

# What is Latissimus Dorsi Flap Breast Reconstruction?

## Information for patients

This leaflet is for women who after discussion of all options with their consultant, have chosen to consider breast reconstruction at the same time as, or following a mastectomy. This leaflet will guide you through your surgery, explaining how you should prepare for the procedure, through to how you are expected to feel afterwards. This is not meant to replace the information discussed between you and your doctor, but can act as a starting point for such a discussion or as a useful reminder of the key points.

### What is Latissimus Dorsi Flap Breast Reconstruction?

The latissimus dorsi muscle is a large muscle that lies in the back just below the shoulder blade. In this procedure the skin, fat, and latissimus dorsi muscle are removed from the back, but the blood vessels of the flap remain attached to the body at the end nearest the armpit (pedicled flap). The flap is then turned and carefully threaded through a cut made below the armpit, and is brought round to the front of the body to lie over the chest wall and form the new breast (or part of the breast if being used in breast-conserving surgery).

Some of the skin on the flap is used to form the new skin of the reconstructed breast while the muscle and the fat are used to form the volume of the breast. It is usually necessary to use an implant under the flap after a mastectomy, to help to create a breast that is a similar size to the other one.

### Will I have to stay in hospital?

Yes, you will need to stay in hospital for between five and seven days. The procedure usually takes between four and six hours.

### Are there any alternatives?

You may have a number of alternatives available to you. Although one type of operation may be more suitable for you depending on your shape and build, general health, your expectations, and whether you are having or have had radiotherapy treatment to the breast or chest wall.

Please ask your surgeon or breast care nurse if you have any further questions about alternative treatments.



## Is there anything I can do before I come into hospital to improve my recovery?

Yes.

- Stay calm and positive.
- It would be wise to arrange some help with cooking and housework when you come home.
- If you have small children arrange a few treats with other people they love, both during your stay in hospital and afterwards. You will need plenty of rest after your surgery.
- If you smoke, it is very important that you try hard to give up before your surgery. Your local Stop Smoking Service provides free, friendly, advice and support. Phone 08008 49 44 44 to find out how they can help you to quit smoking.

## What will happen when I arrive at hospital?

On admission you will be greeted by a member of staff in the Surgical Admissions Lounge. They will discuss with you the care you will receive before your operation. You will see your breast reconstruction surgeon before surgery and will be asked to sign a consent form, please use this time to ask any last minute questions. Remember that you can withdraw your consent for treatment at any time.

## Who will perform my operation?

Your breast reconstruction surgeon.

## Will I have an anaesthetic?

Yes, you will have a general anaesthetic (you will be asleep). You must not eat food or chew gum for at least six hours or drink fluids for four hours before your operation. You will meet the anaesthetist before your operation.

## Will additional procedures be needed?

It is not common to need a blood transfusion after this operation; however this may happen. If you have strong views or religious beliefs about this, please speak to your surgeon before your surgery.

If you are found to have a low blood count (anaemia) after your operation, a course of iron tablets will be prescribed. After you are discharged from hospital your GP may repeat this blood test.

## Are there any risks to having the procedure?

All surgical and anaesthetic procedures carry some uncertainty and risks. The following list gives you information on the most common or most significant problems that can happen following this type of surgery. It is unlikely that you will experience all of them. Most women recover from the operation without any major discomfort.

- **Haematoma** is a collection of blood underneath the skin, which may happen after surgery. We try to prevent this by placing small drainage tubes in the wound area to allow the blood and fluid to drain into vacuumed bottles. Sometimes blood still collects and the breast may become painful and swollen. A second operation may be needed to remove the haematoma.

