

Breast Care Services

Breast reconstruction: Latissimus Dorsi procedure

What is breast reconstruction?

Reconstruction can be carried out after all of a breast is removed (mastectomy). The new breast uses as much of your own remaining tissue as possible. It can be created around an artificial implant and/or a piece of muscle and/or fat and skin transferred from another part of the body, usually the back or abdomen. Surgeons can also create a new nipple.

Latissimus Dorsi (LD)

This operation uses a muscle called the latissimus dorsi and some overlying fat and skin from your back. With or without a breast implant.

Before surgery

Before your surgery, you will be invited to attend the hospital for a pre-operative assessment. This will include:

- Routine blood tests
- Weight check
- Heart tracing (ECG)
- General medical history will be taken

It may also include:

- X-rays
- Clinical photographs

As you are likely to be in hospital for 2 to 5 days, you will find it useful to bring in the following items:

- All your usual medication



Patient Information

- Night-wear with buttons at the front, preferably short sleeved and loose fitting
- Slippers
- Light weight dressing gown
- Underwear- crop top
- A V shaped pillow or an extra soft pillow may be useful to support your back following your operation
- Toiletries: non-perfumed shower gel/soap lip salve, hand wipes/baby wipes. shampoo
- Bath and hand towel
- Books / magazines / music player / phone
- Comfortable, loose clothes for when you go home
- Small amount of money

Please do not bring in any valuable/sentimental items into hospital.

Day of Surgery

- You will be required to starve from all food and drink before your surgery. Starvation times will be confirmed in a letter or by ward staff.
- Before your operation, a member of the surgical team will check that you fully understand your surgery and ask you to sign a consent form, signifying your agreement to have surgery.
- You will have markings drawn on your skin in preparation for surgery.
- You will have the opportunity to meet your anaesthetist before surgery.
- To reduce the risk of blood clots you will be fitted with stockings and given daily blood thinning injections (clexane).

Surgery

Your operation will be performed under general anaesthetic. It will take between two to three hours. The length of surgery will be longer if both breasts are being reconstructed.

Patient Information

After your operation

What to expect after your operation:

You will wake up in the recovery room, where you will be closely monitored, given painkillers and anti-sickness medicine if needed. When you are fully awake and comfortable you will be transferred back to the ward.

Once back on the ward you will be monitored by the nursing staff. This is routine and will include:

Continued observation of your general condition:

- Blood pressure
- Pulse
- Temperature
- Oxygen saturations
- Wounds/drains
- Pain control
- Breast reconstruction and back wound

There will be careful monitoring of the LD flap for colour, warmth, blood flow and swelling, to ensure reconstruction is healthy.

During your immediate recovery you can expect to have:

- Intravenous fluids (drip) and antibiotics
- Wound drains from surgical sites to drain away excess fluid. You could expect between two to four drains
- Dressings to surgical sites

You will be nursed in bed initially and assisted by the nursing staff to mobilise. During this time you will be offered assistance with your personal hygiene. You may find it useful to use pillows to support your back when sitting or lying as this area can be quite tender.

Visitors

Visitors will be allowed to see you in the evening after your operation but you will feel sleepy. It may be a good idea to limit those visitors to just one to two close family or friends.

Children are allowed to visit at the discretion of the ward staff.

Patient Information

Visiting hours

Monday to Friday	6.30pm to 8.00pm
Saturday, Sunday and Bank Holidays	2.00pm to 4.00pm and 6.30pm to 8.00pm

After your surgery

Diet and fluids

You will be encouraged to eat and drink plenty of fluids. Sometimes your appetite can be reduced initially, adopting a “little and often” approach can be useful.

Mobility

You will be encouraged to begin to mobilise. Mobility is normally quite quick but take your time as you will feel tired after your operation.

The nursing staff will assist you as needed.

Exercises

On the instruction of your Consultant, and if required, you will be advised and shown a series of exercises to prevent shoulder stiffness. These should be performed regularly and continued at home until normal movement has returned. You will also be given an information booklet to help you with your exercises.

