



# B10 Breast Reconstruction with Latissimus Dorsi Flap

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## What is a breast reconstruction with latissimus dorsi flap?

A breast reconstruction is an operation to recreate a breast shape after you have had a mastectomy (removing all your breast). Your surgeon will recreate a breast shape using the latissimus dorsi muscle from the side of your back, usually with an implant (see figure 1).

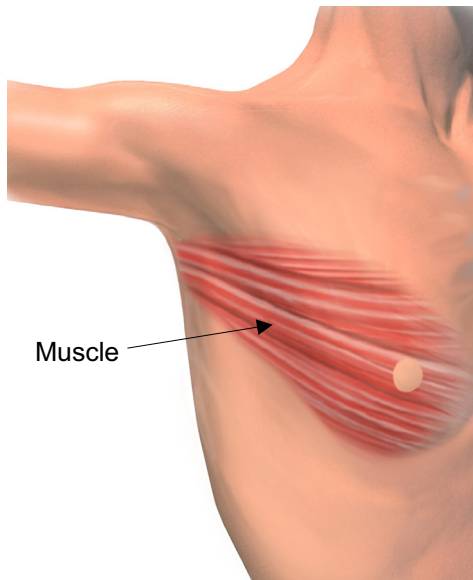


Figure 1

The latissimus dorsi muscle used to recreate a breast shape

Your surgeon will assess you and tell you if a breast reconstruction is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

## What are the benefits of surgery?

You should get a breast shape again. The reconstructed breast will not have the same sensation as a normal breast. However, using tissue from your body will help give your 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 latissimus dorsi flap?

Using padded bras or bra inserts 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.

It is possible to use tissue from another area of your body, usually your lower abdomen. 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 the latissimus dorsi muscle.

## 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 healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes four to six hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will make an elliptical (oval) cut on your back, usually along the natural creases of your skin (see figure 2).

They will also make a cut on your breast or in the front of your chest. Your surgeon will lift the latissimus dorsi muscle along with a small patch of skin that will be used to replace the areola (the dark area around your nipple) and nipple. They will keep the blood supply to the muscle, and move it around to the front of your chest to use to create a breast shape.

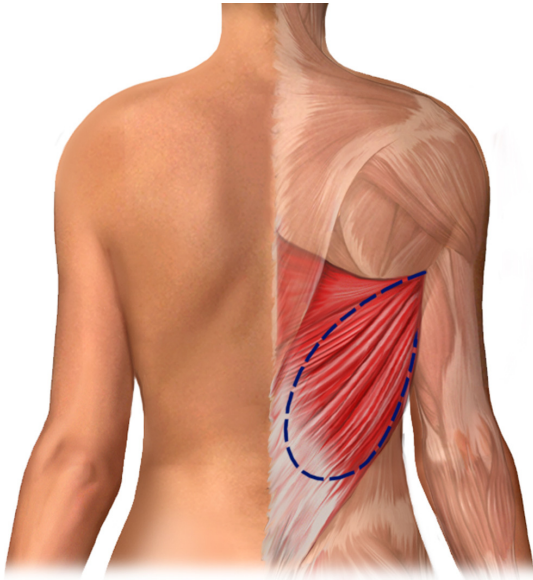


Figure 2

An elliptical cut is made to detach the muscle

Depending on the size of your other breast, your surgeon may use an implant or move some fat from your back with the latissimus dorsi muscle to increase the size of your reconstructed breast (extended flap). If you need an implant, your surgeon will create a pocket under the muscle to place the implant in (see figure 3).

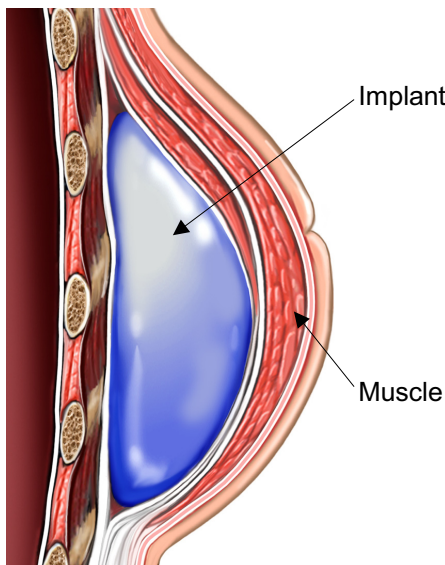


Figure 3

The implant is placed under the muscle

Your surgeon will insert drains (tubes) under your skin to help the cuts in your chest and back to heal. They will close the cuts with stitches. Your surgeon will usually place the stitches under your skin so you will not be able to see them. The stitches will eventually dissolve and the cuts will usually heal to neat scars (see figure 4).