- **Seroma.** Sometimes serous fluid (a pale yellow, transparent fluid) will collect behind the breast or back wound after the drains are removed. Usually this is only a small amount and the body will slowly reabsorb the fluid over a few weeks. Occasionally a larger amount of fluid collects and this can be drained in the Outpatient Department. This may need to be done more than once.
- Your surgeon may decide to use an **expander implant** and you will be able to feel the port.
- A wound **infection** can happen after any surgical procedure. If this happens it may be treated with antibiotics, and if necessary further dressings. After an infection the scars may not be quite as neat.
- Any major operation with a general anaesthetic carries a small risk of a **chest infection**, mainly with people who smoke.
- **Deep vein thrombosis (DVT)** is a blood clot in the legs. This is a possible complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy (HRT) and those who smoke are at the greatest risk. Occasionally clots can break off and pass to the lungs, known as a pulmonary embolus (PE). All patients are given compression socks before surgery to try to prevent this problem. You will also be given heparin injections in your abdomen each day after your operation, and be encouraged to do deep breathing and leg exercises to reduce this risk. Sometimes you will continue to have heparin injections at home for a short time.
- **Wound healing** can be delayed because of poor blood supply to the area, poor nutrition, and/or infection. Sometimes the wound may break down (the stitches could come apart and the wound could open), resulting in a longer hospital stay, more hospital visits to have the wound(s) checked, and possibly further surgery. Smoking increases these risks, as it can have an adverse effect on the healing of all surgical wounds. Eating a healthy diet helps good wound healing.
- Some patients may have **shoulder stiffness and restricted movement** for activities needing them to use of their arm above 90°, for example swimming or tennis.
- Any operation will leave a **permanent scar**. Infection can cause a wound to re-open. This may lead to problems with scar formation such as stretching or thickening. At first, even without a healing problem, the scar will look red, slightly lumpy, and raised. Some people may be more likely to develop keloid or hypertrophic scars which are raised, itchy, and red. If you are one of these people, please discuss this with your surgeon. In most cases scars settle to become less noticeable.
- **Numbness** is normal and may be permanent in your new breast and/or back area.
- Although every effort will be made to make your breasts equal in size and shape, you may find that there is a **difference between the two breasts**. This is quite normal, but if you have any concerns or questions please talk to your surgeon. Revision surgery may be needed to improve the look of your breasts. Occasionally there is an area of excess breast tissue on the outer part of your breast. This is completely harmless, but may be irritating as it catches when moving your arm and is known as a 'dog ear'. This can be removed with another operation.

- There is a small chance that **the flap or part of the flap may die** if it does not get enough blood supply. This is rare, and is most likely to happen within the first 24 to 48 hours after the operation. If this does happen you will need another operation to remove the affected area. Your surgeon will also discuss with you other reconstruction options that are available.
- **Fat necrosis** is an uncommon benign condition, where fat cells in the breast become damaged and delay wound healing. It is usually painless and the body repairs the tissue over a few weeks. Occasionally the fatty tissue swells and becomes painful. The fat cells may die and their contents form a collection of greasy fluid, which will drain to the skin surface (skin necrosis, when the skin turns black and may form a scab). The remaining tissue may become hard. In severe cases the skin may die. It is very rare that further surgery is needed.
- **Psychological aspects.** Most patients are pleased with the results of their surgery. Sometimes women feel very anxious about their treatment or have difficulty coming to terms with their new look because their breasts are not as they had imagined they would be or as a result of a complication. If you feel very anxious, worried about your treatment, or depressed, please speak to your breast care nurses. If you would like information about the counselling service offered, please speak to the breast care nurses.
- **Sexual activities.** To start with your breasts will feel tender and you may not feel up to physical contact. However you may restart your sex life as soon as you feel comfortable. Sometimes a woman is concerned that her partner hesitates to touch her and this makes the woman feel less attractive. The most likely reason is that the partner is afraid of hurting her. Couples may wish to talk over their fears and feelings with their breast care nurse or counsellor.

