

What Are Rib Fractures?

Rib fractures most commonly result from strong blows to the chest such as during car crashes, ATV crashes, or falls. The terms rib fractures, broken ribs, and cracked ribs all mean the same thing. Most patients have twelve ribs on each side. The more ribs that are fractured, the more likely a patient is to develop significant complications.

How Are Rib Fractures Treated?

Pain control is most important in treating patients with rib fractures. Broken ribs hurt; people with these injuries are understandably hesitant to take deep breaths and cough. Deep breathing and coughing are very important in keeping your lungs expanded and clear of mucus. Narcotic pain medicines, in conjunction with anti-inflammatory medicines, are usually used to treat rib fracture pain so that patients are able to breathe, cough, and move. Patients with severe pain which is limiting their breathing and activity may have an epidural catheter placed while in the hospital to control their pain. Prior to discharge from the hospital, pain needs to be controlled well with oral medicines.

Very rarely, rib fractures which are severely displaced and/or are sticking into the lung may require surgical repair.

As a rule, we generally do not recommend wrapping the chest as a treatment for rib fractures as it limits the ability to take deep breaths.

What Are The Complications Associated With Rib Fractures?

Rib fractures are commonly associated with collapsed lungs. The sharp points of broken ribs can "poke" the lung, and pop it like a balloon. Air then leaks out of the lung into the chest cavity. The air pocket can potentially enlarge and cause the lung to collapse. Treatment is usually the insertion of a small tube into the chest to drain the air.

Broken ribs can cause bleeding into the chest cavity. This bleeding can range from minimal to life-threatening. Minimal bleeding will be observed. Initial treatment of significant bleeding is the placement of a tube in the chest. If the bleeding is severe or persistent, surgery may be required.

Patients who do not take deep breaths, cough, or get out of bed and walk, are at high risk to develop pneumonia. This can be a life-threatening complication. This is why pain control is so important.

Rib fractures are frequently associated with bruised lungs (pulmonary contusions). Patients with bruised lungs will commonly cough up small amounts of bloody mucus. Bruised lungs generally heal without long-term problems.

Broken ribs can cause significant inflammation in the chest wall. This inflammation can cause fluid to "leak" in the chest cavity. This is separate from any associated bleeding described above. This fluid can accumulate to the point that lung is surrounded by fluid (pleural effusion). This can occur days to weeks after the initial injury. Large fluid collections require drainage.

After Discharge Instructions:

-Continued pain control is very important to complete recovery. Pain should be controlled so that deep breathing, coughing, using the spirometer, and walking multiple times daily are all possible. Broken rib pain will slowly improve over the course of 6-12 weeks. Some patients notice tenderness for as long as 6 months.

-Keep follow-up appointments as directed. Generally returning to the Trauma Clinic (801 357-2137) or seeing a Primary Care Doctor for a follow-up x-ray to ensure continued evidence of healing will be arranged prior to discharge.

-If worsening shortness of breath, chest tightness or pressure, or difficulty breathing develops seek emergency medical care.

-Signs or symptoms of pneumonia include fevers, chills, feeling short of breath, cough, and malaise (generally not feeling well). If these symptoms arise call the Trauma Service, a Primary Care Doctor, or seek emergency medical care.