



UNIVERSITY SURGICAL ASSOCIATES'

PECTACULAR PATIENT
HANDBOOK

WELCOME TO OUR PROGRAM!

2026-2027

PECTACULAR PATIENT HANDBOOK

Your Guide to Chest Wall Reconstruction for Pectus Excavatum

Revised 2026

Welcome to Pectacular!

If you're reading this, you've taken an important step.

Maybe you've been told for years that your chest wall deformity is "just cosmetic." Maybe you've been dismissed when you described your symptoms. Maybe you've learned to avoid certain activities because they're just too hard—and you've been told that's normal.

It's not normal. And you're not imagining it.

I'm Dr. Lisa Smith, and I've spent 25 years as a pediatric surgeon, with the last several years focusing almost exclusively on chest wall reconstruction. I treat children, adolescents, and adults—and I opened my practice formally to adults because I kept seeing individuals in their 20's and 30's who'd been ignored for too long.

Here's what I believe: **Your symptoms matter. Your concerns are valid. And you deserve comprehensive, expert care.**

This handbook will walk you through what to expect—from preparation through recovery. My team and I are here with you every step of the way.

Welcome to Pectacular. Let's get you breathing easier.

Dr. Lisa A. Smith, MD, FACS

Pediatric Surgeon

Medical Director, Chest Wall Reconstruction Program

Children's Hospital at Erlanger | Parkridge Medical Center

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THE PECTACULAR TEAM

Chest wall reconstruction isn't something you do alone. You're joining a team of specialists who've done this hundreds of times—and who care deeply about your outcome. Your team includes:



DR. LISA A. SMITH
Surgeon

Dr. Lisa Smith-- Your surgeon. I'll be with you from consultation through bar removal years from now.

Brynn and Libby--Pediatric surgery nurse practitioners who work closely with me at Children's.

Kandace-- My nurse for 15+ years. She manages scheduling, answers questions, and knows this process inside and out.

Physical Therapists - They'll get you moving safely after surgery and teach your family how to help you.

Occupational Therapists - They'll help you master daily activities (showering, dressing, toileting) while following restrictions.

Anesthesia Team - Anesthesiologists and nurse specialists who specialize in keeping you comfortable and safe. And they do your blocks!

Operating Room Staff - The team who'll be in the room during your surgery.

Nursing Staff - They'll care for you 24/7 while you're in the hospital.

Dietitians - Nutrition specialists who'll help optimize your recovery.

And most importantly: **YOU**.

Your job is to show up prepared, follow instructions, ask questions when you don't understand, and trust the process. We need you to be an **engaged team member**.

At the end of your pre-op visit, we'll ask you to sign a patient-surgeon agreement. It's our way of making sure we're all on the same page about expectations and responsibilities.

YOU ARE PART OF OUR TEAM

Before Surgery:

- Complete your prehab exercises daily
- Attend your physical therapy pre-op appointment
- Follow all pre-surgery instructions (CHG showers, nutrition, medications)
- Ask questions if anything is unclear
- Trust that we've done this many times and know what we're doing

During Recovery:

- Communicate honestly about your pain level
- Participate actively in physical and occupational therapy
- Follow activity restrictions even when you feel good
- Let us know if something doesn't feel right
- Be patient with yourself—recovery takes time

After You Go Home:

- Continue following restrictions
- Take medications as prescribed
- Come to all follow-up appointments
- Call us if you have concerns
- Remember that healing is a process, not an event



We'll hold up our end. We need you to hold up yours.
When we work together as a team, outcomes are extraordinary.
That's why we call our patients—and our program—**Pectacular.**

PREHAB: WHY IT MATTERS

Prehab = pre-surgery rehabilitation

Most people think rehab starts after surgery. We start before.

Why?

Because strong bodies heal better. Flexible chest walls move better post-op. Prepared families handle recovery more confidently.



PREHAB WORKS

Prehab has been shown to:

- Reduce post-operative pain
- Improve chest wall flexibility
- Speed recovery
- Decrease complications
- Give families hands-on practice with safe transfers

Your prehab program has two parts:

- Home exercises (daily, starting now)
- Formal physical therapy consultation (we'll give you a prescription)

This prescription isn't optional. Prehab is part of your treatment plan.

