Worcestershire NHS
Acute Hospitals NHS Trust

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

Your pre-surgery assessment visit

We will ask you to go to a pre-surgery assessment clinic where you will be seen by members of the medical and nursing teams of the surgical unit. The aim of this visit is to record your current symptoms and past medical history, including any medication you are taking. Your heart and lungs will be examined to check that you are well enough for surgery. Blood tests and x-rays will usually be taken or arranged during this clinic.

The members of the surgical team will check that you agree to have the planned surgery. Please bring your operation consent form (which you were given in Outpatients), making sure that you have read and understood the form before you visit the clinic. If you have not understood any part of the information, you will be able to ask any questions you may have about your planned surgery.

Being admitted to the ward

You will usually be admitted on the day of your surgery so we and you can prepare for the operation. We will welcome you to the ward and check your details. We will fasten an armband containing your hospital information to your wrist.

To reduce the risk of blood clots in your legs after surgery, we will usually ask you to wear support stockings before and after your surgery, and we will usually give you heparin injections after your surgery. We may also fit intermittent compression pumps on your legs over your support stockings for 18/24 hours after your surgery.

We will usually ask you to continue with your normal medication during your stay in hospital, so please bring it with you.

Your anaesthetic

We will usually carry out your surgery 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, you are advised to give up for a minimum of six weeks before the operation and six 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.
- 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 a tube in your throat 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.

Your pre-surgery visit by the Anaesthetic Doctor

- 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.
- Also, before your operation a member of the theatre nursing staff may visit you. He or she will be able to answer any questions you may have about what to expect when you go to theatre.

On the day of your operation

Nothing to eat and drink (nil by mouth)

It is important that you carefully follow the instructions we give you about eating and drinking which will be detailed on your admission letter. 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.

Your normal medicines

- Please stop taking the contraceptive pill one month before surgery. This is to reduce the risk of a blood clot (deep vein thrombosis). However please use alternative forms of contraception during this time period.
- 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. It is important to let us know, before you are admitted, if you are taking anticoagulant drugs (for example, warfarin, aspirin or clopidogrel/plavix).
- If you are taking Tamoxifen tablets you must discontinue these 4 weeks before your surgery. Your surgeon will advise you when you may restart them.

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.

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 anaesthesia usually starts with an injection of medicine into a vein. A fine 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.

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.

You may have a tube into your bladder (urinary catheter) to drain urine away for the first 12/24 hours following your surgery as you may be too drowsy to walk to the toilet.

Pain relief after surgery

One method for pain relief is to have a PCA (patient-controlled analgesia). This allows you to control your pain relief yourself. Morphine is the drug normally used and the PCA machine allows you to press a button and give yourself a small amount of pain medication. Some side effects that may be experienced are sickness, constipation and drowsiness. Larger doses can cause breathing problems and low blood pressure. However, you can never give yourself too much medicine using this method.

We may also give you tablets, suppositories or injections to make sure you have enough pain relief. 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?

Your anaesthetist will care for all aspects of your health and safety over the period of your operation and immediately afterwards. Risks depend on your overall health, the nature of your operation and how serious it is. 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. Side effects of having an anaesthetic include drowsiness, nausea (feeling sick), muscle pain, sore throat and headache. We will discuss with you the risks of your anaesthetic.

After your surgery

- Once the medical team are happy with your progress we will usually take you from the recovery room back to the general 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.
- You will come back to the ward with 2/3 drains in place. A drain consists of a fine tube, one end placed under the skin of your wound with the other end connected to a vacuum assisted bottle. This will drain excess fluid from your wound. You will have one drain in the wound on your back and 1 or 2 drains into your breast. It likely that you will go home with at least one drain in place, this will be assessed daily by the District Nurses.

- Your anaesthetist will arrange for you to have painkillers for the first few days after the operation, as we mentioned earlier.
- 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. Usually, the physiotherapy team will help you with this. You will usually continue to have injections every day to help prevent 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.

Ptosis
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 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.

- Breast Care Nurse Worcestershire Royal Hospital: 01905 760261

  Kidderminster Treatment Centre 01562 512373
- Your GP Practice

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
  On-line health encyclopaedia

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 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।"

Urdu

"اگرآپ کویہ دستی اشتہار کسی مُتبادل زُبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی 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 jeżyku 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.