

*Better
Together*

Patient information

Lateral Intercostal Artery Perforator (LICAP) Flap Breast Reconstruction

Breast Services Directorate

Your Consultant / Doctor has advised you to have a partial breast reconstruction to replace the lost breast tissue (removed at the time of cancer surgery) with skin and fat.

What is a Lateral Intercostal Artery Perforator?

Most women have spare tissue under the arms. This tissue can be used to reconstruct the space left in your breast after the breast cancer has been removed. There is no muscle removed in this operation, therefore there is no affect to your arm or chest wall function.

What are the benefits of having a lateral intercostal artery perforator?

The main benefit of the surgery is that the cancer is removed from the breast.

As long as an adequate rim of healthy tissue is achieved around the cancer, patients undergoing this type of breast conserving surgery do not need to have a mastectomy (removal of all breast tissue including the nipple). You will have quite a long scar on the side of your chest wall going towards your back.

The aim of a lateral intercostal artery perforator.

The aim of this operation is to replace the tissue lost from your breast and to restore its size and shape.

However, if you have radiotherapy after this surgery it may result in some overall shrinkage of one or both of your breasts. This shrinkage may make your breast appear different to one another.

Your consultant and breast care nurse will be able to show you pictures of other women who have had this operation. You will also be asked to have pictures taken before and after your operation, for your own health records. Your permission will be needed for this.

What are the risks of having a lateral intercostal artery perforator?

Most operations are straightforward. However, as with any surgical procedure there is a small chance of side effects and complications. Your consultant will talk to you in more detail if there are any individual risks for you. These general potential problems include:

Infection

This is not a common side effect but if you develop an infection it would be treated with antibiotics and/ or dressings. The risk of infection is higher if you smoke, have diabetes or are overweight.

If you feel unwell with a temperature or notice significant redness of the skin on or around your breasts you should contact your breast care nurse (Monday to Friday 8am-5pm) or Ward 9Y.

Haematoma (Bleeding/ Bruising)

You are likely to be bruised after the surgery but this will settle down by itself after a few weeks. Very rarely further surgery may be needed if the bleeding persists or if there is a bigger collection of blood (haematoma).

Seroma

This is a collection of fluid under your scar. It is a common problem following breast surgery and is not harmful. It can be removed in clinic by using a needle and syringe. This may have to be repeated several times.

Further surgery

It is important that all of the cancer is removed. You may need further surgery, if required this will be discussed with you at your surgical results appointment ten to fourteen days after surgery. Occasionally it may be recommended to have a mastectomy.

Pain

Breast surgery is not usually associated with severe pain but you will need some pain relief after the operation. This is usually a combination of tablets which you would continue for a short period at home.

As this operation involves moving the breast tissue around, the pain/ discomfort you feel may not be directly under the scar.

Wound breakdown

Some patients can have breakdown of the wound and the wound will open up. This leads to delay in wound healing but will heal with the help of dressings. This is more common in smokers and people with large breasts or with thin skin.

Loss of sensation

Numbness of the skin surrounding the scar and where the tissue has been repositioned (sometimes extending to the nipple) is common although the sensation returns in many patients.

Some patients experience increased sensation which can last for two to three months. The extent of these changes in sensation will depend on site and size of the cancer.

If you are concerned by on-going loss of sensation talk to your breast care nurse or consultant.

Flap failure/ loss

There is a small risk (1-2%) of the flap not working due to damage to its blood supply. This would result in a need for further surgery.

Inability to proceed with the reconstruction

During the operation there is a possibility that your surgeon will be unable to proceed with the reconstruction. This would happen if, for example, no suitable blood vessel is identified during the operation.

In this case the removal of your cancer will still go ahead. You may be offered alternative forms of reconstruction later to improve the appearance of your breast.

Scarring

This operation will result in a relatively long scar on the side of the chest wall going towards your back, most of which will be hidden by your bra. The scars will be most noticeable soon after the operation but should settle down with time. This may take up to a year or longer depending on how well you usually heal.

