

Your Hospital Stay After Radial Forearm Free Flap Surgery

What to expect

This handout explains what to expect during your hospital stay after your radial forearm free flap surgery. It includes where you will stay after surgery and who will provide your care. Please call our clinic if you have any questions or concerns.

Your Surgery Site

During surgery, your surgeon removed tissue from one part of your body and used it to rebuild an area in another part of your body. This is called a *tissue free flap* surgery. Your surgical team will connect blood vessels from the free flap to blood vessels in your neck.

Your surgeon used tissue from the inside of your forearm (near your *radius* bone) to rebuild the area of surgery in your head or neck. Skin from your thigh will cover the area on your forearm.

It is very important to have a good blood supply to the free flap tissue so that it heals well. During the first 72 hours after surgery, a *resident* doctor (a doctor who is receiving extra training in surgery) will check your surgery site every 4 to 6 hours. You will continue to be watched closely throughout your hospital stay.

You will have swelling at your surgery site. This will get better as you recover. The swelling will make it hard to talk and swallow. You will have a feeding tube to make sure you are getting the nutrition and medicines you need for healing. You may want to get a dry erase board to help you communicate during the first part of your hospital stay. As the swelling gets better, it will be easier to talk.

Intensive Care Unit

Right after surgery, you will be in the Intensive Care Unit (ICU) for 2 to 3 days. This unit is also called the “critical care unit.”



You will need to stay in the hospital for several days after your radial forearm free flap surgery.

You may or may not have a private room while you are in the ICU. When your condition is stable and there is a room available, you will move to the 4-Northeast unit, where you will stay until your doctor says you are ready to go home.

4-Northeast

You will have a private room on 4-Northeast. You will be watched closely on this unit.

You will begin to increase your activity every day. Nurses and physical and occupational therapists will help you.

It is normal to feel tired and out of shape after surgery. Physical and occupational therapy will help you move safely and regain your strength. See pages 3 and 4 for more information about physical and occupational therapy.

Your Care Team After Surgery

Surgery Staff

Your surgeon, nurse practitioner, and the surgical residents will see you every day while you are in the hospital. During the first 3 days after your surgery, a resident will check your surgical site at least every 4 to 6 hours.

As you recover and need less intensive care, you will see the residents at least 2 times a day. They will follow your progress and update your plan of care. The residents will see you in the early morning and afternoon during surgery “rounds.” This is when your whole care team visits you at the same time to talk about your progress and plan of care. You will see your surgeon during afternoon rounds.

Nursing Staff

- Your **nurse practitioner** from the Otolaryngology Clinic plays a vital role in your care. Your nurse practitioner will:
 - Meet you and your family at your clinic visit before surgery.
 - Follow your progress during your stay in the hospital.
 - Work with you and your family to make sure everything goes smoothly when you are ready to leave the hospital.
 - Work with the 4-Northeast nursing staff and social workers to make sure your questions are answered and your plans for leaving the hospital are on track.
 - Continue to follow you and work with the residents while you are in the hospital and after you go home.

Your follow-up appointments in our clinic will be set before you leave the hospital. Your care in clinic after you go home will be with your nurse practitioner.

- A **registered nurse** will provide care while you are in the ICU and on 4-Northeast. All of the nurses who provide your care have been trained to care for patients who have had major surgery with tissue free flaps. Your nurse is the care team member who will work most closely with you and your family during your recovery in the hospital.

Social Worker

A social worker will be involved in your care during your hospital stay to help with your plan for leaving the hospital. This is called your “discharge plan.” Your social worker can also help with any special concerns you have about going home after surgery.

Speech Pathologist

A speech pathologist may be involved in your care while you are in the hospital. After surgery, it may be hard to swallow. A speech pathologist will assess your swallowing and prescribe treatment as needed.

Respiratory Therapist

A respiratory therapist will help you with breathing issues while you are in the hospital. While you are in the ICU, this therapist will provide care after you are taken off of the *ventilator* the day after surgery. A ventilator is a machine that will breathe for you right after surgery.

