

Having surgery for head and neck cancer: anterolateral thigh (ALT) free flap

ENT & Maxillofacial Services

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Information for patients with head and neck cancer

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Introduction

This leaflet will help you to understand your operation. If you have any further questions not covered in this leaflet please ask.

What is an anterolateral free flap?

An anterolateral free flap (also known as an **ALT flap**) is made of skin taken from the front of your thigh, which is then used to fill the hole left when your cancer was removed.

What does the surgery involve?

The surgery involves taking a piece of skin and fat (**the flap**) from the upper surface of your thigh. This is known as the **donor site**. The flap will be removed along with two blood vessels, one to supply the flap with blood (**artery**) and one to drain the blood away (**vein**). Once the flap of skin is removed it will be transferred and sewn into the hole made by the removal of your cancer. The blood vessels are then attached to blood vessels in your neck. These blood vessels then keep the flap alive whilst it heals.

Your donor site will then be closed with sutures (stitches) and clips. A small drain will be put into your thigh to drain any fluid which may collect at the surgery site. This drain will be removed after a few days by the nursing staff on the ward.

What will my leg be like afterwards?

Your thigh will have a bandage on it for comfort and protection. The nursing staff on the ward will change this if necessary. The dressing will usually be removed after a few days and a smaller, waterproof dressing will then be applied. The clips will be removed by the ward nurses about ten days after surgery. The stitches will dissolve.

Occasionally small areas of the surgical site can ooze. If this happens you will have a dressing put on for protection.

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After care

You will find that you have some pain when moving your leg. You will be given regular painkillers. Please remember to ask for something stronger if you need it.

You will be seen by the physiotherapy team on the ward after a few days and they will show you an appropriate exercise plan.

The operation will leave you with a scar and slight indentation on your thigh. The scar will fade over time.

What are the possible complications?

As with any operation, there are possible complications. With this type of surgery, however, complications are rare and may not happen to you. They include;

- **Bleeding** - this is unlikely to happen as you will have a drain inserted into your wound. However, it is possible that a collection of fluid will develop in the wound area after your drain has been removed.
- **Infection** - you will be given antibiotics into your vein during surgery and possibly for a few days after your operation so infection is not normally a problem.
- **Flap failure** - in 2 to 5% (between two and five out of 100 cases) one of the blood vessels draining or supplying the flap may develop a blood clot. This means that the flap would either not get any blood supply or would be unable to drain the old blood away leaving the flap congested.

If this occurs it usually happens within the first 48 hours and means another operation to remove the clot. Sometimes removing the clot is not successful and the flap 'fails'. This would mean the flap needs to be removed and an alternative method of reconstruction used.

You will have the opportunity to discuss these with your surgeon and/or specialist nurse before you consent to the surgery.

Contact numbers

If you have any further questions please contact the Macmillan clinical nurse specialists (key workers) on:

Telephone: 0116 204 7829 (office)

Mobile numbers: 07960 500043 or 07950 967983

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