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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Breast Reconstruction Latissimus Dorsi Flap

Breast Services

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

You may wish to discuss alternative treatments or procedures. Please ask your doctor or Breast Care 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

This is the most serious complication and antibiotics would be prescribed. However, if an implant has been used the infection may not get better unless the implant is removed. It is possible to replace the implant, but not for at least six months. This occurs in fewer than 10% of cases.

◆ Haematoma

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

◆ Implant position

We aim to get the implant in exactly the right place. However, the implant can occasionally move and look higher than your normal breast. Occasionally, the implant can move after your operation, and you will need a further operation to replace it or reposition it.

◆ **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) or attendance at dressing clinic, 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.

◆ **DVT (clots in legs) and pulmonary embolus (clot in lung)**

You will be given special stockings to wear for 6 weeks and blood thinning injections whilst an in patient to help prevent these.

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

- Before your operation you will have blood tests (including a sample in case you need a blood transfusion), a chest X-ray, and sometimes a heart trace.
- You will then be seen in the pre-operative clinic. 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 asked to have nothing to eat or drink from 12 o'clock midnight the day before your operation.

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 my operation?

- You will have been in the operating theatre for about four hours. When you return to the ward you will usually have three plastic tubes coming from your wound site. These tubes are to drain fluid.
- A nurse 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 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 be in hospital for between four and seven days, although this sometimes can be longer. The stitches in your back may need removing depending upon the type of stitch used. Some stitches may dissolve. You will be told if stitches need to be removed.

Sometimes the tube draining from your wound site on your back can drain for some time. It has now become accepted practice for you to go home with this drain in place. You will be given information about caring for these drains.

Discharge Information

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

The District Nurse will visit you to check your wound. The ward will arrange this.

Getting back to normal

This is a big operation, and you will take some weeks – even months – to recover. It is normal to feel more tired than usual for a few weeks after having an operation. This will pass.

For more information about getting back to normal, please see leaflet PIF 055/V3 Going home after your breast surgery.

Returning to work

You can self-certify for the first seven days of sickness. After this, a medical certificate (fit note) may be issued by your GP to cover the expected time off you will need after being discharged.

Further Appointments

You will be seen back in clinic to discuss your laboratory results and any further treatment. At this visit we will also check the site of your operation and make arrangements for expansion.

Further Information

The Breast Care Nurses

Tel: 0151 706 2927 (24 hour answerphone).

Text phone number: 18001 0151 706 2927

Fax: 0151 706 5901

Breast Cancer Care

Tel: 0808 800 6000 (Freephone).

Macmillan

Tel: 0808 808 00 00

There are many local support groups, please ask your Breast Care Nurse.

Author: Breast Service Directorate

Review Date: March 2021

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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