Patients who skip prehab have more pain, slower recovery, and more complications. Patients who take it seriously? They bounce back faster and feel better sooner.

Do the work now. Your post-op self will thank you.

HOME EXERCISE PROGRAM

HAMSTRING STRETCHES

Your hamstrings are the muscles on the back of your thigh. Tight hamstrings make it harder to maintain good posture post-op.

Three ways to stretch (choose one or do all three):

- Sit on the floor with one leg extended, reach toward your toes
- Lie on your back, lift one leg straight up, gently pull toward your chest
- Stand and prop one heel on a low step, lean forward gently

Hold each stretch for 30-45 seconds. Repeat 3 times.

ANTERIOR CHEST WALL STRETCH

This exercise stretches the muscles and connective tissue across the front of your chest—exactly what we'll be working with during surgery.

How to do it:

- Stand in a corner
- Place your forearms on each wall
- Lean your chest forward into the corner
- You should feel a stretch across your chest and shoulders
- Take slow, deep breaths while holding the stretch

Hold for 45 seconds. Repeat 3 times.

HOME EXERCISE PROGRAM

UPPER BACK STRENGTHENING

Strong back muscles help you maintain the upright posture you'll need after surgery.

How to do it:

- Squeeze your shoulder blades together (like you're trying to hold a pencil between them)
- Hold for a count of 3
- Release

Do 2 sets of 15 repetitions.

SQUATS

After surgery, you won't be able to use your arms to sit down. Squats build the leg strength you'll need.

How to do it:

- Stand with feet shoulder-width apart
- Slowly lower your body until your thighs are parallel to the floor
- Keep your back straight
- This should be slow and controlled
- Stand back up without using your arms

Start with 5-10. Build up to 15-20 as you get stronger.

HOME EXERCISE PROGRAM

BACKWARDS SIT-UPS (ECCENTRIC CORE WORK)

This builds core control, which helps with safe transfers after surgery.

How to do it:

- Start sitting up with knees bent
- Slowly lower yourself back down to the floor
- This should take 5-10 seconds
- The slow lowering is the exercise (not the sitting back up)

Do 10 repetitions.

DEEP BREATHING EXERCISES

This is the single most important prehab exercise.

Deep breathing stretches your chest wall muscles and intercostal spaces. After surgery, this reduces pain and helps prevent lung complications.

How to do it:

- Take 10 deep breaths
- Inhale as deeply as you can
- Hold for 3 seconds
- Exhale slowly
- Do this 5 times per day

Use the chart on the next page to track your breathing exercises.

NUTRITION

Optimal nutrition **before and after surgery** makes a significant difference in:

- How quickly you heal
- How much energy you have
- How well you fight infection
- How strong you feel



Before surgery, plan and eat a balanced diet with:

- Lean proteins (chicken, fish, eggs, Greek yogurt, beans)
- Whole grains (brown rice, whole wheat bread, oatmeal)
- Fruits and vegetables (aim for color variety)
- Healthy fats (nuts, avocado, olive oil)

Stay hydrated. Avoid excessive junk food (your body needs nutrients, not just calories).

After surgery, you'll need a high-calorie, high-protein diet for recovery.

General guideline: 2,000 calories and 150 grams of protein daily

(Your exact needs will vary based on your size and age)

Why so much?

- Surgery is trauma to your body
- Healing requires energy
- Protein rebuilds tissue
- Calories prevent weight loss



The challenge: Your appetite will be decreased initially. You may even experience slower stomach emptying.

Pectacular postop strategy: Eat small amounts frequently (200 calories every 2-3 hours) rather than trying to eat large meals.

SHOPPING LIST



Snacks

While you're in the hospital, you'll have access to a high-calorie, high-protein diet and Ensure® drinks. But hospital food isn't always appealing when you don't feel well.

Bring some high-calorie, high-protein snacks you actually like.

Good options:

- Protein or meal replacement bars
- Trail mix
- Greek yogurt
- Jerky (beef, turkey, salmon)
- Nut butter (peanut, almond, cashew) with crackers
- Hummus with pita chips or veggies
- Cheese sticks or cheese cubes
- Protein shakes (pre-made or powder to mix)
- Your favorite comfort foods (within reason)

Why this matters: If you don't eat enough, you'll feel weak, healing will slow, and you'll be miserable. Small, frequent, protein-rich snacks make a huge difference.



