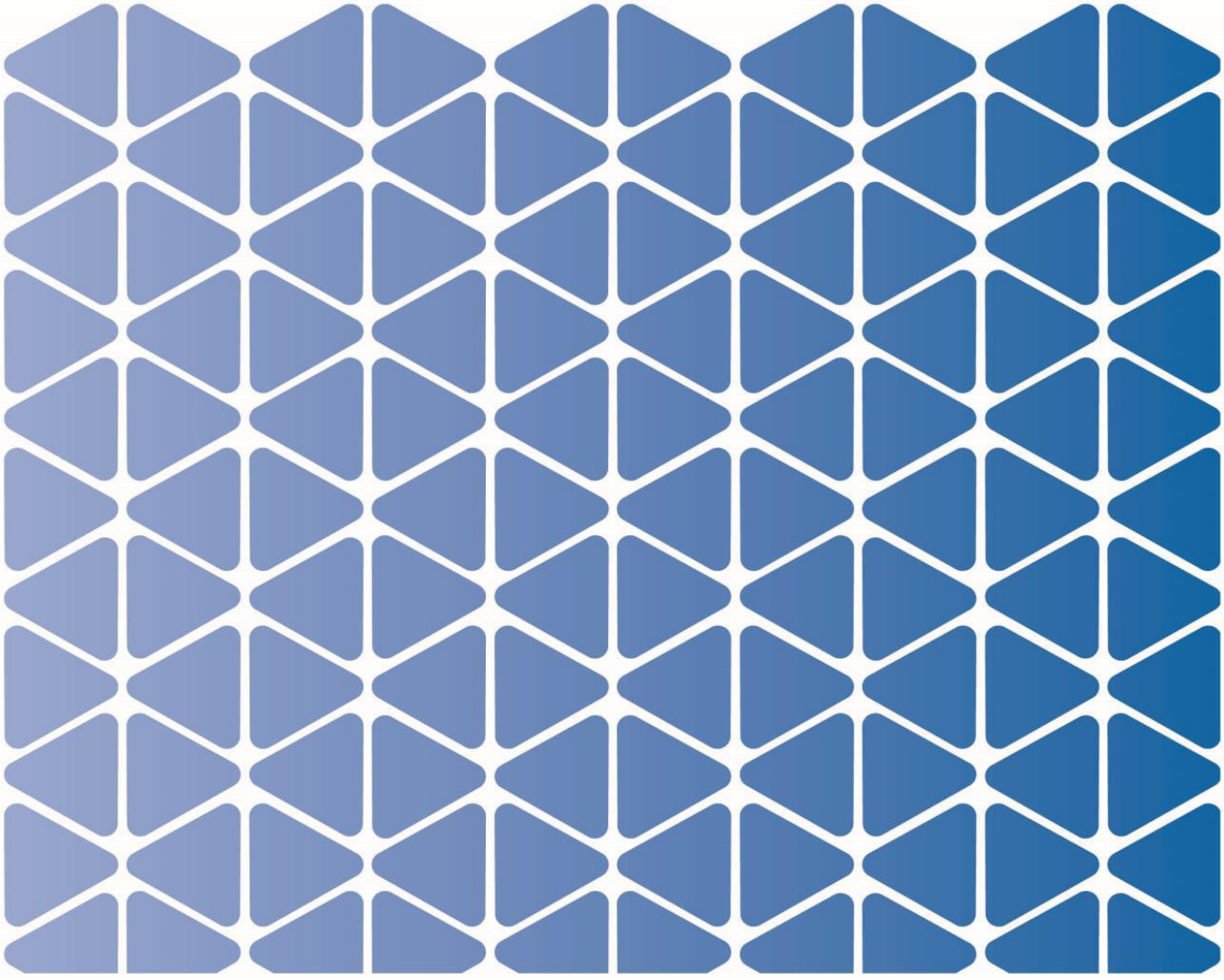
PATIENT INFORMATION

LATISSIMUS DORSI BREAST RECONSTRUCTION (LD FLAP)



General Surgery

Name of procedure: Latissimus dorsi breast reconstruction (LD Flap)

It has been recommended that you have a breast reconstruction. The aim of breast reconstruction is to produce a replacement breast with a satisfactory appearance both in and out of clothes, avoiding the need for an external prosthesis to be worn in the bra.

