tube was placed. Then replace it with a bandage. Change the bandage whenever it gets wet or dirty, for as long as you have the tube.
 - Use gentle soap and water to clean the wound every day. Dry the wound before you put a new bandage on.
 - Avoid swimming, soaking in water, or using saunas for at least 2 weeks or until the wound is healed. (You may shower.)
- Watch for the warning signs on page 2.
- Keep your follow-up appointment with your primary care provider or the Trauma Service.
- Walk, do low-impact exercise, and resume daily activities. (You may resume sexual activity when you feel ready.) Restart activities slowly, and don't overdo. You can return to work when your primary care provider says it's okay.
- If you smoke, QUIT. This is an important step to help your lung heal and improve your overall health.

Warning signs — when to get help

If you have any of the symptoms below — especially if they are getting worse — **call the Trauma Service or go to the nearest emergency department:**

- Sudden trouble or difficulty breathing, especially if you're resting
- Severe pain on one side of the chest
- Coughing up bright red blood or pink, frothy mucus
- Blue lips
- Sudden weakness
- Drainage that looks like pus (white, green, yellow, or smelly) from the site where a chest tube was placed. (It's normal to see a little clear drainage.)
- Red streaks or red areas that are very hot and tender around the wound
- Fever of 102°F or higher

About pain medication

Pain medication won't relieve 100% of your pain. But it will make the pain more tolerable so you can do daily activities. Your need for pain medication should decrease over time, until you don't need it at all.

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'll be prescribed enough pain medication to last until your follow-up visit, if taken 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. The Trauma Service will NOT replace a prescription that's lost or stolen, or refill a prescription if you run out of medication early.

If your pain continues beyond 3 or 4 weeks, you'll 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 or oxycodone. Opioids can be dangerous if you don't use them correctly.

- **Don't drink alcohol or use recreational drugs** while taking opioid pain medication.

- **Don't take sleep aids, anti-anxiety medication, or other pain relievers** without your doctor's permission. Don't take more than 3,000 mg of acetaminophen (Tylenol) in 24 hours. Some pain medications already contain acetaminophen.
- **Don't drive a car, operate dangerous machinery, or care for others** while taking the medication.
- **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 others cannot take it.
- **Take the smallest dose possible to help you, for the shortest time possible.** Take the medication as needed, but not more often than prescribed. When the pain gets better, stop taking the medication. To avoid side effects from stopping suddenly, you may want to reduce the dose a little at a time 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, especially while you sleep. This can be deadly. If family or friends notice this problem, they should get medical help right away.
- **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.