

When to call Logan Health Children's Specialists (406) 758-7490

- Pain not controlled by the prescribed regimen
- Bleeding, redness or drainage from the incision site
- Fever greater than 101.3° F
- Green vomit or persistent vomiting
- Weight loss

Restrictions

- **No driving** for three months post operatively.
- **No lifting** anything greater than 15-20 lbs for three months post operatively.
- **You can carry a light backpack** (<15 lb) one month post operatively. Do not wear pack on one shoulder.
- **No contact sports** for three months post operatively.
- **No twisting** at the waist for three months post operatively.
- **No slouching** or slumping — use good posture.

Post Op Goals

Week two:

- You may return to school when you are not taking narcotic pain medicine or a muscle relaxant.
- Your steri-strips or derma bond may still be on, allow these to fall off on their own. It is okay to snip the ends of the steri-strips.
- It is completely normal to feel or see the bar now. The swelling is subsiding and thus the bar might be more visible.
- You may have a stitch come out through the skin from one of your incisions. This is completely normal and nothing to be concerned about. It will look like fishing wire. Just snip the stitch at the level of your skin and it should retract into the incision and be reabsorbed.

Week four:

- First post-operative appointment with your surgeon.

Pectus Excavatum Post Op Nuss Guidelines

Week six:

- We encourage you to begin light cardio. This includes walking, jogging, swimming, or other aerobic activity

Week eight:

- Second post-operative appointment with your surgeon.

Three months:

- You may carry a backpack on one shoulder (or both shoulders).
- You can return to all sports without limitations.
- Referral to intensive physical therapy.
- Third post-operative appointment with your surgeon.

Other information you may need:

- We suggest that you buy a medic alert bracelet. The inscription should state the following: Steel bar in chest, CPR more force, cardioversion ant/post placement.
- CPR can be performed; however, more force may be needed.
- No MRIs. CT scans are acceptable (the bar may cause artifact).
- If you notice any redness, swelling, blisters or pus please contact us immediately.
- You do NOT need to take antibiotic prior to dental work unless you have a diagnosis of mitral valve prolapse. However, during the first three months after surgery, if you are having major dental work such as extractions or braces applied you will need to be pretreated with an antibiotic that is to be ordered by your dentist.

Medications

You will be sent home with the following medications:

Oxycodone (prescription narcotic pain medication)

- We expect that you will need to take this for approximately one week.
- This medication is to be taken only for moderate to severe pain and only as needed.
- As your pain begins to lessen (probably around week one) we highly encourage you to wean yourself off the narcotic medication. For example, if you have been taking your narcotic every four hours, we suggest that the next day you try and extend it to every five hours and then every six hours and so on until you no longer need it.
- This medication also causes constipation so you must take your Senna and/or Miralax while you are taking your narcotic.

Valium (prescription muscle relaxant)

- This medication can also be used for muscle spasms or charlie horses.

Pectus Excavatum Post Op Nuss Guidelines

Ibuprofen (over-the-counter anti-inflammatory)

- We recommend that you take this around the clock during the first several weeks for the post surgical inflammation. This medication is weight dependent. Your dose will be listed on your discharge instructions.
- You may need to take this for up to three to four weeks as needed.
- It is necessary that you take this medication with food to prevent stomach upset.
- This medication can make your stomach upset when taken for extended periods of time. While taking this medication around the clock, we recommend you take Pepcid or Zantac to prevent stomach ulcers.

Tylenol (over-the-counter pain medication)

- We recommend that you take this medication around the clock during the first few weeks after surgery.
- This should be the last medication that you wean off of as it has the least side effects.
- This medication is weight dependent. Your dose will be listed on your discharge instructions.

Senna (over-the-counter stool softener)

- This medication is used to stimulate your bowels caused by anesthesia and narcotics.
- The goal is for you to have a stool once every 24-36 hours. If you have abdominal pain or no stool in 48 hours you should take Miralax as discussed below.

