

Latissimus Dorsi Breast Reconstruction (page 1 of 7)

What is it and how is it done

The Latissimus Dorsi (LD) muscles are large muscles in your back, which go from your shoulder blades down to your hips. We use a piece of the LD, together with tissue (skin and fat), referred to as a 'flap'. The flap is cut from your back with its blood supply still attached, tunnelled, under your arm and placed on your chest to make a breast mound. An implant is placed under your chest muscles and flap to give a better size match to your other breast. If your other breast is very small, this may not be necessary. The stitches do not need to be removed, as they are subcutaneous (under the surface of the skin). They will dissolve over a period of time and the scars will be mainly hidden under your bra. This operation will give you a breast mound and a cleavage. The operation should not affect your arm or shoulder movements. Some of your lymph glands in your armpit may be removed at the same time.

The operation can be performed directly after a mastectomy (immediate reconstruction) or years later (delayed reconstruction). There is no time limit when it can be undertaken.

Benefits of surgery

The aim of breast reconstruction is to create a breast mound, so that when you are wearing clothes the world is unaware that you have had a mastectomy. You will be able to wear bras and clothes of your choice without the worry of a prosthesis being seen, or falling out. However, when you have no clothes on, your reconstructed breast will not have the same natural droop as your other breast.

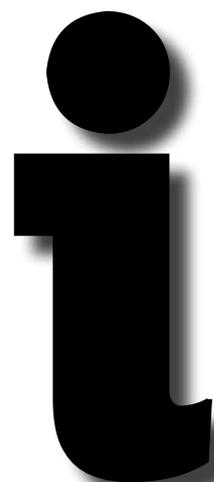
Alternatives

There are a number of ways to reconstruct a breast. Possible options will have been discussed with you by your surgeon. For more information please contact the Breast Care Department.

Will I need any more operations?

You may need more surgery; (but this will not be possible for approximately 9 to 12 months). You may want to have a nipple made, or your natural breast made larger or smaller, in order to have as close a match as possible in size and shape. You can discuss this with your consultant at your outpatients appointment.

Breast Care Department
01722 336262 ext 5910 or 5913



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer-care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Arm care

After the operation the Breast Care Nurse will visit you on the ward and give you a leaflet about arm exercises, will discuss these with you and answer any questions you may have.

Some swelling may occur in the arm on the side of the operation, because the lymphatic system is not working as well as it was before the operation. The lymphatic system is a network of drainage channels, which clear waste products from the body tissues back into the bloodstream. After some lymph glands have been removed it may not work so well. The body tries to manage the problem by diverting some of the lymph fluid along other channels. However, sometimes the body cannot cope with the problem, fluid builds up in the tissues and swelling (known as Lymphoedema) occurs. This is 'managed' rather than 'cured', mainly by exercises and elastic compression garments.

Due to the risk of lymphoedema it is very important to avoid having the following procedures routinely carried out on the arm of your affected side:

- Blood tests
- Drips
- Blood pressure readings
- Injections.

What are the risks and complications of this operation?

Flap failure

Occasionally the blood flow to the flap is blocked, causing some or all of the skin, fat and muscle to become discoloured and die. Further surgery may be needed.

Infection

No matter how much care is taken to avoid an infection, the possibility of this happening cannot be ruled out. Most infections can be treated successfully with antibiotics. In severe infections, the wound may 'pop apart' and dressings or even a skin graft may be needed to heal the area.

Haematoma and drains

Sometimes a collection of blood (haematoma) can form under the wound. To help reduce the risk of this happening, you will have drains placed in the wound. These are soft plastic tubes placed under your breast, slightly to the side. These drains will stay in place until they have drained less than 30mls in 24 hours.

Despite the drains being in place this collection of blood can still occur. This can be dealt with in two ways:

- you may require a small operation to stop the bleeding, or;
- by allowing the body to reabsorb the blood over several weeks. During this time you will be carefully monitored by the nurses and doctors.

