
Surgical correction of pectus excavatum in children has gained new momentum since the introduction of the new minimally invasive repair by Nuss. Studies will be performed to directly evaluate the outcome of the new technique versus that of the conventional technique.


The principle of the Nuss procedure is a modulation of the chest using a steel bar inserted by means of two small skin incisions along the auxiliary lines. The purpose of this study is to assess the outcome after treatment. Between July 1998 and March 2003 66 children were operated on by Nuss technique to correct pectus excavatum in our department. Age ranged from 1 to 19 years (mean 11.8 years). The evaluation prior to surgery included chest X-ray and CT, pulmonary function tests and cardiology consultation.


The Nuss procedure gives good results even in teenagers. Modification of technique and increased experience has reduced complications. The use of bilateral lateral stabilizers without additional wire fixation is an alternative method to avoid bar displacement.


The current project is a preliminary qualitative exploration of changes in quality of life of patients who have undergone the Nuss Procedure. The current study explores quality of life after surgical repair from the perspectives of both the patients and the parent(s) of the younger participants.


Pectus Excavatum is an anterior chest deformity that is characterized by a depressed sternum. Physical examination is the primary means of diagnosis. Common surgical operations to correct this malformation include the Ravitch and Nuss procedures, both of which have favorable postoperative outcomes. This deformity affects physical, emotional and psychological well-being. In addition, there are several important nursing interventions that need to be considered when caring for patients who have undergone surgical repair for pectus excavatum.