Figure 4

Typical position of the scar in the back

### What kind of breast implant should I choose?

Various types and sizes of implant are available. All implants are made of an outer layer (shell) of silicone. They can be filled with silicone or saline (salt water).

The silicone used to fill the implant can be in the form of a liquid or gel (cohesive silicone). Liquid silicone and saline implants give a softer and more natural feel. Cohesive silicone implants give a firmer feel and come in more shapes, including those that look more like a natural breast, so they are often recommended to women who are having a breast reconstruction. If you do not have enough skin or you have already had a mastectomy, your surgeon may need to use an expandable implant (tissue expander). Over a number of weeks your surgeon will gradually fill the expandable implant with saline through a small tube (port) to stretch your skin and make your breasts similar in size. Your surgeon will discuss the options with you and recommend the most appropriate type and size for you.

### Is silicone safe?

Silicon (without the 'e') is one of the most common natural elements. It becomes silicone when it combines with oxygen, hydrogen and carbon.

Silicone can be made into many forms and has brought major benefits to industries, such as food production and personal-care products.

Silicone is useful for healthcare products because it does not dissolve in water or react easily to changes in temperature or to substances in your body.

Silicone is used to make heart-valve replacements, facial implants and tubes used to give people medication.

Many studies have been carried out to find if silicone breast implants are safe. There is no evidence to suggest that women with silicone breast implants have a higher risk of developing autoimmune diseases such as breast cancer and arthritis. There is a reported link between having an implant and a rare type of cancer called anaplastic large-cell lymphoma but the increase in risk is small.

### **What should I do about my medication?**

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

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

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax 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 the operation.
  - Keep warm around the time of the operation.
- Let the healthcare team know if you feel cold.

## **What complications can happen?**

The healthcare team will try to make the operation as safe as possible but 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. Any numbers which relate to risk are from studies of women who have had this operation. 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. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move your arm freely to prevent your shoulder from getting stiff.
- Bleeding during or after the operation. You may need a blood transfusion or another operation and it is common for your chest or back to be bruised.
- Unsightly scarring of your skin.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let the healthcare team know straightaway. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics and any pus may need to be removed. You may need another operation.

### 3 Specific complications of this operation

#### a Breast reconstruction complications

- Developing a lump under your wound caused by fluid collecting (seroma). This is normal, with the fluid usually collecting under your wound in your back. If too much fluid collects or is causing discomfort, it can be removed using a needle.
- Developing a lump under your wound caused by blood collecting (haematoma). You may need another operation to remove the blood and you may need a blood transfusion.
- Loss of the flap, if the blood supply to the muscle is not good enough or if it was too difficult for your surgeon to maintain a healthy blood supply (risk: 1 in 100). You will need another operation to remove the flap and implant. You may also need a skin graft to close your wound. The risk is higher if you smoke, have large breasts, are overweight or have other medical problems such as diabetes.
- Skin necrosis, where some of the original breast skin at the edge of your wound dies leaving a black area (risk: less than 1 in 20). You may need another operation to remove the dead skin or, rarely, a skin graft using skin from another area of your body. If a lot of skin dies, you may need another operation to remove the flap and implant until your breast has healed. The risk is higher if you smoke, have large breasts, are overweight or have other medical problems such as diabetes.
- Unnatural movement or twitching of the reconstructed breast when you use your arm. This tends to settle with time. If it continues, you may be able to have a further procedure to make the problem less noticeable.
- Difference in shape and appearance. Your surgeon will try to make your reconstructed breast as similar as possible to your other breast.
- Numbness or continued pain around your armpit or the inner part of your arm caused by injury to the small nerves that supply your skin. Any pain usually gets better within a few weeks. Numbness can last for up to six months and can sometimes be permanent.
- Permanent numbness around the scar in the back and on most of the surface of the reconstructed breast. Over time the area of numbness may get smaller and you may start to get a return of sensation. You should be careful not to burn yourself.

- Stiff shoulder. Unless you are a high-level athlete, you will usually be able to return to normal activities. The healthcare team will give you exercises and it is important that you do them to keep your shoulder moving. Take painkillers as you are told if you need to relieve the pain so you are able to exercise.

- Arm weakness. The latissimus dorsi muscle is the largest muscle in your back and is used to pull your arm down and your body up. Other muscles can do these movements but you will notice that you cannot perform as well when playing certain sports. It can take up to a year to recover.

Fewer than 12 in 100 women will get a complication related to the breast reconstruction in the first 30 days.

#### b Implant complications

- Developing a collection of fluid in the pocket where the implant is (seroma) (risk: 1 in 30). This is not usually serious and settles with time.