Comfort supplies

- Boppy pillow (the kind used for nursing babies—great for supporting your torso)
- U-shaped travel neck pillow (support when sitting)
- Heating pad (for muscle soreness)
- Graduated compression socks (Sockwell brand or similar—reduces leg swelling from inactivity)
- Prism glasses (for seeing things while laying flat)
- Button-up top pajamas
- Slides or Crocs (for walking around the hospital)
- Comfortable clothes to wear home (go up one size on the top or get one with buttons)

SHOPPING LIST



Tools to make your life easier

Your occupational therapist will discuss these products with you. You don't need all of them, but some are very helpful.

For Toileting:

Challenge: Wiping can be difficult without twisting.

Solutions:

- Peri bottle (Frida Mom Upside Down Peri Bottle)
- Bidet attachment for your toilet

For Showering:

Challenge: Standing for a full shower is exhausting early on. Washing your feet/legs is hard.

Solutions:

- Shower chair with backrest (for walk-in showers)
- Tub transfer bench with backrest (for tub/shower combos)
- Long-handle sponge or loofah (lets you wash legs and feet without bending)

For Sleeping:

- Wedge pillow (some patients find this more comfortable than lying completely flat)
- Knee pillow (reduces lower back strain--can be dispensed in the hospital)
- Memory foam mattress topper (prevents pressure sores)

All available at Target, Walmart, Amazon, or medical supply stores.



Pharmacy supplies

- 4% CHG solution (brand name: Hibiclens®). You'll need one 16oz bottle.
- Dulcolax suppositories
- Senna tablets or capsules

ONE WEEK BEFORE SURGERY

The week before your operation is busy. Here's what you need to do:

□ **Continue Prehab**

Keep doing your home exercises, especially deep breathing. The more flexible your chest wall is going into surgery, the better your outcome.

□ **Start CHG Showers** (3 days before surgery)

Chlorohexidine (CHG) showers reduce bacteria on your skin and significantly decrease surgical site infection risk. You'll shower with CHG solution for 4 days total (see detailed instructions on page 12).

Purchase 4% chlorohexidine gluconate solution over-the-counter at any pharmacy. Brand names include Hibiclens®.

□ **Prevent Post-Op Constipation**

Narcotics and reduced activity slow your bowels dramatically. We're getting ahead of this problem.

The morning of the day before surgery, take an over-the-counter Dulcolax® (bisacodyl) suppository OR Senokot® (senna) tablets orally.

This induces a pre-operative bowel movement so you start surgery with an empty colon.



ONE WEEK BEFORE SURGERY

□ **Arrange Logistics**

Childcare: If you have other children, arrange care for them during your hospital stay (5 days).

Work: Notify your employer. Plan for 4-6 weeks off work/school minimum.

Home setup: Make sure you have a straight-back chair (NOT a recliner) for recovery.

Caregiver availability: Your primary caregiver needs to be able to lift/assist you and be present for all PT/OT sessions in the hospital.

□ **Expect a Call from the Hospital**

The business day before your surgery, you'll receive a call with:

- Your arrival time
- When to stop eating and drinking
- Any last-minute instructions

If you don't receive a call by noon the day before (or the Friday before a Monday surgery), call Kandace in the office.

□ **Pack Your Bags**

Plan for a 3 day hospital stay (although many patients go home sooner) and follow the shopping list on pages 12-13 for guidance.



CHG SHOWERS

Chlorohexidine gluconate (CHG) is an antimicrobial soap that reduces bacteria on your skin. Studies show that pre-operative CHG bathing significantly decreases surgical site infection rates.

You'll **complete 4 CHG showers total**, one on each day beginning 3 days before and including the morning of surgery.

How to Do a CHG Shower

STEP 1: Wash and rinse your hair, face, and body with your regular shampoo and soap. Rinse thoroughly to remove all residue.

STEP 2: Turn off the shower.

STEP 3: Pour a quarter-sized amount of CHG soap onto a clean, wet washcloth.

