Dr. Lisa McMahon discusses Slipping Rib Syndrome Aired March 4, 2021 Transcript	sometimes they can be malformed and 0:42 they're more likely to encroach upon 0:44 each other like this 0:46
0:00 hi i'm dr lisa mcmahon and i'm the 0:02 co-director of the phoenix children's 0:04 chest wall program 0:05 i'm here to talk to you today about 0:07 slipping rib syndrome so what is 0:09 slipping rib syndrome 0:10 well it's a condition in which the lower 0:12 costal cartilages or ribs 0:14 don't connect to each other allowing 0:16 those ribs to slide against each other 0:18 and impinge upon that intercostal nerve 0:21 that runs on the back side of each of 0:23 our ribs 0:24 this is a diagram showing that that 0:26 shows the rib here the bony rib here 0:29 and the cartilage here they aren't 0:31	
connected to each other usually it's 0:33 eight to ten 0:34 they generally connect to each other and 0:36 then connect to seven which goes to the 0:38 sternum but when they don't connect 0:41	1:17 in the front 1:18 this is can sometimes be a difficult 1:20 diagnosis to make 1:22 the key is to know that it exists to be 1:24 able to look for it

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1:26	so rest stopping the activity that
but one of the easy ways to find out if	2:14
1:27	causes the pain
you have it or not is just to feel along	2:16
1:29	using ice sometimes if you have pain as
your lower costal cartilage	2:18
1:30	well as nsaids like ibuprofen
and if you feel things move and	2:20
1:32	can really decrease the inflammation and
especially if it's associated with pain	2:22
1:34	make it feel better
then likely these cartilages aren't	2:24
1:36	however for some people it's quite
attached now just because the cartilages	2:25
1:38	debilitating pain and they're not able
aren't attached doesn't necessarily	2:26
1:40	to do their regular activities or the
mean you have a slipping rib syndrome it	2:28
1:42	things that they love to do
just means you have a slipping rib	2:30
1:43	and in that case the option is surgery
only if there's pain do we really call	2:33
1:45	the traditional operation is to remove
it the syndrome	2:35
1:46	these costal cartilages because then
at this hospital we've also developed a	2:37
1:48	they removes the
protocol to look and diagnose this with	2:38
1:51	mechanical reason for you to have the
ultrasound and so the ultrasound uses	2:40
1:53	pain if there's no more cartilage to
radio waves to see these ribs and then	2:43
1:55	impinge upon the nerve above then
they do some maneuvers so	2:47
1:57	ideally the pain would go away now
you do a sit-up or push on the lower	2:51
2:00	sometimes these ribs the bony ribs
costal cartilage and you can see these	2:53
2:02	themselves
move against each other thus diagnosing	2:54
2:04	are quite flexible as well and
the condition	2:57
2:06	traditionally
to treat slipping rib syndrome the first	2:58
2:09	these have been partially excised in
thing we want to do is conservative	3:00
2:11	some cases also
management	3:02
2:12	however this does seem to add some
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3:04 protection to your abdominal wall 3:06 and your chest and therefore i it's not 3:09 something that i like to remove 3:10 these cartilages aren't actually helping 3:12 too much in terms of your structure if 3:14 they're not connected to each other and 3:16 they're moving around 3:17 so i developed a technique in which i 3:19 place a vertical plate along these ribs 3:21 should they try to move against each 3:24 other in the operating room 3:27 that's really decreased the rate of 3:28 recurrence for this 3:30 or the rate of recurring slipping ribs 3:33 for this procedure significantly 3:36 usually it's an overnight stay in the 3:38 hospital at our institution 3:40 and people tend to recover fairly well 3:43 especially after physical therapy 3:46 please give us a call if you have any 3:48 questions about slipping rib syndrome 3:50 we would be very happy to answer any of 3:51 your questions or see you in 3:53 consultation 3:54

thank you

English (auto-generated)