

Having surgery for head and neck cancer: fibular 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 a fibular free flap?

A fibular free flap is a way of filling a bony hole in either the upper or lower jaw. The fibular bone is a small thin bone which runs on the outside of your leg from your knee to your ankle. The bone can be removed entirely without affecting your ability to weight-bear.

What does the surgery involve?

Your surgeon will remove the fibular bone (**the flap**) from your lower leg. The flap is removed with two blood vessels attached, one to supply the flap with blood (**artery**) and one to drain the blood from the flap (**vein**). Once the bone from the leg has been removed it is transferred to the head and neck area that needs filling and secured into position with small plates and screws. Using a microscope, your surgeon will join the blood vessels supplying and draining the flap to the blood vessels in your neck. The blood vessels will keep the flap alive whilst it settles into its new place.

You will have a small drain inserted just under the skin to drain any blood away that may collect in the surgical site. The drain is usually removed after a few days by the nursing staff on the ward.

What will my leg be like afterwards?

Your leg will be in a bandage for about seven to fourteen days. It is sometimes necessary to remove a piece of skin with the bone to replace soft tissue in your mouth. If the piece of skin removed is large then a skin graft maybe required to cover the area. The area where your fibular bone has been removed is likely to be sore. You will be given regular painkillers: please remember to ask for something stronger if you need it.

The operation will leave you with a scar that will fade over time. The scar on the outside of your leg will run from just below your knee to just above your ankle.

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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 happens it is usually 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.

Will my walking be affected?

Removing your fibular bone should not cause any long-term problems with your walking. For the first 24 to 48 hours after surgery you will be on bed rest. Soon after this you will be able to sit in a chair. The physiotherapist will visit you daily on the ward and will help you to get up and walking. By the time you are discharged home you should be back to walking almost normally and will be able to manage the stairs. Very occasionally you may need the help of a stick or crutches for a further week or so.

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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