This operation involves using the large **latissimus dorsi** (LD) muscle – a large muscle that lies in the back just below the shoulder blade. The skin, fat and muscle are removed from the back to form a flap. This flap is then turned and brought round to the front of the body to lie on the chest wall and form a new breast shape. Some of the skin on the flap is used to form the new skin of the reconstructed breast while the fat and muscle form the volume of the breast. The blood vessels of the flap remain attached. The scar on the breast will vary depending on your shape. The scar on the back is usually horizontal and hidden along the bra line, or it can be diagonal.

Some women have a combination of an LD flap and implant reconstruction. The implant gives more volume to the breast. The flap covers the implant. Occasionally, the surgeon moves a large amount of fat with the LD muscle. This is called an extended LD flap. It may be done so an implant is not needed.

The latissimus dorsi muscle helps to bring your arm into your side and backwards. You use it when lifting something down off a high shelf, or pulling something towards you. You also use the muscle when you push down to raise your body up, such as out of a bath or chair. Other muscles can also do some of the things that the latissimus dorsi muscle does. So after this type of surgery you will still be able to move your arm normally. You might find there are specific activities that you don’t have quite the same strength for on the side of the surgery. This will depend on your lifestyle and any hobbies or sports.

This leaflet explains some of the benefits, risks and alternatives to the operation. We want you to have all the information you need to make the right decision.

We recommend that you read this leaflet carefully. You and your doctor will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

Benefits of the procedure

The aim of your surgery is to reconstruct a breast shape following a mastectomy. The cosmetic results achieved from the surgery can have an extremely positive effect on a woman's confidence, self-image and self-esteem.

Serious or frequent risks

Everything we do in life has risks. There are some risks associated with this type of surgery. The general risks of surgery include problems with:

- the wound (for example, infection); and
- blood clots (for example, in the legs or occasionally in the lung).

Those specifically related to breast surgery include problems with the following:

- Scarring
  - There will be scarring on the front of your chest where the reconstructed breast shape is attached to your chest wall. There will also be a scar on your back where the LD muscle is taken from. Initially these scars will be bright pink but they should fade over time.
- Bruising
  - Bruising is very common after surgery and will usually resolve after a few weeks.
- Breast sensation
  - It is unlikely that you will have any sensation in your reconstructed breast.
- Seroma
  - A collection of fluid may develop around your back wound. If this is a small amount nothing will need to be done as it will disperse naturally. If the pocket of fluid causes discomfort it may need to be drained using a needle and syringe. This may need repeating several times over the following weeks until your wound has healed.
- Bleeding
  - 2-4% of women having breast surgery (with or without reconstruction) will have a secondary bleed, normally within 24 hours of their operation. This is generally obvious as there is a tender swelling which comes up rapidly with very obvious associated bruising. This collection of blood under the wound is called a haematoma. If you think you may have a haematoma please call your GP or breast care nurse and arrange for an urgent review as most patients developing this complication will need to have another small operation performed within the next few hours or days to stop the bleeding, wash out the clot and prevent any pressure on the overlying skin.
- Infection
  - You may be prescribed a course on antibiotics after your surgery.

- Minor skin burn.
  - Due to heat conduction used to stop bleeding during surgery.
- Muscle twitching
  - You may have some involuntary muscle twitching of your reconstructed breast.
- Capsular contraction
  - If an implant has been used as part of your reconstruction there is a slight risk of scar tissue developing around it causing it to change shape and feel firmer. This can happen several years after surgery and may be treated by removing the implant and replacing it with a new one.
- Loss of LD Flap
  - This may be due to compromised blood supply to the new breast however it is an extremely rare occurrence.
- Shoulder weakness
  - You will have some weakness in your back and shoulder. This will improve over time. You should regain full shoulder strength for most activities 6 to 12 months after surgery.

Most women can return to daily activities without any problems, including sports such as swimming and tennis. Having LD flap surgery can affect your ability to take part in some sports, such as:

- Rowing
- Rock climbing
- High-level competitive racquet sports

Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die.

You will be cared for by a skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures available

Other types of breast reconstruction such as implant only reconstruction or an abdominal flap reconstruction may or may not be suitable for you. If you wish to discuss this further, please speak to your Breast Care Nurse of Surgeon who will be able to advise as to which type of reconstruction is best for you.

