

Temporoparietal Fascia Flap Post-Operative Instructions

What is a temporoparietal fascia flap?

A temporoparietal fascia flap is a method of borrowing tissue from under the scalp to reconstruct another area of the face or mouth. It is commonly used to reconstruct other areas after removal of a tumor.

What does the surgery involve?

Your surgeon will make an incision within the hair-bearing region above the ear. Tissue beneath the skin is taken as a graft (the flap). It will remain attached to the artery and vein which supply the graft so that the tissue remains alive while it heals. The flap is then tunneled beneath the skin to reconstruct a defect of the mouth or face. It will be held into place with absorbable sutures which dissolve in a few weeks.

What can I expect after surgery?

- You will have sutures or staples in your scalp which will remain for 2-3 weeks.
- You will also have deep (buried) sutures which will dissolve with time.
- A drain will be placed behind the ear and usually remains for 3-5 days. This drain is to prevent the accumulation of blood (hematoma) beneath the scalp which can lead to healing problems.
- You may have some weakness of the muscles that raise the forehead and close the eyelids. This is most commonly due to normal swelling and bruising of the nerve which controls the forehead and eyelids. While this is usually temporary, permanent weakness is possible.
- You may also have some oozing or crusting of blood around the incision. Mild baby shampoo may be used to gently clean the hair after day 3 post-

operatively.

- There will be a scar inside the hair-bearing region of your scalp. While scars inside the hairline may be easily hidden, hair loss near the scar may occur which makes hiding the scar more difficult.
- 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 surgery. If not placed post operatively in the ICU, you will be located on 4B. The average hospital stay is 3-10 days.
- The patient will have a JP drain in the Temporal Region (behind the ear). The drain is placed during surgery and will remain in place for up to 1 week after surgery. The drain is temporary.
- The patient may or may not have a Foley catheter in place after surgery. If a Foley is required it will be placed during surgery and will be removed when the patient is up and walking.
- Patients will also likely have a dohoff tube (tube placed in the nose) or a Peg tube (tube placed in the abdomen) in place. The dohoff tube is only temporary and used for nutrition and medications while the incision site heals. The dohoff tube is usually in place for 2-4 weeks.

How do I care for myself after surgery?

- The patient will have sutures in the neck and up the scalp and will be removed in 10-14 days.
- Bacitracin should be placed on sutures in the scalp for the 1st week after surgery. The scalp will be irritated.
- A patient can take a bath or shower 48 hours after surgery, but no direct spray to the wound. A mild baby shampoo can be used after 48 hours. Blood may be matted in hair and should be lightly cleansed with $\frac{1}{2}$ peroxide and $\frac{1}{2}$ water, but no hard scrubbing.

Will I have any activity restrictions?

- Patients can plan on being off from work for 2 weeks to 1 month.

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 dohoff tube is removed or being allowed anything by mouth.

How do I manage pain after surgery?

- Your pain will be managed throughout the post-operative period. You should expect that there may be some discomfort in the process.
- All medications will need to be liquid or crushed to pass through the dohoff or Peg tube.
- Some medications taken prior to surgery may be discontinued and some new medications may be added until the dohoff tube is removed.

What follow-up care will I receive?

- The first post op appointment should be within 10-14 days after surgery and should be made at time of discharge.
- Biopsy results will be discussed at first post op appointment.

What are the possible complications?

- Hair loss commonly occurs around the incision in the scalp. This is usually noticed several weeks after surgery.
- You may also experience loss of sensation (numbness) in the skin above and around the ear. While the sensation usually improves with time, some degree of numbness may be permanent.
- After your scalp suture or staples are removed, some patients may notice small white sutures protruding through the scar. These are the deeper dissolving sutures which may become exposed before they dissolve. This

is generally not a problem and may produce a small amount of redness around the suture.

When should I call my doctor?

- If you have increased redness, swelling or bruising.
- If you have persistent bleeding.
- If you have increased pain or tenderness in your upper or lower jaw.
- 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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