B11 Breast Reconstruction with Abdominal Tissue Flap

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If you need more information, please contact the department directly.

If you would like this information in different languages or formats (e.g. audio, Braille or large print), please ask a member of the healthcare team.

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What is a breast reconstruction with abdominal tissue 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 tissue from your lower abdomen.

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, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

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 but 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 abdominal tissue?

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. The operation is usually shorter and the recovery time quicker. Your reconstructed breast may not feel as natural or be as close in shape to your other breast when compared to using your own tissue.

A reconstruction can be performed using the latissimus dorsi muscle that is moved from the side of your back and used to recreate a breast shape. If you do not have enough fat on the side of your back, an implant can be used to give your breast more volume. The muscle protects the implant from possible complications and gives a more natural shape and feel than using only an implant. The implant will need to be replaced in the future.

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 abdominal tissue. It may be possible to instead use tissue from your buttocks, inner thigh or side.

What will happen if I decide not to have the operation?

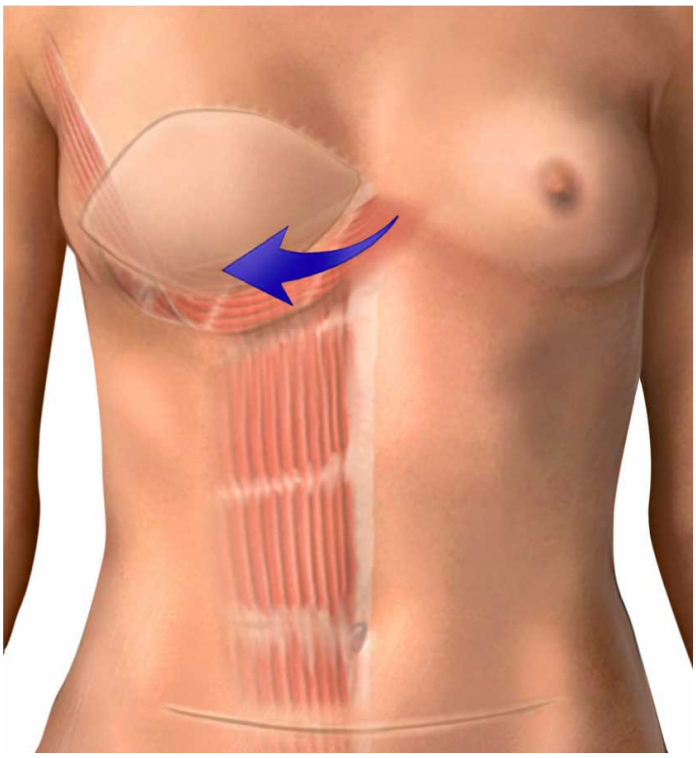
A breast reconstruction will not improve your physical health. Your surgeon may be able to recommend an alternative to recreate a breast shape.

What does the operation involve?

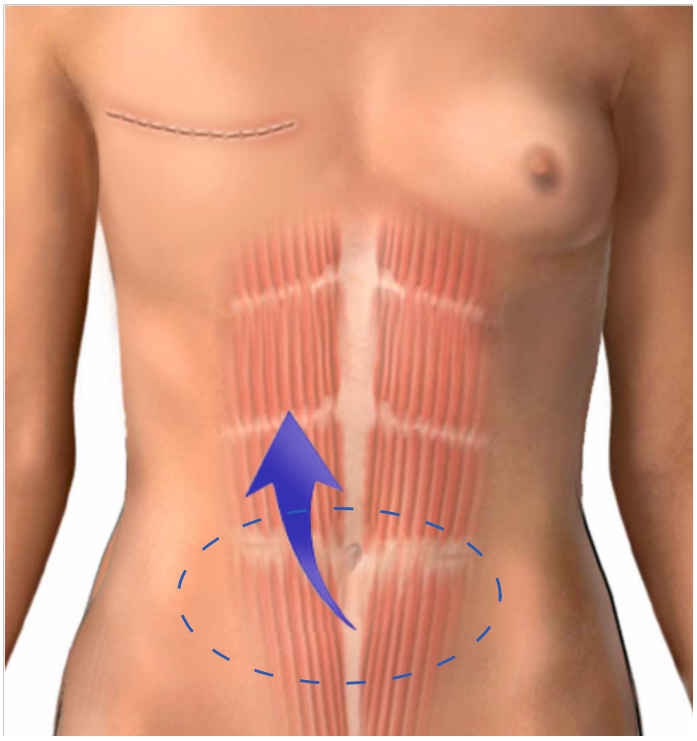
The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes 5 to 8 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.

The operation involves moving a flap of skin and fat from your lower abdomen to your chest and using it to recreate a breast shape. The success of the reconstruction depends on maintaining a good blood supply to the flap. Blood vessels are moved with the flap and connected to blood vessels behind one of your ribs or, using microsurgery techniques, in your armpit.



Abdominal tissue used to recreate a breast shape



A cut is made to move a flap of skin and fat

Depending on the size and condition of the blood vessels in your lower abdomen, your surgeon may also need to move some of your abdominal muscle. Muscle usually has a good blood supply that can feed the tissues of your reconstructed breast. Your surgeon will try to move as little of your abdominal muscle as possible to reduce the risk of developing a hernia and making your abdomen weaker.

Your surgeon will make a cut on your 'bikini' line and around your belly button.

During the operation, your surgeon will assess the blood vessels in your lower abdomen. Depending on the size and condition of the blood vessels, they will perform one of the following procedures.

