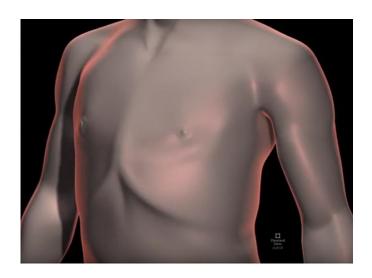
PATIENT AND FAMILY INFORMATION SHEET

Pectus Carinatum

What is Pectus Carinatum?

- Pectus carinatum happens when the bones in the center of the chest, the "breastbone" and the ribs look like they are pushed out.
- Sometimes it can look like one side is pushed out more than the other.
- This can be called a "pigeon chest" or a "keel boat chest."
- This can happen more in boys than in girls (4:1).
- It does not change how the heart or lungs or shaped or how they work.
- No one knows why this happens but sometimes another person in the child's family has had the same thing.
- This can be seen in early childhood, but if gets worse as the child grows during the teenage years.
- Some children also have other medical problems like scoliosis, connective tissue issues, heart problems or certain syndromes (Marfan, Ehler's-Danlos).



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How do I know if my child has Pectus Carinatum?

Some children will complain of the following:

- Chest pain
- Feeling like all of the air will not come out of their lungs
- Trouble exercising
- · Wheezing when playing
- Problems with how they feel about how their chest looks

How is Pectus Carinatum treated?

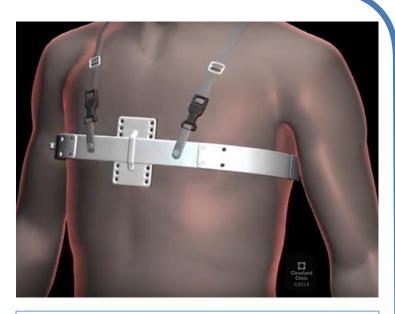
- Careful watching for changes in the shape of the chest during younger years
- Special exercise to make posture better
- The use of a special brace
- An operation

PATIENT AND FAMILY INFORMATION SHEET

Pectus Carinatum

Pectus Carinatum Treatment: Bracing

- The chest bones are softer in children and teenagers. Wrapping a brace around the chest puts pressure on the bones. Over time, this pressure will help the bones lay flatter.
- The brace will need to be worn many hours during each day (8-12 hours/day).
- Children need to wear the brace from 6 months up to 2 years. This will depend on how far the chest sticks out and how quickly the bones start to lay flat.
- The more the brace is worn, the faster the bones will lay flat.
- If the child follows the brace plan, up to 85-90% have a good result.



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Pectus Carinatum Treatment: Surgical Repair

What if the brace does not work:

- An operation called a "Ravitch" procedure will be done.
- This is usually done in children 13 years and older.
- A side by side or up and down cut is made in the middle of the chest.
- Some parts of the bone will be removed or reshaped. These parts are usually the soft tissue around the bone called the "cartilage."
- A support called a "strut" may be used to keep the breast bone in place while the cartilage regrows. This "strut" will go away on its own so it does not have to be removed later.
- The operation takes many hours.

Pectus Carinatum Treatment: Surgical Repair

After the operation:

- Your child will need to stay in the hospital for a few days.
- Medicine for pain control will be given.
- Medicine to prevent constipation will be given.
- Your child can eat and drink normally. They will be encouraged to drink fluids (water, sports drinks).
- Physical therapy will work with your child to show them what they can and cannot do for some time after the operation.
- Your child will be taught breathing exercises to keep the lungs from getting congested.

PATIENT AND FAMILY INFORMATION SHEET

Pectus Carinatum

What happens after surgery?

When can we go home?

• Most children go home in 3 -5 days after the operation.

How do I care for my child at home?

- You will be given prescriptions for pain medicine for home.
- You will be given a list of do's and don'ts before you go home.
- Give your child healthy foods and drinks at home. This will help healing.
- Give medicine for constipation.
- Your child will be given breathing exercises to do at home.
- Your child will not be able to go to gym class or play sports for some time after the operation.
- Make sure to ask for any notes you may need for school or sports teams.
- Your child will not be able to lift anything heavy for some time after the operation.
- Your child will be told the best positions for sleep.

When should I call the office?

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

- Any problems breathing or taking deep breaths.
- Pain that gets worse or there is a new pain that is not helped by the medicines.
- Fever over 100.4F or swelling, redness or fluid from the cuts on the chest.
- Nausea, vomiting or no bowel movements.
- Any rash across the chest.

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.

Surgeon: ______

Nurse Practitioners: _____

Phone Number (daytime): _____

Phone Number (after hours): _____

Social Worker:

Thank you for allowing us to care for your child.