

# BREAST RECONSTRUCTION: Latissimus Dorsi Muscle Flap

## △ GENERAL INFORMATION

Some women who have had their breast removed because of cancer wish to have a breast reconstruction on that side. This may be done immediately following removal of the breast or at a later date. There are a number of ways to reconstruct the breast by using synthetic material (an implant) or the patient's own tissue.

## CONSIDERATIONS

- A woman who has had a mastectomy (breast removal), possibly with some muscle also removed, who now has a flat chest and a moderately large opposite breast.
- Previous x-ray treatments to the breast or chest.
- A mastectomy (breast removal) is recommended, and immediate reconstruction is being considered.

## ○ TREATMENT

There are several requirements for breast reconstruction with the patient's own tissue:

- Muscle, fat, and some skin (that will make up the new breast) must be swung from a nearby area.
- This tissue needs to have a good blood supply coming to it as it is moved to its new location.

There are several reasons for using the patient's own tissue:

- The patient does not want any synthetic material in her body.
- The opposite breast is too large for even the largest implant, so they cannot be matched.
- The patient does not wish to have a larger opposite breast made smaller so that it can match the smaller size of the breast reconstructed with an implant.

The main choices for reconstruction are to swing tissue from the upper back (*latissimus dorsi flap*) or from the abdomen (transrectus abdominis muscle flap—TRAM flap).

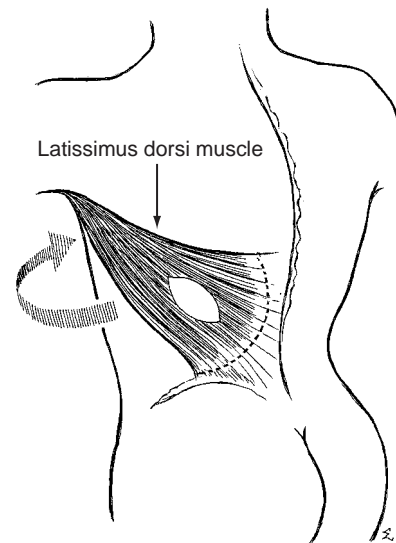
- An individual may have had abdominal surgery in the past, so the TRAM flap cannot be used.
- An individual may be so thin that there is not enough fat to use in the TRAM flap.

After careful consideration of all factors, the recommendation is that you have your reconstruction using a latissimus dorsi flap. The reasons for this recommendation have been explained to you.

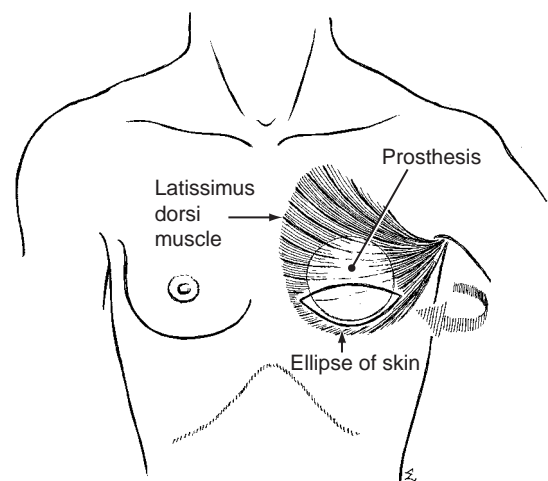
## PREOPERATIVE PREPARATION

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- Do not eat or drink anything for 8 hours before the operation.
- Shower as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

- You will have an incision on both the back and the front of your chest (Figs. 1 and 2).
- It will be explained to you how a nipple and areola will be positioned at a later time.
- You will not receive a blood transfusion unless it is absolutely necessary.
- The operation usually takes about 3 to 4 hours.



**Figure 1.** The latissimus dorsi muscle with an attached ellipse of skin is mobilized and swung toward the front of the chest. The muscle continues to get its nourishment from its original blood supply.



**Figure 2.** The muscle flap with the attached ellipse of skin and the skin already present are swung toward the front (arrow) and aligned with the opposite breast. In addition, a saline-filled prosthesis is placed under the muscle flap to help build a breast mound.

## **POSTOPERATIVE CARE**

- You will wake up in a recovery room. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- Pain can be controlled with medicine.
- There may be a small plastic tube coming out next to the incision to drain any fluids that need to come out. The tube will be removed in a few days.
- You should be able to go home in 2 to 3 days.
- With any operation, complications are always possible. With your type of operation, they can include loss of portion of the flap, infection, bleeding, and possibly others.
- Arrangements will be made for your pain medicine, follow-up office visit, stitch removal, and instructions on arm exercises.

### **⊕ HOME CARE**

- Continue with the program started while you were in the hospital.

- You may walk about as you wish, even climb stairs.
- Take medicine as prescribed for your pain.
- Before leaving the hospital, you will be told when you may begin taking showers.
- Include plenty of roughage and liquids in your diet to help prevent constipation.
- Driving a car with an automatic shift is not too demanding. But if you suddenly have to slam on the brakes or twist to turn the steering wheel, you may strain the sutures or tear something. During your follow-up visit let's discuss when you can resume driving.
- You may return to work when you feel up to it, but let's first talk about it during a follow-up office visit.

### **📞 CALL OUR OFFICE IF**

- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.