### What happens after my operation?

- Once you return to the ward you may have visitors. In the meantime, with your permission, they can find out how you are by calling the ward.
- The nurses will look at and touch your flap (new breast) to monitor the warmth, colour, sensation, tightness, and blood flow. To begin with it is very important to keep your new breast warm.
- Wound drains are inserted into your breast(s) and donor site during surgery, to allow any fluid that has collected to drain away. The drainage tube is attached to a vacuum bag where the fluid is measured. The nurses will remove them on your doctor's instruction, usually two to seven days after surgery, depending on the amount and colour of the fluid drained. Following removal a small amount of leakage from your wound is common; a light gauze pad can absorb this. A wound dressing will be in place and changed according to daily checks by your doctors and nurses.
- You will have a urinary catheter which will be removed on the surgeon's instruction. This is usually two to three days after surgery.
- You will be able to have a shower on the ward depending on the type of dressing you have; the nursing staff will be able to advise you.

### **Will I be in any pain?**

When you wake up after your surgery, you will be in the recovery area. The nursing staff will make sure that your recovery is as pain-free as possible. The pain from this sort of operation is not usually severe, and different patients need different amounts of pain relief. For the first 24 to 48 hours you will have a morphine pump controlled by you, for pain relief. Painkillers will be given to you on a regular basis for as long as you need them. Please tell the nurses if your pain continues.

### **What happens after I am discharged from hospital?**

- You will be sent home with a waterproof dressing on the wound. You can shower with the dressing on but do not soak in the bath.
- You should take painkillers as needed.

### **What should I do when I get home?**

You should be able to return to most of your normal light activities two to four weeks after your surgery, although this will vary from person to person. We recommend that you build up gradually to more strenuous tasks, such as housework or gardening. You may need to ask someone to help you for the first couple of days, as it is important that you get plenty of rest and that you set aside some time during the day for this. Do not be afraid to take some 'time out' for yourself to rest your mind and body.

### **Can I wear a bra after surgery?**

Yes, you will need to wear a special reconstruction bra, as advised by your surgeon. It should be worn for up to three months for 23 out of 24 hours a day (including night time), and should be taken off only for showering/washing. This is to help support the underlying tissue and suture (stitch) lines while they heal. The breast care nurse will be able to measure you and make sure that the bra is comfortable for you.

### **When can I start driving again?**

You will not be able to drive immediately after your operation. You should only think about driving when you have healed enough to wear a seat belt without pain, usually four to six weeks after surgery.

Before driving after surgery we suggest that you check with your insurance company to make sure that you have the appropriate insurance cover. Some companies ban driving for a specific period following surgery. Failure to comply with that condition would mean that you were driving without insurance, which the law regards as a serious offence.

### **When can I return to work?**

Depending on the type of work that you do, you may be able to return to work within two to three months. You may feel quite tired at first. This is normal, and we suggest you talk to your employer about a gradual return to work.

### When can I take up my normal sports activities?

Many sports can be resumed within a couple of weeks of surgery, but we suggest that you check with your surgeon or breast care nurse first. If the sport involves strenuous upper body movements, for example aerobics, golf, swimming, and any racquet sports, it is probably advisable to start these activities gradually at least six weeks after your surgery.

It is important that you continue to carry out the exercises given to you by your physiotherapist/ breast care nurse and to take up other activities slowly.

### Will I need a follow-up appointment?

You will be given an appointment to see your breast surgeon a week after leaving hospital. Details of this appointment will be given to you before you are discharged home.

### What should I do if I feel unwell at home?

If you notice any excessive swelling in your 'breast' or back, or develop excessive pain or fever, contact your breast care nurse Monday to Friday 9am to 5pm or go to the Emergency Department at Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate where the surgical registrar on-call will see you.

- **Breast Care Nurses** Telephone: 01227 86 86 66
- **Emergency Department, QEQM** Telephone: 01843 23 50 30

### Further information

For further information on breast reconstruction you may like to click on the following link.

- **Breast Cancer Care: breast reconstruction**  
[breastcancernow.org/sites/default/files/publications/pdf/bcc7\\_reconstruction\\_2017\\_web.pdf](https://breastcancernow.org/sites/default/files/publications/pdf/bcc7_reconstruction_2017_web.pdf)

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhuft.nhs.uk/patientinformation](http://www.ekhuft.nhs.uk/patientinformation)