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Approved by: [name and credentials]

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## **DAY OF SURGERY**

Sit up in bed as tolerated (allowed to elevated head of bed and use a pillow as needed).

Epidural may be in place for pain management.

PCA pump may be in place for pain management.

## **POSTOPERATIVE DAY (POD) 1:**

Sit up in bed with minimal arm movement up to 90°.

Check orders for physical therapy consult: Daily frequency

Out of bed with assistance.

- If the patient's epidural is out, begin ambulation. If the epidural is still in perform transfer to chair and instruct in home activity program.
- Transfer supine to sit on edge of bed with assistance.
  - Transfer supine to modified long sit ( via support at upper trunk/shoulders) and then pivot on bed
- Transfer sit to stand with assistance.
- Stand pivot to straight back bedside chair
  - Recommend to sit out of bed 30-60 minutes

Initiate parent and patient education

- Transfers and assist
- Precautions
  - Avoid abrupt movements and twisting
  - Can position in side lying but limit rolling with transitions to sitting
  - No shoulder flexion > 90 degrees
  - No bending, no lifting > 10#
  - No pushing/pulling with UE's
- Encourage use of deep breathing and incentive spirometer

Recommendations for goals

- Short term/Discharge Goals – to be met in 1 week
  - Patient will perform bed mobility with minimum assistance.
  - Patient will ambulate 200 feet with hand held assistance.
  - Patient will negotiate stairs with railing and hand held assistance.
  - Patient will demonstrate independence with home activity program.
- Long term goals
  - Patient will ambulate independently in the community and return to school in 1 month

## **POSTOPERATIVE DAY (POD) 2: Epidural may be out**

- Continue with transfers out of bed
  - Progress to 60 minutes as able
- Initiate ambulation regardless of epidural status- hand held assist
  - Twice daily
- Initiate Home exercise program
  - Breathing exercises
  - UE movements to 90 deg
  - Shoulder shrugs

- Scapula retraction
- Progress education with family and patient

### **POSTOPERATIVE DAY (POD) 3 -> Discharge:**

- Progress as tolerated with transfers and ambulation
  - Ambulation twice daily at minimum
- Include stairs
- Progress Home Exercise Program
- Progress/review Education

### **DISCHARGE CRITERIA**

- Ambulation 200 feet or more with parent guarding safely
- Stairs: family instruction in guarding during patient demonstration or documentation of refusal to perform
- Family and patient education/Discharge Education
  - Precautions
    - Side lying allowed but no rolling to rise to sit using arms
    - No shoulder flexion > 90 degrees
    - No bending, no lifting > 10# for 2 months
    - No pushing/pulling with UE's
    - No bicycle riding until cleared by physician
    - No contact sports until cleared by physician
    - No backpacks x 1-3 months (discuss with physician at follow up appointment)
    - Supine sleeping as much as possible in first 2-4 weeks (discuss with physician at follow up appointment)
  - Encourage Activity
    - Daily walking- needs to be done frequently and increase distance to build strength
    - Swimming is an option as long as limit shoulder to 90 degrees (Breast stroke)
  - Encourage good posture
    - No slumping/slouching

## **DISCHARGE INSTRUCTIONS FOLLOWING PECTUS EXCAVATUM**

Your child has undergone surgery for the correction of pectus excavatum or sunken chest. Your child now has a steel bar that goes across his/her chest. The bar usually stays in place for about two to four years. This bar is stable as long as you and your child remember to follow these instructions:

- Your child will need to take it easy for the first four to six weeks after surgery.
- No karate, judo, gymnastics, or contact sports for the first three months.
- Avoid heavy lifting for the first two months.
- No backpacks until cleared by physician at follow up appointment
- Walking is excellent exercise and should be done frequently to build up your child's strength. Your child should begin walking as soon as you arrive home.
- After the operation and for the first month at 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 the first 2-4 weeks post discharge. Discuss with physician at follow up appointment.
- Your child may bathe or shower on the fourth day after surgery.
- 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 it is 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.
- You will be given an application for a medical alert bracelet at discharge. The bracelet will alert Emergency Medical Services personnel and other healthcare providers about the steel bar. This will let them know to push harder during compressions and to place defibrillation pads correctly.
- If your child is scheduled for a Magnetic Resonance Imaging (MRI) exam in the future, inform the radiologist that your child has a pectus bar. An MRI can usually be done with the bar in place if the radiologist adjusts the MRI equipment settings.

