

LICAP (Lateral Intercostal Artery Perforator) Flap for partial reconstruction of breast after cancer removal

Department of Breast Surgery

Information for Patients

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Introduction

There are two main types of breast cancer operations. One involves taking out the cancer along with some healthy tissue around it, which is called wide local excision (WLE). The other way is to remove the whole breast, known as mastectomy.

The decision about which surgery to go for depends on how big the tumour is and where it is located in relation to the breast size. This decision-making process involves talking it over with a team of experts, including the surgeon, the specialist breast cancer nurse and considering what's best for the patient.

Sometimes, wide local excision can leave a noticeable gap or dent in the breast. To fix this, doctors can use tissue from the area around the breast or from the chest wall to fill in the gap and make the breast look more natural.

The lateral intercostal artery perforator flap (LICAP) technique is a method used to fill in the gap left by surgery (WLE) with tissue taken from the side of the chest wall. This helps to create the breast's shape and volume. This is a routinely performed operation for breast cancer in this unit.

The LICAP flap technique of partial breast reconstruction

The procedure is done while the patient is under general anesthesia. A cut is made in the skin and the surgery to remove the tumour is performed (WLE). If needed, surgery in the lymph nodes in the armpit is also done through the same cut.

Then, a piece of tissue shaped like a leaf is carefully lifted from the chest wall and moved to fit into the gap in the breast. The skin is then closed over this area. This piece of tissue keeps getting its blood supply from the chest wall. To prevent fluid buildup during healing, a small tube might be put in the deeper wound. Stitches that dissolve over a few weeks are placed under the skin to keep everything together.

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

When is LICAP flap recommended?

LICAP is a good choice for patients with small to moderate size breasts. For this procedure to work, the patient needs to have some extra fat and a skin fold on the side of the chest that can be used to fill the gap in the breast. However, LICAP might not be suitable for very slim people.

The LICAP surgery doesn't involve the muscles or ribs of the chest wall. It only involves the skin and the layer of

fat just under the skin. The scar goes from the edge of the breast to the chest wall, but it's usually hidden under the bra line.

Before the operation

Your surgeon will check you at the clinic and see if you are suitable for this type of operation. They will discuss the risks and complications that sometimes happen. On the day of surgery we will admit you to the ward, a team member will confirm your consent and mark your skin for the procedure. The team taking care of you will include consultant surgeons, senior surgical trainees, junior doctors, anaesthetic consultants, anaesthetic assistants and nurses.

Recovery after the operation

Waking up from anaesthesia, we will move you to the hospital ward for care. The pain is usually manageable and you might be given tablets or injections like Paracetamol, Ibuprofen or Codeine to help with it. Most people who have the LICAP surgery stay in the hospital overnight and go home the next day. This depends on how risky the procedure was for you and how well you're recovering. Your breast might feel sore and the side of your chest could feel tight. A drainage tube will stay in place until the fluid in the drainage bottle is less than 30 ml over 24 hours, or if more than 2 weeks have gone by and your wound is healing without any issues.

Further surgery

If the pathology results show that cancer was not completely removed (cancer is near the edges), you might need another operation to remove more tissue around the scar. This could take longer to heal and some fluid may collect in the wound, but these usually get better in a few weeks.

Radiation therapy begins after the wound has fully healed.

Contact

Breast Department is based in Glenfield Hospital. Inpatients are admitted to Ward 34, on the first floor of the main building. Wound dressings and drain management is done by the surgical nurses on ward 34. If you need further information/advice about your treatment or recovery, please contact our team.

Recovery after discharge

You will restart activities like self-care and light tasks at home such as cooking and washing up within a few days. Stay in touch with the nursing team regarding drain fluid levels. You will have an appointment at the clinic for wound check. You can wear a well-fitting sports bra for support and shower without wetting the dressings. Begin shoulder and arm exercises early. Avoid heavy activities like lifting, vacuuming, ironing and gym for 3-4 weeks. You can discuss this during follow-up visits with the surgeon.

It is best to start driving after you have healed fully. You should feel fully confident in all aspects of driving, including sudden stops. Start with short journeys and slowly increase. Check your insurance for health related information.

Early complications

The breast and chest discomfort will gradually ease over 2-4 weeks. In the initial hours to days, there's a chance of blood clots (hematoma) forming within the wound. In some cases this may need another surgery to control bleeding.

Other problems like wound infection, breast swelling, fluid build up (seroma), or blocked/displaced drains may happen. Contact the ward nurses during the day or go to A&E after hours if these problems arise. Some parts of the wound might take longer to heal or open up, needing extended dressing. Rarely, the LICAP flap might not get enough blood supply, making the tissue dead. This might cause swelling, redness, fluid build-up, or changes in breast shape. It may need another surgery to check the flap and if it is not healthy, a different operation might be needed to fix things.

Returning to work

This depends on the job type, hours and employer support. You can discuss this with your surgeon or nurse during follow up. Desk jobs or working from home can resume earlier than physically demanding jobs. Physiotherapy can be arranged to improve movement if needed.

Breast Clinical Nurse Specialists: Telephone 0116 2501523

Breast Ward 34: Telephone 0116 2502490

Monday to Friday, excluding bank holidays, 9.00 am to 4 pm.

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Previous reference:

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