

PATIENT AND FAMILY INFORMATION SHEET

Pectus Excavatum

What is Pectus Excavatum?

Pectus excavatum is a depression in the sternum and its surrounding cartilage

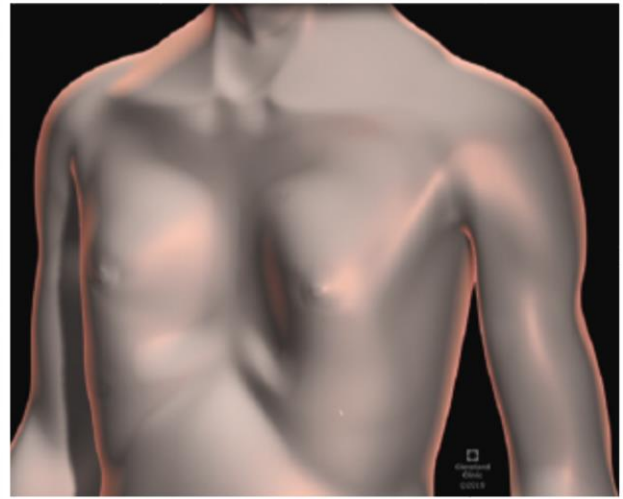
- It is the most common chest wall deformity
- It occurs in 1 out of every 300-400 live births and is more common in males than females

How do I know if my child has Pectus Excavatum?

Here are some of the symptoms your child may have:

If your child has this condition, there will be a visible depression of their chest

- This may be present from infancy, or it may become more pronounced as your child grows, particularly during the adolescent growth spurt.
- Your child may not have any symptoms beyond the physical appearance, but other associated symptoms your child may experience include:
 - Shortness of breath, particularly with prolonged physical exertion
 - Chest wall pain
 - Asymmetrical breast growth
 - Body image concerns



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How is Pectus Excavatum treated?

- The treatment for Pectus Excavatum is surgery.

What happens before surgery?

- You will have an appointment with a Pediatric Surgeon familiar with treating this condition.
- The initial appointment will involve a detailed medical history collection, as well as a thorough physical examination.
- Your surgeon may want to order the following diagnostic studies:
 - A Chest X-Ray or CT scan
 - This helps to determine the severity of the pectus excavatum
 - An echocardiogram
 - This is to determine if any cardiac defects are present
 - Pulmonary function tests or cardiopulmonary exercise testing
 - This is to assess the effects of the pectus excavatum on the heart and lung function
- The results of the tests above will determine whether a patient is a candidate for operative repair.
 - Operative repair may not be recommended in younger (pre-school and elementary school) aged patients- these patients will be monitored as they grow

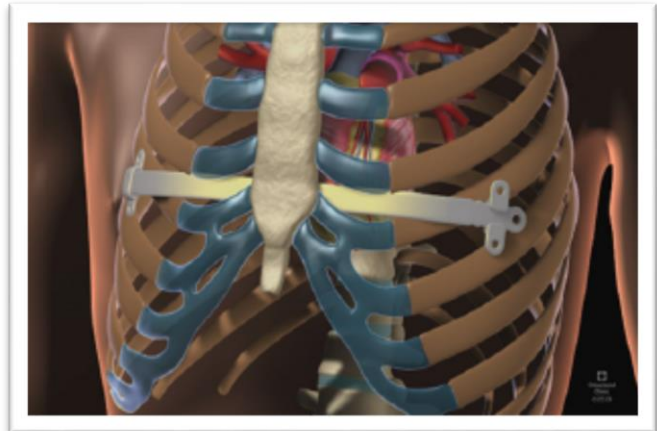
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What Happens During Surgery?

- Patient will either undergo the NUSS procedure or the Ravitch procedure
 - The Nuss procedure is the thoracoscopically assisted placement of metal bar(s) underneath the sternum to elevate the depression
 - The Ravitch procedure is an open procedure to resect the costal cartilage along the sternum, fracture of the sternum and placement of a stabilizing bar behind the sternum

Nuss procedure



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What happens after surgery?

- *When can I be with my child again?*
 - As soon as your child wakes up after surgery, someone from the recovery room will call you so you can be with your child in the recovery room.
- *Will my child have any pain?*
 - Both surgical approaches can have a painful recovery, but your surgeon will have a pre-determined approach to managing this discomfort to allow for optimal recovery.

When can we go home?

- Patients are typically able to go home 3-5 days after surgery

How do I care for my child at home?

- A detailed post-operative care plan should be provided to you by your surgeon prior to discharge
- For the first 1-3 weeks following surgery the patient will need various medications to help control pain, as well as any medications to help prevent constipation associated with the pain medication
 - As your child's discomfort improves, they will gradually wean off all medications

When should I call the office?

If your child experiences any of the following, please call our office:

- If your child has any difficulty breathing or taking deep breaths
- Any worsening or onset of new pain, not controlled by the prescribed pain regimen
- Any fevers >100.4 F, or swelling, redness or any drainage from the incisions
- If your child experiences any nausea/vomiting, or significant constipation
- Redness or the appearance of a rash across the chest



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Your child will need to follow up with the surgeon. You will receive specific instructions for follow up when your child is discharged.

Please don't hesitate to call our office if you have any problems or concerns.

Surgical provider: _____

Office Number: _____

After hours number, if applicable: _____

Thank you for allowing us to care for your child.