



University Hospitals Birmingham
NHS Foundation Trust



Chest wall perforator flap Your operation explained

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Introduction

This booklet is designed to give you information about having a chest wall perforator flap and the care you will receive before, during and after your operation. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you, your surgeon and breast care nurse, but it aims to help you to understand more about what is discussed.

What is a chest wall perforator flap?

Chest wall perforator flaps are where skin and fat from the chest and/or back near the breast, is used to fill in a gap or defect that remains after the removal of a breast cancer. The surgery is performed along with a wide local excision of the breast, this is an operation to remove a cancer in the breast with a surrounding margin of normal breast tissue.

This causes scars, and the scars will depend on the type of chest wall perforator flap you need, but it will usually be hidden in the bra line. As time passes, the scar will fade and become less visible, although it will never completely vanish.

Is a chest wall perforator flap the right operation for me?

A chest wall perforator flap will normally be recommended for patients with a smaller to moderate breast size which may result in a more noticeable defect or greater asymmetry after a wide local excision operation. Most patients will have enough tissue on the chest wall and back, or below the breast, to be able to perform this procedure. The specific operation will also depend on the size and location of the breast cancer.

What are the alternatives to a chest wall perforator flap?

- Wide local excision – this is a simpler operation to remove the cancer with a margin of normal breast tissue. It is likely that a chest wall perforator flap has been recommended alongside a wide local excision of the cancer, as your surgeon believes that a better cosmetic result for you will be achieved, than with a wide local excision alone.
- Mastectomy – this is the removal of the whole breast, and this leaves behind a flat scar across the chest. This operation can be performed alone, or alongside a breast reconstruction.

If you wish to discuss either of these alternative procedures, please speak to your surgeon or breast care nurse to see if these would be suitable options for you.

What are the risks of a chest wall perforator flap operation?

Possible risks and complications include:

- **Bleeding:** You should not be concerned if you find a small amount of blood spotting on your wound dressing, but if more bleeding than this occurs after your discharge from hospital, or if you notice swelling, you should contact the breast care nurses or your GP immediately.
- **Infection:** If your wound becomes inflamed, red, hot, sore or oozes and discharge or pus you should contact your breast care nurse or GP for assessment and possible antibiotic treatment.
- **Seroma:** This is a collection of fluid under the wound. This is very common after breast surgery, and this sometimes requires the fluid to be drained with a needle in clinic.
- **Numbness or change in sensation in the breast/arm:** Surgery can sometimes cause damage to the nerves, some of this may improve over time, although the scar itself will remain numb.
- **Thrombosis:** This is a risk with all surgery and occurs when a blood clot forms in a vein, usually in the leg. You will be provided with support stockings and advised to wear them for 2 weeks. You may

be offered blood thinning injections if you may be at a higher risk of blood clots.

- **Need for further surgery:** The cancer will be removed with a margin of normal breast tissue. This will be examined under the microscope, and it may be recommended that you undergo further surgery if the cancer cells are too close to the margin.
- **A hard lump in the breast:** This can occur when an area of fat loses its blood supply and is called 'fat necrosis'. This may require further scans and sometimes a biopsy is needed to confirm the diagnosis. This should settle with time.
- **Flap loss:** this is a rare complication where there is loss of blood supply to the flap.

The breast care nurses are available to give advice, information and support throughout the course of your treatment and follow-up care. Please contact if you are worried or have any questions that you would like to ask.

What can I do before the operation?

Before the operation there are some things that you can do to help reduce the risks of an operation. These are:

- Stopping smoking
- Maintain a healthy weight
- If you are diabetic, maintain good blood sugar control
- Continue taking your prescribed medications from your GP (you will be advised if any of these need to be stopped prior to surgery)
- Exercise regularly – this is also important after your surgery as part of your recovery
- Do not shave or remove hair from the surgical area prior to surgery (this will be done at the time of surgery if required), shaving can cause small cuts in the skin which can increase the risk of infection
- Take a shower or have a bath before your operation
- Keep warm around the time of surgery, often patients are advised to bring a dressing gown with them on the day of surgery

What happens before the operation?

Before your admission to hospital, you may be asked to attend a pre-operative assessment clinic. Here, relevant tests and examinations are done such as a physical examination, blood tests and possibly heart monitoring - also known as electrocardiogram (ECG).