Miralax (over-the-counter laxative)

- If you have not had a stool in 48 hours or are having abdominal pain, you should take one cap of Miralax one to two times daily until you have stool.
- This medication will cause your stool to be soft.

Gabapentin or Neurontin (prescription medication for nerve pain)

- This is used for nerve pain. You will have a prescription for this medication and it will be slowly weaned off.

Zantac or Pepcid (over-the-counter antacid)

- You should take this medication as recommended on the label while taking scheduled or frequent Ibuprofen.

Pectus Excavatum Post Op Nuss Guidelines

Example of home medication regimen:

- 7 a.m. Ibuprofen, Pepsid, Gabapentin and Oxycodone (if needed)
- 10 a.m. Tylenol
- 1 p.m. Ibuprofen, Gabapentin
- 4 p.m. Tylenol
- 7 p.m. Ibuprofen, Gabapentin, Pepcid, Senna and Miralax (if you haven't stooled yet today)
- 10 p.m. Tylenol, and Oxycodone (if needed)

Remember...

- Oxycodone: Do not take more frequently than every four hours.
- Ibuprofen: Do not take more frequently than every six hours.
- Tylenol: Do not take more frequently than every six hours.

- ** You will be given a two to three week supply of the prescription medications. However, you will probably not need all the medicine that is prescribed nor is it necessary that you finish all the medications.
- ** We also strongly advise that you do NOT set an alarm during the night to wake up and take any medication. It is very important to get a good night's sleep. Have the medication ready and available if you wake up having pain.

Follow-Up Appointments

1. The surgical nurse will call you two to three days after discharge to discuss pain and answer any questions.
2. A post-surgery appointment is to be scheduled approximately four weeks after you are discharged from the hospital.
3. Two-month post-surgery appointment:_____
4. Three-month post-surgery appointment:_____
5. Yearly appointments are then required until the bar is removed in three years.

Notes: _____

Important numbers to know

Pediatric Surgery Office (406) 758-7490 | Rachel Desimone, APRN (406) 471-3692

Post Op Exercise Program

Exercise #1: Chest expansion – deep breathing with breath holding. Do this exercise in the morning and at night. ***Begin after surgery.***

1. Stand up straight (or sitting straight in chair) with the shoulders pulled back. Breathe in as deeply as possible and hold your breath for 10 seconds.
2. Repeat 10 times.

Exercise #2: Back straightening exercise. Do this exercise 10 times each morning and evening. The goal of this exercise is to straighten the back and pull the shoulders back. ***Begin one month after surgery.***

1. Hands are placed behind the head and fingers interlocked.
2. The elbows are pulled back as much as possible and the head and neck remain straight. This posture causes the chest to fill out in front.
3. Bend from the hips, forward and down, to a horizontal position. This position is held for two to three seconds. It is very important that the elbows, head, and neck remain straight during the exercise.

Exercise #3: Strengthening the chest and back muscles. *Begin three months after surgery.*

1. Do 25 push-ups each day.
2. Do 25 chest flies each day. Lie with your back on the floor and with arms stretched out on each side. Place small, light weights in each hand. Keeping arms straight, bring them together over the chest.

Remember:

1. Total exercise time should not exceed 10 minutes for the first month, unless cleared by your surgical nurse or surgeon.
2. We recommend your child should do these exercises immediately upon getting out of bed in the morning and before going to bed in the evening.
3. During the day your child should be active with low impact aerobic activities, like walking or riding a stationary bike. This promotes deep breathing and circulation which will help the healing process. Avoid extended time in bed or on couch.
4. Motivation and monitoring are very important. It is important to encourage your child during exercise and to motivate them on a regular basis; otherwise he/she could lose interest.
5. This exercise program will not cure a severe pectus excavatum; however, it will help to correct poor posture, prevent progression of a mild pectus excavatum, make surgical correction easier and help prevent recurrence after bar removal.
6. Please ask the surgical nurse if you have any questions regarding this exercise program.