This information leaflet gives advice to patients with any of the following:

- Fractured (broken) ribs.
- Fractured sternum (breast bone)
- Chest wall bruising

Injuries of the chest wall can be very painful and often take several weeks to get better. As a rough guide, a patient with one broken/bruised rib can expect to be in pain for three weeks, then to be in discomfort for several more weeks. It may be even longer if more than one rib is involved. Coughing and deep breathing can be painful (due to movement of the broken/bruised area), but are an important aid to your recovery.

The treatment for broken or bruised ribs is to take painkillers and to follow these guidelines. Sometimes an x-ray is not necessary.

**Guidance**

The main risk from a chest wall injury is developing infection due to build up of phlegm (normal chest secretions) in the lungs. The risk is greater in smokers and people with chest disease.

Coughing can be painful. In order to cough to remove excess phlegm it is necessary to take regular pain killing tablets.

To prevent infection, you must:

- Do regular deep breathing exercises (for example, 5 very deep breaths every hour).
- Cough, if you need to. It is vital that you DO cough to remove phlegm, despite the pain. It will be more comfortable to cough if you support the painful area with a pillow or with your hand.
- Keep mobile (e.g. walking around) as this will help to improve your breathing.
- Take regular pain killing tablets either as prescribed or as bought over the counter (e.g. Ibuprofen and Paracetamol). This will make it easier to cough and to breathe deeply.
- Avoid smoking. This will help recovery and reduce the chance of infection.
- Do not take cough linctus, which may suppress coughing.
- Keep your shoulders moving with light activities.

**Return to the Emergency Department if:**

- You become short of breath.
- You start to cough up green, yellow or blood-stained phlegm.
- You become unwell, with a temperature.
Chest injury advice sheet