

Patient information

Monitoring of the Free Tissue Flap

Head and Neck Unit

You have been asked by your consultant to undergo reconstruction with a free tissue flap.

This leaflet has been written to answer any questions you, or those who care for you, may have about the surgery. It was prompted by a recent patient survey which showed that 28% of patients thought that they wanted more information prior to surgery.

What is a free tissue flap?

A free tissue flap or also called a microvascular free tissue transfer is the surgical detachment of a piece of vascularised tissue (with its blood supply vessels) from a suitable part of the body (referred to as the donor site); that is then reattached to another part of the body where it needed.

Why do I need a microvascular free tissue transfer?

There are a number of reasons why your consultant has decided you need a microvascular free flap.

A microvascular free tissue transfer is used to reconstruct defects which may have occurred due to previous disease.

This reconstruction will allow you to have a better function including eating, drinking and talking. At times, this tissue can be used to hold in other implants for example teeth.

When placing a free tissue flap inside your oral cavity (mouth) it may be necessary to place a tracheostomy tube in your wind pipe during surgery to make sure you can safely breathe after surgery.

This is not always necessary and your Consultant will discuss this with you if they feel it is needed before the operation. This is usually temporary and we will aim for it to be removed before you are discharged from hospital.

Why is monitoring important after surgery?

The flap taken from the donor site is attached by an artery and vein using tiny stitches under a microscope.

As with any medical procedure, complications can arise. With a microvascular free tissue transfer the first 48 hours are critical and the flap is very sensitive to small changes in your body.

We monitor the flap intensely in these 48 hours after surgery for any signs of complications. The quicker a complication is picked up, the better the chances to salvage the tissues.

How will you monitor my free flap?

The monitoring will be done by both doctors and nurses in critical care and the ward.

Monitoring is carried out hourly for the first 48 hours followed by every four hours for the next five days and then daily until you are discharged.

The free flap is monitored for the following:

- Colour.
- Feel (soft, spongy, firm).
- Blanching.
- Temperature for external flaps.

The doctors and nurses often use a hand torch and a wooden spatula to touch the flap. They may clean the flap with some water and gauze to assess it fully.

Occasionally your consultant may decide to implant a small monitoring device called a 'Doppler' on the artery or vein to help monitor it. A small cable will attach to a machine and help the doctor and nurse.

In a recent survey, all patients who had an implantable Doppler to monitor their flap found this very reassuring.

The first 48 hours of monitoring can be quite intense and intrusive particularly during your stay in the intensive care unit.

A recent survey showed that 32% of people found that the monitoring in the first 48 hours substantially disturbed their sleep as they would be woken up every hour for the monitoring.

85% of patients had few problems with pain before or after the assessment and almost all patients (93%) were not distressed by the monitoring experience.

Most people (87%) found the monitoring quite reassuring and were not worried that much about the flap observations (86%).

Over one third of patients are not particularly aware of having flap monitoring in the first 24 hours whilst in ITU whilst they are recovering.

Table 1 : A table illustrating a 2016-2017 survey response to a question regarding which aspect they considered to be the 'most unpleasant'

| Symptom | % |
|--|----|
| Being woken from sleep | 52 |
| Opening mouth | 35 |
| Salivation (producing too much saliva) | 27 |
| Touching the flap | 13 |
| Pain | 12 |
| Coughing | 9 |
| Bright light | 6 |
| Difficulty breathing | 5 |
| Bleeding | 4 |

How will the microvascular free tissue transfer feel?

In the first two days, the flap will swell and feel very large. This is normal and will resolve with time.

The tissue taken from the donor site does not move independently but rather with the other tissues it is attached to.

This means you will require some training to help you get used to the flap depending on where the flap is.

If the flap is inside your mouth, it is likely you will require the input of our SALT team (speech and language therapy) to help you swallow and talk again.

Our physiotherapy team also works very closely with you to help you gain full strength and function back from the donor site.

Discharge Advice

You will be allowed to go home when the medical team have assessed you and feel it is safe for you to be discharged.

The time frame can vary significantly between people. Please ask your consultant for more information.

The team will need to assess your home circumstances before you are discharged to make sure you have enough support.

If you have any dressings you will be referred to the community team to continue your care. It will either be a district nurse, or you will have to attend a treatment centre. The nurse will inform you on discharge.

The nursing staff will advise you about painkillers before you are discharged, if you have any at home please inform the nurse.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

**Clinical Nurse Specialist Head and Neck,
Aintree Hospital
Lower Lane
Liverpool. L9 7AL.
Tel:0151 529 5256 Direct line/answer phone
Monday – Friday 8am – 4pm.**

The Head and Neck information support service is a telephone helpline run by the two Clinical Nurse Specialists at Aintree.

**Ward 28
Tel: 0151 529 5238**

**Ward 28 Ward Clark
Tel: 0151 529 5245**

**Head and Neck Cancer Patient and Carer Support Group:
Patients and carers meet regularly to chat, share experiences and support each other. For further information contact the Clinical Nurse Specialists for details of future meeting and events.
Tel: 0151 529 5256
headandneckcns@liverpoolft.nhs.uk**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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