

Free Flap Reconstruction

What to expect and how to prepare

This handout explains the most common flap donor sites that are used at University of Washington Medical Center (UWMC) for reconstruction after surgical removal of skin, fat, muscle, or skeletal support.

At the Center for Reconstructive Surgery, our goal is to help your body maintain as much form and function as possible.



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What is free flap reconstruction?

A regional flap reconstruction is a procedure that involves moving healthy tissue from one part of your body (donor site) to repair a defect (recipient site). In a free flap reconstruction, the defect is repaired by removing tissue and blood vessels and then, using a microscope, reattaching them in their new position on your body.

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Activity restrictions for ALL flap surgeries

- For 6 weeks, avoid aerobic exercise (activities that cause heavy breathing or sustained elevated heart rate).
- Do not lift anything that weighs more than 8 pounds (about the weight of a gallon of water). This includes children and pets.

Recipient flap site _____

Restrictions:

- For 6 weeks, avoid compression to the site that received the flap (that is, the repaired site). Avoid sleeping on surgical sites.
- _____
- _____
- _____
- _____
- _____

If you are receiving a flap on a lower extremity, please see the handout “Dangle Protocol.”

Doppler Wires

You may have Doppler wires which were used to evaluate the blood vessel connection after surgery. When you are discharged, these are held in place with white tape called Steri-Strips. The wires will stay in place until your provider takes them out. This is usually done at your 2-week follow-up visit. If the wires become loose, use more surgical tape to keep them in place. You can buy this tape at most drugstores.

Donor Sites

Drains

You will likely have drain(s) placed at your donor site at the time of surgery. We will teach you how to care for them. Please read the handout “Closed Bulb Drain Care: For a Jackson-Pratt (JP) or Blake Drain” to learn more.

Back

Latissimus Flap (Lat Flap): The latissimus muscle is on your upper back. Surgeons remove the blood supply and move muscle, fat, and sometimes skin to cover the upper chest or back.

Restrictions:

- Do not push, pull, or lift anything heavier than 8 pounds (about the weight of a gallon of water) for 4 weeks after your surgery.
- Do not raise your arm above shoulder height on your surgical site for 4 weeks after your surgery.

Upper Extremity

Radial Forearm Flap: Surgeons remove blood supply, skin, and fascia from your forearm to cover relatively small or non-bulky defects.

Restrictions:

- If you have a skin graft placed, you may have additional restrictions to this area. We will review those restrictions when we discuss skin grafting. (Please see Skin Graft After Wide Local Excision Handout)

Abdominal

Deep Inferior Epigastric Perforator Flap (DIEP Flap):

Surgeons remove blood supply, skin and fat from your lower abdomen to cover the defect.

Restrictions:

- Do not push, pull or lift anything heavier than 8 pounds (about the weight of a gallon of water) for 6 weeks after your surgery.
- Avoid any abdominal straining or abdominal exercises for 6 weeks after your surgery.
- We recommend compression to your abdomen. This includes wearing snug clothes around your abdomen, such as bicycle shorts, yoga pants, or Spanx shapewear. If you are placed in an abdominal binder, please wear 24/7 for the first 6 weeks after your surgery. You may remove it for showering and laundering. This will help lower the amount of fluid your body retains.

Rectus Flap (TRAM or ORAM Flap): The rectus abdominis muscle is in your abdomen next to your belly button. This can include transverse rectus abdominis muscle or oblique rectus abdominis muscle. Surgeons remove the blood supply, muscle, fat, and sometimes skin to cover a pelvic or other defect.

Restrictions:

- Do not push, pull or lift anything heavier than 8 pounds (about the weight of a gallon of water) for 6 weeks after your surgery.
- Avoid any abdominal straining or abdominal exercises for 6 weeks after your surgery.

Omentum Flap: The *omentum* is made up of fat, connective tissue and lymphatics that connect the stomach to other abdominal organs. Surgeons remove part of this apron-like fold to cover bony prominences, medical devices/hardware, or when operating in the lymphatic system.

Restrictions:

- Do not push, pull or lift anything heavier than 8lbs (a gallon of water) for 6 weeks after your surgery.
- Avoid any abdominal straining or abdominal exercises for 6 weeks after your surgery.

- We recommend compression to your abdomen. This includes wearing snug clothes around your abdomen, such as bicycle shorts, yoga pants, or Spanx shapewear. If you are placed in an abdominal binder, please wear 24/7 for the first 6 weeks after your surgery. Compression will help lower the amount of fluid your body retains.

Lower Extremity

Anterolateral Thigh Flap (ALT Flap): The *anterolateral* thigh flap uses skin, fat, and blood supply from your outer thigh and can be used to cover large defects (often on the arm). You will have a vertical incision along the outside of your upper leg.

Restrictions:

- Do not move your leg more than 45 degrees away from your body (for example, wider than shoulder width) for 6 weeks after your surgery.
- Avoid bending at your hip (sit, step, squat) more than 90 degrees for 6 weeks after your surgery.

Gracilis Flap

The *gracilis muscle* is in your inner thigh and can be used along with skin and fat to cover upper or lower extremity areas. The area is closed primarily with an incision along the groin line and/or vertically along the inner upper leg.

Restrictions:

- Do not move your leg more than 45 degrees away from your body (for example, wider than shoulder width) for 6 weeks after your surgery.
- Avoid bending at your hip (sit, step, squat) more than 90 degrees for 6 weeks after your surgery.

Pain Control

- Please read the handout “Pain Control After Reconstructive Surgery.”
- Please do not use ice or heat directly on your surgical sites.

When to Contact the Care Team:

Call the clinic nurse if you have:

- Bleeding or drainage that soaks your dressing (hold pressure on the site to lessen bleeding)
- A fever higher than 100.5°F (38°C)
- Shaking and/or chills
- Any signs of infection at your surgical site
 - Redness
 - Increased swelling
 - Bad-smelling drainage
 - Pus or cloudy colored drainage
- Nausea and/or vomiting
- New rash
- Pain that is worsening and is no longer eased by your pain medicine

Questions?

Your questions are important. Contact your doctor or healthcare provider if you have questions or concerns.

During Clinic Hours (Monday through Friday except holidays, 8am to 5pm): If you have any questions or concerns, we recommend messaging your surgeon through EPIC MyChart. Please include a photo if applicable.

Alternatively, you may call the Center for Reconstructive Surgery at 206-598-1217, option 2.

Urgent Needs Outside of Clinic Hours

If you have an urgent care need after hours, on weekends, or holidays, please call 206-598-6190 and ask to speak to the plastic surgeon on call.

If you are experiencing new chest pain or shortness of breath, please call 911.

If you are experiencing redness, swelling, pain/cramp, or warmth usually in one limb, this may be signs of a blood clot, please go to your local ER.