Introduction

Target Population:

- This pathway is for use with children aged 10-18 years old with no underlying disease or comorbidity who have been consulted and admitted by the General and Thoracic Surgery Team for a pectus excavatum repair (NUSS or Ravitch procedure).
- Patients are to be removed from this pathway if there are significant postoperative complications (example bowel obstruction or prolonged TPN), or a change in diagnosis.

Target users:

- Surgeons, medical trainees (residents and fellows), Nurse Practitioners, and bedside nurses.
## Pectus Excavatum Care Pathway

### Expected Date of Discharge:

**PRE-OPERATION**

1. Hydration maintained
2. Adequate pain control
3. Patient prepared for OR
4. Child/family are advised of post-op bath. Wipes to be used upon arrival. Refer to procedure document

**RECOVERY**

1. Analgesia
2. Adequate pain control
3. Mobility as tolerated
4. Able to tolerate fluids (immediately post-op)
5. Incision intact, dry, and no drainage

**DISCHARGE**

1. Analgesia
2. Adequate pain control
3. Ambulating
4. Able to tolerate diet
5. Incision dry & intact
6. Child/caregiver teaching completed
7. Family understands discharge teaching

### Goals

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)

### Diet & IV Fluids

- Ensure that patient is NPO
- Administer D50.0% NS with 20mmol KCL at maintenance
- Bolus as indicated
- Refer to Fluid and Electrolyte Guidelines

### Medication

- PCA or Thoracic Epidural as per Acute Pain Services (APS), mean as tolerated
- If pain-free, administer Acetaminophen as indicated
- NS/NSAIDs as needed to painfree
- For NISS procedure only; use Methocelarn (Rotaconit); need to assess Acetaminophen total daily intake, not to exceed 75 mg/kg/day

### Activity & Education

- Activity: as tolerated
- Consent for surgery
- Provide education re: pre-operative process for child and caregiver
- Teach parents/caregiver about post-operative care of pectus excavatum repair; consider medical alert bracelet
- Physical therapy: deep breathing and coughing, incentive spirometer, activity restrictions teaching, and mobility as tolerated
- Review incision care: leave incision until it falls off or remove after 10 days
- Review activity: activities of daily living as tolerated, encourage ambulation, and use of incentive spirometer; and no contact sports for 2-4 months
- Review bathing: may shower or bathe 4 hours after surgery
- Review signs and symptoms of wound infection: fever, redness, drainage, and/or increasing pain around incision, and/or fluid accumulations under incision
- Activity: activities of daily living as tolerated with restrictions, encourage ambulation, ensure incentive spirometer, and review restrictions: no contact sports for 2-4 months (to be assessed by surgeon during clinic appointment)
- Review when to call surgeon’s office: if signs of wound infection, signs of sepsis (review signs and symptoms with caregiver), increasing chest pain or shortness of breath, and/or reoccurrence of pectus deformity.
- Book follow-up appointment for 6-8 weeks post-op including chest x-ray for NISS procedure; ensure Procto/NISS card is provided

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### PRINTABLE VERSION

## Guideline Group and Reviewers

### Guideline Group Membership

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1. Jacob Langer MD Pediatric Surgeon
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3. Sabrina Boodhan, Clinical Pharmacist

### External Reviewer

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References


Attachments:

pectus_final_2019.pdf