



**University
Hospitals Sussex**
NHS Foundation Trust

Pectoralis major flap reconstruction

Plastic Surgery

Patient information

What is this information about?

This information is about an operation called a pectoralis major flap reconstruction. It tells you why you are having this operation, what happens during the operation, and what to expect afterwards.

Why have I been given this information?

You have been given this information because your wound has not healed as well as it should, and an area of your chest called the pectoralis major flap will be used to cover it and help it heal. This information will help you to understand what will happen and how to look after yourself after the operation.

What is a pectoralis major flap reconstruction?

Sometimes after heart surgery, the wound on the breastbone gets infected. When this happens, this will slow down or stop the healing. The skin may develop a split or opening called a dehiscence (this is pronounced 'dee-hiss-ense').

The Plastic Surgery Team needs to reconstruct (rebuild) the area using healthy tissue. This will help to heal the wound.

The pectoralis major flap is a healthy area of muscle tissue with good blood supply located on your chest. The plastic surgeon can use this to reconstruct your wound.

What should I expect before pectoralis major flap reconstruction?

Before the plastic surgery team can complete the reconstruction, you may need some operations to help clean the wound. These operations are called debridements.

Any unhealthy tissue is removed during these operations. A vacuum dressing will be applied to keep the wound clean and encourage blood supply to the area.

If metal wires or plates have been inserted in the original operation these will need to be removed to reduce the chances of infection. As metal work does not have a blood supply it is not able to fight off infection.

Once the wound is clean and shows healthy tissue, the plastic surgeons can complete the reconstruction.

You will be asleep when you have these operations.

What happens during the pectoralis major flap reconstruction?

You will be asleep during this operation.

The plastic surgeon will lift and move the pectoralis major flap across your chest without detaching it from the blood vessel to bring healthy tissue to the breastbone.

The tissue covers the bone and helps to close the wound by providing healthy tissue and blood supply.

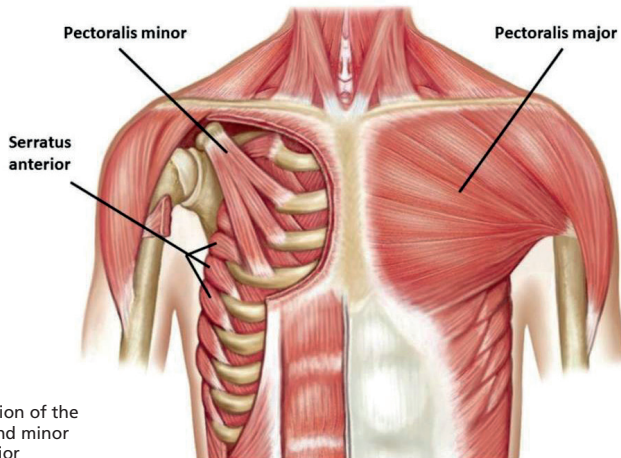


Image of the position of the pectoralis major and minor and serratus anterior

This is secured in place with stitches which dissolve and do not need to be removed.

The skin will then be moved across so that the skin edges touch. These are held in place with stitches.

Occasionally there is not enough skin to cover the wound. If this happens your plastic surgeon may use a skin graft to bridge the skin gap. The surgeon will talk to you about this before surgery.

What should I expect after the surgery?

Drains

You will have some drains in place.

These are plastic containers attached to a tube that enters the skin. The drains remove fluid produced by the body. They help prevent swelling or fluid building up.

The drains are removed on the ward by the plastic surgery team once the fluid being collected has reduced. The drains may be removed at different times depending on how much fluid is collected. This is normal and expected.



Image of drainage bottle
containers for major and minor
and serratus anterior

Vacuum dressing (negative pressure wound therapy)

A vacuum dressing is applied to protect your wound, and support the skin, after the operation.

This will look like a black foam being held in place with a see-through sticky dressing. A tube in the middle removes any fluid and applies the vacuum. The vacuum supports the skin and encourages blood supply to the area which helps the skin to heal.



Image of a vacuum dressing

Wound checks

The plastic surgery team will come to check how you are doing on the ward and answer any questions you have about the procedure. The team will check the dressings remain in place and change them if needed.

After five to seven days the vacuum dressing will be removed, and the wound checked. After this, the plastic surgery team can then decide what type of dressing needs to be applied to support your healing. This will be explained to you by your plastic surgery nurse or surgeon.

Will I be able to move my arms after the operation?

You will not be able to make pushing movements or raise your arms high above your head. This is to reduce pressure on the wounds while they are healing.

Your nursing team will help you if you need to do anything that involves these motions while you are healing.

What are possible complications?

Infection

As with any wound or surgery, infection is a risk. Your plastic surgery team will take every care to avoid this. You will be closely monitored (kept an eye on) for any signs or symptoms.

Fluid collections

When the muscles are moved sometimes there is a small amount of space left behind. The body does not like this space and may fill it with fluid called 'seroma'. Depending on the amount of seroma, it can either be drained using a simple procedure on the ward or left to go away by itself.

Dehiscence

This is when the muscle or skin that has been stitched together comes apart. This could be caused by infection, too much movement, smoking or poor nutrition.

What are the factors that can affect healing?

Smoking

Smoking affects all types of wound healing. Smoking makes the very tiny blood vessels in your body less efficient at transporting blood to and from an area and so it may mean that your wound may not heal.

Poor nutrition

Wound healing is affected by lack of vitamins and nutrients. You need to consume about 30 to 40 calories per kg of body weight every day for effective wound healing. This may mean increasing your eating or changing the types of foods you eat. We may get a dietitian to see you, to help support your nutrition.

Diabetes

If you have poorly controlled diabetes this may affect your ability to heal. We will help you to keep your diabetes as controlled as possible before and after the surgery.

Will the surgery make me look different?

It is important to remember that your skin and chest may never look exactly as it did before your surgery.

As some tissue must move from one place to another to close the chest wound, this means your chest might look different. As the pectoralis muscle in the chest is moved inwards, some people have a small dip or 'empty area' next to the armpit. Some people experience a slightly puffier chest where the muscle has been moved to cover the wound.

Your wounds will continue to improve and settle over time and your scars will gradually fade.

Your plastic surgery team will talk to you about this before and after the operation.

What happens when I go home?

When you go home, the plastics team will still look after your wound as an outpatient. You will receive further information on your appointment times and dates when you are ready to leave hospital.

All clinics are based in the fracture clinic, level 4 of the Louisa Martindale Building, Brighton.

Who can I contact for further information and advice?

If you or your loved ones have any further concerns or queries, please don't hesitate to contact the plastic surgery team.

Royal Sussex County Hospital

01273 696955 Ext. 65956

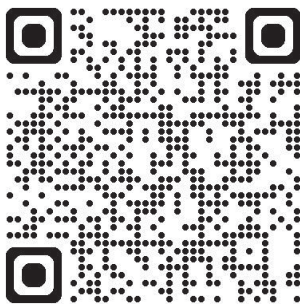
Clinical email uhsussex.plasticsteam@nhs.net

Monday to Thursday 8:00 am to 4:30 pm

Friday 8:00 am to 1:00 pm

More information on the Plastic Surgery team can be found on our website.

<https://www.uhsussex.nhs.uk/services/plastic-surgery/>



This information is intended for patients receiving care in Brighton & Hove and Haywards Heath hospitals.

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