Preparing for Surgery

Before you come into hospital there are some things you can do to prepare yourself for your operation and reduce the chance of difficulties with the anaesthetic.

a) If you smoke, it may not be appropriate for you to have an immediate reconstruction but if your surgeon does consider it safe to proceed you are advised to give up for at least six weeks before the operation and at least three weeks after. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation. It also increases the risk of complications with your wound and the healing process and specifically increases the risk of complications with breast reconstructive surgery. Using a vaporiser instead of smoking may help the lung and breathing issues but does not significantly reduce the risk of post-operative wound problems.
b) If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help, although this may not be possible if you are having an urgent operation for cancer.
c) If you have loose or broken teeth or crowns that are not secure, you may want to visit your dentist for treatment. The anaesthetist will usually want to put a tube in your throat to help you breathe. If your teeth are not secure, they may be damaged.
d) Please stop taking the contraceptive pill one month before surgery. This is to reduce the risk of a blood clot (deep vein thrombosis) but remember to use alternative means of contraception.
e) Continue to take any other normal medicines up to and including the day of your surgery. If we do not want you to take your normal medication, your surgeon or anaesthetist will explain what you should do.
f) It is important to let us know, before you are admitted, if you are taking any anticoagulant (blood thinning) drugs (for example, warfarin, aspirin or clopidogrel or rivaroxaban). These will need to be stopped but other drugs may need to be used instead. This should all be explained to you in the pre-operative assessment clinic if not before.
g) If you are taking Tamoxifen tablets please stop these four (4) weeks before your surgery and recommence 4 weeks later.

Your pre-operative assessment

Before you are admitted for your operation, you may be required to attend for a pre-operative assessment, to ensure that you are fit for surgery. It is important that you attend for this appointment to avoid delaying your surgery.

Not all patients require a detailed pre-operative assessment and a health questionnaire is used to determine which patients require a full assessment. The

health questionnaire may be on paper or on a tablet/computer. The information required includes all medical conditions, regular medications, allergies to medications and your previous anaesthetic history. The information you give will be reviewed by the pre-operative assessment team. If you require further assessment you will be given an appointment to attend the pre-operative assessment clinic.

At the clinic, the nursing staff will confirm the medical information you have previously given and some further tests may be required, such as a blood test, X-ray, heart or lung test. If a more detailed assessment or discussion is required you may see an anaesthetist prior to your admission for surgery. This may require an additional appointment.

If you are taking prescribed medicines please bring a copy of your repeat prescription to your appointment and a copy of the operation consent form (if you were provided with a copy at your out-patient appointment).

Following your assessment, the staff will provide you with written information regarding preparation for your surgery and a point of contact. It is important that you follow the fasting instructions given on your admission letter.

On the day of your operation

It is important that you carefully follow the instructions we give you about eating and drinking which will be detailed on your admission letter. You must not eat anything for at least 6 hours before your operation. This is to make sure your stomach is empty when you have your anaesthetic, because any food or liquid in your stomach could come up into the back of your throat and go into your lungs while you are being anaesthetised. Please refrain from chewing gum. Please note **Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food.**

You can drink water or a drink without fats in it (e.g. black coffee) until 2 hours before your operation. You may also have small sips of water to take tablets.

We will need to know if you don’t feel well and have a cough, a cold or any other illness when you are due to come into hospital for your operation. Depending on your illness and how urgent your surgery is, we may need to delay your operation as it may be better for you to recover from this illness before your surgery.

Being admitted to the ward

You will usually be admitted on the day of your surgery. You will be welcomed on to the ward and your details checked. We will fasten an armband containing your hospital

information to your wrist. You will usually be asked to continue with your normal medication during your stay in hospital, so please bring it with you.

Your anaesthetic

Your surgery will usually be carried out under a general anaesthetic. This means that you will be asleep during your operation and you will feel nothing.

Your pre-surgery visit by the anaesthetist

The anaesthetist will come to see you and check again the information you supplied at your pre-operative assessment. They will also be interested in any problems you with moving your neck or opening your mouth; and any loose teeth, caps, crowns or bridges. Your anaesthetist will discuss with you the different methods of anaesthesia they can use. After talking about the benefits, risks and your preferences, you can then decide together what is best for you.

Your anaesthetic

When it is time for your operation, a member of staff will take you from the ward to the operating theatre. They will take you into the anaesthetic room and the anaesthetist will get you ready for your anaesthetic. To monitor you during your operation, your anaesthetist will attach you to a machine to watch your heart, your blood pressure and the oxygen level in your blood.

General anaesthetic

General anaesthesia usually starts with an injection of medicine into a vein. A fine tube (cannula) will be placed in a vein in your arm or hand and the medicines will be injected through the tube. Sometimes you will be asked to breathe a mixture of gases and oxygen through a mask to give the same effect. Once you are anaesthetised, the anaesthetist will place a tube down your airway and use a machine to ‘breathe’ for you. You will be unconscious for the whole of the operation and we will continuously monitor you. Your anaesthetist will give you painkilling drugs and fluids during your operation. At the end of the operation, the anaesthetist will stop giving you the anaesthetic drugs. Once you are waking up normally, they will take you to the recovery room.

