

Fibula Free Flap Surgery

Information for patients



This leaflet is intended to help you and your family understand more about fibula free flap surgery. If you have any other questions please do not hesitate to speak with your surgeon or clinical nurse specialist (CNS).

What is a fibula free flap?

A fibula free flap is one way of reconstructing bone defects in either the upper or lower jaw when a cancer has been removed.

What does the surgery involve?

- Your surgeon will remove the fibula bone plus the adjacent soft tissue (if necessary). The fibula bone is a small thin bone which runs on the outside of the leg from the knee to the ankle joint, much of which can be removed without affecting your ability to walk or weight bear.
- The fibula bone is removed (the flap) along with two blood vessels. One vessel supplies the blood to the flap (the artery) and the other drains blood from the flap (the vein).
- The harvested piece of bone is then transferred to the area to be reconstructed and secured into position with 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.
- Once the flap is removed from your leg the hole created is covered with a skin graft. This graft can be taken from one of several places; but is usually from your lower leg or thigh.

What will my leg be like afterwards?

- Your leg will be dressed and bandaged for 10 days after your operation.
- The area of your leg, where the bone was removed, is likely to be uncomfortable.
- There will be a small tube placed through your skin into your leg which will allow local pain relief to be given.
- There will be another small tube placed through your skin into the wound to drain any blood from it.
- On average, your hospital stay will be about 10 - 14days.
- In the long term, removing the fibula bone should not cause any problems with walking. The physiotherapist will see you after your operation and will help you mobilise, as per your surgeons instructions.
- In some cases, you may not be able to place any weight on the affected leg for a short period of time. If this occurs, you may need a walking aid, such as a walking stick or frame. If you still find mobilising difficult upon discharge you may be referred for physiotherapy as an outpatient.

What are the possible complications with this type of surgery?

There are possible complications with any operation and these 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.

- **Bleeding** - there is a risk of bleeding following surgery but the drain that is put in during the operation helps reduce this risk
- **Infection** - You will be given antibiotics through a vein whilst you are asleep and for the first few days after surgery to help reduce the risk of infection

- **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 surgery. This numbness may take several months to disappear, and in a minority of patients this may be permanent.
- **Flap failure** - In 2-5% of cases a blood clot can develop in one of the blood vessels either supplying or draining the flap. This means that the flap doesn't get any fresh blood, or, if the drainage vein clots, then the flap becomes very congested with old blood. This complication 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 a different method of reconstruction is sought.
- **Scar** - The operation will leave you with a scar on your leg, but it does fade over time, gradually becoming less visible. If scarring is of a concern to you, a camouflage therapist can help once the wounds have fully healed. Please ask your Clinical Nurse Specialist (CNS) for details.
- **Foot drop** - This is a rare complication and can occur in about 1% of cases. It can be difficult to lift your foot resulting in some difficulty in walking. You may need to wear a splint to prevent your foot dragging on the ground when you walk. Very rarely is this complication permanent however.

This leaflet has been adapted from Aintree Hospitals Patient Advice Sheets with the authors' permission.



Leaflet printing funded by the Yorkshire Cancer Centre Appeal supporting Leeds Cancer Centre • www.yorkshirecancercentre.org.uk
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© The Leeds Teaching Hospitals NHS Trust • 1st edition
Developed by: Mary Fitzgerald Clinical Nurse Specialist
Produced by: Medical Illustration Services • MID code: 20180529_004/JG

LN004358
Publication date
07/2018
Review date
07/2020