

General surgery

Surgical procedure information leaflet

Name of procedure: **Latissimus dorsi breast reconstruction**

It has been recommended that you have a breast reconstruction.

This operation involves using the large **latissimus dorsi** (LD) muscle from your shoulder blade. The muscle is used to create a breast shape. The remaining muscles in your back and shoulder will continue to work. Most women find that once they have recovered from the surgery they are able to adapt comfortably and continue with physical activities they were able to do before surgery.

For women with fuller breasts an implant may also be necessary.

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. Please ask your surgical team about anything you do not fully understand or want to be explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

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.
- Infection
 - You may be prescribed a course on antibiotics after your 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.

Sometimes, more surgery is needed to put right these types of complications.

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 or Surgeon who will be able to advise as to which type of reconstruction is best for you.

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. You may therefore be asked to complete a health questionnaire immediately after you have been listed for your surgery. 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 us will be reviewed by the pre-operative assessment team. If you do not require further assessment you will then be given a date for surgery. 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. You will likely have an examination of your heart and lungs and some further tests may be required, such as a blood test, X-ray, heart test 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.

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, in the green bag provided for you at pre-operative assessment.

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.

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.

- If you smoke, consider giving up for several weeks before the operation. Smoking reduces the amount of oxygen in your blood and increases the risks of breathing problems during and after an operation.
- If you are overweight, many of the risks of anaesthesia are increased. Reducing your weight will help.
- 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 an airway in your mouth to help you breathe. If your teeth are not secure, they may be damaged.
- If you have long-standing medical problems, such as diabetes, hypertension (high blood pressure), asthma or epilepsy, you should consider asking your GP to give you a check-up.
- If you become unwell or develop a cough or cold the week before your surgery please contact the pre-operative assessment team on the number provided. 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.

Your pre-surgery visit by the anaesthetist

- After you come into hospital, the anaesthetist will come to see you and ask you questions about:
 - your general health and fitness;
 - any serious illnesses you have had;
 - any problems with previous anaesthetics;
 - medicines you are taking;
 - allergies you have;
 - chest pain;
 - shortness of breath;
 - heartburn;
 - problems 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.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you follow the instructions we give you about eating and drinking. We will ask you not to eat or drink anything for six hours before your operation. This is 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. You may take a few sips of plain water up to two hours before your operation so you can take any medication tablets.

Your normal medicines

Continue to take your 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. It is important to let us know if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel).

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 thin plastic tube (venflon) 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.

Pain relief after surgery

Pain relief is important to aid your recovery from surgery. This may be in the form of tablets, suppositories or injections. 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. They will ask you to describe any pain you have using the following scale.

- 0 = No pain
- 1 = Mild pain
- 2 = Moderate pain
- 3 = Severe pain

It is important that you report any pain you have as soon as you experience it.

What are the risks?

The risk to you as an individual will depend on whether you have any other illness, personal factors, such as smoking or being overweight and surgery that is complicated or prolonged.

General anaesthesia is safer than it has ever been. If you are normally fit and well, your risk of dying from any cause while under anaesthetic is less than one in 250,000. This is 25 times less likely than dying in a car accident. The side effects of having a general anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. There is also a small risk of dental damage

Your anaesthetist will discuss the risks with you and will be happy to answer any questions you may have.

After your surgery

- You will be taken to the recovery room to the general or day care ward. 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.
- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation.
- You will be encouraged to get out of bed and move around as soon as possible, as this helps prevent chest infections and blood clots.
- Your surgical team will assess your progress and answer any questions you have about the operation.

Leaving hospital

Length of stay

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of breast surgery will be in hospital for three to five days.

Bra

You will require a support bra (no underwires) to wear day and night for 6 weeks following your surgery. Your reconstructed breast will be swollen for a while after surgery. We recommend that you wear a bra that is one full cup and width larger than usual. You will need to bring your bra into hospital with you.

Ptosia

Because your reconstructed breast is muscle and not fat, normal droopiness through age and gravity will not be noticeable.

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.

Convalescence

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

Stitches

Your wounds will be closed with dissolvable stitches, surgical glue and covered with steri-strips. Please keep the steri-strips in place until you attend your out-patients appointment (7 to 10 days later) and keep the wounds dry. The steri-strips will be removed at that time.

Personal hygiene

You will need to keep both of your wounds dry whilst bathing, showering or washing until the dressings are removed in the outpatients clinic.

Exercise

It is important to take things easy for the first two weeks following surgery although it is beneficial to take a daily walk, you may increase to light housework during the 3rd and 4th week.

We will advise you not to lift your arm higher than shoulder height for the first 2 weeks after surgery. We recommend that you avoid strenuous exercise and heavy lifting for 4 to 6 weeks.

You may experience some shoulder/back stiffness immediately after your operation. A physiotherapist will see you before you are discharged from the ward and give you some exercises to do. You will also be seen in outpatients by the physiotherapist 4-6 weeks after your surgery.

Sex

You can continue 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 4-6 weeks after your operation. It is your responsibility to check with your insurance company regarding your insurance cover after an operation.

Work

How long you will need to be away from work varies depending on:

- how serious the surgery is;
- how quickly you recover;

- whether or not your work is physical; and
 - whether or not you will need any extra treatment after surgery.
- Please discuss this with your surgeon or the Breast Care Nurses.

Mammography

There is no need for routine mammography on your reconstructed breast.

Infection

Please contact your GP or Breast Care Specialist Nurse (see contact details below) if you notice any signs of infection such as, redness, wound discharge or have a temperature.

Outpatient appointment

Before you leave hospital we will either 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.

- Alexandra Hospital:
 - Ward 11 Nursing Staff: 01527 507967 or 01527 503030 ext: 47967
 - Ward 18 Nursing Staff: 01527 512106 or 01527 503030 ext: 42106/44050
 - Julie Weston, Breast Care Specialist Nurse: 01527 503030 ext: 44625
 - Mandy Batten, Breast Care Specialist Nurse: 01527 503030 ext: 44624
 - Jo Buckell Breast care Specialist Nurse 01527 503030 ext 44624
- Kidderminster Hospital and Treatment Centre:
 - Day Surgery Unit Nursing Staff: 01562 826350
 - Nicola O'Hara, Breast Care Specialist Nurse: 01562 823424 ext: 53806
- Worcestershire Royal Hospital:
 - Beech A Nursing Staff: 01905 760267 or 01905 763333 ext: 39128
 - Beech B Nursing Staff: 01905 760889/760567 or 01905 763333 ext: 30172/301
 - Rachel King, Liz Jarman or Tracey Greensmith, Breast Care Specialist Nurses: 01905 760261 or bleep: 243

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk

Worcestershire Acute Hospitals NHS Trust

- www.patient.co.uk

Information fact sheets on health and disease

- www.breastcancercare.org.uk

Booklets on breast cancer and practical guides to living with cancer

- www.rcoa.ac.uk

Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

- www.nhsdirect.nhs.uk

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 0300 123 1733. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 0300 123 1733 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 0300 123 1733 প্যাসেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایڑی ریڈ) تو پیشنٹ سروسز سے 0300 123 1733 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 0300 123 1733, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 0300 123 1733.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本
(如盲人點字版/易讀版容易的閱讀),請致電 0300 123 1733與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____ Date: _____

Comments:

Thank you for your help.