You will normally be admitted on the morning of your operation. You will be asked not to eat, drink or smoke for a period of time prior to your operation. Your surgeon or nurse will clarify this for you. You will be asked to remove all make-up and nail varnish before your operation. Please remove all jewellery, although you may keep your wedding ring on. You will be given support stockings which should be worn before the operation and for two weeks afterwards. These stockings help minimise the risk of deep vein thrombosis (DVT). An anticoagulation injection may be prescribed daily for you to further reduce the chances of DVT (a blood clot).

Before to the operation your surgeon will mark you with a surgical pen for surgery. This involves drawing on the skin, taking measurements and using a small ultrasound probe to help plan the operation.

How will I recover from the operation?

The operation takes about two hours and is completed under a general anaesthetic where you will be asleep. After the operation, you will spend some time in the recovery room until you are awake enough to return to the ward. You may find that you have an intravenous infusion or 'drip' in your arm for a few hours. This is to give you fluids directly into a vein until you feel able to drink, this will usually be a little later on in the day. You should expect to feel sore for a few days. Painkillers will be offered to you on a regular basis and to take home. If these are not helping to ease the pain, please tell the nurse so that we can provide a different painkiller.

You may have drains placed as part of your operation, these collect blood and fluids from the site of surgery in your body. Sometimes

these will be removed the day after surgery but sometimes patients can go home with a drain. You will be shown how to care for the drain at home and the breast care nurses will be in contact with you to monitor the output from the drain(s) and arrange to remove it. Usually drains stay in for around 1 week.

When can I return home?

Most people go home the following day, although some feel well enough to go home on the same day as the operation. Once you are back at home, you may find that you have a few days feeling low. If you feel your low moods are continuing and you would like to talk further, please feel able to call your breast care nurse. If you wish, further support or counselling can be arranged.

How should I care for the wound?

Your wound will be covered with a splashproof dressing and you will be able shower as usual during this time. Try to keep the flow of water away from the wound and dry the area thoroughly after showering. Sometimes a dressing with a battery pack is used to promote wound healing (a negative pressure dressing) and gently draw fluid away from the wound. If you have one of these dressings you will be advised how to care for it and they usually stay on for 1-2 weeks.

Any stitches (sutures) will be dissolvable and will not require removal. You will be reviewed a few days after surgery and the breast care nurses will review you further if required. They will remove your dressing and assess your healing. Steri-strips (small strips of dressings) may be used to give extra support to the wound. You can get these wet and they will start to loosen after about 10 days when they can be eased off, as you would a plaster. You will be asked to keep your bra with you whilst in hospital so you can wear it soon after the operation for support. A supportive bra should be worn day and night for 6 weeks after your operation to help with the healing process. Your bra should be comfortable and supportive.

What will happen after discharge?

Although adjustment may not be easy after the operation, be kind to yourself and take time to recover. The length of time needed to rest and recover after this operation depends very much on you as an individual. There are no real restrictions on what you may or may not do, but heavy lifting is not advised for at least six weeks. You can expect to feel a little sore for a few days. Please take your painkillers regularly as directed. If these are not effective, please contact your GP. If your lymph nodes have been removed at the same time, you may have a numb feeling on the inside of your arm. Sometimes it can be quite painful, but it does improve with time, although some areas sometimes remain numb.

What exercises should I do?

Arm exercises should be performed regularly after the operation to encourage the full range of movement back to your arm and shoulder. We suggest you perform the exercises three to four times each day after taking some pain relief to allow easier movement.

An exercise leaflet will be given to you, which will also suggest ways to take special care of your arm to help avoid the development of lymphoedema (a swollen arm). Please continue with the exercises until you feel that your arm and shoulder movement are back to normal.

Some patients prefer to continue these exercises indefinitely to prevent any problems developing. There is no reason why gentle exercise (such as swimming) should not be resumed as soon as you feel comfortable and your wounds are fully healed, this is usually about four weeks after surgery. More strenuous exercise can be resumed when your own doctor, breast care nurse or the consultant advises.

When can I drive?

You can drive as soon as you can make an emergency stop without discomfort. This may be about 10 days after the operation. You must also be comfortable wearing a seat belt. You should speak to your

insurance company about any restrictions following surgery. It is advisable to go out with another driver on the first trip to ensure you feel fully confident.

When can I return to work?

