

What to Expect After Free Flap Surgery

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Immediate Post-Operative

After surgery, the patient will be transferred to an ICU or monitored hospital unit so that the free flap can be watched closely particularly in the first 2-3 days after surgery. This is the time where a reduction in blood flow is most likely to occur. If a problem is identified, it is important to act promptly, usually with a return to the operating room to evaluate the blood vessels.

After free flap surgery swelling is common. If this swelling is expected to occur around the airway, a tracheostomy may be placed into the airway through the neck during surgery to bypass the swelling so that breathing can occur safely. The majority of these tubes are temporary and the incision site heals quickly once the tube is removed. If the tracheostomy is not removed before going home, the patient and family are taught how to take care of it including cleaning and suctioning secretions to keep it clear of obstruction.

Nutrition

If the tumor and/or reconstruction occurred in the mouth or the throat, the wound will have to heal before the patient can start eating and drinking by mouth. During this time, nutrition is delivered through a tube going from the nose to the stomach [nasogastric tube] or a gastric tube that comes out of the stomach through the skin. For shorter periods of inability to eat through the mouth, the nasogastric tube is usually preferred. If a longer time is expected before being able to swallow and eat safely(>3-4 weeks), a gastric tube may be necessary. The patient and/or family members should feel comfortable with feeding through the feeding tube before going home from the hospital. In addition to the liquid nutrition that is given through the tube, other liquids such as water or electrolyte water can be given through the tube. Avoid putting unnecessary crushed medications or any thicker consistencies through the tube, if possible, to prevent a clog in the tube. If a clog develops, carbonated soda can sometimes break the clog. If this is not adequate, a visit to the surgeon's office or emergency room may be necessary. Once the surgeon assesses healing and swallowing and the feeding tube is no longer needed, it can be removed easily in the office.

Physical Therapy

Physical and occupational therapists can perform an evaluation in the hospital to make sure the patient is able to go home and perform daily tasks with assistance at home. If this is not possible, a nursing facility may be recommended until the rehabilitation is adequate. After going home, physical therapy should continue on an outpatient basis. Some of the physical therapy exercises you may be recommended are demonstrated here. [Link to PT handout***]

Speech and Swallow Therapy

Speech and swallow therapy is needed after any major cancer and reconstructive surgery to the mouth and/or throat. This therapy should start as soon as the patient is able to participate in therapy, usually after going home from the hospital. An evaluation before surgery by the

therapist may also be helpful to prepare the patient for what to expect. Swallowing and speech may take a few weeks to a few months to become adequate and in some cases, swallowing and speech may be forever altered by the cancer surgery. [Link to Speech/swallowing handout]

Wound Care

Wound care after surgery ranges from simple to more complex. Dressings generally must be changed regularly to prevent infection of the site. If the dressing changes are more complex and assistance is needed, a home health nurse may be able to come to the home to change the dressings. Usually, the donor site of the free flap [the area that the reconstructive tissue came from] needs to be kept dry until cleared by the surgeon. Showering may still be possible with assistive devices to keep the extremity dry in the shower and these are generally available for purchase at the pharmacy. Your surgeon will discuss wound care with you prior to discharge from the hospital and any dressing changes required will be taught to you by nursing staff.