

Rib fractures: discharge advice

This leaflet provides information about your rib injury and on managing it during your recovery.

What is a rib fracture?

A rib fracture is when one of more of the bones in your rib cage breaks or cracks. It is one of the most common chest injuries and can result from incidents like a fall, a traffic accident, contact sport, or occasionally from overuse of the muscles that surround the ribs, by doing sports with repetitive actions or having a long-term cough.

How will having a rib fracture affect me?

Rib fractures can be very painful, which is often made worse by laughing, coughing, movement and deep breathing. Unlike other parts of the body, it is difficult to rest your chest, as you use it constantly as you breathe, sit up or lie down.

What is the treatment for rib fractures?

Most rib fractures will heal by themselves within 4-6 weeks, so no dressings or support are needed, though it sometimes takes longer to become totally pain-free. You are likely to have bruising for between 2 to 4 weeks.

The pain will be worse when deep breathing, coughing and moving, but avoiding doing these is the wrong thing to do: it risks complications such as chest infections. The following advice will help you to stay comfortable while continuing to use your lungs effectively.

General advice

DO:

- Take regular painkillers (following the instructions on the packet) – this will help you feel able to take deep breaths and cough and to do any exercises recommended by your physiotherapist.
- Keep mobile (e.g. walking) – this is the best way to help you breathe deeply and clear any phlegm. And take regular deep breaths when you are sitting up or moving around.
- Cough when you need to and support your chest with a pillow, towel or your hand when doing so.
- Seek help to stop smoking. Visit <https://www.smokefreelifeberkshire.com/> for help and support with giving up smoking or speak to your GP for advice.
- 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.
- Follow any breathing techniques and/or exercises given by your clinician or physiotherapist.

DON'T:

- Stay lying down or still for long periods of time.
- Lift, pull or push anything which makes the pain worse.
- Strap your chest/ribs. It may help with pain but will stop your lungs from expanding and can lead to a chest infection.
- Take cough medicine.
- Smoke.

Physiotherapy advice and exercises

Early mobilisation

Your physiotherapist will encourage regular early movement after rib fractures, to help you take deep breaths and clear any phlegm. **It is essential you take regular painkillers to enable you to do this.**

They may also advise you to do regular breathing exercises and show you how to clear phlegm and take deep breaths.

Active Cycle of Breathing Technique (ACBT)

The Active Cycle of Breathing Techniques (ACBT) is a set of breathing exercises which can help you to clear phlegm from your chest, loosening and moves it from your airways.

Coughing can be tiring and ineffective, so ACBT uses different types of breaths to make it easier to clear phlegm from the outer part of your lungs towards the main airways. ACBT combines a cycle of breathing control, deep breathing and huffing until your chest feels clear and will be explained to you at the hospital.

You can find more information at www.acprc.org.uk/Data/Publication_Downloads/GL-05ACBT.pdf

My plan for ACBT

This table can be used to jot down the ACBT goals you have discussed with the physiotherapist

Number of deep breaths:	
Breathing control:	
Huff:	
Number of cycle repetitions:	
Number of repeats per day:	

Incentive spirometry

You may be asked to use an incentive spirometer – a device that helps long, slow deep breathing. You can measure how deep your breath is and see that you are achieving the desired lung volume and performance. .

Breathing in while using it will move the ‘counter’ upwards, helping you to take a large controlled breath, which will get air into all parts of your lungs and help prevent, or reverse, small pockets of lung from collapsing.



Using the spirometer:

- Sit upright in order to achieve the best deep breaths while using it.
- Keep it upright, with its base at mid-chest level, or it will not work properly.
- Put its mouthpiece in your mouth and seal your lips tightly around so air won't leak out.
- Take a slow, deep breath **IN** through your mouth.
- As you breathe in, you will notice the yellow disk rising on the device.
- Make sure that the disk stays on the smiley face or target line throughout the breath in.
- See if you can hold that deep breath and keep the disk elevated for three seconds.
- Slowly breathe out.
- Repeat this two or three times and then rest.
- If you can do this with easily, increase the flow rate by turning the dial to a higher number, and it will be harder to keep the disk elevated

My plan for using the incentive spirometer

This table can be used to jot down the goals for using the incentive spirometer which you have discussed with the physiotherapist.

Goal marker:	
Time to hold deep breath:	
Number of breaths:	
Repetitions each session:	
Repetitions per day:	

Supported cough

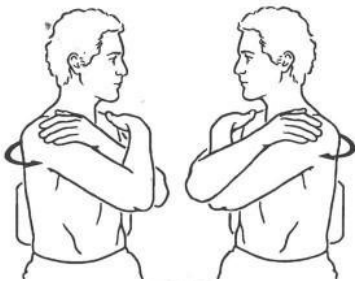
- A good cough helps clear any phlegm in the lungs. When coughing, use a pillow, towel, or your hands to support your damaged ribs to minimise discomfort.
- Cough when you need to and support your chest while doing so.



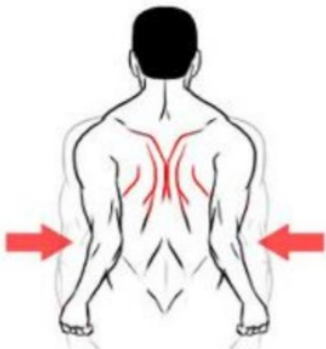
Mobility exercises

You should start gentle movement as soon as comfort allows.

Following a rib or chest injury, the mid spine region can become stiff due to pain and tightness in the chest. These exercises can help.



Sit up straight, with your arms across your chest
Keeping your legs still, gently rotate to one side as far as you can go with a moderate stretch and without pain.
Repeat for the other side.
Hold for _____ seconds.
Repeat _____ times to each side.



Sitting or standing tall with your back straight, squeeze your shoulder blades together as far as you can go a moderate stretch and without pain.
Hold for _____ seconds.
Repeat _____ times.

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

You might develop a chest infection after being discharged home.

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

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

If you need help outside GP normal surgery hours, please call NHS 111 or visit NHS 111 online.

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

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

Returning to work

If your job involves a lot of handling and lifting, you should 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 discuss these with your GP, who will also be able to give you a sick certificate / fit note if you need one.

Further advice

This leaflet is a general guide to chest injuries. If you have any further queries about your current injuries, please contact your GP.

If you have a general concern and need further advice, please contact NHS 111.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Department of Orthopaedics Orthopaedic Unit, January 2023.

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