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

#### Guideline Group and Reviewers

**Guideline Group Membership**

1. Monping Chiang RN (EC), MS, NP General Surgery  
2. Dina Prajapati RN(EC), BScN, MN, NP-PHC General Surgery

**Internal Reviewers**

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

**External Reviewer**

1. Sharifa Himidan MD Pediatric Surgeon, North York General Hospital

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#### Expected Date of Discharge:

<table>
<thead>
<tr>
<th>PRE-OPERATION</th>
<th>RECOVERY</th>
<th>DISCHARGE</th>
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| 1. Hydration maintained  
2. Adequate pain control  
3. Patient prepared for OR  
4. Child/parent is aware of post-op care. Wipes to be used upon arrival. Refer to procedure document | 1. Atorvastatin  
2. Adequate pain control  
3. Mobilize as tolerated  
4. Able to tolerate solid diet  
5. Incision intact, dry, and no drainage | 1. Atorvastatin  
2. Adequate pain control  
3. Ambulating  
4. Able to tolerate solid diet  
5. Incision dry & intact  
6. CNL/clinical teaching completed  
7. Family understands discharge teaching |

**GOALS**

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

**PRE-OPERATION**

- Ensure that patient is NPO  
- Administer D5W/Lactated Ringer’s  
- Intraoperative antibiotics as per protocol  
- Administer antiemetics as per protocol  
- Intraoperative blood loss recorded

**DRUGS & IV FLUIDS**

- Administer D5W/Lactated Ringer’s  
- Monitor vital signs as per protocol  
- Obtain accurate intake and output  
- Complete wound assessment  
- Complete JP drainage assessment and strip tubing every hours

**MEDICATION**

- PCA orThoracic Epidural as per Acute Pain Services (APS)  
- INNS as indicated  
- Acetaminophen as indicated  
- Nausea as indicated

**ACTIVITY & EDUCATION**

- Activity: as tolerated  
- Consent for surgery  
- Provide education re: post-operative care for child and caregiver  
- Teach parents/caregivers about post-operative care of pectus excavatum repair; consider medical referral (breastfed)  
- Physiotherapy: deep breathing and coughing, incentive spirometry, activity restrictions teaching, and mobility as tolerated  
- Review incision care: leave suture strips until they fall 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 2-6 months  
- Review bathing: may shower or bathe 4 hours after surgery  
- Review signs and symptoms of wound infection: fever, tender, redness, drainage, and/or increasing pain around incision, and/or fluid accumulations under incision

- Activity: activities of daily living as tolerated  
- Encourage ambulation  
- Monitor incentive spirometry  
- Review results of infection monitoring  
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References


Attachments:
pectus_final_2019.pdf