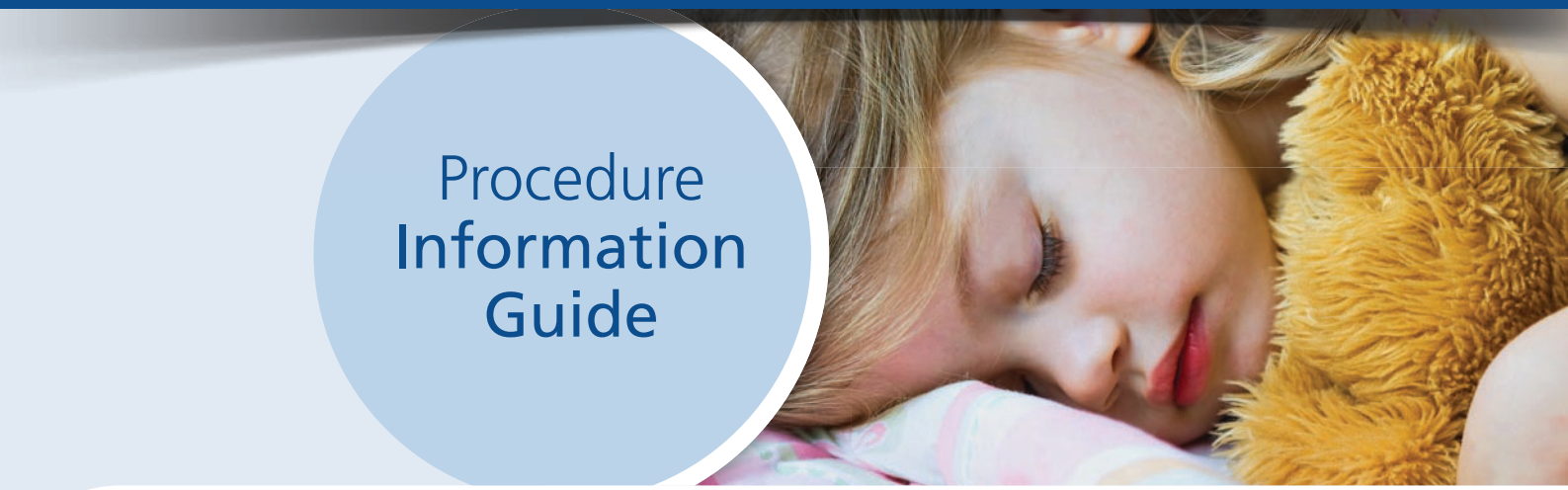
Discovery Health



Procedure
Information
Guide

Breast reconstruction with abdominal tissue flap

Brought to you in association with EIDO

EIDO Healthcare

and endorsed by the The Royal College of Surgeons of England

RCS
ADVANCING SURGICAL STANDARDS

11349DHM_EIDOS INFO COVER_24/06/2011

You are reading this document because you are considering having an operation. We understand this can be a stressful time as you deal with different emotions. Sometimes you may have questions after seeing your doctor. This document will give you a basic understanding about your operation, your recovery afterwards and what to expect in the long term. It describes the things you can do to help make the operation a success. It is also important to remember to tell your doctor about any medicine you are on.
Your doctor is the best person to speak to about any questions or concerns you may have.

What is a breast reconstruction with abdominal tissue flap?

A breast reconstruction is an operation to recreate a breast shape after you have had a mastectomy. Your surgeon will use tissue from your lower abdomen to recreate a breast shape (see figure 1).

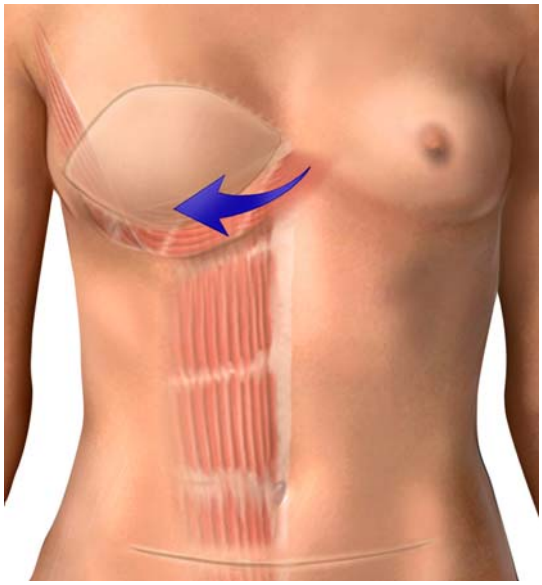


Figure 1

Abdominal tissue used to recreate a breast shape

Your surgeon will assess you and let you know if a breast reconstruction is suitable for you.

What are the benefits of a breast reconstruction with abdominal tissue flap?

If the operation is successful, you will have a breast shape again. The reconstructed breast will not have the same sensation as a normal breast. However, using tissue from your body will give your reconstructed breast a more natural shape and feel.
Most women who have a successful breast reconstruction are more comfortable with their appearance.