Excessive bleeding

You may possibly lose quite a lot of blood during the operation, which could make you feel very tired and cause you to become anaemic. A sample of blood will be taken from your arm and checked the day after your operation. If you are slightly anaemic you might need to take iron tablets for a week or two, otherwise a blood transfusion may be given. In the unlikely event of bleeding continuing after the operation, a further operation may be needed.

Seroma

This is a collection of 'straw coloured' fluid that collects under the wound as a result of the operation. This occurs most commonly in your back. The drains should help to prevent this, but, if necessary, a doctor or nurse can remove the fluid using a needle and syringe. It can be uncomfortable having this done, although the area can be quite numb. If you do develop a haematoma or a seroma you may have a thick dressing called a pressure dressing applied to try and prevent it from increasing in size.

Deep Vein Thrombosis (Venous Thromboembolism – VTE)

This is caused by a blood clot forming in the leg veins. To help to prevent this patients are encouraged to be up and about as soon as possible. VTE is a very serious complication and if a clot 'breaks away' it can get into the lungs and cause a pulmonary embolism which can be fatal. To help prevent this from happening you may be given a daily injection of Dalteparin. This injection makes your blood take slightly longer than normal to clot which reduces the risk of a blood clot forming.

Scarring

There will be scars from the operation on your breast and back, but your bra should cover the ones on the breast. When the scars have healed it is advisable to gently massage them with a moisturising cream to soften the scar tissue. All scars are red, raised and itchy in the early stages. Scars can take up to a year to settle and become fine white lines. In a few cases scarring may remain red, raised and itchy.

Asymmetry

Asymmetry is when one breast is a different size and shape to the other. Further operations can be carried out to improve the result.

Coming into hospital

Please bring with you:

- nightwear - easy to put on and take off
- dressing gown
- slippers
- toiletries
- small amount of money for newspapers, phone / TV card

- fruit squash
- books/magazines
- any prescribed medication
- a Marielle bra (or equivalent). You will wear this for 6 weeks after the operation.

Do not bring large amounts of money and the minimum of jewellery with you.

Before your operation

You will be asked to come to the pre-admission clinic, where the Breast Care Nurse or Plastics Nurse will explain the operation together with the plan for your care before and after the operation. The nurse will ask you a lot of questions and also answer any questions that you might have.

It can help to have any questions you wish to ask written down beforehand.

You will also have the following:

- blood test
- swabs taken from your nose and groin to make sure that you do not have MRSA (Methicillin Resistant Staphylococcus Aureus)
- photo of your chest taken by the medical photographer (for reference only).

You may also need

- chest x-ray
- ECG (heart tracing).

You may be asked to sign a consent form. This form means you are agreeing to the operation and have been told all the risks and benefits. Read it carefully before you sign it. You will be given a copy of it for your own personal record. Remember you are free to change your mind about having the operation at any time.

You may also be given 3 high protein drinks to take before the operation which are provided as part of the Enhanced Recovery Programme. Not all patients will be given these. It is dependent on certain medical conditions.

On the day of the operation

You will be asked to come to the Surgical Admissions Lounge.

Before going for your operation, you will see the surgeon who is performing the operation. You will also see an anaesthetist who will talk to you about your anaesthetic and your pain relief after the operation

If you have not already signed a consent form, you will be asked to do so before the operation.

Eating and drinking

You will be asked to have nothing to eat for at least 6 hours and nothing to drink for 2 hours before your operation, apart from high protein drinks if you need them.

Going to the operating theatre

Before going to theatre you will be asked to take off all your clothes and put on a theatre gown, which does up at the back. Any jewellery that cannot be removed will be taped to prevent it falling off during the operation. After the operation you will be brought back to the ward on your bed.

General anaesthetic

A general anaesthetic means that you are very deeply asleep during your operation. You will not be aware of anything. When you wake up you will be in the Recovery Area. You will stay there until you are awake enough to return to the ward. You may notice a mask over your face. This is to give you oxygen, which will help you recover from the anaesthetic. You may also be aware of nurses checking your 'flap' to make sure that it is warm, skin coloured and that it has a good blood supply. You will have a drip in your unaffected arm. This keeps you hydrated and stays in place until you are feeling well enough to eat and drink as normal.

What else do I need to know?

