

Breast Reconstruction

Latissimus Dorsi Flap

Your consultant has recommended that your breast is to be reconstructed by using the muscle and skin from your back, as well as an implant.

You may wish to discuss alternative treatments or procedures. Please ask a doctor or nurse if alternative treatments or procedures are available.

What is a Latissimus Dorsi Flap?

An area of skin from your back will be used to replace the skin removed at the time of your mastectomy. This will be moved together with the latissimus dorsi muscle from your back. This muscle provides the blood supply for the skin, as well as the covering for the implant.

What are the benefits of having a Latissimus Dorsi Flap?

- This method of reconstruction is very suitable for those women with medium sized breasts.
- It is often a good choice for patients who have had previous surgery and / or radiotherapy.

What are the risks of having a Latissimus Dorsi Flap?

Most operations are straightforward. However, as with any surgical procedure, there is a small chance of side effects and complications. These potential problems are:

Infection

Infection can occur and it requires assessment by your Consultant Specialist Nurse or your GP if out of hours.

Haematoma

Occasionally bleeding can occur around the expander/ implant. A small operation is required to remove this blood.

Skin flap damage

Damage can occur to the skin of your new breast when the blood supply of your skin and muscle is moved. This is more likely to happen in women who smoke. This may require dressings from the District Nurse over a number of weeks or months.

Skin Flap Loss

It is possible that the flap will fail completely. If this happens it will be completely removed, leaving you with a flat chest.

Seroma Formation

This is a collection of fluid under the scar on your back. It is simply removed in clinic by using a needle and syringe. This may have to be repeated several times.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness. It is always provided by an anaesthetist, who is a doctor with specialist training. Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common,

but are usually short-lived: they include nausea, confusion and pain. Complications are rare, but can cause lasting injury: they include awareness, paralysis and death. The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with an anaesthetist before your surgery. If you are worried about any of these risks, please speak to your Consultant or a member of their team.

What if I need Chemotherapy and / or Radiotherapy?

You can still have both of these treatments. If you have an implant in your reconstruction that needs filling up in clinic, we would aim to fill this up completely before starting your radiotherapy.

Getting ready for your operation

You will be seen in the pre-operative clinic, usually one to two weeks before your operation.

You will be weighed, measured and screened for MRSA. You will have blood tests (including a sample in case you need a blood transfusion) and possibly have an ECG (a heart tracing).

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.

You will be told when to stop eating and drinking before your operation this will also be stated in your admission letter. Most patients will be admitted on the day of their operation if they have already attended the pre-operative clinic.

A non-under wired bra will provide comfort and give shape and support.

The day of your operation

You will usually come into hospital on the day of your operation. The surgeon will see you again to make some marks on your body to help guide the operation.

You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves. Again, you will be able to discuss the operation with your surgeon.

What should I expect after the operation?

When you return to the ward you will usually have three plastic tubes coming from your wound site. These tubes are to drain fluid.

When you return to the ward, the nursing staff will check your pulse, blood pressure, breathing and wound regularly. You may find that the breast area and your back wound is sore.

It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.

A blood transfusion is occasionally necessary.

The nursing staff will also advise you when you can start taking sips of water.

Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going home

You will usually stay in hospital overnight, although sometimes your hospital stay may be longer.

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

A thin piece of tape will cover your wound, this is not to be removed and it must be kept dry. The wound dressing may be left untouched until you attend clinic for your results. Dissolvable stitches are used and therefore these will not need to be removed.

Since many women feel so well after their operation, it has now become accepted practice in most hospitals for you to go home with your drain still in place. Before you are discharged, your nurse will give you full instructions about caring for your drain and will also check you are confident in looking after the drain and help you into your bra.

Discharge information

General anaesthesia temporarily affects your co-ordination and reasoning skill, so you **must not** drive, drink alcohol, and will need to arrange for someone to drive you home.

If you are in any doubt about driving, contact your motor insurer so that you are aware of their recommendations and always follow your Surgeon's advice.

Once you are home

The Breast Link Nurse or District Nurse will visit you. They will check your wound and if you have a drain, they will record the drainage. They will let you know when they will call again to see you. They will leave a contact number in case any problems arise.

Getting back to normal

Remember, you have just had an operation, and you will take weeks even months to



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

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