

Radial Forearm Free Flap Post-Operative Instructions

What is a radical forearm free flap?

A radial forearm free flap is one way of filling a hole which is left when a cancer has been removed. It is one of the most common ways of replacing tissue in the head and neck, particularly after mouth cancers have been removed. It can be used to replace large parts of the mouth and has the advantage that when it heals it does not shrink so that hopefully speech and swallowing will not be greatly affected.

What does the surgery involve?

Your 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). The vessel which supplies blood to the flap is the artery which gives rise to the pulse at the wrist at the base of the thumb. Once the flap of skin is raised it is transferred to the head and neck and sewn into the hole created by the removal of your cancer. The blood vessels supplying and draining the flap are then joined to blood vessels in your neck. These blood vessels then 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. This graft of skin can be taken from one of several places. Some skin will be borrowed from your abdomen or thigh.

The typical hospital stay is 7-14 days. Patients may be in the ICU located on 5D. This will be determined by the severity of the surgery and may be determined on the day of the surgery. Patients admitted to the ICU will be kept sedated (asleep) for 24-48 hours after surgery. Patients in the ICU will have a breathing

tube or tracheostomy and will be on a ventilator.

What are the possible problems?

In 2-3% of cases one of the blood vessels supplying or draining the flap can develop a blood clot. This means that the flap doesn't 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 room to have the clot removed. Removing the clot is not always successful and on these occasions the flap "fails" and an alternative method of reconstruction sought.

What can I expect after surgery?

- You will have 1-2 JP drains placed in the neck during surgery for 1 week or longer. The drains are temporary.
- You will have a Foley catheter (to drain your bladder) in place after surgery. The catheter will be removed when the patient is out of the ICU and up walking around.
- You will have a dobhoff tube (tube placed in the nose) or a Peg tube (tube placed in the abdomen). The dobhoff tube is only temporary and used for nutrition and medications while the incision site heals. The dobhoff tube is usually in place for 2-4 weeks. You will be taught to administer tube feedings while at home.
- You will have a gauze dressing and an ace bandage around the Radial forearm.
- The majority of patients require a skin graft from the thigh or the upper arm where the radial forearm flap was harvested from. Your arm will be in an immobilizer for up to 5 days and a wrist splint for upwards of 2 weeks with a skin graft.
- You may be sent home with a clear dressing over the Radial Forearm incision or the thigh skin graft site, the clear dressing will come off on its own.

- The hospital staff will be doing Doppler checks (checking for a pulse) in the forearm every hour for the first 24 hours, then every 2 hours for the next 24 hours and then every 4 hours while hospitalized.
- Some patients will have a tracheotomy, it is more common if having a bilateral (both sides) neck dissection or having a flap. If you do have a tracheotomy it is only temporary and usually necessary for 4 weeks to 6 months.
- You can take a bath or shower 48 hours after surgery, but are not allowed to submerge the wounds.

What will my arm be like after surgery?

Your forearm will be placed in a bandage and sometimes your arm held with the hand up in a special sling for a few days. The bandage is removed after around 10 days and replaced with a lighter dressing. 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 ends up tingly or numb for several months following surgery.

Occasionally it can be permanent. Rarely a bruised nerve can give rise to feelings of pain. You may also notice that your hand does not feel as strong as it was after the operation and sometimes it will feel colder than it used to in the winter months.

How will I feel after surgery?

- A sore throat is common following this surgery and may last for 1 week.
- Sores in the mouth, or swelling of the lips may occur, and should resolve within one week.
- You may experience some nausea/vomiting which should improve in the

first day.

- You may have low-grade fever, less than 100 degrees for a few days.

Are there diet restrictions after surgery?

Patients will be instructed to take nothing by mouth until given the ok by the surgeon. Before discharge from the hospital a dietician will discuss nutrition needs. Some patients may need to pass a swallow study before the dobhoff tube is removed or being allowed anything by mouth.

Are there activity restrictions after surgery?

- Patients should plan on being off from work for about 6-8 weeks if radiation or chemotherapy is needed time off work, will be longer.
- Patients should avoid strenuous activities for at least 4-6 weeks or when advised to resume by your surgeon.

How do I manage pain after surgery?

- All medications will need to be liquid or crushed to pass through the dobhoff or Peg tube.
- Some medications taken prior to surgery may be discontinued and some new medications may be added until the dobhoff tube is removed.
- Your pain will be managed throughout the post-operative period.
- You should expect that there may be some discomfort in the process.
- The narcotic pain medication may constipate people. An over the counter stool softener may be necessary, such as Colace or Ducolax.

What follow-up care will I receive?

- The first post-operative appointment should be within one week after discharge and should be made at the time of discharge.
- Biopsy results will be discussed at first post-operative appointment.
- Physical therapy and Occupational therapy will be necessary for the

muscles in the neck and also in the forearm and to make a custom splint for your arm.

When should I call my doctor?

- If you have increased swelling or bruising.
- If you have severe or increased pain not relieved by medication.
- If you have any side effects to medications; such as, rash, nausea, headache, vomiting, increased irritability, or constipation.
- If you have an oral temperature over 100.5 degrees. Check to make sure they are getting enough liquids. Dehydration can cause the body temperature to rise.

Who should I call if I have questions?

- (734) 936-5950, Monday - Friday, 8 a.m. - 4:30 p.m.
- After hours and on weekends, call Hospital Paging at (734) 936-6267 and ask for the Oral & Maxillofacial Surgeon on call.

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Author: Erin Larowe
Reviewers: James Murphy, MD

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