

## Breast Care Services

# Breast reconstruction - Latissimus dorsi procedure

## What is breast reconstruction

Reconstruction can be carried out after a mastectomy (operation to remove a breast). 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. This procedure can be done with or without a breast implant.

## Before surgery

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

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



## Patient Information

### **It may also include:**

- X-rays
- Clinical photographs

As you are likely to be in hospital for 1 or 2 nights, you'll find it useful to bring in the following items:

- All your usual medication
- Nightwear with buttons at the front, preferably short-sleeved and loose fitting
- Slippers
- Lightweight dressing gown
- Underwear crop top
- A V-shaped pillow or an extra soft pillow may be useful to support your back after surgery
- 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 any valuable/sentimental items to the hospital.

### **Day of surgery**

- You'll 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. They'll ask you to sign a consent form, signifying your agreement to have surgery.
- You'll have markings drawn on your skin in preparation for surgery.
- You'll have the opportunity to meet your anaesthetist before surgery.

## Patient Information

- To reduce the risk of blood clots, you'll be fitted with stockings and given daily blood thinning injections (Clexane).

## Surgery

Your operation will be performed under general anaesthetic. It will take approximately 4 hours. The length of surgery will be longer if both breasts are being reconstructed.

## After your operation

### What to expect after your operation:

You'll wake up in the recovery room. Here you'll be closely monitored and given painkillers and anti-sickness medicine if needed. You'll be transferred back to the ward when you're fully awake and comfortable.

Once back on the ward, you'll 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 make sure 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 can expect between two to four drains
- Dressings to surgical sites

## Patient Information

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

### Visitors

Visitors will be allowed to see you in the evening after your operation, but you'll feel sleepy. It may be a good idea to limit those visitors to just 1-2 close family or friends.

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

### Visiting hours

**Monday to Friday**

**6.30pm - 8pm**

**Saturday, Sunday and Bank Holidays**

**2pm - 4pm, 6.30pm - 8pm**

### Diet and fluids

You'll be encouraged to eat and drink plenty of fluids. Sometimes your appetite can be reduced initially. Taking a "little and often" approach can be useful.

### Mobility

You'll be encouraged to begin to mobilise. Mobility is usually quite quick, but take your time as you'll feel tired after your operation.

The nursing staff will assist you as needed.

### Exercises

You may be advised and shown a series of exercises to prevent shoulder stiffness. Perform these regularly and continue at home until normal movement has returned. You'll also be given an information booklet to help you with your exercises.

## Patient Information

### **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 painkillers at home, for example paracetamol and/or ibuprofen.

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

**Do not** apply either heat or ice directly onto your reconstructed breast or back wound. This could cause burns or damage to your skin that you may not feel due to a change in sensation.

### **Wounds and drains**

Your wounds will usually have dissolvable stitches. This means they don't need to be removed.

Dressings will also be applied and changed only when necessary.

You'll have 2 to 4 wound drains in place after surgery. These allow fluid to drain away from your breast and reduce swelling.

You'll be discharged home with drains still in place. The ward staff 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.

## Patient Information

### **Your breast shape**

If only one breast is being reconstructed, you may find a difference in size and shape to your other breast. It may be advisable to wear a lightweight prosthesis called a “softie” supported by your bra. This can be fitted by the nurses to correct the difference. This is usually replaced after 8 weeks by a 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'll be given discharge information and painkillers if required. You'll also be advised of your next outpatient appointment.

When you get home, you'll need to take things easy for a while.

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

### **Wound healing**

It takes time for wounds to heal; expect some bruising and swelling to begin with.

You may also develop odd sensations over the chest. These are normally described as shooting or stabbing pains and are a part of the healing process and to be expected. These are common sensations and often last several weeks, if not months. They become less intense and less frequent with time.

Wound infections can occur. If you're concerned, please contact your consultant's secretary for an appointment.

## Patient Information

Please see '[Infection](#)' for further information on signs and symptoms to look out for.

### **Dressings**

If you have dressings, they'll be removed and changed if needed at your next outpatient clinic appointment.

If they become loose or soaked before your appointment, you may need to contact your consultant's secretary for an appointment or advice.

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.

### **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, protein, 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.

## Patient Information

### **Exercise**

You'll 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, hoovering or stretching up to a washing line for 4-6 weeks.

### **Sport and leisure**

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

You'll be tired after surgery, so increase your activity gradually over time.

If you play sports or exercise regularly, please check with your surgeon 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's advised that you do not fly for at least six weeks after surgery. This is because you may be at risk of developing deep vein thrombosis. It's also important to make sure you're fully healed. When you do fly, flight socks are recommended.

### **Post-operative outpatient appointment**

You'll be offered an appointment to check your wounds usually 1 week after discharge.



## Patient Information

You'll also receive an appointment to see your consultant approximately 4-6 weeks after surgery or when your results become available.

Further appointments will be arranged as necessary.

At this time, nipple reconstruction and nipple tattooing may be 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 4 to 6 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's important that you are aware of possible complications.

#### **Bleeding**

You'll get some swelling after the operation.

Sometimes the swelling develops rapidly. This 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 be offered 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**. A seroma is very common below the site of your operation on your back.

Your body will eventually absorb small amounts of this fluid, but sometimes this may need to be drained. Your consultant will advise you.

## Patient Information

### **Infection**

Antibiotics are given around the time of the operation to reduce the risks of infections. However, infections can happen at any time after the operation.

#### **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

Please report any signs and symptoms to your consultant's secretary as soon as you notice them.

### **Loss of implant**

Whilst not common, there's a potential risk the implant may need to be removed due to poor wound healing or infection. If this happens, the surgeon will talk to you about alternative options for reconstruction.

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

### **Further information**

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

#### **Breast Care Nurses**

**01788 663412**

The Breast Care Nurses are available for advice if needed.

## Patient Information

### **Surgical secretaries**

Telephone number: 024 7696 5276

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## **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 9am – 4pm

### **Breast Cancer Now**

[www.breastcancernow.org.uk/reconstruction](http://www.breastcancernow.org.uk/reconstruction)

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

### **Association of Breast Surgery**

[www.associationofbreastsurgery.org.uk](http://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**

[www.bapras.org.uk](http://www.bapras.org.uk)

Includes a patient guide to breast reconstruction.

### **Macmillan Cancer Support**

[www.macmillan.org.uk](http://www.macmillan.org.uk)

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

## Patient Information

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.

### Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

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[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



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