

Flow chart for Fasciocutaneous flaps observation

Aim: To provide guidance for flap observation.

CAUTION: This is intended to serve as a general statement regarding appropriate patient care practices based upon the available medical literature and clinical expertise at the time of development. They should not be considered to be accepted protocol or policy, nor are intended to replace clinical judgment or dictate care of individual patients.

On arrival to the ward

Review op notes and post op instructions

- Handover from surgeon
- Patient positioning
- Oxygen fluids Analgesia Antiemetics anticoagulation
- Check dressing is dry and intact
- Roll patient to check pressure areas and make sure drains are patent
- Monitor wounds and drain output

Immediate post op assessment frequency.
 Every **30** minutes until Plastics review the next day
 Hourly for the next **24-36** hours
 Then **2-4** hourly thereafter

Vital Observations

MAP 70-80mmHg
 Pulse 60-90bpm
 Sats O₂ >97%
 Temp 36.8-38
 Maintain urine output > 0.5ml/kg/hr
 Wound drains record output for each 24 hour period
 Fluid Balance to monitor input and output

Abnormal

Document all findings

Normal

Normal

Flap Observations

Skin colour
 Skin texture
 Skin temperature
 Capillary refill
 Doppler sounds

Abnormal

REPORT URGENTLY TO SENIOR NURSE TO RECHECK OBSERVATIONS. CALL PLASTIC CONSULTANT

Post op care guidelines following Fasciocutaneous Free Flap surgery

Vital signs	BP	MAP 70-80mmHg	Low BP and abnormal pulse may indicate hypovolaemia, which indicates inadequate blood supply to the flap
	Pulse	60 –90	Compare with pre op Tachycardia can indicate the patient is in pain. This results in adrenaline being released causing vasoconstriction- resulting in poor perfusion of the flap
	Sats O2 RR	>97%	Low SaO2 may lead to inadequate tissue perfusion . A raised respiratory rate may indicate pain or anxiety. Meaning adrenaline is being released causing vasoconstriction- resulting in poor perfusion of the flap.
	Temp	36.5-38	
Urine output	>0.5ml/kg/hr		Is indicative for tissue perfusion. Poor output can indicate dehydration which leads to inadequate perfusion of the flap Keep patient hydrated monitor intake Ensure IV fluids are prescribed
Flap observations	Colour	Observe for any change in colour. Pale, blue or dark red colours indicate there reduced arterial supply or venous return	
	Texture	Flaccid/ Empty flap may indicate poor arterial supply Firm / Swollen flap can indicate venous congestion	
	Capillary refill	Brisk refill may indicate venous congestion Prolonged refill may indicate poor arterial supply	
	Temp	Cold- indicates inadequate blood supply Increased warmth- could indicate an abnormal inflammatory response	
Doppler signal	Watch for any change in the Doppler signal	Double check with senior nurse Report to Plastics consultant.	
Wound drains	Monitor the wounds and drains (amount and colour).	Excess drainage can indicate active bleeding	
Positioning	Follow post op instructions	This is important to avoid pressure, kinking or tension of vessels and also to control swelling.	

ANY CONCERNS REPORT TO SENIOR NURSE & CALL PLASTIC CONSULTANT