LATISSIMUS DORSI FLAP

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

A Latissimus Dorsi (LD) Flap may be combined with an implant to increase the volume and improve the shape of the breast. LD reconstruction may not be suitable for everyone and is best suited to women who have:

- Small breast volume
- Excess back tissue
- Previous radiation and having an implant reconstruction
- Are not suitable for a TRAM/DIEP flap
- Need to correct a lumpectomy defect
- Desire a more natural appearance than implant alone

What does the operation involve?

The LD flap uses muscle and skin from your upper back to create a new breast mound after a mastectomy.

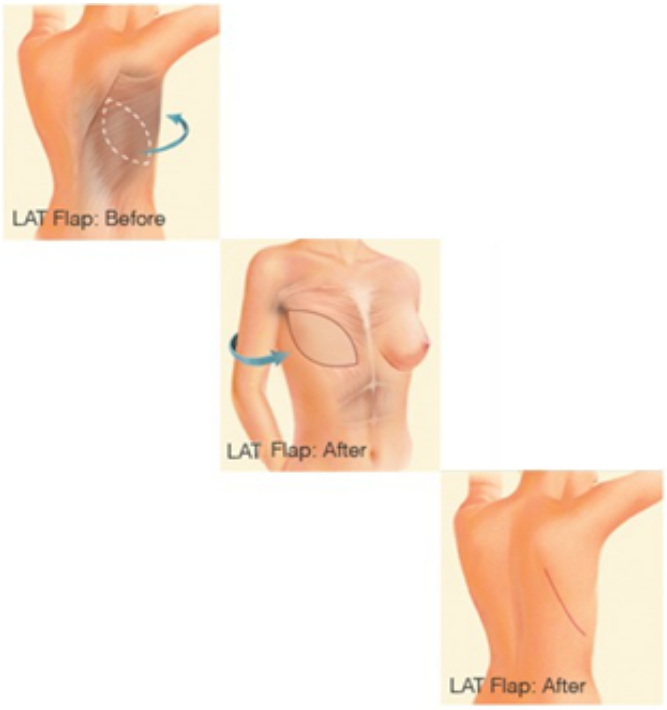
In this method the muscle remains connected to the original blood supply and an ellipse-shaped area of skin and your LD muscle will be elevated and moved from your upper back to your mastectomy area to create your reconstructed breast. This flap provides a source of soft tissue that can help create a more natural looking breast shape compared to an implant alone.

The LD flap is most commonly combined with an implant to give the surgeon additional options and more control over the aesthetic appearance of the reconstructed breast.

After your breast reconstruction surgery you will require a hospital stay of between around 4-7 days.

After surgery the nursing staff will be closely monitoring both your observations and that of the flap to ensure it has a good blood supply.

You will have two to three drains inserted during the surgery and these will be removed once fluid has adequately stopped draining. Occasionally it may be necessary to leave the drain tubes in place when you have been discharged. If this is the case the nurses at WPRS will follow you up and remove the drains.



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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:.....