

# Pectoralis major pedicled flap

Information for patients



This leaflet is intended to help you and your family understand more about pectoralis major 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 pectoralis major pedicled flap?**

The pectoralis major, can also be referred to as a 'Pec Major', is a thick, fan-shaped muscle, situated at the upper front of the chest wall. It makes up the bulk of the chest muscles in males and lies under the breast in females.

A pectoralis major pedicled flap maintains its own blood supply and is one of the most common ways of reconstructing a defect when a cancer has been removed.

### **What does the surgery involve?**

- Your Surgeon will tunnel a piece of skin and muscle from the pectoralis major, along with its attached blood vessels, and transfer it to the defect created by the removal of your cancer.
- The site where your pectoralis major is taken from is known as a donor site and it will be primarily closed with sutures (stitches) and sealed with clips.
- In order to remove any excess fluid or blood from the donor site, a drain is inserted into the wound. This will be removed once the area stops producing excess fluid.
- During surgery, your surgeon will insert a small catheter into the chest area that will deliver continuous local anaesthetic into the area operated on to help with post-operative pain relief.

## What will my chest be like afterwards?

- Your chest will be dressed with a dressing pad for protection and comfort and this will be regularly checked by nursing staff.
- The dressing will be removed after approximately two to three days once the wound has sufficiently closed.
- The clips in the wound will be left in place for approximately 10 days, during which time you can wash the area normally.
- After 10 days the clips will be removed by one of the nursing staff.
- In the period immediately after your operation, it is likely that you will find the movement of your arm on the donor site quite uncomfortable. You will receive regular painkillers to ease this discomfort. It is generally recommended that only gentle movement be undertaken for the first few days, after which point your physiotherapist will advise you of an appropriate exercise plan.
- The operation will leave you with a scar on your chest and may alter the position of your breast/nipple. However, the scar does fade over time, gradually becoming less visible. If scarring is of concern to you, a Camouflage Therapist can help once the wounds have fully healed. Please ask your CNS for details.
- You may also have a swelling on the side of your neck where the flap was tunnelled to the head and neck. Many people find it helps to disguise this with scarves or high-neck clothing.

## What are the possible complications with this type of Surgery?

*There are potential complications with any operation and whilst these may not happen to you, it is important you are made aware of them and have the opportunity to discuss them with your surgeon.*

- **Bleeding** - There is a wound drain inserted into the donor site at the time of surgery which aims to remove excess blood and serous fluid from the area. When the drain is removed you may get a further collection of fluid, called a seroma. This may require further drainage. If this is the case the Doctor can insert a small needle to drain the fluid directly from the donor site.
- **Flap failure** - Rarely one of the blood vessels supplying or draining the flap can develop a blood clot. If this occurs you may have to return to the operating theatre. If the flap fails an alternative method of reconstruction may be required.

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