

Head and Neck

DCIA free flap

This leaflet aims to explain your upcoming treatment and answer many of the common questions. If you have any other queries or would like further information, please ask.

What is a DCIA free flap?

A DCIA free flap is one way of filling a bony hole in either the upper or lower jaw. It is one of the more usual ways of replacing bone that has been removed for cancer treatment.

What does the surgery involve?

Your surgeon will take a piece of bone from your pelvis. The pelvis is the large block of bone that lies immediately above the hip joint. Pelvic bone (the flap) is removed along with two blood vessels, one of which supplies blood to the flap (the artery) and one of which drains blood from it (the vein).

The artery supplying blood to the bone is called the deep circumflex iliac artery and hence the flap is usually known as the DCIA flap. Once the piece of bone from the pelvis is removed, it is transferred to the head and neck and secured in position with small plates and screws. The blood vessels supplying and draining the flap are then joined to blood vessels in your neck under a microscope. These blood vessels then keep the flap alive while it heals into its new place.



What happens to the hole in the pelvis?

The hole in the pelvic bone that is left after the flap is raised is left to heal on its own. It takes several months for the pelvis to heal completely but at the end of this time it should be as strong as it was before the surgery.

What can I expect after the operation?

The area of your pelvis where the bone has been removed is likely to be sore. Regular painkillers will be arranged for you. A small tube is placed through the skin into the underlying wound to drain any blood that may collect. This “drain” is usually removed after a few days.

Will I have a scar?

All cuts made through the skin leave a scar, but most of these fade with time. The scar on your tummy is usually around 9” long (23cm).

What are the possible problems?

There are potential risks with any operation. Fortunately, with this type of surgery, complications are rare. However, it is important that you are aware of them and discuss them with your surgeon.

- **bleeding** – a “drain” is inserted into your pelvic wound, so bleeding is unusual
- **infection** – you will be given antibiotics through a vein whilst you are asleep and for the first few days after surgery - as a result, infection is not normally a problem
- **numbness** – occasionally a patch of skin over your thigh will feel numb and tingly after the operation - this numbness may take several months to disappear, and in a few patients may last for ever

Hernia

In addition to removing bone from your pelvis, your surgeon may also remove a neighbouring muscle. This is necessary if some of the soft tissue lining inside your mouth must be replaced.

If part of a tummy muscle is removed, the area is usually strengthened with a synthetic plastic sheet when the wound is closed. Despite this, the

Patient Information

tummy muscles may be weakened, which can produce a bulge in the area. Rarely, hernias may occur months or even years after surgery.

Flap failure

In 2 to 5% of cases, one of the blood vessels supplying or draining the flap can develop a blood clot within it. This means that the flap doesn't get any fresh blood or, if the drainage vein clots, then the flap becomes very congested with old blood. If this occurs, it usually happens within the first 2 days and means that you will have to return to the operating theatre to have the clot removed.

Removing the clot is not always successful. On these occasions where the flap "fails", an alternative method of reconstruction is then sought.

Will my walking be affected?

You will be on bed rest for 3 or 4 days after surgery. You then start sitting out in a chair. With the help of physiotherapists, you will start to walk at the end of the first week. You should be climbing stairs by about the third week after surgery.

You may need some help with walking when you leave hospital (for example, using a stick). Most people end up walking normally after a few months.

Contact details

A nurse will talk to you about what to expect after your operation.

If you have questions or concerns, please contact your Macmillan Head and Neck clinical nurse specialists on 024 7696 6452

Further information

Cancer Information Centre 024 7696 6052

Our cancer information specialist can offer free support, practical advice and information to anyone affected by cancer. No appointments are

Patient Information

required and an answering machine facility is available. The Centre is open Monday to Friday, 9am to 4pm and is located on the ground floor in the main entrance.

This leaflet is based on information provided by BAOMS (British Association of Oral and Maxillofacial Surgeons).

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