

# Having surgery for head and neck cancer: pectoralis major pedicled 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 pectoralis major pedicled flap?

The pectoralis major (also known as the 'pec major') is a thick, fan-shaped muscle on the chest wall and makes up the bulk of the chest muscle in males and lies under the breast in females.

A 'pec major' pedicled flap has its own blood supply and is one of the most common ways to rebuild tissue in the head and neck if a cancer has been removed from the neck, throat or mouth (oral cavity). It can be used to replace large parts of these areas as it has an excellent blood supply.

## What does the surgery involve?

Your surgeon will remove a piece of skin and muscle from your pec major muscle, along with its attached blood vessels and transfer it to the area where your tumour has been removed. This is the **flap**.

The area of the chest where your flap has been taken from is known as your **donor site** and it will be closed with a combination of dissolvable stitches and wound clips. In order to remove any fluid or blood from the donor site you will also have a small drain inserted into your chest wall. Once it has stopped draining fluid the drain will be removed by the ward nurses.

## What will my chest look like afterwards?

After your operation you will have a dressing on your chest which will be changed as needed by the ward nurses. The dressing will be completely removed after two or three days once the wound has healed. The wound clips will be removed by the nurses after about ten days.

After your operation you will probably find it uncomfortable to move your arm on the side of the donor site. You will be given regular pain relief and will also see the physiotherapist who may show you some gentle exercises.

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## After care

You will have a scar on your chest and your nipple or breast position may be altered. The scar will fade over time and will become less visible. Your key worker can give you advice about how to look after your scar and can refer you for camouflage make-up advice if needed.

You may also notice a swelling on your neck where the muscle has been tunnelled into your oral cavity. Many people use high-neck clothing or scarves to disguise this. You could also discuss with your consultant about reducing the size of the flap once your treatment has finished and you have fully recovered.

## 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. This is called a **seroma** and may need draining. To do this a doctor will insert a small needle into the seroma and drain off the excess fluid.
- **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 3% (between two and three out of 100 cases) the blood supply to the flap may fail. This means that the blood vessels that either supply or drain the blood away are not working properly. This might be due to a "kink" in the vessel or a blood clot. If this happens it is usually within the first 48 hours and would mean another operation. Sometimes this 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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