

Pectoralis Major flap

The Pectoralis Major is also known as a 'Pec Major'; it 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 replacing tissue in the head and neck, particularly after neck, throat and mouth cancers have been removed. It can be used to replace large parts of these areas and has the advantage of an excellent blood supply and gives a good functional and cosmetic result.

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 required head and neck area. The chest 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. To remove any excess fluid or blood from the donor site, a vacuumed

drain is likely to be put in place and monitored regularly. This will be removed once the area stops producing excess fluid.

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 and will be covered by a waterproof dressing. 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

tunneled to the head and neck. Many people find it helps to disguise this with scarves or high-neck clothing.

What are the potential problems?

All operations carry risks, such as bleeding and infection. All of these risks willbe explained to you in detail before you sign the consent form. There is a wound drain inserted into the donor site at the time of surgery and aims to remove excess blood and serous fluid from the area, when it 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, painless needle to drain the fluid directly from the donor site.

In two to three per cent 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 Theatre 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.