Pedicle Flap Reconstruction Surgery

A “flap” is a piece of tissue (skin, muscle and or fat) that is moved from one area of the body to another. During surgery the doctor may use a flap to repair an area where a mass, tumor or lesion has been removed. The flap tissue is used to cover and close a large incision or wound.

A pedicle flap is known as an “attached” flap because one side of the flap stays attached to its original blood supply (arteries and veins). No blood vessels are cut. The part of the flap that stays attached can be rotated or tunneled (passed) under your skin to reach the new location.

There are many places on your body where tissue can be taken and used for a flap. The type of flap that will be used for your surgery is checked below.

☐ **Scalp Flap**
  - Different areas of the scalp (skin that covers your head) can be used for a flap.

☐ **Nasolabial**
  - Tissue is used from your cheek and placed on your nose.

☐ **Supraclavicular Flap**
  - Tissue is used from the area above your collarbone and or shoulder.

☐ **Pectoralis Flap**
  - Tissue is used from your chest or under your breast.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

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☐ **Paramedian Forehead Flap**
- Tissue is used from the area above or between your eyes.
- Once the flap has healed, some of the tissue that was rotated will may be removed. This is usually done about 2 to 3 weeks after your surgery.

☐ **Lips**
- Tissue is used from your lips or around your mouth.

☐ **Submental Chin Flap**
- Tissue used from your chin is tunneled under the skin.

☐ **Palatal Flap / Palatal Island Flap / Palatal Obturator**
- Tissue is used from the roof of your mouth.
- If a flap cannot be done or you choose not to have a flap, your doctor may recommend a palatal obturator. This is a prosthesis (man-made mouth piece) that looks like a denture. It is used to cover any open areas between your nose and mouth (palate). The obturator helps you to eat, drink and speak after your surgery. You can remove and replace the obturator just like a denture.
Smoking

- Smoking may cause problems with blood circulation and healing. It is very important that you do not smoke for 2 weeks before surgery and for 1 week after your surgery.

- You should not use a nicotine patch or nicotine gum because they can cause a decrease in blood flow to the area where you will have your surgery.

- The James has resources available to help you quit smoking.

What should I expect after surgery?

- Depending on the type of flap you have, you may be in the hospital for about 5 to 7 days. During your hospital stay, the areas where you had surgery will be checked often.

- A special machine called a Doppler will be used to check and make sure the area(s) where you had surgery are healthy.

- The flap site may have a drain (small tube with a bulb on the end) placed during surgery. The drain helps healing by draining fluid away from your incision or area where you had surgery. Your doctor will tell you when the drain can be removed.

- You may need to take pain medicine after surgery. Some pain medicines can slow the movement of your bowels. Your doctor may have you take a stool softener or other medicines to help your bowels move.

- You will have a scar. All cuts made through the skin leave a scar, but most fade with time.

Before You Leave the Hospital

- You will be given instructions about how to take care of the areas where you had surgery.

- You will have a follow up appointment scheduled with your doctor. Your flap will be checked at this appointment.
When to Call Your Doctor

Call your doctor if you have any of the following:

- Chills or fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Bleeding or drainage from your incision that has increased or changed
- Foul smelling drainage
- Pain that is getting worse and not relieved by pain medicine
- Nausea or vomiting
- Constipation (problems having a bowel movement)
- Trouble swallowing or eating