

# Anterolateral Thigh (ALT) Free Flap Surgery

Information for patients



This leaflet is intended to help you and your family understand more about scapula 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 an anterolateral free flap?

An anterolateral free flap is also known as an “ALT flap”. Skin is removed from the front of the thigh and then moved to fill the ‘hole’ that has been left when a cancer has been removed. It is one of the ways of replacing such tissue in the head and neck area.

## What does the surgery involve?

- Your Surgeon will take a piece of skin and fat from the upper surface of your thigh, which is known as the “donor site”
- The skin and fat layer in this region is removed (the flap) along with two blood vessels. One of the blood vessels supplies blood to the flap (the artery) and the other drains blood from it (the vein)
- Once the flap of skin is raised, it is transferred and sewn into the ‘hole’ that was created when the cancer was removed
- The blood vessels supplying and draining the flap are then joined to blood vessels in your neck. These blood vessels help maintain a good blood supply to the flap to encourage healing
- The donor site on your thigh is then closed, primarily with sutures (stitches) and sealed with clips.

- In order to remove any excess fluid or blood from the donor site, a vacuumed drain is likely to be inserted. This will be regularly monitored following the operation and will be removed by the nursing staff once the area stops producing excess fluid.
- During your surgery, your surgeon will insert a small catheter into the thigh area that will deliver continuous local anaesthetic into the area operated on to help with post-operative pain relief.
- **What will my leg be like afterwards?**
- Your thigh will be bandaged for protection and comfort and this will be monitored regularly by nursing staff.
- The stitches or 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 or stitches will be removed by one of the nursing staff. Sometimes dissolving stitches are used which do not need removal.
- After 10 days the clips will be removed by one of the nursing staff.
- In the immediate post-operative period, it is likely that you will find the movement of your leg, from which the flap has been taken, quite uncomfortable but you will be given regular painkillers to help with this discomfort
- It is generally recommended that only gentle movement is undertaken for the first few days, after which point your Physiotherapist will advise you on an appropriate exercise plan
- The operation will leave you with a scar on your thigh and

a slight indentation. The scar does fade over time and will gradually become 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 more information

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

Sometimes a wound drain will also be inserted into the donor site at the time of surgery in order to remove excess blood from the area. When the drain is removed you may get a further collection of fluid, called a seroma, which may require further drainage. In such cases, the Doctor can insert a small painless needle to drain the fluid directly from the donor site.

In 2-3% of patients, a blood clot can develop in one of the blood vessels attached to the flap. This can mean that the supply of blood to and from the flap can be stopped/ significantly reduced. 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. Removal is not always successful and on these occasions the flap 'fails' and an alternative method of reconstruction is sought (more information would be given to you about this at the time)

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

The printing of this leaflet has been funded thanks to donations and gifts in Wills to Leeds Hospitals Charity  
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© The Leeds Teaching Hospitals NHS Trust • 2nd edition (Ver 1)  
Developed by: Mary Fitzgerald Clinical Nurse Specialist  
Produced by: Medical Illustration Services • MID code: 20220629\_009/EP

LN004361  
Publication date  
07/2022  
Review date  
07/2024