

Breast reconstruction surgery is performed to replace breast tissue and restore the shape of the breast that has been removed during a mastectomy.

Flap reconstruction is the use of skin, fat and in some cases muscle from other parts of the body to build the shape of a breast. Flap reconstruction is not suitable for everyone. For example, women who are very thin, had previous abdominal surgery, have diabetes or vascular disease or smoke may not be a suitable candidate.

One of several flap methods may be used and will be dependent on a number of factors such as available tissue, the size of the breast required and availability of adequate blood vessels.

Flap reconstructions are best suited for women who:

- Have large breasts
- Women who don't have enough skin to cover an implant
- Women who have had radiotherapy
- Women who have a good amount of abdominal tissue

A CT scan will often be performed before your final reconstruction to determine which reconstruction is most appropriate.

What does the operation involve?

TRAM flap refers to a flap made out of tissue and muscle from your abdomen. It is short for Transverse Rectus Abdominis Myocutaneous flap. The surgeon moves the muscle, along with local skin and fat, to the chest where it is shaped into the form of a breast.

TRAM flap reconstruction leaves a long scar across the lower abdomen from one hip to the other. There will also be a scar on the reconstructed breast, and there will be little or no feeling in the skin over the breast.

Pedicle TRAM Flap

In this method the muscle is left attached to its original blood supply and it is tunneled under the skin to the breast. This type of reconstruction takes approximately 3-4 hours and will require a hospital stay of 4-7 days.

Free TRAM Flap

In a free TRAM flap, the surgeon uses microsurgery to completely divide the muscle from its blood vessels, and re-attach them to new vessels in the chest or under the arm. This allows for creating a larger breast and a more aesthetic final result. It is a more complicated and longer operation requiring special facilities and expertise. A free TRAM flap operation usually takes 6-8 hours and requires at least one week in hospital. Full recovery from the surgery takes up to six weeks.

DIEP Flap

DIEP is a version of a TRAM flap, which utilises only the blood vessels, fat and skin from the abdomen. Unlike the TRAM flap, a DIEP does not involve the rectus abdominal muscle thus preserving abdominal strength and integrity.

The ability to perform a DIEP or a TRAM will be determined by your pre-operative CT Scan. Advantages of this method are a quicker return to normal activities and a smaller risk of hernia. A free TRAM flap operation usually takes 6-8 hours and requires at least one week in hospital. Full recovery from the surgery takes up to six weeks.



POTENTIAL RISKS OF SURGERY

Bleeding/haematoma: Any bleeding after surgery is usually minor. However, rarely you may bleed enough to require a return to theatre to drain the blood and stop any further bleeding.

Infection: Uncommon, however if it does occur you may be required to commence antibiotics. If you have an expander it may need to be removed.

Wound separation/delayed healing: this is uncommon however small areas may break down and require dressings or revision surgery in the future.

Scar widening/hypertrophy: this can occur with any scar. Your wound will be carefully closed however some people may develop widened or elevated scars. You will be provided with education on how to monitor for this and avoid this potential complication.

Fluid collection (seroma): This can occur in up to 10% of people. If a collection does accumulate then it will need to be drained, which can generally be performed in our rooms.

Asymmetry: it is uncommon for both breasts to be exactly the same size and shape pre-operatively. Whilst every effort is made to ensure that you have a good match to your other breast post operatively there may be differences between your breasts.

Loss of the flap: Sometimes blood vessels supplying the flap can kink or get clots, causing bleeding and a loss of circulation. This may cause a partial or complete loss of the flap due to the tissue dying (necrosis).

Fat necrosis: When fat used to make the reconstructed breast does not have an adequate blood supply, fat may die (fat necrosis). These areas in the reconstructed breast can feel firm.. They can be left in place or surgically removed.

Shoulder pain and stiffness: You will be seen by a physiotherapist post operatively and they will guide you on the appropriate exercise program.
Numbness on the arm: whilst every effort is made to preserve the nerves supplying feeling to the inner arm, occasionally they may be damaged.

Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i/e. allergic reaction to anaesthetic) can be discussed with your anaesthetist.

Deep venous thrombosis (DVT)/ pulmonary embolus (PE): risk of a DVT is 1in 100. Rarely these can be fatal if they become a PE. Special precautions are taken in hospital to avoid this.

If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at Southwest Breast Clinic.

I
have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

Yes

No

I consent to Southwest Breast Clinic using my images for presentations and educational purposes.

Yes

No

Signed:.....