Sometimes the fluid needs to be removed using a needle. If the seroma becomes large and keeps coming back (a pseudocyst), the implant may need to be removed and replaced (risk: less than 1 in 100). If the problem continues you will need to wait at least two months and until any swelling or inflammation has settled before you can have another implant.

- Infection of the implant (risk: 1 in 20 over a lifetime). The risk is higher if you smoke, are overweight, have had radiotherapy or have other medical problems such as diabetes. Your surgeon will need to remove the implant. You will need to wait for about three to four months, while the infection clears and your wound heals, before your surgeon can replace it. If the skin around your scar is red and your wound is painful and swollen, let your doctor know.

- Thickening and tightening of the scar tissue (risk: up to 1 in 10 in one year, the lifetime risk is not known). Your body normally forms a layer of scar tissue (or capsule) around the implant. If the scar tissue thickens and tightens, it can make your breast feel hard and can cause the shape to change. The risk is higher if you need radiotherapy after the operation. In severe cases your breast can become painful and you may need another operation to remove the scar tissue and replace the implant.

- Kinking and rippling caused by a capsule forming or by natural sagging of your skin. This is more common if you have a liquid silicone implant. Sometimes it is possible to feel the edge of the implant under your skin but any kinking or rippling is usually obvious only if you are slim.
  - Rupture or deflation of the implant. This is usually caused by the shell ageing but can also be caused by a tight capsule or trauma (where a physical force is applied directly to your breast). An implant filled with saline can deflate if the valve is faulty. A saline implant will usually deflate straightaway and the implant will need to be replaced. If you have implants filled with cohesive silicone, the silicone usually stays in the capsule and does not cause any obvious symptoms or pain. However, most surgeons will still recommend that the implant is replaced. If the capsule ruptures too, the silicone will leak out and can spread into your breast or armpit, causing lumps (siliconomas). The implant will need to be replaced. If you notice changes to your skin or shape of your reconstructed breast, or you have aching, a burning sensation or pain, let your surgeon know.
  - Rotation of the implant. It takes four to six weeks for the implant to attach to the surrounding tissue. Strenuous activities or too much fluid collecting around the implant may cause the implant to rotate.
- Fewer than 4 in 100 women will get a complication related to the implant in the first 30 days.

### **How soon will I recover?**

#### **• In hospital**

After the operation you will be transferred to the recovery area and then to the ward.

After two days the healthcare team will recommend exercises for your arm and it is important that you do these exercises regularly after you go home.

The healthcare team will advise you about starting to wear a supportive bra, usually before you leave hospital. Do not wear a bra that has wiring.

You should be able to go home after two to five days with the drains still in place, and come back to have them removed. However, your doctor may recommend that you stay in a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

#### **• Returning to normal activities**

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to normal activities after four to six weeks. Wearing a soft, well-fitted bra will help to relieve any discomfort.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for three weeks. Do not play rigorous sports, such as tennis, horse-riding, golf or aerobics, for two months.

Even though you will no longer have the use of your latissimus dorsi muscle, you should not notice a difference in your normal activities. If you are a high-level athlete, your performance may be affected.

If you have a reconstruction with a latissimus dorsi flap on both sides, you may find it more difficult to lift or pull yourself up.

If your surgeon moved fat from your back to increase the size of your reconstructed breast, you may notice a change in the shape of your back.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive for at least three weeks. You should be confident about controlling your vehicle and comfortable wearing a seat belt. Always check your insurance policy and with your doctor.

#### **• The future**

The healthcare team will arrange for you to come back to the clinic after two to four weeks. At the clinic your surgeon will check your wounds and tell you when you can return to work.

If your surgeon needed to use an expandable implant, you will need to come back to the clinic regularly. Once your skin has stretched enough and your breasts are similar in size, your surgeon may remove the port and leave the expandable implant in place. Your surgeon will usually recommend replacing the expandable implant with a permanent one.

The shape of your reconstructed breast takes several weeks to settle. It can take up to a year for you to feel as if your reconstructed breast is part of you.

Your surgeon may arrange for you to come back to the clinic after 6 to 12 months when the reconstructed breast has begun to drop to its longer-term position. At the clinic you will be able to discuss with your surgeon how satisfied you are with the reconstruction and if you need any further procedures such as a nipple reconstruction, breast uplift or reduction to your other breast or a fat-transfer procedure (lipofilling).

Continue to check your breasts for any changes and contact your GP if you have any concerns. 1 in 5 women needs another operation in the first five to six years as a result of a complication (revision surgery).

### **Summary**

A breast reconstruction with latissimus dorsi flap 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 but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.**

### **Acknowledgements**

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