SCARSTORIES · A LITTLE COMPANY ON THE WAY

Sleeping positions after chest surgery

The position you sleep in during the first weeks protects the healing chest and makes breathing easier — here is how to make nights work.

The first two weeks at home

> Educational content.

Sleeping positions after chest surgery are the simple arrangements that keep pressure off the healing chest and keep your airways open — usually a raised back, supported sides, and no lying flat for the first weeks.

The first nights home are rarely great, and that is normal: the wound aches, you can't find a comfortable angle, and you wake often. Most of the struggle is position. The general shape of the advice: sleep with your upper body raised, avoid lying flat, and avoid positions that twist or stretch the chest. Your team's specific advice — and how long it applies — is the part to confirm.

The positions that usually work

- Raised back: a recliner, or several pillows under your back and head, so you sleep propped up — often the most comfortable and the easiest on your breathing
- Pillows under both arms: this stops your shoulders rolling forward and pulling on the chest
- Side-lying: often fine once the team says so, with a pillow behind your back and one between your knees — ask before you settle on it
- Avoid lying flat on your back with no support, and avoid sleeping on your stomach until your team clears it

Getting out of bed matters as much as the position. Use the log-roll: roll onto your side, lower your legs off the bed, and push yourself up with the arm and hand that don't pull on the chest — your team or a physiotherapist will show you. Pulling yourself up by the headboard, or pushing off with both arms, puts force through the healing chest, and that is exactly what the first weeks are trying to avoid.

When sleep stays broken

Expect broken sleep for a while. Most people sleep in shorter stretches and doze during the day — that is normal recovery, not insomnia to fix. Naps count. If you are lying awake in pain, that is a signal to use your pain plan, not to endure it. And if breathing is harder when you lie down at all — even propped up — that is worth a call, not a pillow rearrangement.

What to ask your team

- Which positions should I avoid, and for how long?
- Is side-lying okay for me, and on which side?
- How should I get in and out of bed?
- When can I sleep flat again?

> **Call for help if**
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> You can’t catch your breath lying down even propped up; you wake gasping for air; chest pain is worse at night and doesn’t settle; or the wound area is painful, red or oozing when you change position.

> **Take it to your team**
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> Ask the physiotherapist or a nurse to show you the log-roll before you leave, and to watch you do it once. A demonstration beats a diagram — and it’s exactly the kind of question they love being asked.

Comfortable sleep is part of healing, but the positions that are safe for you — and when you can change them — are decisions for your own team.

Questions to take to my team

- [ ] Which positions should I avoid, and for how long?

- [ ] Is side-lying okay for me, and on which side?

- [ ] How should I get in and out of bed?

- [ ] When can I sleep flat again?

For discussion and personal reference. Your care team’s individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.