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# Radial forearm free flaps and skin grafts

## Introduction

Your surgeon has advised you that as part of your operation you will need to have a radial forearm free flap and skin graft. This leaflet has been designed to answer some of the questions you may have.

## What is a radial forearm free flap?

A radial (section) forearm (below the elbow) free (released from its source) flap (piece of tissue with its own blood supply) is used for to reconstruct the hole caused when a cancer has been surgically removed. It is one of the most common ways of replacing tissue in the head and neck.

## Benefits of this surgery

The benefit of this procedure is to remove the cancer and to cosmetically improve the appearance of the area where the surgery has been performed.

## What can I expect from the operation?

The operation is performed under a general anaesthetic, which means that you will be asleep throughout the procedure. A piece of tissue will be removed from the inside of your forearm near the wrist, including the skin and fat layer (the flap), along with the vein (drains blood from the flap) and the artery (which supplies blood to the flap). Once the flap and blood vessels are freed from the arm, they are moved to the mouth or neck and sewn into the hole made when your cancer was removed.

The blood vessels are joined to blood vessels in your neck and will keep the flap alive while it heals into its new place. The hole created in your forearm is then covered with a thin skin graft, usually from your tummy.

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Department

**ENT/Oncology**

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## How will I be cared for after my operation?

Usually, you will be looked after in the intensive care unit for the first night following your surgery, to make sure the flap is getting a good supply of blood and oxygen. Occasionally, a tube is put in your throat (called a tracheostomy) to help your breathing. It is usually only required during the time when swelling may be a problem after surgery. The tube is looked after by the ward nurses and is usually removed after 5 to 7 days (see leaflet GHPI0547 'Having a temporary tracheostomy'). Please ask a member of staff if you would like a copy).

You will not be allowed to eat or drink for the first 10 days and fed either via a thin plastic tube inserted through your nostril into your stomach or by a special feeding tube which is inserted directly into your stomach.

As part of the recovery process, you will be seen on the ward by a physiotherapist and given neck and shoulder exercises to prevent stiffness and loss of strength.

To allow your flap to heal, you will not be allowed to eat or drink for the first 10 days.

You will be fed either via a naso-gastric tube which is a thin plastic tube, inserted through your nostril and into your stomach, or by a special feeding tube which is inserted directly into your stomach. This tube is usually put in to your stomach several days before your operation. You will be given special feeds which will be carefully monitored by the dietitian.

As part of the recovery process you will be seen on the ward by a physiotherapist and given a range of neck and shoulder movement exercises to prevent stiffness and loss of strength.

## What will my arm be like afterwards?

At the end of the operation, your arm will be bandaged and held with a splint to keep it still. This will be removed after about 10 days and replaced with a lighter dressing.

## Will I have any discomfort?

There may be some soreness around the graft area which can be controlled with pain relief. Initially, your arm movement will be restricted but after 48 hours, movement will gradually be reintroduced.

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Some of your stitches will be taken out 7 to 10 days after your operation and the remaining ones a few days later. You will be able to use your arm normally after 2 weeks. However, returning to full use could take longer if you generally use heavy machinery or equipment.

There will be drains, thin plastic tubing, coming out through the skin on your neck and your arm.

During the operation, small nerves may be cut which can make your neck skin numb. This means that many patients do not have much neck pain after the operation but if you do suffer any pain or discomfort please tell the ward nurses.

### What problems can occur?

If cancer has spread into the lymph nodes in the neck, some or all of the lymph nodes may be removed. This is called a neck dissection (for further information, see leaflet GHPI0429 About neck dissection. Please ask member of staff if you would like a copy). Occasionally, it may be necessary to put a tube in your throat to help your breathing.

**Flap failure:** Sometimes a blood clot can block the vein or artery attached to the flap. This can cause damage to the flap. If this happen you may be have to have another operation to remove the clot or to replace the flap with one from another area on your body.

**Infection:** The dressings on your arm will help to protect the donor site. Your wounds will be cleaned and dressed as necessary but sometimes infection can occur but this can easily be treated with antibiotics. You will be given advice about how to keep your mouth and teeth clean to avoid any infection developing inside the mouth. Any signs of infection such as a raised temperature, redness, new pain or discharge should be reported to the Dressing Clinic staff or to the nursing staff on Ward 2B out of hours.

**Nerve damage:** It is likely that the area around the scar will feel numb and occasionally some numbness may occur at the base of the thumb.

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## How quickly will I recover?

Recovery depends on the type of treatment you have had as well as individual healing. When you are ready, resuming daily activities can help the healing process. You should avoid vigorous exercise for 6 weeks after the operation and your doctor will advise you about returning to work.

## Your feelings

The scar and skin graft will look different from the rest of your arm and it can take 6 to 12 months for the scar to fade. This can sometimes affect your feelings about how you look and may be difficult to cope with. Your specialist nurse or consultant can offer advice and support if you are concerned about this, for example putting you in touch with another person who has had the same experience or organisations that can help.

## Contact information

If you have any questions or concerns, please contact:

### Head and Neck Cancer

Macmillan clinical nurse specialist

Tel: 0300 422 6785

Monday to Thursday, 8:00am to 4:00pm

### Dressing Clinic staff

Tel: 0300 422 3194 and ask for the dressing clinic

Monday to Thursday, 9:00am to 4:00pm

Friday, 9:00am to 1:00pm

### Out of Hours

Ward 2b, Gloucestershire Royal Hospital:

Tel: 0300 422 6184

**Please note that the Ward 2b contact number is only to be used out of hours.**

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## Further information

If you need further support before or after the surgery please contact your GP, consultant, Clinical Nurse Specialist or the Macmillan helpline. NHS 111 and the Macmillan helpline are available outside of normal working hours.

### Macmillan Cancer Support

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Helpline: 0808 808 0000

### NHS 111

Tel: 111

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