STEP 4: Apply CHG to your body **from the neck down**.

- Include chest, abdomen, back, arms, legs
- **DO NOT apply to: face, hair, or genitals**
- Wash for 3 minutes
- Use approximately $\frac{1}{4}$ of the bottle for each shower
- Do not scrub hard—gentle washing is sufficient

STEP 5: Wait 1 minute (let it sit on your skin).

STEP 6: Turn the shower back on and rinse completely with warm water.

STEP 7: **Do NOT use regular soap after CHG.**

STEP 8: Air dry as much as possible, then pat dry with a **freshly laundered towel**.

STEP 9: Dress in **freshly laundered clothes**.

STEP 10: The night before surgery, sleep on **clean bed linens**.

DO NOT apply:

- Lotion
- Deodorant
- Powder
- Perfume/cologne
- Body spray

DO NOT shave or remove any hair below the neck (including chest, abdomen, arms, legs, groin).

NIGHT BEFORE AND DAY OF SURGERY

You're almost there. Here's what happens in the final 24 hours.

The Night Before Surgery

- Complete your CHG shower (shower #3 of 4)
- Have a high-carb, "pregame" meal
- Drink 16oz of clear Gatorade or Powerade at bedtime
 - Not red, blue, or purple
 - This keeps your body in a "fed" state rather than fasted, which reduces nausea
- Take Dulcolax suppository or Senokot if you haven't already (prevents constipation)
- Sleep on clean bed linens
- Set your alarm - Allow plenty of time to prepare and arrive without rushing
- Follow instructions about when to stop eating and drinking (provided by hospital phone call)

The Morning of Surgery

- Complete your final CHG shower (shower #4 of 4)
- Drink 16oz of clear Gatorade or Powerade
 - Finish this drink before you leave the house
 - Not red, blue, or purple
- Do NOT eat anything after the time specified by the hospital
- Do NOT apply lotion, deodorant, powder, or perfume
- Wear comfortable clothing and your graduated compression socks
- Bring your bags with pillows, snacks, and clothes for your hospital stay
- Bring your Boppy pillow
- Arrive on time to reduce stress

WHAT TO EXPECT ON ARRIVAL

Try to stay calm. We've got you.

*You've prepared. You've done your prehab. **You're ready.***

You'll check in at hospital registration.

Only 1-2 close family members are allowed in the pre-op area. Other guests can wait in public waiting areas or the cafeteria.

You'll meet:

- Pre-op nurses
- Anesthesiology team
- Dr. Smith (we'll see you before you go back)

You'll be asked the same questions multiple times (name, date of birth, what surgery you're having). **This is normal**—it's a safety check.

While You're in Surgery

Your family will be directed to a waiting area. We ask that only 2-4 close family members wait in the designated family area. Other guests can wait in public areas or the cafeteria.

Surgery typically takes 2-4 hours, depending on the complexity of your deformity and whether we're placing one bar or two.

What we're doing after you go to sleep:

- Performing blocks for post op pain control.
- Making small incisions on each side of your chest
- Performing intercostal nerve cryoablation
- Creating space beneath your sternum
- Placing a curved bar (or bars) under your sternum
- Flipping the bar to push your sternum outward
- Securing the bar
- Closing your incisions and placing the bandages

AFTER SURGERY

After you wake up in the recovery room (PACU), you'll be transferred to the intensive care unit:

- Children's Hospital: Pediatric Intensive Care Unit (PICU)
- Parkridge Medical Center: Surgical Intensive Care Unit (SICU)

Important: We believe your needs for monitoring and pain control require intensive care nursing. This does NOT mean your condition is critical. It means we're providing the highest level of post-operative care.

In the Intensive Care Unit (First 24 Hours)

You'll have:

- Heart monitor, oxygen monitor, blood pressure cuff
- IV for medications and fluids
- Catheter draining your bladder (temporary)
- Multiple pain medications (IV and oral)

What you can do:

- Sip clear liquids
- Eat light foods (toast, crackers, Jello, hard candy)
- Take deep breaths (we'll encourage this frequently)

What you can't do (yet):

- Twist your body
- Bend at the waist
- Raise your arms beyond shoulder level (parallel to the floor)
- Use your arms to push yourself up

You'll lie flat in bed with a small, flat pillow under your head. When alert, you can be assisted to the side of the bed or to the chair--especially good for snacking!

