

Latissimus Dorsi Flap reconstruction

Breast reconstruction



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The logo for Yeovil Hospital Healthcare, featuring a stylized 'Y' inside a circle with a rainbow-colored border.
Yeovil Hospital
Healthcare

Introduction

Lots of women have surgery to reconstruct the breast after mastectomy. There are a variety of procedures available to do this. The different types of breast reconstruction can use tissue from various parts of the body, with or without breast implants, and the surgery can be carried out either at the time of mastectomy (immediate reconstruction) or later on (delayed reconstruction).

Planning your operation

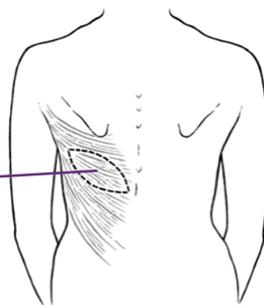
Before considering breast reconstruction, it is important to meet the surgical team in the outpatient clinic. You will be asked questions about your past medical history, any medication you are taking, and the doctor will examine you carefully. You may want to bring your partner or a friend with you to the consultation.

The operation

The latissimus dorsi breast reconstruction operation takes several hours, and is carried out under a general anaesthetic. You will be admitted to the hospital on the day of surgery, and you can expect to be in hospital for approximately five to seven days after surgery.

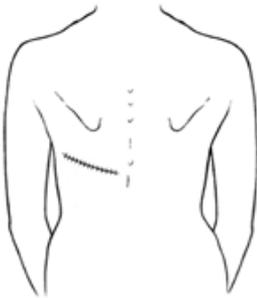
The breast is reconstructed using skin and muscle which is taken from the back, separated from the surrounding tissues, and is transferred through a small tunnel in the armpit, and brought out in the mastectomy wound on the front of the chest. The latissimus dorsi flap is used to provide volume and shape in the reconstructed breast, and a silicone implant is commonly used to provide additional volume underneath the flap.

Outline of the latissimus dorsi muscle on the back, and the overlying incisions we usually make to raise the flap.





The flap is brought to the front with its blood supply and overlying skin. The old mastectomy scar has been re-opened to create a defect to receive this flap.



The wound on the back, from where the flap has been taken, is closed as a straight line scar, and there are a variety of ways this scar can be designed. Your surgeon will discuss this with you before your operation.

The scar on the back after the surgery. The position and length of scar varies considerably from patient to patient.

After your operation

After the operation you will be nursed in the upright position, this will probably be the most comfortable position for you. Pain relief will be administered using a PCA (patient controlled analgesia). You will be kept warm by using a bear hugger (blanket with hot air being blown into it).

Regular observations will be performed by the ward staff to identify any problems. You will have a catheter to monitor your urine output; this will be removed once you are mobile. A physiotherapist will see you the day after surgery to assist you to mobilise.

Eating and drinking is encouraged as soon as you feel ready.

You can expect to have two drains, one to the reconstruction and another in your back. These tubes are removed several days after surgery but before you go home.

Possible complications

Bruising is very common following breast reconstruction and usually resolves over the first three weeks. Just occasionally a bleed may occur into the breast or into the back, known as a haematoma, in the first two weeks after surgery after you have been discharged home. If this happens, the breast or the back area may swell significantly and there may or may not be new bruising evident. This is usually associated with some pain. If this happens you should telephone the breast care nurses for advice.

If you have developed a haematoma, then you may need to be readmitted and have to return to theatre to have the haematoma cleared.

Infection

As with any surgery, infection can occur. It is fairly common for part of the wound to be a little slower at healing than other areas and may leak a little blood or clear fluid over the first two weeks or so. This can be managed in the outpatients department.

However, occasionally an infection may develop. This usually presents with a patch of redness and localised tenderness around the wound and may or may not be associated with an increase in the amount of fluid discharging from the wound. This red area will feel much warmer than a non infected area on the same breast. If this situation occurs please contact the breast care nurses for further advice. Infections usually respond rapidly to a course of antibiotics.

Seroma

Often a fluid collection known as a seroma develops in your back in the first few weeks after surgery. If this fluid collection is small nothing further needs to be done. Occasionally, this collection may be moderately large and cause some discomfort and interfere with your choice of clothes. This is usually treated by inserting a needle into the collection and sucking the fluid out. After such drainage the collection usually returns, but is smaller and may or may not require further drainage.

Bra

We advise patients to wear a bra as soon as possible after surgery. The bra is to be worn for at least six weeks, night and day. The bra needs to be moderate or firm support. The breast care nurses can help with fitting of the bra.

Constipation

The combination of post operative loss of appetite, pain killers and reduced mobility all contribute to post operative constipation. This is usually identified and treated whilst you are still with us in hospital. However, it is still common to experience some degree of constipation whilst at home and if this happens to you please do not hesitate to seek advice from your GP surgery.

Fat necrosis

Occasionally a small amount of the tissue that has been used to reconstruct your breast may not receive enough blood supply to keep it alive and an area of fat may die. This usually presents itself four to six weeks after surgery as a tender lump in the breast. Occasionally, liquid fat may discharge out through the wound or more usually is reabsorbed by the body over a period of several months.

Capsular formation

If your breast has been reconstructed using a combination of a latissimus dorsi flap and a breast implant, there is a risk that you may develop a capsule around the implant. If a capsule develops you will notice that the breast becomes firmer and may change shape with the breast riding higher than the opposite breast. With progressive tightening of the capsule you may experience discomfort. Capsule formation usually occurs after several years, but it has been known to occur within the first year of surgery. Capsules are usually treated by removing the implant and the capsule together and reinserting a new implant.