Warmth

Your flap needs to be kept warm to improve blood circulation. You may have a special blanket called a 'bair hugger', which circulates warm air over you, or you may have a thick gauze pad over the flap to keep it warm.

Wound dressing

You will have dressings around your breast mound and on your back and around the top of your drains. These dressings will be changed as necessary.

After your operation

On your return to the ward the nursing staff will frequently check your flap, blood pressure and pulse. This is done to make sure that any early signs of bleeding or infection are dealt with as quickly as possible.

They will also check the wound areas to make sure that there is no excessive bleeding and will monitor the amount of drainage from the drains.

Any pain that you might have can be controlled by a variety of methods, usually oral tablets or a Pain Buster in the donor area. If you are not comfortable and the pain is not controlled, please tell the nursing staff.

You will be given oxygen by a mask over your nose and mouth, for a few hours or even overnight. This will help you recover from the anaesthetic.

Day 1

- the nursing staff will help you to wash.
- the doctors will see you.
- you will have a blood test to make sure that there has not been too much blood loss during the operation. If there has, you may need a blood transfusion.
- your flap will be checked regularly and blood pressure, pulse and temperature will be taken frequently.
- if these observations are satisfactory the oxygen will be discontinued
- medication will be given to control your pain.
- if you are eating and drinking, your drip will be taken down.
- you will be able to sit out in a chair for a short time, but will mainly rest on your bed.
- your flap will be kept warm with a 'bair hugger' blanket, or gauze pads.

Day 2

- you will probably be able to wash yourself, but a nurse will wash the areas that you cannot manage.
- the doctors will see you.
- you will be able to walk to the bathroom with the help of a nurse and you will be able to sit out in a chair for longer.
- your flap, temperature, pulse and blood pressure will now be checked less frequently.
- you will wear a crop top or a supportive bra. This needs to be worn day and night for six weeks.

Day 3

- the doctors will see you.
- you will be able to go to the bathroom by yourself and be more independent.
- you will be able to walk around and gently exercise.
- you may have one of your wound drains removed today.

Each day you will find that you can do a little more and will hopefully feel more comfortable. Once all your drains have been removed and your dressings have been checked and the doctors are happy with your progress, you will be discharged home.

Discharge home

- your dressings must be kept dry to avoid the risk of wound infection. You must not lift any heavy objects, or reach up for about 8 weeks after your operation. This would not only be uncomfortable, but you would be putting a lot of strain on your scars.
- constipation can result from inactivity, change in normal diet and as a result of taking codeine based painkillers. You need to drink plenty of water and other drinks throughout

the day (about 2 litres) and eat plenty of fruit and vegetables.

- we advise you not to drive a car for at least four weeks. Please check with your insurance company before driving again. You might want to test your fitness to drive. Do this in a safe place without putting the keys in the ignition: simply sit in the driving seat and practise putting firm pressure on the pedals. If you feel pain, you are not yet ready to drive. If you feel sore afterwards, you may need to wait a day or two and try again. Only when you feel you can put enough pressure on the pedals to do an emergency stop, should you think about driving again.
- you will be given painkilling tablets to take home.
- a visit from the district nurse will be arranged if necessary and you will be given spare dressings.
- if applicable, you will be given a Fitness to Work Certificate for your employer. Any further certificates will be issued by your GP.
- we advise you to remain off work for at least 8 weeks, especially if your job involves lifting or carrying heavy objects.
- you will be given an appointment for a wound check in one week's time in the Plastic Surgery Outpatient Department.
- if you enjoy sports, for example swimming, you may start again, gently, after 8 weeks. Discomfort will be the limiting factor.
- it will take up to six months for you to feel fully recovered. To begin with you will find that you tire easily and need more rest and sleep than usual. Ask family and friends to help you, which will give you more time to rest.

Any problems once you are at home

At the weekend, Bank Holidays or evenings please contact The Plastics and Burns Unit 01722 336262 ext 3507.

9 am - 5 pm Monday to Friday please contact the Breast Care Department on 01722 336262 ext 5910 or 5913.

Alternatively contact Plastics Outpatient Department on 01722 336262 ext 3254