AFTER SURGERY

Getting Out of Bed (First Time)

Once you've recovered from anesthesia and pain is well-controlled, physical therapy will help you get out of bed to a straight-back chair. You'll use your Boppy for stability.

The first time is **hard**. You may feel:

- Dizzy
- Nauseated
- Exhausted after just a few minutes

This is normal. It gets easier quickly.

Physical Therapy & Occupational Therapy

PT and OT will work with you multiple times each day, starting the morning after surgery.

Physical Therapy focuses on:

- Safe transfers (bed to chair, chair to standing)
- Walking without falling
- Climbing stairs
- Maintaining proper posture

Occupational Therapy focuses on:

- Daily activities (dressing, showering, toileting)
- Doing these activities safely while following restrictions
- Teaching your family how to help you

Your family **MUST be present** for all PT and OT sessions. They're learning how to safely assist you at home.

GOING HOME

Depending on the hospital, you may be transferred from the ICU to a regular room to finish meeting your **discharge goals**. You'll be discharged when you can:

- Control pain with oral medications
- Eat and drink adequately
- Walk safely
- Go up and down stairs with assistance (if you have stairs at home)
- Demonstrate understanding of activity restrictions
- Complete basic self-care with family assistance
- Go to the radiology department for a post op baseline standing X-ray

Most patients go home **1-3 days after surgery**.

Before you leave, we'll give you:

- Prescriptions for pain medications and other drugs
- Written instructions
- Contact numbers for questions, including Dr. Smith's cell phone for emergencies

Milestones Checklist

Use this to track your progress:

- You and your family can explain all restrictions
- Your family can perform two-person transfer (bed to chair)
- Your primary caregiver can perform one-person transfer
- Your family can help you to the toilet
- You can sit up for one hour
- You can complete self-feeding and grooming within restrictions
- You can walk 250 feet
- You can dress yourself, including t-shirt
- You demonstrate safety with shower transfers
- You can go up and down stairs with family guarding

When you can do all of these, you're ready to go home!

PAIN MANAGEMENT

Let's be honest: chest wall reconstruction hurts. We're stretching muscles, and reshaping your chest. There will be pain and pressure. *But we're very, very good at managing it.*

Our Pain Management Strategy

We use multiple approaches simultaneously to control pain from different angles:

1. Intercostal Nerve Cryoablation (The Game-Changer)

This is a relatively new technique that has dramatically improved post-operative pain control.

What it is:

During surgery, we use a specialized probe to freeze the intercostal nerves (the nerves that run between your ribs). Freezing them to -70°C temporarily "turns off" the nerve's ability to send pain signals to your brain.

What you'll feel:

Numbness across your chest instead of sharp nerve pain. The numbness may feel strange, but it's FAR better than pain.

How long it lasts:

The numbness typically lasts several months while the nerve slowly regenerates (about 1-2mm per day). As the nerve regrows, normal sensation gradually returns.

What to expect as sensation returns:

- First: Numbness
- Then: Feelings of fullness or pressure
- Eventually: Tingling, itching
- Finally: Normal sensation

Important: This treats nerve pain specifically. You may still have some incisional pain, pressure, and muscle soreness, but the sharp, shooting nerve pain is blocked.

This technique has reduced our patients' need for narcotic pain medications significantly.

PAIN MANAGEMENT

2. Local Anesthetic

Long-acting numbing medication injected at the intercostal nerves by anesthesia.

3. Regional Nerve Block

Additional nerve block placed by anesthesia before surgery.

4. Narcotic Pain Medication

Oxycodone (combined with acetaminophen) for breakthrough pain.

We use narcotics sparingly because of side effects (nausea, constipation, grogginess) and because cryoablation has reduced the need for them.

5. Non-Steroidal Anti-Inflammatory (NSAID)

Prescription-strength ibuprofen to reduce inflammation. This is taken around-the-clock, not just when you have pain.

6. Muscle Relaxant

Diazepam (Valium) to relieve muscle spasm and tightness in the chest wall. It, too, works best when taken regularly.