Pain

Pain is often a complication of surgery. It is usual to suffer mild discomfort in the donor site particularly the middle to low back area for the first month or so. It is recommended that for the first

week or two you take regular painrelief to control this discomfort and to assist in your mobilisation exercises. There may be discomfort and a “woody” hardness in the back when you sit against firm backed chairs. This settles with time.

General advice

Bathing

On discharge from hospital a clinic appointment will be arranged for you. Until this review has been completed you are advised not to get either your breast or your back wound wet as this will increase the risk of developing an infection. Therefore, you will need to wash carefully with a sponge or flannel. Once your wounds are assessed, if they have healed, you will then be advised that you can commence bathing and showering normally.

Exercise

The breast care nurses will explain a range of exercises for you to undertake to encourage return of full movement of your shoulder. The goal is to recover a full range of movement, being able to elevate your hands completely above your head by one month post operatively.

To start with you will experience stiffness and limited range of movement during these exercises and gradually this range of movement will increase. The extent of movement you can achieve on a daily basis should be limited by what you feel is comfortable.

Household chores

You should do nothing for the first week after surgery. For the second week after surgery you are safe to potter around making cups of tea, washing up etc and then between two weeks and a month after surgery you can return to light household chores such as ironing, but you should avoid lifting anything heavy during this period. After a month from your surgery you may return to full normal duties gradually within the limits of comfort.

Driving

You should only return to driving once you are sufficiently

confident to undertake an emergency stop without hesitation. Until you have achieved this degree of confidence you should not drive.

Sexual activity

It is safe to resume sexual activity once you feel comfortable.

Returning to work

This depends on the type of work you do. You are recovering from a fairly major operation and it may take a good number of weeks before you regain your capacity for full concentration. Physically, you should be able to return to light office type work after three to four weeks and more heavy manual work between four to eight weeks, returning earlier if your employer can offer you light duties.

Smoking

As you will have been advised pre-operatively, smoking is associated with a 60 fold increase in complications and you should have been advised to stop smoking prior to the operation.

If you are determined to start smoking again after the operation, you should not do so for at least three weeks or until your wounds have healed, whichever comes later. Once the wounds of healed, smoking is unlikely to have any detrimental effect on either your breast or back.

Massaging the area

The wounds are best left completely alone for the first six weeks. Six weeks after your operation your wounds will be as strong as they are ever going to be. The scars are likely to be quite firm, red and possibly slightly raised or lumpy. At this time you will be advised to moisturise and massage regularly with E45 cream, spending about five minutes massaging each scar every day. The E45 cream simply acts as a lubricant to stop you rubbing the top layer of skin off and the important part of the massage is the pressure applied with your fingertip or thumb. You should rub along the length of the scar and not across it as this will stretch the scar. This pressure should start off fairly gentle until you are

comfortable and then increase the pressure of the massage until you are rubbing your scars quite firmly. This will speed up the healing process and soften your scars.

Breast self-examination

The mastectomy operation removed the vast majority of your breast tissue, but may occasionally leave small amounts of breast tissue just underneath the breast skin. There is no chance you can develop breast cancer in the muscle or fat which has been brought forward from your back. However, there is a very small chance that you could develop another breast cancer arising from any residual breast tissue left under the skin. For this reason it is wise to examine your reconstructed breast on a monthly basis at the same time that you examine your normal breast, looking for any small lumps which develop underneath the skin.

It is quite safe for you to start examining your reconstructed breast after about six weeks, and in the early months it is important that you become familiar with how this reconstructed breast feels. There will be some hard areas and some soft areas within the breast. Once you have become familiar with the feel of your normal breast, the aim of subsequent routine self-examination is to detect any changes from the norm.

Frequently asked questions

When can I drive?

You are advised not to drive for the first two to three weeks after surgery. You should be able to resume driving after this time, and your medical and nursing team in the clinic will be able to advise you about this.

Does the loss of the latissimus muscle affect arm or shoulder movement?

In the vast majority of patients, transferring the latissimus to reconstruct the breast does not affect the strength of movement of the shoulder joint. If you do strenuous sports involving upper body strength, you may notice some weakness in the shoulder, and you should mention this to your surgeon before planning the operation.

Use of silicone implants

Silicone implants are frequently used to reconstruct breasts after mastectomy. Silicone is used because this is a non-reactive, and neutral substance. The body forms a scar capsule around the implant as a natural reaction to any foreign object in the body. Occasionally the capsule around the implant can contract, and this can distort the shape of the breast, or occasionally produce pain. If this happens, you may require further surgery to release the tight capsule around the implant, or to replace the implant, and your surgical team will discuss this with you before the operation. You should also be aware that the silicone implant will need to be replaced after approximately ten to 15 years, and your medical team will discuss this with you pre-operatively.

Will I need further surgery?

Some patients need further surgery to modify the shape of the reconstructed breast, or to adjust the scars on the front or back of the chest.

If you want to have a nipple reconstruction, this can be done under local anaesthetic, usually as an out-patient, approximately six to 12 months after your breast reconstruction.

Patients with large or very droopy breasts may need surgery on the opposite breast, to help this match the reconstructed breast. This type of surgery is usually done at the same time as the nipple reconstruction, under general anaesthetic.

Please use this space for any notes or questions you may have:

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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