- Free TRAM flap – Your surgeon will cut a flap that includes your abdominal muscle on one side below your belly button and bring it to your chest. They will use microsurgery to reattach the blood supply, usually to a small blood vessel behind the inner part of your third rib.
- Muscle-sparing TRAM flap – Your surgeon will cut away only a small part of your abdominal muscle with the flap.
- DIEP flap – Your surgeon will cut a flap that includes a single blood vessel that passes through your abdominal muscle, along with some skin and fat. They will not remove any muscle.
- SIEA flap – Depending on the size of your breasts, your surgeon may be able to move only a superficial blood vessel and not need to disturb your abdominal muscle.
- Pedicled TRAM flap – If the blood vessels in your lower abdomen are not suitable, your surgeon will cut a flap that includes all of your abdominal muscle on one side up to your ribcage along with some skin and fat of the flap. The blood supply runs down from your chest to the flap inside the muscle. The muscle is not cut at the top end, so the blood supply is not disconnected. After cutting the lower end of the muscle, your surgeon will create a tunnel under the skin in your upper abdomen and will move the flap, including the muscle, up through the tunnel to your chest and use it to recreate a breast shape.

If your surgeon moves any of your abdominal muscle, they may use a mesh to close the gap to help prevent a hernia.

Your surgeon may insert drains (tubes) under your skin to help your wounds in your chest and abdomen to heal. They will close the cuts with stitches. Your surgeon may place the stitches under your skin so you cannot see them. The stitches will eventually dissolve and your wounds will usually heal to neat scars.

Your surgeon may place a catheter (tube) in your bladder to help you to pass urine.

What should I do about my medication?

Make sure your healthcare team knows 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 now 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.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people 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. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

• Bleeding during or after the operation (risk: 2 to 3 in 100). You may need a blood transfusion or another operation and it is common for your chest or abdomen to be bruised.

• Infection of the surgical site (wound). It is usually safe to shower after 2 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 special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.

• Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

• Acute kidney injury. A significant drop in your blood pressure during the operation can damage your kidneys. The healthcare team will monitor your condition closely to reduce the chance of this happening. Any kidney damage is usually short lived although some people may need to spend longer in hospital and a small number can go on to develop chronic kidney disease that may require dialysis.

• 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 straight away 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. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

• Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

• Developing a lump under your wound caused by fluid collecting (seroma). This is normal. 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 during the operation or in the first 5 days, if there is a problem with the connection between the blood vessels (risk: less than 4 in 100). The risk is higher if you smoke, have large breasts, are overweight or have other medical problems such as diabetes. If your surgeon cannot save the flap, they may be able to recommend another breast reconstruction.

• Partial loss of the flap, when there is not enough blood supply for all of the flap and a small area of the flap is lost (risk: 4 in 100). You will need another operation so your surgeon can remove this area and restore your breast.

• Fat necrosis. This is when there is not enough blood being supplied to an area of fat, and the fat becomes hard (risk: 1 in 8). This can be tender. The area usually reduces over time but an area of hard fat is usually permanent and you may need another operation to remove it.

• Skin necrosis, where some of the original breast skin at the edge of your wound dies leaving a black area (risk: less than 15 in 100). You may need special dressings or, rarely, a skin graft using skin from another area of your body. The risk is higher if you smoke, have large breasts, are overweight or have other medical problems such as diabetes.

• Difference in shape, size and appearance. Your surgeon will try to make your reconstructed breast as similar as possible to your other breast.

• Numbness of the surface of the reconstructed breast. Over time you may start to get a return of sensation. You should be careful not to burn yourself.

• Abdominal weakness, including a bulge (risk: 1 in 10) or hernia (risk: less than 2 in 100 for a DIEP flap). The risk is higher if you have a TRAM flap. You may have some weakness when trying to sit up or lift anything heavy but otherwise you will usually be able to return to normal activities. You will notice you cannot perform as well when playing certain sports.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces

the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- 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 about and cough freely.
- Unsightly scarring of your skin.

How soon will I recover?

In hospital

After the operation you may be transferred to the intensive care unit or high dependency unit for up to 24 hours so the healthcare team can monitor the flap closely. You will then go to the ward.

The catheter (if you have one) is usually removed the next day.

Your breast-care nurse may advise you about starting to wear a bra, usually from the day after the operation. Do not wear a bra that has wiring. Wear the bra all the time for the first 2 weeks and then during the day for the next 6 weeks.

You should be able to go home after 4 to 7 days when the drains have been removed. However, your doctor may recommend that you stay in a little longer. You may be able to go home with the drains in place and to come back to have them removed.

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 carefully follow 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 4 to 6 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 4 to 6 weeks.

If the operation involved moving some of your abdominal muscle, you may find it more difficult to sit yourself up. This should improve with time and you should not notice a difference in your normal activities. If you are a

high-level athlete, your performance may be affected.

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 3 weeks. You should be able to control your vehicle, including in an emergency, and comfortable wearing a seat belt. Always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

The healthcare team will arrange for you to come back to the clinic after 1 to 2 weeks. At the clinic your surgeon will check your wounds and tell you when you can return to work.

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 4 to 6 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, or breast uplift or reduction to your other breast.

Summary

A breast reconstruction with abdominal tissue is an 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.

Sometimes there are research trials that you could choose to take part in. Your healthcare team will let you know if there is something you are suitable for and give you written information.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements
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