Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Closure or Reconstruction Using a Local Flap

This information will help you learn about your surgery using a local flap at MSK, including what to expect before and after your surgery.

About local flaps

A local flap is when your surgeon takes tissue from 1 part of your body (called the donor site) and moves it to the surgical site that needs to be covered (called the recipient site). Local flaps can be used for reconstructing different areas of the body. These include the head, neck, chest, or breast areas, arms and legs, and the lower back, the buttocks, or the vagina.

With a local flap, the tissue that's used remains attached to the body, bringing its own blood supply. The other end of the flap is separated from the original site. This end is turned to cover the surgical site.

If extra skin is needed to cover the surgical site, it will be taken from another area, usually the thigh. This is called a skin graft. Your surgeon will talk with you about the plan for your surgery, including any scars that you may have after it.

Your nurse will give you the resource *Getting Ready for Surgery* (www.mskcc.org/pe/getting-ready-surgery) and tell you how to get ready for your surgery.

What to expect after your surgery

When you wake up after your surgery, you will be in the Post Anesthesia Care Unit (PACU). Once your healthcare providers feel you are ready, family and friends can visit you.

You may have a Foley® catheter in your bladder to monitor the amount of urine you are making. It will be removed 2 days after your surgery. You will also have compression boots on your lower legs to help your circulation. You will have an intravenous (IV) line to give you fluids and medications as needed.

Once you are fully awake, your oxygen mask will be taken off. You will receive oxygen through a thin tube that rests below your nose called a nasal cannula.

Reconstruction on your head and neck area

- Swelling around your surgical sites is very common.
- You will need to keep your head elevated while you're in the hospital. This is to help prevent additional swelling.
- You may need to sleep without a pillow while you're in the hospital to keep your neck from twisting. This can put pressure on your flap and affect your blood supply.
- You may need to continue sleeping with your head elevated for the first couple of weeks after you're discharged from the hospital.

Reconstruction on your arm or leg

- You may get a cast, splint, or sling. This is to keep your surgical site from moving.
- You must keep your arm or leg on the side of your surgery elevated at all times.
- If your local flap is on your legs or feet, you will be told by your healthcare provider when you can dangle your legs or walk.
- If you had reconstruction on your leg, you may meet with a physical therapist (PT) during your hospital stay. They will teach you how to walk with crutches, if needed.
- Your case manager (a member of your healthcare team who helps to plan and coordinate your services) will arrange for you to have a wheelchair, walker, crutches, or a raised toilet seat before you leave the hospital, if needed.

Reconstruction of your chest or breast(s)

- Your doctor may put a loose surgical bra on you in the operating room to hold the dressing around your upper chest, back, or both.
- If your abdominal muscle was used to reconstruct your chest, you may have a loose binder around your abdomen (belly) to give extra support to the donor site.

Reconstruction of your lower back, buttock(s), or vagina

- You may have a loose binder around your abdomen after your surgery to hold your bandages in place.
- You may be placed on a special bed that has an air mattress. This will help prevent direct pressure on your incision (surgical cut) sites. Your nurse will also position you on the side of your body that wasn't operated on.
- You may be allowed to walk 2 or 3 days after surgery.
- You may not be able to sit until several weeks after surgery. This is to prevent putting too much pressure on your donor site incision. Your doctor will tell you when you will be able to sit after your surgery.
- You may also be told to lie down on the back seat of your car when you leave the hospital. For longer rides, you may want to use an ambulance.

Commonly asked questions

At the hospital

Will I have pain after surgery?

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often and give you medication as needed. If your pain isn't relieved, tell your doctor or nurse. It's important to control your pain so you can cough, breathe deeply, and get out of bed and walk. Controlling your pain will help you heal.

How do I care for my surgical sites?

The care of your donor and reconstruction surgical sites will depend on your surgery. Your nurse will give you more information.

- If you only have a line of sutures (stitches), keep the area clean and dry until your healthcare provider has told you that it's okay to shower. You may take sponge baths but make sure to keep your bandage clean and dry.
- If you had a skin graft done during your surgery, a large dressing will be used to cover the site. The dressing will be removed 5 to 7 days after your surgery. Your nurse will give you a resource called *About Your Split-Thickness Skin Graft* (www.mskcc.org/pe/split-thickness) and additional instructions about how to care for your surgical sites.

No matter how your surgical site was closed, you should avoid any activity that will cause pulling on the site.

How long will I be in the hospital?

This depends on what kind of surgery you had. It can range from 1 to 14 days.

What should I bring to the hospital to wear home?

When you leave the hospital, you should wear clothing that is loose and comfortable. If you will be traveling by car, place a small pillow or towel between the seat belt and your incision.

At home

What guidelines should I follow for my surgical site once I leave the hospital?

You will need to follow the following guidelines until your incisions completely heal. This is usually 4 to 6 weeks after your surgery. Your doctor will tell you how long to follow these guidelines for.

- Keep your surgical sites out of the sun. Once your incisions completely heal, apply PABA-free sunscreen with an SPF of 30 or higher to the surgical sites.
- Do not put anything on your incisions, including:
  - Makeup

    - Perfume or cologne
    - Aftershave
    - Moisturizer
- Do not place direct heat or cold on the surgical sites. Your surgical sites may be numb and you can easily hurt yourself without knowing it.
    - This includes hot water bottles, heating pads, electric blankets, and ice packs.
- Avoid hot tubs and swimming pools. Avoid staying in saunas and steam rooms until your healthcare provider says it's OK.
- Do not shave over your incisions while your sutures are still in place. When your sutures are removed, use an electric razor on and around the free flap or reconstructed area.

When will my sutures be removed?

For most people, sutures will be removed 1 to 2 weeks after surgery. If you had radiation to the area in the past, your sutures may need to stay in longer. Your sutures may also need to stay in longer depending on how well your incisions are healing.

You may feel numbness or tingling at your surgical site. This should get better with time. You will have scars at your incision sites.

What exercises can I do?

Your doctors and nurses will give you instructions on what exercises and movements you can do while your incisions are healing. This will depend on the type of reconstruction that you had. Ask your doctor or nurse before starting more strenuous exercises, such as running, jogging, or lifting weights.

How can I cope with my feelings?

After surgery for a serious illness, you may have new and upsetting feelings. Many people say they felt weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can't control some of these feelings. If this happens, it's a good idea to seek emotional support.

The first step in coping is to talk about how you feel. Family and friends can help. Your nurse, doctor, and social worker can reassure, support, and guide you. It's always a good idea to let these professionals know how you, your family, and your friends are feeling emotionally. Many resources are available to you and your family. Whether you're in the hospital or at home, there are healthcare providers here to help you, your caregiver(s), family, and friends handle the emotional aspects of your illness.

Our Resources for Life After Cancer Program (RLAC) provides support services after your treatment is finished. To learn more about their services, call 646-888-8106.

When is my first appointment after surgery?

You will have follow-up appointments with your primary and reconstructive surgeons 1 to 2 weeks after discharge. Call each surgeon's office to schedule the appointments once you've been discharged.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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