

What is Latissimus Dorsi Flap Breast Reconstruction?

Information for patients from General Surgery and Cancer Services

This leaflet is for women having breast reconstruction at the same time as, or following, 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, your hospital stay will be between five and seven days.

Are there any alternatives?

You may have a number of choices available to you, although one type of operation may be the most 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 time?

Yes, stay calm and positive. It would be wise to organise 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. And, of course, 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 0800 849 4444 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 who will discuss with you the care you will receive before your operation. You will see your breast reconstruction surgeon before surgery to sign the consent form and can ask any last minute questions.

Who will perform the procedure?

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 any fluids for four hours before your operation.

Will additional procedures be necessary?

It is not common to need a blood transfusion after this operation; however, this may occasionally happen. If you have strong views or religious beliefs about this, please discuss them with your surgeon before the 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 the 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 bags. Even with this care, occasionally blood collects and the breast may become painful and swollen. A second operation may be necessary 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 a small amount only and the body will gradually reabsorb the fluid over a period of a few weeks. Occasionally a larger amount of fluid collects. This can be drained in the outpatient department. This may need to be done once or on several occasions.
- 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, particularly among people who smoke.
- **Deep vein thrombosis (DVT)** is a blood clot in the legs. This is a potential 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 injections in your abdomen daily after your operation and encouraged to carry out breathing and leg exercises to reduce this risk. Sometimes you will continue to have Heparin injections at home for a short period.
- **Wound healing** may sometimes be delayed. This may be because of poor blood supply to the area, poor nutritional status, and/or infection. Occasionally the wound may break down (the stitches could come apart and the wound could open), resulting in a longer hospital stay, increased 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.
- 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 any healing problem, the scar will look red, slightly lumpy, and raised. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these, please discuss this with the surgeon. In the majority of cases, scars settle to become less noticeable.
- **Numbness** is normal and may be lasting 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 the surgeon. If necessary, revision surgery may be performed 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.
- **Flap failure** - 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 post-operatively. 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** - this is an uncommon, benign condition where fat cells within the breast may become damaged and delay wound healing. It is usually painless and the body repairs the tissue over a period of weeks. Occasionally the fatty tissue swells and may become 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** - the majority of patients are pleased with the results of their surgery. Occasionally 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** - initially, 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 the 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. Initially it is very important to keep your new breast warm.

Wound drains are inserted into the breast/s and donor site at the time of surgery to allow any fluid collecting to drain away. The drainage tube is attached to a vacuum bag where the fluid is measured. The nurses will remove them on the doctor's instruction, usually two to seven days later depending on the amount and colour of the fluid drained. Following removal, a small amount of leakage from the wound is common; a light gauze pad can absorb this. A wound dressing will be in place and changed according to daily assessment 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 used; nursing staff will be able to advise you.

Will I be in any pain?

The procedure usually takes between four and six hours. When you wake up after the surgery, you will be in the recovery area. The nursing staff will make sure that your recovery is as pain-free as possible.

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 be able to do when I get home?

You should be able to return to most of your normal light activities within 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 healing. The breast care nurse will be able to measure you and make sure that the bra is comfortable for you.

Can I drive?

You will not be able to drive immediately after your operation. You should only consider driving when sufficient healing has taken place to allow you 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 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 quite normal, and we suggest you talk to your employer about making a gradual return to work.

When can I take up my sports activities?

Many sports can be resumed within a few weeks 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 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 will be given to you at the time of discharge.

What should I do if I feel unwell at home?

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

- Breast care nurses - Telephone 01227 868666
- A&E, QEQM - Telephone 01843 235030

Further information

For further information you may like to click on the following links.

- Breast Cancer Care: breast reconstruction
breastcancernow.org/sites/default/files/publications/pdf/bcc7_reconstruction_2017_web.pdf

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation