

First Rib Resection For Thoracic Outlet Syndrome (TOS)

Thoracic Outlet Syndrome

Thoracic Outlet Syndrome (TOS) is caused by pressure in the neck on the nerves and/or blood vessels that go into the arm. You may have pain, numbness, tingling, or weakness in your arm.

The surgery

The surgery to relieve the pressure in the neck is done under general anesthesia. This means you are asleep during surgery. Our surgeon makes an incision in your chest. Then the surgeon removes a part of your first rib. This helps relieve the pressure causing your symptoms. The incision is closed with stitches that do not need to be removed. A dressing is put over your closed incision.

What to expect before surgery

You are not able to eat or drink anything for at least 12 hours before your surgery.

What to expect after surgery

After surgery you are moved to a hospital room. We closely watch your heart rate, blood pressure, and blood oxygen level.

When you wake up you will have tubes and lines attached to you. You will have an intravenous line (IV) in your arm for medicine and fluids. You may also have a chest tube. This is a tube that goes from your chest to a collection canister to drain any fluid from around your lungs. You are given medicine to help your pain.

You may have blood tests, X-rays, ultrasounds, or other procedures. You may also need to wear compression stockings.

These stockings help prevent blood clots in your legs. You are not able to eat or drink for a few hours. You will start with drinking clear liquids and are able to eat more as you wake up. As you recover, you work with nurses and occupational therapists (OT) to get back your strength in your arm.

Most patients who have this surgery can go home within 1 to 2 days.

Care of the incision

Your incision is most often closed with stitches. A few things to know:

- You may get the incision wet in the shower. Do not swim or take tub baths.
- Clean the incision gently with mild soap and water. Remove any dried drainage.
- Do not scrub the incision.
- Rinse it and pat it dry.
- Do not use any lotions, alcohol, powders, or oils on your incision, unless told by your doctor.
- Leave the incision open to air unless told by your doctor.

The stitches in your incision do not need to be removed. There may be small pieces of tape called Steri-Strips[®] placed on the incision to help support it. You may shower with the Steri-Strips[®] in place. Allow the water to flow gently over the area. Do not rub the incision. Do not swim or take tub baths. Gently pat the incision dry. After 2-3 days, the Steri-Strips[®] will begin to curl up at the ends. With time the strips will fall off on their own.

Activity

When you go home you should be able to do most of your basic daily routines. You need to give yourself time for rest. You may feel weaker. You may notice that you become tired more easily than before. This is **normal**. Your sleep pattern should return to normal. Your strength and energy level will increase as your body recovers. Walking is good for you. It is important that you start slowly. You should increase your distance a little bit each day. This will help you become stronger. Walking also helps prevent constipation and blood clots.

There are some things that you should **not** do in the first few weeks. These include:

- Do not lift more than 10 pounds during the first 2 weeks at home. This includes groceries, pets, and children. One gallon of milk is about 8 pounds.
- No vacuuming or scrubbing floors.
- Do not drive until your doctor says it is okay. This is often not until after the first clinic visit. Do not drive while taking narcotic pain medicine.
- Do not play contact sports.
- Follow the exercises given to you by the OT. Work on increasing the movement in your shoulder.
- Ask your doctor at your follow-up visit when you may return to work and resume sexual activity.

Pain

It is normal to have some pain and/or prickly sensations in the back of the upper arm, your abdomen, and at the incision. Your doctor may have prescribed pain medicine for you to use at home. This is often the same medicine you have been taking in the hospital. The pain will decrease as the incision heals. You should then need less pain medicine. At that time you can use an over-the-counter pain medicine. Talk to your doctor before starting any over-the-counter pain medicine. Do not drive when taking narcotic pain medicine.

The narcotic pain medicine can make you constipated. It is important to prevent constipation. You can use over-the-counter stool softeners (Senna/Docusate) as needed. Other ways to prevent constipation include drinking fluids and eating fiber. Vegetables and fruits (prunes, raisins, apples, oranges, potatoes, spinach, and carrots) and whole grain breads/rice have fiber. Staying active also helps prevent constipation.

Diet

It is common after surgery to have less of an appetite. Even if your appetite is poor, try to eat. Eating well helps your body heal. It may be easier to eat small amounts of food many times a day instead of eating three large meals. It is also important to drink enough fluid to stay hydrated. If you are dehydrated you can become tired and weak more easily. Drink at least eight to ten 8 oz. glasses of fluid each day. Water and milk are good options. Drinks that contain caffeine (soda, coffee) can dehydrate your body so they are not the best choice for helping you to stay hydrated.

When to call the doctor

- An increase in redness or warmth at the site of the incision.
- Red streaks on your skin that extend from the site of the incision.
- Bulging or swelling at the incision.
- Foul-smelling or pus-like drainage (green or yellow) from the incision
- New bleeding from your incision
- Open spots on the incision where the skin is pulling apart.
- If you notice the skin along the incision is getting darker or turning black.
- Sudden increase in pain that is not controlled by your pain medicine.
- A temperature of more than 101.5° F (38.5°C) by mouth for two readings taken 4 hours apart.

If you notice these symptoms go to the nearest emergency room.

- Increased shortness of breath or trouble catching your breath.
- Uncontrollable bleeding from the incision or anywhere else.

When to Follow up

You will usually return to the Vascular Surgery Clinic about 2 weeks after you go home.

What number to call the doctor at

Vascular Surgery Clinic at **(608) 263-8915** from 8:00 am to 5:00 pm Monday through Friday. After hours, call hospital paging at **(608) 263-6400**. Ask for the Vascular Surgery doctor on-call. Give paging your name and phone number with the area code. The doctor will call you back.

If you live out of the area, call **1-800-323-8942**.

References

Fahey, Victoria A. 4th Ed. *Vascular Nursing*. Philadelphia: WB Saunders Co., 2004.

Dehydration. www.medicinenet.com

Constipation. www.medicinenet.com

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2017. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5354