Pectus excavatum

What is pectus excavatum?
Pectus excavatum occurs when there is an abnormal growth of cartilage in the chest wall resulting in a sunken appearance of the sternum (breastbone). Operative treatment involves remolding the chest and then inserting a metal bar (Nuss Bar) into the chest to correct the deformity. This bar remains in place for at least two years.

Are there any tests needed?
Further testing will assess your child’s heart and lung function and a CT scan will assess the severity of the deformity. We will schedule these tests for you, and all can be done here.

When is surgery needed?
In children with moderate to severe deformities, the breastbone can compress the heart and lungs causing various symptoms. These symptoms include shortness of breath, trouble breathing with excessive activity and chest pain. Many children and their families choose to have the deformity corrected for cosmetic reasons, even if there are no significant heart or lung problems.

What are the surgical options for correction?
There are two procedures used to correct pectus excavatum: the Nuss procedure and the Ravitch procedure.

We commonly perform the Nuss procedure, which involves placing a metal bar into the chest to correct the deformity using a thoroscope (a special camera for the surgery). Two incisions are made – one on the right side of the chest and one on the left. These same incisions are used for the bar placement and removal of the bar in two years.

What to expect at your appointment:
Your child will be seen and evaluated in our Pediatric Surgery clinic by one of our pediatric surgeons and/or the physician assistant (PA). Surgical correction usually is recommended. The surgery is an inpatient procedure, and your child will be admitted to the hospital following the surgery. Recovery time in the hospital is usually about five to seven days.

Pediatric Surgery team:
Kara Cole, PA-C
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Contact information:
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Hours: 8 a.m. to 5 p.m.
After hours, please call 859-323-5321 and ask for the on-call Pediatric Surgery resident.