

# Breast reconstruction using your own tissues

## Latissimus dorsi flap



Your plastic surgeon has proposed to reconstruct one or both of your breasts using the “latissimus dorsi” flap technique. This fact sheet describes the steps of the surgery and how to prepare for it.

### What does this surgery involve?

The surgeon takes a piece of skin, fat, and all of the large dorsal muscle from your back (a flap), below your shoulder blade. This tissue is called a “pedicled latissimus dorsi flap”. The term “pedicled” means that this flap remains attached to your body (at the armpit).

The surgeon slides the flap under your skin through a specially-created “tunnel” up to your chest. Then the surgeon gives this flap a breast shape. In this way, no blood vessels are cut. Blood flow is maintained and the vessels continue to “nourish” the tissue of the reconstructed breast. The surgeon then closes the opening of your back by pulling up the skin below your shoulder blade.

During the entire surgery, you are “asleep” (that is, under general anesthesia)

Often, the surgeon adds an implant to this flap because there is not enough tissue and muscle if the entire breast has been removed. See the fact sheet [Breast reconstruction with an implant](#) for more information on this.

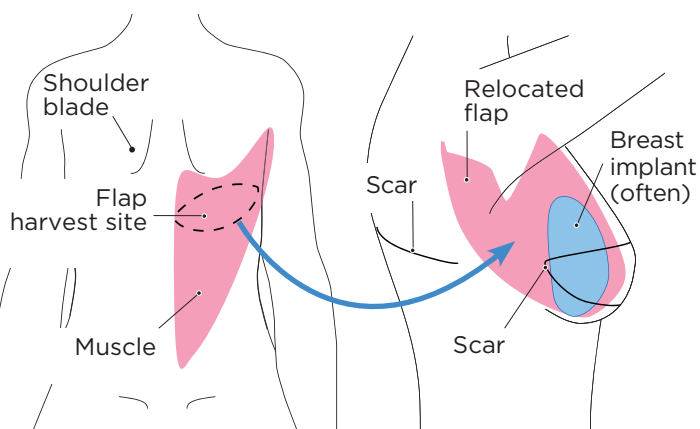
### Why is the surgeon recommending this surgery?

This is a very good option for women who have had, or will have, radiation therapy. It is also a good choice for those who are too thin to have tissue taken from their abdomen. The pedicled latissimus dorsi flap is also used when only part of the breast has been removed (partial mastectomy).

### When can this surgery be done?

It can be done the same day as your mastectomy (**immediate reconstruction**). In this case, your breast(s) will look better.

It can also be done later, at the time of your choice (**delayed reconstruction**). But keep in mind that the skin of the operated breast(s) will shrink over time. Because of this, the appearance of the reconstructed breast(s) could be a little less successful.



## Will I have any pain?

Pain varies from one person to another. It will be strongest in the first 3 or 4 days after the surgery.

See the fact sheet [Preparing for my breast reconstruction](#) for more information.

## What are the benefits of this surgery?

The main benefits are:

- > Since no blood vessels are cut, there is little chance of failure.
- > Reconstruction can be done after radiation therapy treatments if you have already received any.
- > Reconstruction can be done the same time as your breast is removed, even if radiation therapy is planned.
- > The latissimus dorsi flap lasts a lifetime. It doesn't degenerate. If you gain weight, it gets larger. It ages along with you.



### Will my breast(s) look the same as before?

No, a reconstructed breast looks natural but is never the same as the original breast or the other breast.

- It will be a different colour because the skin of the flap comes from another part of the body.
- You will have scars on your breasts and abdomen. The scarred areas will be less sensitive to touch (numbness).
- You will not have erogenous sensations in the nipple (original or reconstructed).
- You will not be able to breastfeed.

## How should I prepare myself BEFORE reconstruction?

You can attend a teaching session that will help you prepare and take care of yourself after the operation.

You will need to bring with you 1 or 2 support bras that close in the front.

You will be able to meet with your plastic surgeon several times before surgery.

Your surgeon will tell you:

- If immediate reconstruction is possible.
- If an implant will have to be added to the latissimus dorsi flap. See the fact sheet on [Breast reconstruction with an implant](#) for more information on this.
- If another surgery will be needed to make your breasts as similar to each other as possible ("symmetrization").

## Are there any possible disadvantages?

Some women have reported a decrease in muscle strength on the operated side in certain sports that are more intense: climbing, water sports that involve paddling or rowing, etc.

## Could there be complications?

Yes, as in any surgery.

