Pectus Excavatum Correction

Discharge Instructions

Once a patient undergoes surgery to correct a pectus excavatum defect, he/she now has one or more steel bars in place until surgically removed in 2-3 years. While the bar is in place, we recommend refraining from activities that may cause a direct blow to the chest, such as football. Other activity restrictions will slowly decrease as the child heals from surgery and the bar becomes more stabilized. A note will be given to you and your child during follow up appointments describing these restrictions for their gym teachers and coaches. Refer below for further guidelines throughout the healing process:

- Your child will need to take it easy for the first four to six weeks after surgery.
- No karate, judo, gymnastics, or other physical sports for the first three months.
- Avoid heavy lifting for the first two months
- No backpacks for three months.
- We strongly encourage walking for exercise and should be done frequently to build up your child’s strength. Your child should begin walking as soon as they get home.
- After the operation and for the first month home, remind your child to bend at the hip. Do not slouch or slump down when sitting. Good posture will help keep the bar in place.
- Your child will need to sleep on his/her back for the first four weeks after surgery.
- Your child may bathe or shower once they are out of bed and stable on their feet.
- Paper band-aids (Steri-strips) on the incisions will slowly come off as your child bathes or showers. They can be completely removed after 7-10 days.
- CPR can be performed if needed. Compressions will need to be delivered with more force because of the steel bar.
- Defibrillation for cardiac arrest may be performed if needed. Front to back defibrillation pad placement is necessary while the bar is in place.
- No MRIs of the chest and thorax. For MRIs on other areas of the body, you should make the radiologist aware of the pectus bar in order to make a determination of the safety of having the test.
- CT scans are recommended if imaging is needed of the chest.

**Restrictions**
- No driving for 6 weeks
- No lifting greater than 5 lbs, for two months
- No backpack over the shoulder for 3 months.
- Do not sleep on your side or stomach for 4 weeks. A recliner may be more comfortable.
- For the first 6 weeks after surgery activity is limited to walking and deep breathing with breath holding. We do not recommend treadmills.
- No gym class for 6 weeks.
- No flexion or twisting at the waist for 4 weeks.
- No slouching or slumping- Good Posture!

We are happy to provide any documentation for school, after school activities, etc., to support these restrictions if requested. Advance notice is appreciated if you would like to pick up a note during a follow up visit.
Post-Operative Milestones:

- **WEEK 2-3**
  - You may return to school as long as you are not taking narcotic pain medicine.
  - You may see or feel the bar now that the swelling has subsided, this is normal.

- **WEEK 4**
  - You may sleep on your side
  - You may twist at your waist

- **WEEK 6**
  - You may drive
  - We highly recommend cardiovascular activities such as running, swimming, biking, etc.

- **WEEK 8**
  - We highly recommend that you begin light upper body weight training (no more than 2-5 lbs). We encourage working with a physical therapist or trainer.

- **3 MONTHS**
  - You may carry a backpack
  - You may return to non-contact sports such as soccer, baseball and basketball.
  - You may ride a rollercoaster

- **6 MONTHS**
  - You are **restriction free** except for the following activities:
    - Football
    - Sparring with martial arts, etc.
    - Wrestling/boxing
    - Hockey

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Document inspired by the International Center for Chest Wall Repair at the Children’s Hospital of The King’s Daughters, Norfolk, Va.