

Introduction

Breast reconstruction surgery by implant insertion and / or autologous tissue (latissimus dorsi (LD) flap) aims to restore the shape and form of breast after surgical resection or mastectomy.

The Operation

1. Performed under general anesthesia.
2. Usually performed immediately following mastectomy by 2 surgeons.
3. The procedure involves moving muscle, skin, fat and blood vessels from the back around to the front of chest. Blood vessels are preserved and intact to keep blood supply to the flap.
4. Drains will be inserted for drainage of fluid.
5. Wound suturing.

Preoperative Preparation

1. Admit 1 day before or on the same day of this "elective" operation.
2. Anesthetic assessment before operation. Inform your doctors about drug allergy, regular medications or other medical conditions.
3. Keep fast for 6 to 8 hours before operation.
4. Smoking should be completely restricted as this will increase the risk of skin and flap failure.
5. Skin preparation by shampooing and bathing.
6. Skin marking will be done by the plastic surgeon after assessment.
7. Empty bladder and change to operative clothes before transfer to operating room.
8. Pre-medication, antibiotic prophylaxis, intravenous line may be required.

Postoperative Instruction**A. General**

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe or more analgesics are required.
3. Nausea or vomiting are common, inform nurse if symptoms severe.
4. Encourage deep breathing exercise and lower limb movement after operation.
5. An Intravenous drip and urinary catheter will be required in the early postoperative period.

B. Wound care

1. Keep dressing intact. It will be changed according to wound condition and doctor prescription, inform nurse for any abnormality.
2. Observe the flap circulation according to colour, capillary refill, skin texture and temperature. Avoid direct pressure over the new flap wound.
3. Avoid blood pressure monitoring, blood taking, intravenous infusion or injection on limb operative side.
4. Drains will be inserted for drainage of fluid. Patient will be instructed on drain care. If she is discharged before the drain is removed. Drains will be removed by doctor when drainage decreases.

C. Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)**A. Anesthesia related complications**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.

B. Procedure related complications

1. Wound pain / Wound infection / Flap necrosis.
2. Bleeding (may require re-operation to evacuate the blood clot).
3. Seroma collection (this may need prolonged drainage or needle aspiration).
4. Lymphoedema / Injury to blood vessels.
5. Nerve injury (including long thoracic nerve, thoracodorsal nerve and rarely brachial plexus).
6. Frozen shoulder and chronic stiffness / Numbness over axilla.
7. Hypertrophic scar and keloid formation (may result in unsightly scar).
8. Flap defect is uncommon, large defects, if occur, may require corrective surgery.

Things to take note after discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. Resume daily activity gradually.
4. Avoid lifting heavy objects with the arm on the side of operation.
5. Protect the arm on operated side from infection or injury. Wear protective gloves when washing or doing horticulture.
6. Remember the dates of taking off stitches/clips in the hospital clinic, and follow-up at the clinic of your doctor.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

American Society of Plastic Surgeons: “*Breast Reconstruction*”
<https://www.plasticsurgery.org/reconstructive-procedures/breast-reconstruction/proc> (13-07-2023)