What to expect after surgery?

We commonly use local anaesthetic injections around the ribs and into the chest wall at the time of your surgery. This can give good long lasting pain relief in the first 6 hours after your operation. We may also give you tablets, suppositories or injections to make sure you have enough pain relief.

Pain relief after surgery

Once you are comfortable and have recovered safely from your anaesthetic, we will take you back to the ward. The ward staff will continue to monitor you and assess your pain relief. It is important that you report any pain you have as soon as you experience it.

Side effects of having an anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. After your surgery, you will need to rest until the effects of the anaesthetic have worn off. You will have a drip in your arm to keep you well-hydrated.

We will encourage you to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots. You will usually continue to have blood thinning injections every day whilst you are in hospital to help prevent blood clots. You should continue to wear the white thromboembolic deterrent (TED) stockings at home until you are fully mobile.

Your surgical team will assess your progress and answer any questions you have about the operation.

Leaving hospital

Length of stay

Please expect 3-5 days hospital stay after your operation.

Bra

You will require a well-fitting supportive bra (no underwire) to wear day and night for support for 6 weeks following your surgery. It is suggested that your bra is one full cup and 1 width larger than expected to allow for swelling after your surgery. You will need to bring your bra into hospital with you. Please do not spend too much money on bras as it can be hard to estimate the correct size.

An alternative for women whose breasts are expected to be different in size for a period of time, is a stretchy crop top.

Your breast care nurse can advise you on bras.

Medication when you leave hospital

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home. It is useful to be prepared in advance by stocking up on paracetamol and ibuprofen if you can normally take these drugs without problems.

Recovery
How long it takes for you to fully recover from your surgery varies from person to person. It can take up to 3 months. After you return home, you will need to take it easy and should expect to get tired to begin with.

Stitches
Your wound will be closed with dissolvable stitches and covered with paper stitches (steri- strips). Please keep the steri-strips in place until your out-patient's appointment (7 to 10 days later). Your nurse or doctor will remove them then.

Drain
You will have a small plastic tube (drain) coming out of a small hole in the skin near the operation site. This will usually drain fluid (which is part of the healing process) into a vacuum sealed bottle. We will remove this tube when you no longer need it. This may be in for 1 week or longer. It is likely to stay in longer if you are having an implant as part of your reconstruction. You are likely to continue on oral antibiotics while you have the drain in. You can go home with the drain in and a district nurse will be booked to come out to you and check on it.

Personal hygiene
You will need to keep your wound dry until your out-patient appointment when your dressings and/or drain will be removed.

Infection
Please contact your GP or Breast Care Nurse if you notice any signs of infection such as, redness, wound discharge or have a temperature.

Exercise
It is important to rest as much as possible for the first few weeks following surgery and limit your arm movements to shoulder height only for two weeks.

Sex
You can continue your usual sexual activity as soon as you feel comfortable.

Driving
You should not drive until you feel confident that you could perform an emergency stop without discomfort – probably at least four weeks after your operation. It is your responsibility to check with your insurance company that you are fully insured after your operation.

Work

How long you will need to be away from work varies depending on: how quickly you recover; whether or not your work is physical and whether you need any extra treatment after surgery. You may be able to return to work in 4-6 weeks if you do not need any further treatment and if you do not have any complications after your surgery. Please ask us if you need a medical sick (FIT) note for the time you are in hospital and for the first two weeks after you leave.

Emotional support

It is not uncommon to feel a bit 'down' after any operation so do ask your doctor or breast care nurse if you feel you need more psychological support. Some find treatment for cancer a frightening experience so please tell your nurse or doctor about any concerns that you have.

Outpatient appointment

Before you are discharged we will give you a follow-up appointment to come to the outpatient department, or we will send it to you in the post.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

Worcestershire Breast Unit – 01905 760261 (ext. 36711)

Rachel King rachel.king18@nhs.net
Emma Chater e.chater@nhs.net
Liz Jarman elizabethjarman@nhs.net
Fiona Brooke-Bills f.brooke-bills@nhs.net
(Support worker – non clinical)

Alexandra Hospital – 01527 503030 (ext. 44625)

Julie Weston sheila.weston@nhs.net
Joanne Buckell joanne.buckell@nhs.net

Kidderminster Treatment Centre - 01562 512373 (ext. 53806)

Nicola O'Hara (Lead Nurse Practitioner)
Amanda Salt amanda.salt1@nhs.net

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.