

The ROYAL MARSDEN

NHS Foundation Trust

Recovering after pelvic reconstruction using your own tissue

Oncoplastics Unit

Patient Information



NHS

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Your operation

Your doctor has recommended that you have an operation which involves removing your cancerous tissue and using your own tissue to reconstruct the remaining area within your pelvis (abdomen) and perineum (the area between your legs). When a tumour is removed from your pelvis, a space is created – if this is not repaired, it can cause problems such as wound breakdown and infection in the perineum. This space may become filled with the bowel leading to bowel obstruction and / or protrusion of the bowel through the perineal wound. Your own tissue is used to fill this space by transferring a piece of skin, with fat and muscle attached from either your abdomen, inner thigh or buttock into the pelvis to fill the space inside. The flap (area of skin which is moved) may be visible from the outside in between your legs (perineum) / bottom.

Following your operation

Following your surgery, you will be in the intensive care unit for about 2–3 days and then transferred to the ward. During this time you will need to lie on your sides and not on your back. This is to avoid putting pressure on your new flap, as this may affect the blood flow and damage it. The nurse looking after you will check your new flap regularly to make sure that it is healthy with a good blood supply. The nurse will clean between your legs every few hours as it is important to keep the area clean and dry. If you have had a vaginal reconstruction, your nurse will irrigate the area (known as douching) three times a day and dry with a hairdryer on a cool setting. You will have drains inserted into your perineum and the area the tissue has been taken from during surgery, which will collect any excess fluids

- There will be stitches where the tissue is transferred from.
- The stitches will be under the skin and cannot be seen – the area will be covered with a dressing.
- The wound on your bottom will not be covered.

- You may be able to stand up after a few days. If the tissue has been transferred from the lower abdomen, any time you stand, you will need to wear a supportive abdominal garment.
- You will not be able to sit until seven days after your operation. If your plastic surgery team are happy, after this time you can sit for short periods each day, on a special cushion provided by the ward. The time is gradually increased over the first couple of weeks following your operation. Your team will advise you how long to sit for each day. It is important that you do not sit for longer than advised as this may damage your new flap. Sitting may be uncomfortable while your drain is still in place – this will ease following removal of the drain and will continue to improve over time.
- You will be able to shower from 6–7 days following your surgery.
- Your dressings can stay in place while you shower and all the areas can be patted dry or dried with a hairdryer on a cool setting.
- **You should completely avoid using hot water bottles or heat pads on your flap reconstruction or over any suture lines, both during the healing stage and once the skin has healed. The skin may look normal, however there may be altered sensation in the area which can result in significant burns.**

Going home following your surgery

When you leave the hospital you should try to rest, however daily gentle exercise (walking) is important and will reduce your chance of developing a deep vein thrombosis (blood clot in the legs). You should continue to wear your supportive stockings until your mobility is the same as it was prior to your admission. Build up activities slowly and only do as much as you feel able.

You must remember that you have had major surgery and that your body is still recovering.

In the early days following your operation, your body will need to use a large amount of energy to repair itself. This leaves you with small amounts of energy for the rest of the day. After each activity you carry out, you may find your energy levels dipping and you may need a rest while your body recovers. Ensure you are having a varied diet with adequate vitamins and minerals which are needed for wound healing. As the days and weeks pass, your energy store will increase. During this time, you may find you have a good day when you appear to have lots of energy. This may be followed by a couple of days when you feel tired and sometimes tearful – this is normal. It can be 4–6 months before some people feel fully recovered after their surgery and it takes time to adjust.

Care of your bottom (sacrum) area

You will have a wound or scar on your bottom area. All the stitches will be absorbable and will be trimmed at your first outpatient appointment. We encourage you to shower the area at least daily when you go home. Ensure that the area is dried thoroughly after showering.

There are normally no dressings on this area and if there are, district nurses can visit you at home and support with any wound dressings you may require until you are mobile and able to visit your Practice Nurse.

Arrangements will be made for a soft air, ‘Valley’ cushion to be delivered to your home prior to discharge. Please do not use a ring cushion following your discharge as this can restrict the blood flow to your perineum and may damage your new flap. Your nurse will advise you on your sitting plan prior to your discharge. It is important that you do not sit or sit up in bed for longer than 45 minutes four times a day until after you are seen at your first follow up clinic appointment. Your new flap will still be fragile and prolonged pressure may still damage the area.

The length of time you are able to sit will increase as you recover. You will have regular outpatient appointments when you go home and we will tell you how long sitting times will be.

We expect the area around your scar to be swollen and bruised. You may have some mild discomfort or a pulling or dragging sensation in the area which is a common side effect. However if this gets worse, please contact your surgical team.

Care of your abdomen

You will have a wound or scar on your abdomen. Your wounds have been closed with absorbable stitches which will take several weeks to dissolve. This area may be dressed or exposed (no dressing). The nurses caring for you on the ward will guide you with your dressings if they are required. You may have a visit from a district nurse arranged to check your wound at home. You can continue to shower and pat dry the wound or dressings which are in place as you have done in hospital. We advise you to avoid all creams to the area until your outpatient appointment, where the nurses will offer you guidance.

Your scars will improve within a few months of surgery. They may be a little more pink and noticeable, even red and lumpy temporarily, before they start to flatten and fade. Protect scars from sunlight or any ultraviolet (UV) light until they have completely faded by applying a total sun block to the affected area when exposed. Your outpatients nurse will explain how best to minimise scarring at your follow up appointment. Scars usually become fully mature and fade 12–18 months after an operation.

If the tissue was transferred from your abdomen for your reconstruction, you will have been given an abdominal support garment whilst in hospital. This should be worn whenever you are getting up and moving around, for 2–3 months following your surgery. You should avoid heavy lifting, stretching, exercising and twisting during this time, as this tends to pull on the wounds. Your surgeon will give further advice at your first plastic surgery outpatient appointment.

General advice

- Wear loose comfortable clothing following surgery – clothing that is constricting or tight may damage the wounds and slow the healing process.
- You should not drive for at least eight weeks after your surgery, but ask at your first outpatient appointment.
- You should not smoke after your operation as smoking will increase the risk of complications.
- How much time you have off work will depend on the type of job you do – you should not return to work until your surgeon advises you to.

If any of the following occur, please get in touch with your team at The Royal Marsden:

- Feeling generally unwell
- Fever or a temperature
- Severe or increasing pain
- Your wound opening or any signs of your wounds breaking down
- Swelling, redness or bleeding at the site of the operation
- Leakage from the wound which may be odorous (smelly) with green / yellow fluid (pus)
- Increasing pain when sitting down.

Please do not hesitate to contact your Specialist Plastics Nurse or Plastic Surgery team with any concerns about your reconstruction prior to your surgery or following discharge.

Contact details

Please contact your specialist nurse if you experience any problems.

Plastics Nurse Specialists

Chelsea

NHS	020 7811 8318
Private patients	020 7352 8171 ex 1573
Gastrointestinal Nurse Specialists	020 7811 8108

Sutton

NHS and private patients	020 7352 8171 ex 4345
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If you have a stoma, your ward nurse, specialist GI nurse or community stoma nurse will be able to advise you further on stoma care.

The Royal Marsden Macmillan Hotline: 020 8915 6899
(available 24 hours a day, 7 days a week)

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

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.

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