If you work then you may return when you wish, although most people feel that they do need a few weeks off to get over the emotional and physical strain of having this surgery. Six to eight weeks is about the usual length of time to take off work, but this differs from person to person. A sick note can be provided by your team on the day of surgery.

What about sex?

You can resume sexual relations when you feel comfortable doing so. Please ask about contraception issues if you have been using the oral contraceptive pill or other hormone based medication (such as HRT). Your breast care nurse or doctor will be happy to discuss this with you if you have any concerns.

What follow up treatment will I have?

This will be discussed at your outpatient appointment when the results from your operation and your treatment plans are finalised. As part of your follow-up care you will receive annual mammograms for five years and most patients will be offered radiotherapy.

Other treatments may be advised to reduce the risk of any recurrence of the cancer. Further treatment can include radiotherapy, anti-oestrogen tablets, chemotherapy and Herceptin (Trastuzumab). Your breast care nurse may have explained about some of these treatments before your surgery and can answer your questions about them. If any of the treatments above are recommended for you, a more detailed explanation will be given. It may be that you are offered a combination of these treatments – this is common practice. It is important to remember that your medical team plan things differently for each individual, so try not to compare yourself to others.

What feelings might I experience?

This period, just after diagnosis, and before surgery, can be very difficult. You may be very anxious and trying hard to come to terms with what having breast cancer means to you – physically and emotionally. Feelings that can occur during this time may include:

- Grief or a sense of loss
- Anger
- Helplessness and a feeling of vulnerability

Getting emotional support from those close to you is important at this time. Emotional support can strengthen your state of mind, particularly if you are still in shock over the diagnosis.

Advice on feelings

Talk openly about your feelings with those close to you – your spouse, partner, family or friends. It can help to reduce the anxiety as well as any sense or feeling of being alone. It can be a worrying time for your partner. They should be encouraged to be involved in discussions about your treatment and how it may affect relationships.

Your breast care nurse can also give you advice on support that is available for partners and carers. You may also find it helpful to join a support group where you can meet and talk with people who have experienced similar illness. Your breast care nurse can give you more information on this.

Who are the breast care nurses?

You will have met one of the breast care nurses in the outpatient clinic before your admission for your operation. They are here to provide you and your partner advice, information and support throughout the course of your treatment and follow up. They will see you regularly at your request – don't hesitate to ask for support if anything is worrying you.

Queen Elizabeth Hospital team: **0121 371 4499** or **07771 940 368**
Solihull Hospital team: **0121 424 5306**

Further information is available from the Patrick Room in the Cancer Centre. You can drop in for advice or call: **0121 371 3537**
Cancer support workers are also available for advice in the oncology departments.

It is important that you make a list of all medicines you are taking and bring it with you to all your follow-up clinic appointments. If you have any questions at all, please ask your surgeon, consultant, or nurse. It may help to write down questions as you think of them so that you have them ready. It may also help to bring someone with you when you attend your outpatient appointments.

Glossary of medical terms used in this information:

Anaesthetic: a drug that causes a loss of feeling or sensation.

Anticoagulant: any substance that prevents blood clotting.

Chemotherapy: the treatment of cancer with drugs.

ECG: also known as an electrocardiogram is a test which measures the electrical activity of the heart.

Herceptin: a drug therapy that targets certain types of cancer.

Intravenous: fluids given into a vein.

Lymphoedema: swelling caused by a blockage in the lymphatic system, which carries lymph fluid around the body. This can be caused by surgery or radiotherapy and can affect the arm following breast surgery.

Oncologist: a medical doctor who specialises in treating cancer.

Radiotherapy: X-ray treatment that uses high energy rays to kill cancer cells.

Seroma: a swelling caused by a watery fluid in the blood, known as serum, collecting within the cavity caused by the surgery.

Thrombosis: a blood clot within a vein.

Local sources of further information University Hospital Birmingham NHS Foundation Trust

The Patrick Room, Cancer Centre, Heritage Building (Queen Elizabeth Hospital) Mindelsohn Way, Edgbaston Birmingham B15 2TH:

Telephone: **0121 371 3537**

Breast Care Nursing Team Queen Elizabeth Hospital: **0121 371 4499** or **07771 940 368** Breast Care Nursing Team Solihull Hospital: **0121 424 5306**

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email **interpreting.service@uhb.nhs.uk**.

BREAST SURGERY

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