Are there any alternatives to a breast reconstruction with abdominal tissue?

Using padded bras or inserts in bras can give the appearance of a breast shape when you are wearing clothes.
It may be possible to have a reconstruction using only an implant. There is a higher risk of complications but the operation is usually shorter and the recovery time quicker. If you have an implant, your reconstructed breast may not be as natural or as close in shape to your other breast when compared to using your own tissue.
A reconstruction can be performed using the latissimus dorsi muscle that is moved from the side of your back and used to recreate a breast shape. If you do not have enough fat on the side of your back, an implant can be used to give your breast more volume. The muscle protects the implant from possible complications and gives a more natural shape and feel.
It is possible to use tissue from your buttocks or inner thigh. You will not usually need an implant for this type of reconstruction.
Your surgeon will have assessed the distribution of fat on your body and risk factors such as obesity (being overweight), smoking or scarring before recommending a reconstruction using abdominal tissue.

What will happen if I decide not to have the operation?

A breast reconstruction will not improve your physical health. Your surgeon may be able to recommend an alternative to recreate a breast shape.

What does the operation involve?

The operation is performed under a general anaesthetic. You may also have injections of local anaesthetic to help with the pain after surgery. Your surgeon or anaesthetist may give you antibiotics during the operation to reduce the risk of infection.

The operation involves moving a flap of skin and fat from your lower abdomen to your chest and using it to recreate a breast shape. The success of the reconstruction depends on maintaining a good blood supply to the tissue. Blood vessels are moved with the tissue and connected to blood vessels behind one of your ribs.

Depending on the size and condition of the blood vessels in your lower abdomen, your surgeon may also need to move some of your abdominal muscle. Muscle usually has a good blood supply that can feed the tissues of your reconstructed breast. Your surgeon will want to move as little of your abdominal muscle as possible to reduce the risk of developing a hernia and making your abdomen weaker.

Your surgeon will make a cut in your 'bikini' line and around your belly button (see figure 2).

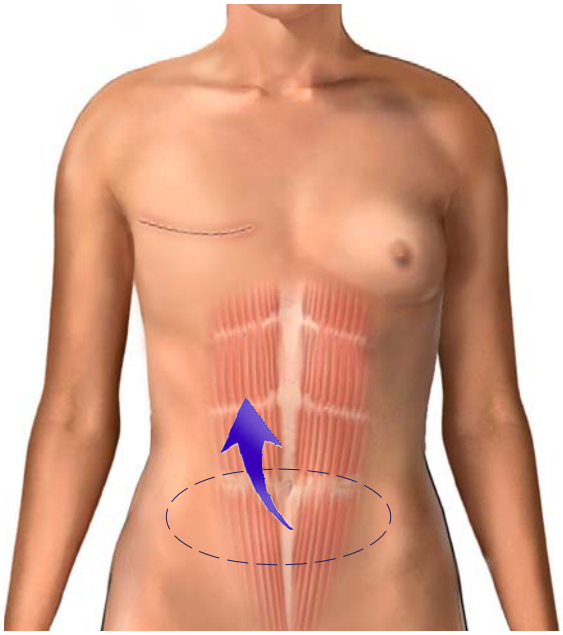


Figure 2

A cut is made to move a flap of skin and fat to your chest

During the operation, they will assess the blood vessels in your lower abdomen. Depending on the size and condition of the blood vessels, your surgeon will perform one of the following procedures.

- Free TRAM flap – Your surgeon will cut a flap that includes your abdominal muscle on one side below your belly button and bring it to your chest. They will use microsurgery to reattach the blood supply, usually to a small blood vessel behind the inner part of your third rib.
- Muscle-sparing TRAM flap – Your surgeon will cut away only a small part of your abdominal muscle.
- DIEP flap – Your surgeon will cut a flap that includes a single blood vessel that passes through your abdominal muscle, along with some skin and fat. They will not remove any muscle.
- SIEA flap – Depending on the size of your breasts, your surgeon may be able to move only a superficial blood vessel and not have to disturb your abdominal muscle.
- Pedicled TRAM flap – If the blood vessels in your lower abdomen are not suitable, your surgeon will cut a flap that includes the abdominal muscle on one side below your belly button along with some skin and fat. They will not disconnect the blood supply at the upper end of the flap. Your surgeon will create a tunnel under your skin in your upper abdomen and will turn the flap round with its blood supply through the tunnel to your chest and use it to recreate a breast shape.

If your surgeon moved any of your abdominal muscle, they will usually use a mesh to close the gap to help prevent a hernia (contents of the abdomen pushing out).

Your surgeon will place small tubes (drains) under the skin to help the wounds in your chest and abdomen to heal. They will close the cuts with stitches, leaving the drains in place. Your surgeon may place the stitches under your skin so you will not be able to see them. The stitches will eventually dissolve and the wounds will usually heal to neat scars.

