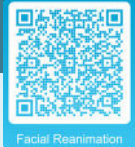


FREE FLAP



You have recently undergone free flap reconstruction. Please read this important information after your surgery. This will keep you and your family informed of what to do after surgery, and what follow up care is needed at home. If you have more questions after reading this information, please write them in the space provided and ask your physician for further explanation.

WHAT IS A FREE FLAP?

A free flap is a tissue graft that contains an arterial and venous blood supply. The tissue graft, along with its artery and vein, is lifted from a donor site (usually the arm, leg, abdomen or back), and then it is transferred to the area which needs reconstruction. The surgeon has reconnected the artery and vein of the tissue graft to the carotid artery and jugular vein in your neck in order to re-establish blood flow within the flap. The operation requires meticulous technique as the surgeon re-connects blood vessels having a diameter of approximately **1/10th** inch using sutures that are finer than human hair. These sutures are not usually visible to the naked eye, which require special instruments and techniques. Surgical time is frequently between **8 to 10** hours as re-connecting the blood vessels is a painstaking process. After surgery, the blood supply to the free flap was be checked on a frequent basis by qualified nurses and doctors as it is crucial to the viability of the tissue graft. If a blood clot were to develop within the blood vessels of the free flap, your doctor may recommend urgent re-operation to remove the blood clot and restore blood flow. However, the actual risk of a blood clot forming is low (about **1** chance in **20**).

WHAT ARE THE IMPORTANT ASPECTS OF CARE AFTER SURGERY?

If the free flap involves the mouth or oral cavity, you will usually have a temporary tube in your trachea or windpipe to help you breathe without difficulty. This tube is called a tracheostomy tube or “trach”. Head and Neck specialty nurses will teach you how to care for the tracheostomy tube, and the tube is frequently removed before you go home. The site heals without any stitches in a few days. The nurses will teach you how to manage your trach tube. If the tube is in place after discharge, a case manager will assist with planning for Home Health to help you manage this at home. Requirements will include extra supplies to help you suction and clean the “trach.” Call your surgeon or their team if you have questions about this at **310-477-5558**.

To reduce swelling in your face and neck, after surgery it is best to keep head of your bed elevated at a **30-45** degree angle at all times. If your surgery affected your mouth or throat, you may be unable to eat by mouth after surgery and require a feeding tube. The nurses will teach you how to feed yourself through your feeding tube. The feeding tube will remain in place until you are able to swallow food and fluids by mouth. Frequently, the tube feedings will continue for about a week after hospital discharge. If the doctor feels that tube feeding will be required for more than **2 to 3** weeks after surgery, a feeding tube may be inserted directly into the stomach. This is called a gastrostomy tube or G tube. A dietitian will recommend the type and amount of feedings you will need daily. Again a case manager will assist with planning for Home Health to help you manage this at home.

During the surgery drains were placed under the skin of your neck and sometimes within the free flap donor site wound to remove accumulated blood and fluid from the operative site. If the drains were not all removed during your hospital stay these drains will remain in place until fluid drainage is decreased to less than **30cc** in **24** hours. The nurses will teach you how to measure the amount of drainage every **12** hours. The remaining drains will be removed by your surgeon in the office.

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FREE FLAP

To control any pain and discomfort, we will be giving pain medications. The nurses will ask you what your pain level is. The pain scale we use is from **0** to **10**. The most intense pain is **10** and no pain is zero. Our goal is to make you comfortable and free of pain. You will be provided with a post operative pain regimen during your hospitalization and we expect that you will slowly taper off stronger medications before you leave. Your pain will be reassessed at discharge and specific recommendations will be made.

You will meet the rest of the multidisciplinary team composed of the chaplain, social worker, discharge planner, home care nurse liaison and the dietitian. The Head and Neck Clinical Nurse Specialist / Manager will coordinate your care which includes the care needed after your hospital discharge. We will arrange for a nurse to visit you in your home to ascertain that appropriate care is continued. If you require medical equipment e.g. a suction machine for home use, it will be given to you before you leave the hospital. The home care nurse will call us for any questions about your care.

WOUND CARE

▶ **Head and Neck Incision Site:**

- ▶ The incision site in the neck will be very close to the location of the arterial and venous anastomosis. During your stay this site will be monitored closely for swelling and redness. It will be kept moist at all times with antibiotic ointment. If there are staples most, if not all, will be removed at the time of discharge. If they are kept in place the surgeon will remove them at your first post op visit. Clean area twice daily with either peroxide or soapy water, and then apply Bacitracin ointment or Aquaphor (like Vaseline).

▶ **Donor Tissue and Skin Graft Site:**

- ▶ A thin layer of skin (a skin graft) may have been taken from your thigh to cover the free flap donor site if the free flap is taken from the arm or the leg. If your arm or leg was the flap site, a cast was placed to protect the site from constant motion which can potentially disrupt healing. This was likely removed before you were discharged from the hospital. The skin graft should be kept moist at all times. It is best to apply Aquaphor ointment several times a day (like Vaseline).
- ▶ The thigh site was covered by special gauze dressing, which will dry out and become like a scab within a week after surgery. This dressing will fall off the thigh after the wound has healed after a period of **2** to **3** weeks. It is important to keep the thigh dressing dry until it falls off. Call your surgeon or their team if you have questions about this at **310-477-5558**.
- ▶ During the surgery drains were placed under the skin of your neck and sometimes within the free flap donor site wound to remove accumulated blood and fluid from the operative site. If the drains were not all removed during your hospital stay these drains will remain in place until fluid drainage is decreased to less than **30cc** in **24** hours. The nurses will teach you how to measure the amount of drainage every **12** hours. The remaining drains will be removed by your surgeon in the office.

▶ **Showering/Bathing:**

- ▶ Until your wounds have healed it will be difficult to shower/bath by yourself. Your nurse or other staff may need to assist you with cleaning and hygiene. Prior to discharge an assessment will be performed and recommendations will be given to each patient on how to clean themselves. It may take several weeks before your surgeon allows you to submerge yourself in a bath but showering may be allowed as long as the wounds do not get soaked.

FREE FLAP

DIET

Your discharge diet will depend on the location of reconstruction. If the wound involves your scalp or face only it is likely that you will be able to eat by mouth without difficulty. Once you are discharged we anticipate you to be on a healthy regular diet.

If your reconstruction involves sinuses, mouth or throat, you may require a temporary nasogastric or longer acting g tube. If this is the case then you may not be able to eat by mouth for a few weeks while healing takes place. If this is the case a case manager will assist with planning for Home Health to help you manage this at home.

ACTIVITY

During your hospitalization your nurses and other staff will start getting you out of bed and into a chair immediately. You will be walking with, or without, assistance on a daily basis. At the time of discharge we anticipate you to be able to walk and perform daily tasks for living. Light and or strenuous exercise will be prohibited until you are cleared by your surgeon.

WHO CAN HELP ME COPE WITH MY CANCER AND SURGERY AND ITS EFFECTS ON MY LIFE?

The Head and Neck physicians and nurses are very aware of the potential effects of cancer and surgery on your quality of life. We are aware of your concerns regarding the emotional limitations and impact on your appearance that may be imposed by surgery. We want to elicit your input on the effects of free flap surgery on swallowing, speech, activities of daily living, appearance and overall quality of life. In addition, we have social workers and chaplains who will be available to assist with your fears, anxiety, spiritual distress and other issues. They will assist you and your family as needed. We can also provide you with resources in your community, which offer additional services that you may need.

MY LIST OF QUESTIONS FOR MY NURSES AND PHYSICIANS:

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