7. Anti-Nausea Medications

Because nausea makes pain worse, and pain medications can cause nausea.

8. Stomach Acid Suppression

H2 blocker (like ranitidine) to protect your stomach from anti-inflammatory medications.

Non-Medication Pain Relief

- Heating pad - Gentle heat on the chest can ease muscle soreness
- Distraction - Games, movies, music, visitors
- Massage - Gentle back and shoulder massage (avoiding the surgical area)
- Repositioning - Adjusting pillows, using heel and elbow pads to relieve pressure points
- Deep breathing - Helps prevent lung complications and reduces anxiety

PAIN MANAGEMENT

Pain Scale

We'll ask you frequently to rate your pain on a 0-10 scale:

- 0 = No pain
- 1-3 = Mild discomfort (annoying but manageable)
- 4-6 = Moderate pain (interferes with activity)
- 7-9 = Severe pain (hard to think about anything else)
- 10 = Worst pain imaginable

Our goal: Keep you at 4 or below most of the time.

You'll have some pain—that's unavoidable. But you should NOT be in agony. If you're above a 5 consistently, we need to adjust your medications.

Be honest about your pain level. We can't help if we don't know.



CAREGIVERS

A caregiver MUST be present for all therapy sessions.

Why? Because they're learning how to safely help you at home. The therapists are training them.

Caregivers need to be able to:

- Physically assist with transfers (lifting/supporting)
- Follow complex instructions
- Practice techniques with supervision
- Remember and repeat what they've learned

If your caregiver has physical limitations (back injury, recent surgery, etc.) that prevent you from lifting or assisting, tell Dr. Smith **BEFORE** surgery so we can arrange additional support.



RESTRICTIONS

Activity Restrictions (Critical—Read This Multiple Times)

These restrictions prevent the bar from shifting, which could cause the reconstruction to fail. **Everyone** helping you needs to understand these restrictions: family, friends, hospital staff.

Restrictions for 6 Weeks:

No twisting or rotating your trunk

You must move your whole body as one unit. No turning at the waist.

No bending at the waist

If you drop something, someone else picks it up. If you need to reach your feet, sit down and bring your feet up.

No weight-bearing through your arms

No lifting, pushing, pulling. You can lift a water bottle or fork, but nothing heavier than 5 lbs.

No raising arms above shoulder level

Arms stay below 90 degrees (parallel to the floor). No reaching overhead.

✓ Sleep flat on your back

Small, flat pillow under your head only. (You can put a pillow under your knees for comfort.)

✓ Sit only in straight-back chairs

No recliners, no soft couches, no beanbags. You need back support that goes all the way up to your head.

✓ Maintain military posture

Shoulders back, chest up, straight spine—sitting, standing, and walking.

Why These Restrictions Matter

The bar is held in place by tension and by stabilizers we attach to your ribs. But it can shift if you:

- Twist suddenly
- Bend and create pressure
- Use your arms to push/pull (this engages chest muscles)
- Slouch or sleep on your side (this changes the chest wall shape)

If the bar shifts, the reconstruction fails. You'd need another surgery to fix it. *We've done hundreds of these. Trust us on the restrictions.*

AT-HOME GUIDE

Going home feels **amazing**. But you're not done recovering yet.

Sleep flat on your back, small pillow under head, optional pillow under knees
Make sure to do your breathing exercises 5 times a day.
Continue all activity restrictions until cleared by Dr. Smith.

Week 1 at Home

- Wake up and get dressed
- Sit at the table for breakfast, sit in chair for 2 hours
- Nap if needed
- Get up for lunch, sit for 2 hours
- Nap if needed
- Get up for dinner, shower, stay up until bedtime
- Walk inside your home for 5 minutes, multiple times per day (with someone nearby)

You'll be tired. **That's normal**. Rest when you need to, but keep moving.

Week 2 at Home

- Increase walking to 10-15 minutes daily
- Sit up for longer periods
- Start extending the time between medications (if pain is controlled)
- You should be eating normally by now

First follow-up appointment: scheduled for **9-10 days post-op**. Have an outpatient chest X-ray before your visit (will be electronically prescribed at discharge). Dr. Smith will remove your bandages, check the incisions, and work with your breathing.