Sometimes your surgeon will place a catheter in your bladder to help you pass urine.

What should I do about my medicine?

It is important to tell your surgeon about the medicine you are on and to follow their advice about taking your medicine before and after your operation. In some instances you may need to stop some medicine while you may need to change the way you are taking other medicine.
If you have diabetes, it is very important that your condition is controlled around the time of your operation. Follow your surgeon's advice about when to take your medicine before your operation.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.
Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.
Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medicine to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- **Bleeding** during or after surgery. This may need a blood transfusion or another operation. It is common to get some bruising of the chest or abdomen.
- **Infection of the surgical site** (wound). To reduce the risk of infection it is important to keep warm around the time of your operation. Let a member of the healthcare team know if you feel cold. In the week before your operation, you should not shave the area where a cut is likely to be made. Try to have a bath or shower either the day before or on the day of your operation. After your operation, you should let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful.
- **Unsightly scarring** of the skin, particularly if the wound gets infected.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. You will be encouraged to get out of bed soon after surgery and may be given injections, medicine or special stockings to wear.

3 Specific complications of this operation

- **Developing a lump under the wound caused by fluid collecting** (seroma). This is normal. If too much fluid collects and is causing discomfort, the fluid can be removed using a needle.
- **Developing a lump under the wound caused by blood collecting** (haematoma). Sometimes the blood needs to be removed by another operation and you may need a blood transfusion.

- **Loss of the flap** during the operation or in the first five days. This can happen if there is a problem with the connection between the blood vessels. The risk is higher in women who smoke, have large breasts, are overweight or have other medical problems, such as diabetes. If your surgeon cannot save the flap, they may be able to recommend another breast reconstruction. Sometimes only a small area of the flap is lost. You will need another operation so your surgeon can remove this area and restore your breast.
- **Skin necrosis**. This is where some of the original breast skin at the edge of the wound dies leaving a black area. If this happens, you may need special dressings or, rarely, a skin graft using skin from elsewhere on your body. The risk is higher in women who smoke, have large breasts, are overweight or have other medical problems, such as diabetes.
- **Difference in shape and appearance**. Your surgeon will try to make your reconstructed breast as similar as possible to your other breast.
- **Numbness** of the surface of the reconstructed breast. Over time you may start to get a return of sensation. You should be careful not to burn yourself.
- **Abdominal weakness**. The risk is higher if you have a TRAM flap. You may have some weakness when trying to sit up or lift anything heavy but otherwise you will usually be able to return to normal activities. You will notice you cannot perform as well when doing certain sports.

How soon will I recover?

• In hospital

After the operation you will be transferred to the high-care unit for 24 hours where the healthcare team will monitor the flap closely. You will then be transferred to the ward.
The catheter (if you have one) is usually removed the next day. Your doctor will tell you when you can go home, usually once the drains have been removed. You may be able to go home with the drains in place and to come back to have them removed.
Your breast-care nurse may advise you about starting to wear a bra, usually from the day after your operation. You should not wear a bra that has wiring. You will need to wear the bra all the time for the first two weeks and then during the day for the next six weeks.
If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

Most women return to normal activities within four to six weeks. Wearing a soft bra that fits comfortably will help to relieve any discomfort.
For the first three to four weeks after the operation do not lift anything heavy or do strenuous housework, like vacuuming or ironing.
If the operation involved moving some of your abdominal muscle, you may find it more difficult to sit yourself up. This should improve with time and you should not notice a difference in your normal activities. However, if you are a high-level athlete, your performance may be affected.
Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.
Do not drive for at least three weeks after your operation. You should be confident about controlling your vehicle and comfortable wearing a seat belt. Always check with your doctor first.

• The future

A member of the healthcare team will ask you to go to a follow-up clinic within one to two weeks of your operation. At the clinic your surgeon will check your wounds and tell you when you can return to work.
The shape of your reconstructed breast will take several weeks to settle down. It can take up to a year for you to feel as if your reconstructed breast is part of you.

Your surgeon may ask you to come back for a follow-up appointment in four to six months when the reconstructed breast has begun to drop to its longer-term position. At this appointment you can discuss with your surgeon how satisfied you are with the reconstruction and if you need any further procedures such as a nipple reconstruction, or breast uplift or reduction to your other breast.

Summary

A breast reconstruction with abdominal tissue is a cosmetic operation to recreate a breast shape. You should consider the options carefully and have realistic expectations about the results.
Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Acknowledgements

Author: Mr Eoin O'Broin MD FRCS (Plast), Mr Paul Roblin MSc FRCS (Plast) and Mr Graham Offer BSc FRCS (Plast)
Illustrations: Medical Illustration Copyright © 2011 Nucleus Medical Art. All rights reserved. www.nucleusinc.com

You can access references online at www.aboutmyhealth.org. Use reference B11.