Pain control

We encourage our patients to take painkillers at regular intervals as they are important in not only minimising discomfort but will help you to mobilise and return to normal as soon as possible.

Please ensure you have a supply of pain killers at home for example, paracetamol and/or ibuprofen.

Some painkillers may have side effects, mainly nausea and constipation, especially codeine. These can be treated with anti nausea medication and laxatives so do discuss any side effects with the nursing staff.

Patient Information

DO NOT apply either heat or ice directly onto your reconstructed breast or back wound as it could cause burns or damage to your skin that you may not feel due to change in sensation.

Wounds and drains

Your wounds will usually have dissolvable sutures and therefore do not need to be removed.

Dressings will also be applied and changed only when as necessary.

You may have 2-4 wound drains in place after surgery. These are to allow fluid to drain away from your breast and to reduce swelling. You may be discharged home with a drain still in place. If so, the ward staff or Breast Care Nurses will explain the drain care to you. The amount of fluid drained is measured over 24 hours and will be removed on your Consultants instructions.

Your breast shape

If only one breast is being reconstructed, you may find that there is a difference in size and shape to your other breast. It therefore may be advisable to wear a lightweight prosthesis called a “softee” supported by your bra that can be fitted by the nurses to correct the difference. This is then normally replaced after approximately 6 weeks by more permanent external silicone prosthesis.

Further surgery can be offered at a later stage to improve the asymmetry if you wish. Please discuss this with your surgeon.

Discharge advice

On discharge you will be given discharge information and painkillers if required. You will also be advised of your next out-patient appointment.

When you get home you will need to take things easy for a while.

You will need some time off work to get over the emotional and physical strain of having surgery. Most women need 6-8 weeks, and if you have a manual or stressful job you may need longer.

Patient Information

Wound Healing

It takes time for wounds to heal, some bruising and swelling is to be expected initially.

You may also develop odd sensations over the chest and around the operation site on your back. These are normally described as shooting or stabbing pains and are a normal part of the healing process and to be expected.

These are common sensations and often last several weeks, if not months, but become less intense and less frequent with time.

Wound infections can occur, if you are concerned please inform your Breast Care Nurse or GP

Please see under the heading '**Infection**' for further information on signs and symptoms to look out for.

Dressings

If you have dressings, they will be removed and if needed changed at your next out-patient clinic appointment.

If they become loose or soaked, you may need to contact the ward or Breast Care Nurses for advice or treatment. (Contact details can be found at the end of this information)

Dissolvable stitches can take approximately six to eight weeks to dissolve; occasionally some stitches do not dissolve and work to the surface of the scar, if this happens they can be easily removed by the nursing staff.

Lingerie

A comfortable non-wired bra or crop top is recommended after surgery to offer support.

These can be obtained from high street stores such as M&S, Primark, Matalan, and Asda.

Patient Information

Anti-embolic stockings

We advise that you wear your anti-embolic stockings for at least two weeks after your surgery, or until you are back to your normal level of activity. This is to continue to reduce the risk of developing a deep vein thrombosis.

Nutrition

Healing is faster and better with good nutrition. Your body needs extra calories and protein as well as vitamins and minerals.

We recommend healthy eating. You should aim to have three meals and three healthy snacks per day. Stay well hydrated by drinking 1.5 – 2 litres of fluid per day.

Exercise

You will be shown some arm and shoulder exercises before your discharge. These help to maintain your mobility and prevent stiffness.

We would advise no heavy lifting, no hoovering or stretching up to a washing line for 4-6 weeks.

Sport and leisure

It may be advisable to begin some gentle exercise such as walking.

You will be tired after surgery so increase your activity gradually over time.

If you play sports or exercise regularly, please check with your surgeon or Breast Care Nurse when you can restart.

Driving

This is not advised for 4-6 weeks after surgery, depending on your recovery.