Shoulder stiffness

You are likely to experience some tightness after the surgery due to scar tissue. This may have an effect on your shoulder movements temporarily.

This does not usually last longer than four weeks. You should perform regular exercises to make sure your shoulder movement returns quickly. Your Consultant will advise you on which exercises you should do.

Fat necrosis

When there is reduced blood supply to the fatty tissues in the breast, the breast may feel hard or lumpy known as fat necrosis. This will often settle and soften with time.

Are there any alternatives available?

Yes, you can discuss this with your surgeon or breast care nurse.

The surgical alternative is to have the cancer removed without partial reconstruction (wide local excision) or to have the whole of your breast removed (mastectomy).

What will happen if I decide not to have treatment?

The breast cancer will grow.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- If you smoke it is advisable to stop smoking to reduce the risk of potential problems. You can speak to your community doctor (GP) about support in stopping.
- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and sometimes a heart trace or a chest X-ray. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be given instructions on eating and drinking before your operation.
- You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation.
- The surgeon will see you again to make some marks on your body to help guide the operation. They will use a piece of equipment called a hand held Doppler to show the blood vessels which will supply blood to the tissue being moved.
- You will be asked to sign a consent form to say that you understand the procedure and what the operation involves. Again, you will be able to discuss the operation with your surgeon.
- Please bring any medication you take into hospital with you.
- Please bring in toiletries, nightwear and towels.

- Please leave all cash and valuables at home.
- If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly.
- It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick.
- If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.
- When you return to the ward you will usually have a plastic tube (drain) coming from your wound site. This tube is to drain fluid from your wound.
- This may stay in place for a number of days however you can go home with the drain and the district nurse will review it.

Going home

You will usually be in hospital for one to two nights.

Discharge information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

A district nurse will check your wound (This may be in your own home or local treatment centre). The ward will arrange this. Dissolving stitches will be used and these dissolve within three months.

Simple tape is all that is needed for the wound dressing. Keep this in place until you are seen in clinic.

Getting back to normal

Remember that you have just had an operation. It is normal to feel more tired than usual for a few weeks afterwards.

It is important that you wear a bra at all times for the first month. We recommend a soft sports bra, as you will be swollen. Your bra should be very supportive and have wide elastic panels. These are necessary to mould the breast tissue into a good shape. It is for this reason that the bra is worn day and night, only removing it to wash. You will need measuring for a new bra after your surgery. Many large stores offer this service.

General advice

- Please do not attempt to lift anything heavy for at least three weeks. Lifting can put pressure on the muscle underneath your breasts.
- Do not drive a car for two to three weeks after your operation. You may find wearing a seatbelt can be uncomfortable.

- You are likely to feel tired after your operation, which is due to the anaesthetic. This is normal. Try to get plenty of rest.
- A healthy, nutritional diet will encourage the healing of scars.
- Stop smoking. Smoking can greatly reduce the rate at which your body can heal. Complications are much less common if you stop smoking.

Returning to work

You can self-certify for the first seven days of sickness. After this, a medical certificate (fit note) may be issued by your hospital doctor or family doctor (GP) to cover the expected time off you will need after being discharged.

Further appointments

You will receive an appointment either by post or on discharge from the ward to come back to the clinic.

Further information

The Breast Care Nurses

Tel: 0151 706 2927 (24 hour answerphone)

Text phone number: 18001 0151 706 2927

Breast Cancer Care

Tel: 0808 800 6000 (Freephone)

Macmillan Support Line:

Mon to Fri 9am to 8pm

Tel: 0808 808 0000 Mon to Fri 9am to 8pm

There are many local support groups, please ask your Breast Care Nurse

Author: Breast Services, Surgical Directorate

Review date: July 2019

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتماء المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعة الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكرونيلا.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوندیدار به نمؤشانهی له‌لایمن تراستهوه پامسند کراون، نهمگ داوا بکریت له فورماتکائی تردا بریتی له زمانهکائی تر، نیز ی رید (هاسان خویندنهوه)، چایی گموره، شریتی دهنگ، هیللی موون و نملیکترونیکی هیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.