

Pectus Excavatum Post-Operative Recommendations

www.childrensmercy.org/pectus

To Whom It May Concern,

Pectus excavatum is a chest wall abnormality when the sternum and chest is sunken into the chest causing a depression or caved in appearance. Surgery was completed with a minimally invasive repair of pectus excavatum (chest wall abnormality) at Children's Mercy Hospital. This surgery involves the placement of a surgical steel bar under the sternum and will stay in place for approximately 3 years until it is surgically removed. The following restrictions apply due to the nature of this surgery:

- May return to school as tolerated
- **Do Not drive if you have taken Oxycodone or Flexeril**
- No strenuous physical activity for 2 weeks following surgery
- May return to normal activity as tolerated after 2 weeks including sports
 - Recommend slow increase in activities and ease into heavy lifting and contact sports
 - Do what is comfortable and avoid activities that cause pain
- A popping or clicking sound or sensation is normal and can occur with movement of the bar and stabilizers within the chest wall. This may occur intermittently throughout the time the bar is in the place
- Good posture is strongly encouraged. No slouching or slumping
- May begin pectus prescribed stretching as tolerated
 - This will improve the range of motion to upper chest and back and in turn improve posture
- No MRI (Magnetic Resonance Imaging) examinations of the chest and abdomen
 - If imaging is needed, CT (Computed Tomography) scans are acceptable
- If defibrillation is needed, paddle placement must be anterior/posterior (front/back)
- **CPR (cardiopulmonary resuscitation) CAN BE PERFORMED** but may require more exertional external force
- Medic alert bracelet is recommended. Inscription should state "surgical steel bar in chest."
You can find these at <http://www.americanmedical-id.com/>

If there are any questions or concerns, please do not hesitate to contact us.

Sincerely,

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