Please remember you must still wear a seat belt. You need to feel comfortable, safe and confident to handle a car in an emergency.

You may also wish to check with your insurance provider.

Holidays

It is advised that you do not fly for at least six weeks after surgery as you may be at risk of developing a deep vein thrombosis. It is also important to make sure you are fully healed.

Patient Information

When you do fly, flight socks are recommended.

Post operative out-patient appointment

You will be offered an appointment to check your wounds normally 1 week after discharge.

You will also receive an appointment to see your Consultant approximately 4-6 weeks after surgery.

Further appointments will be arranged as necessary.

At this time nipple reconstruction and nipple tattooing maybe discussed. Nipple reconstruction requires further surgery by the Surgeons. Nipple tattooing is carried out by the Breast Care Nurses. Both require further referrals and it may be four to six months before all your surgery is complete.

Potential problems following surgery

Complications from surgery are infrequent and usually minor. However, no operation is without risks and it is important that you are aware of possible complications

Bleeding

You will get some swelling after the operation. However sometimes the swelling develops rapidly which may indicate the formation of a blood collection (haematoma). This may require you to return to theatre to have this drained and any bleeding point identified. Very rarely, you may require a blood transfusion.

Build up of fluid

After the drains have been removed fluid may continue to build up around the wounds. This can form a collection called a **seroma** and is very common below the site of your operation on your back.

Patient Information

Small amounts of this fluid will eventually be absorbed by your body, but sometimes may need to be drained. Your Breast Care Nurse or Consultant will advise you.

Infection

Antibiotics are given around the time of the operation to reduce the risks of infections. Infections however can occur at any time after the operation.

Please report any of the following signs and symptoms as soon as you notice them to either, the Breast Care Nurses or your own GP.

Signs/symptoms that could suggest a possible infection are :

- Redness around wounds
- Excessive discharge from wounds
- Offensive smell from wounds
- Increasing pain/swelling
- Feeling feverish
- Pain and discomfort

Loss of implant

Whilst this is not common, there is a potential risk that the implant may need to be removed due to poor wound healing or infection. Should this occur the surgeon would then talk to you about options for reconstruction.

You may continue to feel sore and stiff, particularly when you exercise but this should gradually disappear.

Further information

If you require any further information or advice after reading this leaflet, please contact:

Breast Care Nurses 024 7696 7089

The Breast Care Nurses are available to help and support you and your family, both before and after surgery.

Patient Information

Plastic Surgery Clinical Nurse Specialist

Sunita Mahay 024 7696 4000 (ask switchboard to bleep 1676)

Surgical secretaries

Tracy Sinton 024 7696 5276

Tracy Cullen 024 7696 5275

Plastic Surgery secretaries

University Hospital Coventry and Warwickshire

Margaret Taylor (Mr. Park) 024 7696 5289

Jackie Conboy (Miss Skillman) 024 7696 5223

Sources of support and information

Macmillan Cancer Information Centre 024 7696 6052

Information and support based at University Hospitals Coventry and Warwickshire This service provides information about all aspects of cancer.

Service open Monday – Friday 9.00am – 4.00pm.

Breast Cancer Now: www.breastcancernow.org.uk/reconstruction

UK charity providing information and emotional and practical support for anyone affected by breast cancer (includes booklet on breast reconstruction and online animated guide)

Association of Breast Surgery: www.associationofbreastsurgery.org.uk

Represents health professionals treating breast cancer (includes links to a range of guidelines and information on new developments)

British Association of Plastic, Reconstructive and Aesthetic Surgeons

Includes a patient guide to breast reconstruction

www.bapras.org.uk

Patient Information

Macmillan Cancer Support: www.macmillan.org.uk

Charity providing practical, emotional and financial help to people living with cancer and their carers

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us on 024 7696 7089 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Breast Care
Contact:	27089
Updated:	May 2021
Review:	May 2023
Version:	3.2
Reference:	HIC/LFT/1636/13