

Head and Neck

Radial Forearm Free Flap

Introduction

This leaflet aims to explain your forthcoming treatment and answer many of the common questions. If you would like more information please ask your surgeon.

What is a radial forearm free flap?

A radial forearm free flap is one way of filling a hole which is left when a cancer has been removed. It is one of the most common ways of replacing tissue in the head and neck, particularly after mouth cancers have been removed. This procedure can be used to replace large parts of the mouth and has the advantage that when it heals it does not shrink so that speech and swallowing should not be greatly affected.

What does the surgery involve?

Your surgeon will take a piece of skin from the inside surface of your forearm near the wrist. The skin and fat layer in this region is removed (the flap) 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). Once the flap of skin is raised it is transferred to the area created by the removal of your cancer. Using a microscope the blood vessels supplying and draining the flap are then joined to blood vessels in your neck.

These blood vessels then keep the flap alive while it heals into its new place.

Once the flap is removed from your forearm the hole created is covered with a graft of skin. A skin graft can be taken from one of several places known as the donor site. Commonly a thin piece of skin is shaved from the arm above the elbow. Alternatively some skin may be taken from your



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abdomen (tummy).

What will my arm be like afterwards?

A dressing will be placed on your forearm and sometimes your arm will be held up in a special sling for a few days. The dressing is usually removed after 10 days and replaced with a lighter dressing. The blood vessels lifted with the flap run from the inside of the wrist as far as the inside of the elbow so there will be a row of stitches along this line. The stitches will be taken out when the bandage is removed.

The nerve which supplies feeling to the skin over the base and side of the thumb is sometimes bruised when the flap is raised. This can mean that the area is tingly or numb for several months following surgery. Occasionally it can be permanent.

Rarely a bruised nerve can give rise to feelings of pain. You may also notice that your hand does not feel as strong as it was before the operation it may also feel colder than it used to in the winter months.

What are the possible problems?

In 2-3% of cases one of the blood vessels supplying or draining the flap can develop a blood clot. This means that the flap doesn't get any fresh blood or, if the drainage vein clots, the flap becomes very congested with old blood. If this occurs it usually happens within the first two days and you will have to return to the operating theatre to have the clot removed. Removing the clot is not always successful and on these occasions the flap "fails" and an alternative method of reconstruction is then sought.

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: telephone 024 7696 6452

Patient Information

Further Information

Macmillan 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 required and an answering machine facility is available. The Centre is open Monday to Friday 9.00am to 4.00pm, 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)

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6052 and we will do our best to meet your needs.

The Trust operates a smoke free policy

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Document History

Department:	Head and Neck
Contact:	26052
Updated:	February 2021
Review:	February 2023
Version:	2.2
Reference:	HIC/LFT/1937/15