You may have a *tracheostomy* tube placed during surgery (see page 5 for more information about a tracheostomy tube). If you do, your respiratory therapist will help take care of this tube. This team member will make sure your breathing is stable and that there is no buildup of mucus in the tube.

Dietitian

During your surgery, a feeding tube will be placed through your nose down to your stomach. A dietitian will help the surgery team choose a nutrition formula for you that you will be given through the feeding tube.

As you begin to eat by mouth, the dietitian can suggest foods that are easy to eat and will help your body heal.

Physical and Occupational Therapists

After surgery, you will feel weak and be out of shape from being in bed for several days. You will also have pain, and it will be hard to move your arm where your donor tissue was taken.

A physical therapist and an occupational therapist will be involved with your care while you are in the hospital. These therapists will see you every day when you move to 4-Northeast. They will help you get up and teach you how to move around safely.

It is important that you increase your activity to help avoid problems that can occur when you are in bed for a long time. Some serious problems that can occur from being in bed for a long time are pneumonia, blood clots, and bed sores.

Care Issues after Surgery

Pain

You will have pain after surgery. Each person is different – your pain will not be the same as someone else who had the same surgery.

You will receive pain medicine to keep you comfortable, but not so much that you will be too groggy or sleepy. We will work with you to make sure the medicine you receive is best for you.

Right after surgery you will get pain medicine through your *intravenous* (IV) line. As you recover, we will start to give you pain medicine through your feeding tube.

Drains

Special drains will be placed at your surgery site during your surgery. They will allow fluid to drain from this area. This will help keep your surgical site dry and will help us check for bleeding. The drains will be in for 4 to 5 days after surgery. They will be removed before you leave the hospital, when the amount of drainage is low.

You will also have a drain placed at your donor site in your arm. This will also be removed before you go home.

Your Radial Forearm Surgery Site

- You will wear an arm cast for 6 days after surgery. This cast will protect the surgery site on your arm.
- You will also have a drain placed in your forearm. It will drain fluid and blood that build up after surgery. The drain will be removed before you leave the hospital, when the amount of drainage is low.
- After your cast is taken off, you will have a special dressing (bandage) called Xeroform that will cover and protect your skin graft. This dressing will be held in place with gauze. You will wear an arm splint over the top of the dressing to protect your arm surgery site.

Skin Graft Donor Site

- You will have a special dressing (called Acticoat) at your skin graft donor site. Staples will hold it in place. These staples will be removed at your first clinic visit after surgery.

Feeding Tube

A feeding tube will be placed while you are in surgery. This tube goes through your nose and down to your stomach.

You will not be allowed to eat by mouth during the early part of your hospital stay. This will help protect your surgery site. It may also be hard for you to eat at first because you may have problems swallowing. You may also have swelling and changes to the tissue in your mouth and throat.

Our goal is to take out the feeding tube before you leave the hospital. But, if you cannot swallow when you are discharged, you may go home with the feeding tube. If you will have trouble swallowing for a long time, we may place a feeding tube (called a *gastric tube*) that goes through your stomach wall and into your stomach.

Tracheostomy Tube

Your surgeon may need to place a *tracheostomy* tube during surgery to keep your airway stable. This will depend on how much swelling you will have and if your surgeon is concerned about how well you will be able to breathe after surgery.

To place this tube, a hole will be made in your neck. A tube will go through this hole into your *trachea* (windpipe, the tube you breathe through).

At first, there will be an inflated cuff at the end of the tracheostomy tube that holds it in place. As your swelling lessens, this tube will be changed to a smaller tube that does not have a cuff at the end.

While the first tracheostomy tube is in, you will not be able to talk. You will need to communicate by writing during this time. When you change to the smaller tube without the cuff, you will be able to talk.

The respiratory therapist will help you with this tube while you are in the hospital. Our goal is to remove the tracheostomy tube before you leave the hospital.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

Otolaryngology – Head and Neck Surgery Center:
206-598-4022

Weekdays from 8 a.m. to 5 p.m., call the Nurse Voice Mail Line at 206-598-7535. Your call will be returned as soon as possible.

After hours and on holidays and weekends, call 206-598-6190 and ask for the Otolaryngologist on-call to be paged.