Weeks 3-4

- Walk 15-20 minutes daily
- You should feel noticeably stronger
- Car trips are typical: grocery store, visit family

Weeks 4-6

- Gradual increase in activity and walking longer distances, light activity
- May start to feel "normal" (but restrictions still apply!)

Stick to your restrictions. Just because you feel good doesn't mean you can break the rules. The bar is still stabilizing.

AT-HOME GUIDE

After 6 weeks, you MAY:

- Sleep on your side or stomach
- Use a regular pillow
- Sit in any chair (including recliners)
- Raise your arms overhead
- Bend at the waist
- Drive (if off narcotics)
- Return to school/work (desk jobs)
- Begin light cardiovascular activity (walking, jogging, stationary bike—no chest impact)

You may NOT yet:

- Twist your trunk rapidly
- Lift more than 10-15 lbs
- Play contact sports
- Do push-ups, pull-ups, or heavy weight lifting

After 12 weeks, you MAY:

- Twist and rotate freely, but without forced rotation
- Resume all normal activities with the above exception

After 6 months, you MAY:

- Resume contact sports
- Do any activity you choose--**You're fully cleared!**

Special Activities Timeline

Backpacks: At 6 weeks, as long as they are worn high and symmetrically

Swimming: 3 months for a swimming pool, 6 months for the ocean or lake

Running: 4-6 weeks (start slow)

Weight lifting: 6 weeks for light weights, no rotational/crossbody exercises

Yoga/Pilates: 3 months, avoid poses that twist trunk until 6 months

Contact sports: 6 months

Roller coasters: 6 months

Planned follow-up visits are scheduled at 6 weeks, 3 months, 6 months, one year, two years, and 3 years--it's at the 3 year visit that we can plan your bar removal!

WHEN TO CALL US

We want to hear from you if you're worried. Don't hesitate to call. That's what we're here for.

Monday-Friday, 8am-5pm: (423) 757-0786 for Kandace

After hours or weekends, use Dr. Smith's cell phone (provided at discharge)

Call Immediately If:

- Fever greater than 101°F
- Redness, drainage, or swelling at incision sites or under your arms
- Sudden sharp pain (could indicate bar displacement)
- Difficulty breathing or chest tightness that's getting worse
- Persistent cough that won't go away
- Pressure sores or ulcers (especially on heels, elbows, back)
- Inability to urinate or severe abdominal pain
- Uncontrolled pain (above 7/10 despite medications)
- Severe nausea/vomiting preventing you from keeping down medications or fluids

Call Kandace During Business Hours If:

- You're running low on medications and need refills
- You have questions about activity restrictions
- Something doesn't feel right but isn't an emergency
- You're concerned about your recovery progress



One more thing:

You're about to do something brave.

Chest wall reconstruction isn't easy. It requires preparation, commitment, pain tolerance, support, and patience.

But here's what I know after 25 years and over 400 of these surgeries:

It's worth it.

Patients tell me:

- "I didn't know breathing could be this easy."
- "I can play sports without chest pain now."
- "I'm not self-conscious anymore."
- "I wish I'd done this years ago."

The recovery is temporary. The results are permanent.

You've been dismissed, minimized, told your symptoms don't matter. But they do. And you're finally getting the treatment: reconstruction.

We're here with you every step of the way.

Welcome to Pectacular. Let's get you breathing easier.

Dr. Lisa A. Smith, MD, FACS

Kandace Pryor, LPN

And the entire Pectacular team

NOTES

IN CASE OF EMERGENCY

If you need CPR:

CPR can be performed. More external force may be necessary due to the bar, but it can be done.

If you need defibrillation:

Anterior/posterior pad placement is necessary (not side-to-side).

If you need a CT scan:

CT can be performed. The bar may cause artifact if scanning chest or upper abdomen, but radiologists know how to work with this.

If you need an MRI:

Please contact the office for the latest recommendations on the settings.

If you trigger metal detectors or if you plan travel:

You may set off airport security alarms. The bar is internal and not well palpable through the skin. You can request a pat-down instead of going through the detector.

We also hand out cards that state that you have an implant.

Contact Information

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