The most common complications are:

- Blood clot in a vein (venous thrombosis) or going into the lung (pulmonary embolism).
- Infection in the breast or abdomen (antibiotics are prescribed to prevent this).
- Bruising of the breast or abdomen (ecchymosis).
- Fluid collecting around the operated breast or in the back (seroma).
- Scar too wide or scar re-opening (dehiscence).
- Stiffness in the back, difficulty in making large movements. Physiotherapy is needed.



- Poor blood flow in the flap, which partially or totally destroys it (necrosis).
- If the surgeon also inserts an implant, you may have other complications. See the fact sheet on this subject.

Some women may also have:

- More intense pain that can last more than 3 months.
- Swelling in the breast or back (edema).
- An unexpected treatment or surgery.

If you have **severe pain, a swollen leg, or problems breathing** (which could be a sign of a blood clot) or if there is a change in the flap (colour, texture, temperature), **go to the emergency room**.

In all other cases, contact your care team.

To reduce complications, stop smoking for 6 weeks before and 6 weeks after each surgery. Nicotine (including electronic cigarettes and patches) makes the blood vessels thinner. This slows down blood flow and impairs healing. There are resources to help you quit smoking. Talk to your care team.



**CAUTION**

**Never apply ice or heat**, such as with a Magic Bag, to the breast. You could lose the flap or burn yourself.

**What other information do I need?**

<b>Surgery time</b>	3 to 4 hours per breast. Add 1 or 2 hours if the flap is inserted on the same day as your breast is removed, and if both your breasts are operated on, and if an implant is inserted.
<b>Length of hospital stay</b>	2 to 3 days.
<b>Drains</b>	You will have drains in your breasts for 7 to 14 days. These are tubes inserted at the time of the surgery. They extend outside your body and are held in place by stitches. They prevent fluid from collecting in your incisions.
<b>Position for sleeping</b>	No sleeping on the side of the flap or on your abdomen.
<b>Convalescence (time off work)</b>	6 weeks minimum.
<b>Physical activities</b>	Start no sooner than 4 weeks after surgery or as recommended by your physiotherapist.
<b>Bra</b>	To be worn at all times for the first 3 weeks and only during the day for the next 3 weeks.

## Who can I contact for help or to ask questions?

If you have questions, talk with your care team and your assigned nurse.

Call them as soon as possible, **BEFORE** the date of your surgery, if you want to:

- change the type of surgery
- postpone your surgery



## USEFUL RESOURCES

Quebec Breast Cancer Foundation:

> [rubanrose.org/en](http://rubanrose.org/en)

The Quebec Breast Cancer Foundation is proud to help inform and support women during breast reconstruction, thanks to a grant for this project.

Breast reconstruction at the CHUM:

> [cicc.chumontreal.qc.ca](http://cicc.chumontreal.qc.ca)

Click on: I have cancer → Breast (CICS) → Reconstruction

Centre des maladies du sein

Deschênes-Fabia : (French only)

> [centredesmaladiesdusein.ca](http://centredesmaladiesdusein.ca)

Breast Cancer Action Québec:

> [bcam.qc.ca](http://bcam.qc.ca)

Canadian Breast Cancer Network (young women's section):

> [cbcnc.ca](http://cbcnc.ca)

Canadian Cancer Society:

> [cancerconnection.ca](http://cancerconnection.ca)

Breast Reconstruction Awareness Day (BRA Day):

> [bra-day.com](http://bra-day.com)

*Une musicienne et son chirurgien* de Danielle Ouellet, Éditions du passage. (French only)

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our web site

[chumontreal.qc.ca/fiches-sante](http://chumontreal.qc.ca/fiches-sante)

*The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.*

To find out more about the Centre hospitalier de l'Université de Montréal  
[chumontreal.qc.ca](http://chumontreal.qc.ca)



Questions

Write down any questions you want to ask your care team so you don't forget anything.



**Examples of questions you might ask your plastic surgeon or nurse**

- > Is the risk of complications the same if the latissimus dorsi flap reconstruction is immediate or delayed?
- > Where will the scars be on my body? How long will they be?
- > How will my pain be controlled during my hospitalization? When I get home?
- > What effect will this surgery have on my everyday life?
- > Will I be able to continue doing sports?



### Observations - Comments

Write down observations you feel are important: your symptoms, treatments, follow-up, energy level, spirit, etc.



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### Upcoming appointments

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### Resource people and contacts

Write down phone numbers, email addresses and websites that could be useful.



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