

Establishing a chest wall injury center provides long-awaited answers

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Evert Eriksson, M.D., performs SSRF procedures on patients with fractured and dislocated ribs to decrease complications and improve comfort during recovery. Credit: Brennan Wesley, MUSC Health

Traditional treatment for broken ribs often centers on rest, time, and

pain management, but what has become evident in recent years is that such passive treatment comes at a cost to patients.

Rib injuries can put people out of work for months and can leave them in constant chronic pain. In some cases, people remain out of work indefinitely. These rib injuries can also lead to increased risk of pneumonia or lengthy stays in the [intensive care unit](#), but physicians at MUSC Health have been working to improve that outlook. And surprisingly, the COVID-19 pandemic offered a rare opportunity to grow and develop a new hospital program—the MUSC Health Chest Wall Injury Center (CWIC).

As one of only 10 centers recognized internationally as a Collaborative Center of the Chest Wall Injury Society and the only comprehensive chest wall [injury](#) center in the region, the CWIC at MUSC provides access to a population of underserved patients.

Evert Eriksson, M.D., a trauma surgeon at MUSC Health, worked with colleagues Joseph Forrester, M.D., at Stanford University, Zachary Bauman D.O., at the University of Nebraska Medical Center, Omaha, and Andrew Doben, M.D., at Saint Francis Hospital and Medical Center to develop comprehensive chest wall injury centers at each of their respective institutions. They detailed their experience, findings and advice in a recent article published in the *Journal of Thoracic Disease* in the hope of serving as a resource for other institutions looking to establish a center.

Years ago, Eriksson was inspired to develop this program after seeing patient after patient who had been suffering from years of chronic pain, had been unable to return to work or was in the midst of a long stay in the hospital. He knew that with surgery or even just continuous follow-up care, those patients could have had a different experience and could have been back on their feet sooner. Recovering from [rib fractures](#) can

take months or even years, but with proper care, patients can feel better in much less time.

While conducting an earlier study on the surgical stabilization of rib fractures, Eriksson realized just how many patients were being sent home in pain and weren't getting the help they needed for their injuries. And that inspired him to establish a comprehensive care clinic at MUSC to provide acute care as well as chronic pain or disability care to patients with chest wall injuries.

"It just seemed like there was something more we could do to help these patients get out of the hospital faster, get to feeling better faster, and get back to regular activity faster," he said. "And it's now evident that patients we wouldn't have considered for surgery a few years ago could actually greatly benefit from it, and it could accelerate their recovery."

And with the explosion of telehealth in the last few years, a small group of surgeons recognized an opportunity to bring this advanced management of rib fractures to more patients. Changes in telehealth insurance coverage and the removal of regulatory roadblocks during the pandemic allowed the program to extend its reach through virtual visits and communication.

In the case of the MUSC Health center, someone who sustains a rib injury outside of the Charleston area, for instance, can visit their local emergency room for care and then see Eriksson for a follow-up visit 24 to 48 hours later to determine if they are a good candidate for any other treatments or interventions.

"If you're sitting around with a bunch of broken ribs, the last thing you want to do is get in the car and drive for 2 hours to see a doctor for 15 to 20 minutes and then drive back home," Eriksson said. "With a telehealth visit, I can see the X-rays and speak with a person over a video call to

coordinate care. That option has been a huge benefit to patients and has provided easier access to the program."

In 2021, CWIC visits have risen 320% at MUSC, with over 58% of those in the form of telehealth. Eriksson often performs three rib stabilization procedures in one week alone, and he and his colleagues expect to see between 30 and 60 operative cases each year at their various clinics.

In addition to operative and postoperative care, the CWIC provides [alternative therapies](#) like multimodal pain medications, ultrasound therapy and physical therapy recommendations to patients who are not candidates for surgery but are still experiencing pain.

Establishing chest wall injury centers, conducting research and educating patients and medical providers on modern management of rib fractures is important to Eriksson because there are so many options available to people. Many medical students are still taught that pain medication and ventilation options are the primary treatment plans for rib fractures. But modern-day rib fracture care has many more options available to patients including surgical options to quicken their recovery.

"The basic science side of things hasn't caught up with medical student training," Eriksson said. He wants to raise awareness and increase options for people who are in pain from their chest wall injuries.

The MUSC Health Comprehensive Chest Wall Injury Center is more than just a trauma center and managing rib fractures when they come in according to Eriksson. "It's about having comprehensive care and follow-up care as well as the ability to deal with late complications of rib fractures," he said. "Something long overlooked in the medical community."

More information: Joseph D. Forrester et al, Chest wall injury centers—how we did it, *Journal of Thoracic Disease* (2021). [DOI: 10.21037/jtd-21-1198](https://doi.org/10.21037/jtd-21-1198)

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