

Patient information factsheet

Rib fracture aftercare advice

We have given you this factsheet because you have had one or more rib fractures. It offers advice on managing a rib fracture, complications to be aware of and when to seek medical help. We hope this factsheet will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

What is a rib fracture?

A rib fracture is when one or more of the bones in your rib cage breaks or cracks. This is usually caused by:

- a fall
- a blow to the chest
- severe coughing

Treatment

Rib fractures can be very painful but generally heal by themselves within four to six weeks. This means many people who fracture ribs do not need any treatment and are able to recover at home.

However, occasionally surgery may be needed to treat this type of fracture. We may consider surgery if you have:

- three or more displaced rib fractures (when the two parts of the broken bone have moved apart)
- segments of broken ribs that are interfering with normal chest movements (for example, breathing)
- a chest wall deformity (where the chest appears irregularly shaped)
- pain that you cannot manage (even after taking pain relief medication)

If we think your fracture may need surgery, we will discuss this with you before you leave hospital.

Pain relief

Unlike an arm or a leg fracture, it is difficult to rest your chest, as it moves each time you breathe in and out. This movement can be painful and can make breathing difficult. To help ease this pain, your doctor will prescribe you pain relief medication. It is important that you take this medication as prescribed to help:

- control your pain
- speed up your recovery
- reduce your risk of infection
- you take a deep breath and cough

Pain from this type of injury varies from person to person. However, it is normal to experience pain for up to four to six weeks while your fracture heals. You may also experience some discomfort even after your fracture is fully healed.

When to seek medical help

While in hospital, speak to the medical team looking after you if you experience any of the following symptoms:

- pain that is not controlled (even after taking the pain relief medication your doctor has prescribed)
- pain that affects you being able to take a deep breath, cough or mobilise (move)
- new neurological symptoms (for example, pins and needles or numbness)
- you have not opened your bowels (had a poo) in two or more days

Complications

Most rib fractures heal by themselves without causing any further problems. However, complications can arise in a small number of cases.

Chest infection

The most common complication following a rib fracture is a chest infection. This is because initially, due to pain, you may find deep breathing and coughing difficult, which can lead to a build-up of phlegm. This build-up of phlegm in your chest increases your risk of getting an infection.

Less common complications include:

Pneumothorax

A pneumothorax (collapsed lung) occurs when air is trapped between your lung and your chest wall.

Haemothorax

A haemothorax is when there is blood in the space around your lung which can then cause you to experience shortness of breath and pain in your lower chest.

Surgical emphysema

This is a condition in which air becomes trapped under the subcutaneous fat layer of your skin.

Abdominal injuries

Sometimes broken ribs can cause trauma to your surrounding organs (for example, your liver or spleen). If this is the case, you may experience pain in your abdomen (tummy) or back.

If you have any questions about complications, please speak to a member of your healthcare team.

Physiotherapy

If you are staying in hospital as an inpatient and have fractured three or more of your ribs, a physiotherapist will visit you on the ward for a review (ideally this should be within 24 hours of you coming into hospital). During this review, a physiotherapist will assess your breathing and check how well your lungs are working.

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They will also teach you different breathing exercises and techniques to help manage the pain while moving, taking deep breaths and coughing up phlegm so that you are less likely to get an infection. Please see below for more detail.

Supported cough

This involves using a pillow, a towel or your hand to support the painful area when you cough.

Positioning

This involves keeping mobile (for example, walking) or sitting out in your chair. If you are able to, it is important to sit upright and be as mobile as possible as this will naturally encourage you to breathe deeper so that you can get more air into your lungs.

Active cycle of breathing technique (ACBT)

This involves huffing, rather than coughing, as a less painful way to clear your phlegm. We will give you more information about this if needed.

Incentive spirometry

This involves breathing into a device with a ball inside. The aim of this exercise is to make the ball move by taking a slow, deep breath.

Recovering at home

To reduce the risk of developing a chest infection when you return home, it is important that you:

- keep taking any pain relief medication you have been prescribed
- continue to do any breathing exercises you have been shown
- follow any advice you have been given

However, even after following our advice, there is still a chance that you could develop a chest infection.

Contact your GP for advice if you experience any of the following:

- your sputum changes colour (for example, it changes to a yellow, green or brown colour)
- you have a high temperature (a temperature of 38°C or above)
- you start to cough up blood

If you experience any of the symptoms above outside of your GP surgery's working hours, call NHS **111** or go to your local minor injuries unit.

Call **999** if you develop shortness of breath or experience a new sudden pain that is not in the same area as your existing rib injury.

Returning to work

Returning to work after having a rib fracture is different for each person. If your job is very physical and requires lots of heavy lifting, you must discuss this with your doctor first before going back to work to make sure that it is safe for you to do so. We also advise you to have a discussion with your employer so that your usual tasks can be amended temporarily until you are able to complete them safely and pain free.

If you have any concerns about your return to work, it may be helpful to discuss these with your GP, who will also be able to give you a sick certificate or fit note if you need one.

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