

What are the possible problems?

In two to three per cent of cases, one of the blood vessels supplying or draining the flap may develop a blood clot.

This either means that the flap does not get any fresh blood or, if the drainage vein clots, the flap becomes very congested with old blood.

If this occurs, it 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, on these occasions, the flap 'fails', and an alternative method of reconstruction is sought.

This leaflet has been designed to improve your understanding of your forthcoming treatment and contains answers to many of the common questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask your surgeon or nurse.

Any further questions?

Should you have any further questions, please do not hesitate to make contact with us:

**Macmillan Head and Neck CNS's
(Keyworker) and Support Worker**
Telephone: 01273 696955 Ext. 7435
Monday to Friday 8am – 4pm Bleep 8055

Head and Neck Ward, Level 8A West
Telephone 01273 696955 Ext. 4357 / 4358
Out of hours.

If you require this document in a language other than English please inform your interpreter or a member of staff.

إذا كنت تريد هذه الوثيقة بلغة أخرى غير اللغة الإنجليزية، فيرجى إخطار المترجم الفوري المخصص لك أو أحد أفراد طاقم العمل.

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Jezeli chcieliby Państwo otrzymać niniejszy dokument w innej wersji językowej, prosimy poinformować o tym tłumacza ustnego lub członka personelu.

Se precisa deste documento noutra língua por favor informe o seu interprete ou um membro do pessoal.

Adapted from BAOMS website and QVH Foundation Trust leaflet

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Radial forearm free flap

Information for patients

What is a radial forearm free flap?

A radial forearm free flap is one way of filling a hole that is left when a cancer has been removed (reconstruction). It is one of the most common ways of replacing tissue in the head and neck, particularly after mouth cancers have been removed.

This procedure can be used to replace large parts of the mouth and has the advantage that when it heals it does not shrink, so that speech and swallowing should not be greatly affected.

What does the surgery involve?

The surgeon will take a piece of skin from the inside surface of your forearm near the wrist.

The skin and fat layer in this region 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 it (the vein).

Once the flap of skin is raised, it is transferred to the area created by the removal of your cancer. The blood vessels supplying and draining the flap are then joined to blood vessels in your neck.

This is very delicate work and is done with the aid of a microscope. These blood vessels keep the flap alive while it heals into its new place.

Once the flap is removed from your forearm, the hole created is covered with a graft of skin. A skin graft can be taken from one of several places, known as the donor site. Commonly, a thin piece of skin is shaved from the arm above the elbow.

Alternatively, some skin may be taken from your tummy.

What will the arm be like afterwards?

A dressing will be placed on your forearm. Your dressing will be changed as necessary until the wound has healed, usually ten days to two weeks. The blood vessels lifted with the flap run from the inside of the wrist as far as the inside of the elbow, so there will be a row of stitches along this line which will be taken out when the bandage is removed.

The nerve, which supplies feeling to the skin over the base and side of the thumb, is sometimes bruised when the flap is raised. This can mean that the area is tingly or numb for several months following surgery. Occasionally, this can be permanent.

Rarely, a bruised nerve can give rise to feelings of pain. After the operation, you may also notice that your hand does not feel as strong as it was before. It may also feel colder in the winter months.