INFORMATION FOR PATIENTS

Latissimus Dorsi Flap for Breast Reconstruction

There is a broad muscle which lies directly under the skin on each side of your back. This muscle is called latissimus dorsi and can be used in breast reconstruction. The muscle used will be on the same side of the body as the mastectomy (i.e. right sided mastectomy would involve the right side of the back). There are many other layers of muscle in the back which lie under the latissimus dorsi muscle and these other muscles can partially compensate for the relocation of this muscle. When a mastectomy is performed part of the skin of the breast is removed along with the whole breast tissue. As everyone has spare skin on the back it is possible to move the muscle and some of the overlying skin from the back to the breast site. The amount of skin used is equivalent to the amount of skin removed at the time of mastectomy. There will be a thin wound along the bra line of the back and an oval shaped wound on the reconstructed breast. It is possible to tunnel the muscle and skin through the armpit region to the breast, as the blood supply is provided by a single large blood vessel, located in the armpit.

The muscle is then used to form a breast shape on the front of the chest, often with a breast implant beneath it to match the size of the other breast.

Two to four drains are left to drain any fluid or blood which could collect under the front or back wounds. These usually remain in place for between three to seven days and are usually removed when the amount of fluid coming out of the drains reduces.

There is absolutely no evidence that having a breast reconstruction increases the chances of the cancer coming back or makes any recurrence of the cancer more difficult to identify.
Problems that can occur after a latissimus dorsi flap reconstruction

• The latissimus dorsi flap is very reliable and as it has a very good blood supply the chances of the flap dying because of a lack of blood supply when it is moved is less than 1 in 100. This problem is more common in women who smoke, those who have diabetes, those who are overweight and women who have had radiotherapy to the lymph glands under their arm. If just part of the skin or muscle dies, then it is usually possible to save the reconstruction and just trim off the dead tissue. If all the skin and muscle die then you will need to go back to the operating theatre and have the skin, muscle and implant removed. This is not a life threatening problem. The surgeon would discuss with you the possibility of further reconstruction.

• Any operation carries with it a small risk of infection. You are given antibiotics during operation and for a few days after surgery. Even having taken these precautions, between 2 and 4 out of every 100 women who have a reconstruction with a latissimus dorsi flap with an implant will get infection around the implant. Very minor infections are redness of the overlying skin which usually settles with antibiotic treatment. More major infections require removal of the implant—but not the flap. Having removed the implant, it can be replaced at a later date usually 2 to 3 months later.

• Even though all bleeding that is visible is stopped at operation, bleeding from the cut edges of the breast tissue can occasionally start after operation and cause blood to collect in the wound. This is uncommon and happens in about 1 in every 100 patients. The normal time for this to develop is within the first 12 hours after operation. This is the reason why your wound is checked following surgery. If a large amount of blood collects this needs draining by a second operation.

• The reconstructed breast is not an exact match for the other breast. The reconstructed breast tends to be less droopy and sit up more than a normal breast. Reconstructing a very small breast or a very large breast can also be very difficult. For this reason your doctor may talk to you about making the reconstructed breast smaller than your
other breast and at a later date having your normal breast made smaller or it may be suggested that the reconstructed breast is made larger than your normal breast, and your opposite breast is increased in size. About 1 in 4 women require a second operation to tidy up the reconstruction. Sometimes the implant needs to be made bigger or smaller and sometimes having closed the back wound there is extra skin left at one or other end of the scar which looks a little unsightly. These areas can be easily flattened out by a second small operation.

- It is very common to get fluid developing under the scar on the back wound. This can cause a swelling under the wound and is called a seroma. This fluid may require removal with a needle and syringe when you come back to the clinic.

- The stay in hospital after operation is usually around seven days.

- The reconstructed breast and the area around your back wound will be fairly numb. Some of this numbness will be permanent but the area involved shrinks slowly with time.

- The muscle used for the reconstruction will still try to work when you perform actions which normally use it. This can lead to twitching in the new breast.

- You are likely to notice some weakness at your shoulder in actions which pull your arm to your side and in bracing your shoulder to push up from a chair or both.

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