The ROYAL MARSDEN
NHS Foundation Trust

Having a fibular free flap

Head and Neck

Patient Information

NHS

Contents

Introduction

This leaflet has been written to explain your operation and answer commonly asked questions. If you have any concerns about your illness or your treatment, please talk to your surgeon or clinical nurse specialist (key worker).

What is a fibular free flap?

A fibular free flap is one way of filling a bony hole in either the upper or lower jaw. It is one of the common ways of replacing bone that has been removed for cancer treatment.

Why will a neck dissection be carried out?

A neck dissection is carried out at the same time as the fibula free flap is raised. It is necessary to perform this operation so that the blood vessels supplying and draining the flap are joined to blood vessels in your neck. This will be performed by your surgeon under a microscope and will take place under the same general anaesthetic.

What happens before I come into hospital?

The doctors will discuss the surgery with you at your outpatient appointment. Please ask if you do not understand any terms they use. You will be given the opportunity to see the clinical nurse specialist who will be your key worker and available for advice and further information.

You will also have a pre-operative assessment visit. This is usually one to two weeks before your planned admission for your operation. During this assessment, a specialist assessment nurse will see you. They will discuss your general health with you, including any medicines you are currently taking. They will decide whether you need any tests before you have a general anaesthetic. You may also be seen by either the doctor or anaesthetist, or both if the nurse feels it is necessary. They will examine you and may listen to your heart and lungs.

Tests you may have include:

- Routine blood tests
- ECG (electrocardiogram or heart trace)
- Chest x-ray.

This appointment is also an opportunity to ask questions about your stay in hospital and to share any concerns you may have. You will see a speech and language therapist before your operation to discuss the impact of the operation on swallowing and communication.

What does the surgery involve?

Your surgeon will remove one of the bones from the lower part of your leg.

- The fibular bone runs on the outside of the leg from the knee joint to the ankle joint. It is a small thin bone that can be entirely removed without affecting your ability to bear weight.
- The fibular bone is removed (the flap) along with two blood vessels, one of which supplies blood to the flap (the artery) and one of which drains blood from the flap (the vein). Once the bone is raised, it is transferred to the head and neck and secured in position with small plates and screws.
- The blood vessels supplying and draining the flap are then joined to blood vessels in your neck under a microscope. These blood vessels then keep the flap alive while it heals into its new place.

What will my leg be like afterwards?

Your leg will be placed in a bandage for a week following surgery. Occasionally it is necessary to remove a piece of skin in addition to the fibular bone. If the piece of skin that is removed is large, it will need to be replaced with a skin graft.

What can I expect after the operation?

The area of your leg where the bone has been removed is likely to be sore. Regular painkillers will be arranged for you. A small tube is also placed through the skin into the underlying wound to drain any blood that may collect. This drain is usually removed after a few days.

Will I have a scar?

All cuts made through the skin leave a scar but the majority of these fade with time. The scar on the outside of your leg runs from just below the knee joint to just above the ankle joint.

What are the possible complications?

There are potential complications with any operation. Fortunately with this type of surgery complications are rare and may not happen to you. However, it is important that you are aware of them and have the opportunity to discuss them with your surgeon. You may experience some of the following:

Bleeding: when a drain is inserted into the wound, we would expect some bleeding into the drain but not outside.

Infection: you will be given antibiotics through a vein whilst you are asleep and for the first few days after surgery. As a result, infection is not normally a problem.

Numbness: sometimes you may notice a small patch of skin on the lower part of your leg or foot that is numb or tingly after the operation. This numbness may take several months to disappear and in a minority of patients may last forever.

Flap failure: in 2 - 5% of cases (2 – 5 in 100), one of the blood vessels supplying or draining the flap can develop a blood clot within it. This means that the flap does not get any fresh blood, or if the drainage vein clots, then the flap becomes very congested with old blood. It is an occurrence that usually happens within the first two days and means that you will have to return to the operating theatre to have the clot

removed. Removing the clot is not always successful and on these occasions the flap 'fails' and an alternative method of reconstruction is considered. In order to monitor this, nursing staff will regularly check that the blood supply is good.

Will my speech be affected?

After surgery, you will experience some differences to how your speech sounds. The degree of difficulty experienced will depend on how much of your lower jaw has been removed and the type of reconstruction you have undergone.

Will my swallowing be affected?

After surgery you will experience some difficulties with your ability to chew and move food around your mouth. The degree of difficulty experienced will depend on how much of your lower jaw has been removed and the type of reconstruction you have undergone.

How can the speech and language therapist help me?

Speech and language therapists work with people who have difficulties with their speech and/or swallowing. You will see the speech and language therapist (SLT) before your surgery to discuss what impact surgery is likely to have on both your speech and swallowing. After surgery, the speech and language therapist will assess your speech and swallowing and provide exercises and advice to help.

How can the dietitian help me?

The dietitian can assess:

- Your nutritional status by looking at your usual eating habits and weight history
- Your nutritional requirements using different food textures, additional calories and protein as necessary.

Working closely with other members of the team, the dietitian

will advise on the most suitable way for your nutritional requirements to be given to you. If you are unable to take anything by mouth for a long time, it may be necessary for you to have a feeding tube. This will either be:

- A nasogastric tube (NG) passed through your nose into your stomach during the operation

or

- A radiologically inserted endoscopic gastrostomy (RIG) passed through the wall of your abdomen into the stomach. This is usually carried out a couple of weeks before your operation.

If you need a RIG tube, there is another information leaflet which provides further details. The dietitian will be able to advise you on what will be given through the tube. The tube will remain in place until you are managing enough food by mouth. The dietitian will check your progress regularly and discuss it with you.

How can the physiotherapist help me?

With the help of the physiotherapist you will start to sit out of bed from as early as day one or two following surgery. Your surgical team will instruct you on your weight bearing status, and the physiotherapist will assist you with your mobility at first. You may require the assistance of a walking aid (such as a stick or frame) to assist with your walking at first. By the end of the second week you should be walking near normally and climbing stairs. Very occasionally, you may need a walking aid for a further week or so.

Why should I exercise?

Following your fibula free flap it is important that you start to exercise your hip, knee and ankle joints in order for you to regain full movement. Gentle exercise will also help to reduce any swelling in the area. The physiotherapist will demonstrate these exercises when it is appropriate, and give advice on how to return to normal activities.

How will I know if I have done too much?

If you over-exercise you may feel sore and stiff the following day. The best policy is to avoid this if possible, making sure you exercise gently and slowly.

Contact details

If you have any further questions about your surgery or post operative recovery, please contact your clinical nurse specialist or surgical team.

Key worker, Head and Neck Surgery:	020 7352 8171 ext 1546
Advanced nurse Practitioner, Head and Neck Surgery:	020 7352 8171 ext 4700
Physiotherapy team:	020 7808 2821 (answer machine)
Speech and Language Therapy team	020 7808 2815

Outside normal workings, you may contact:

The Royal Marsden Macmillan Hotline: **020 8915 6899**
You can ring the hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

Additional information can be found on the following website:

National Cancer Institute

www.cancer.gov/about-cancer/treatment/side-effects/delirium

The National Cancer Institute (NCI) is America's principal agency for cancer research and training. The information provided is for both staff and patients.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

This leaflet has been adapted by Lorraine Guinan, Clinical Nurse Specialist and Jorn Rixen-Osterbro, Advanced Nurse Practitioner, from the patient information leaflet produced by British Association of Oral and Maxillofacial Surgeons.

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