

Having surgery for head and neck cancer: DCIA free flap

ENT & Maxillofacial Services

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Information for patients with head and neck cancer

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What is a DCIA free flap?

'DCIA' refers to the artery that supplies blood to the bone: the '**Deep Circumflex Iliac Artery**'. A DCIA free flap is a way of filling a bony hole in either the upper or lower jaw. It is a very common way of replacing bone that has been removed during surgery as a cancer treatment.

What does the surgery involve?

Your surgeon will take a piece of bone from your pelvis. This piece of bone is the **flap**. It is removed along with two blood vessels, one which supplies the flap with blood (the artery) and one which drains it away (the vein). Once the piece of bone has been removed from the pelvis it is transferred to the head and neck and secured into position with small plates and screws. The blood vessels supplying and draining the flap are then joined to the blood vessels in the neck. The blood vessels will then keep the flap alive whilst it settles into its new place.

The hole in the pelvic bone is left to heal on its own. It can take several months for it to heal completely but by this time it will be as strong as it was before your operation.

What can I expect after my operation?

The area where the bone has been removed from your pelvis is likely to be sore. You will be given regular painkillers: if you are in pain please let your doctor or nurse know so that they can arrange for you to have stronger pain relief.

You will have a small drain inserted just under your skin to drain any blood away that may collect in the surgical site. The drain is usually removed after a few days: this is a very simple procedure that will be performed on the ward by the nursing staff.

Any cut made through the skin will leave a scar but these will fade with time. The scar on your tummy will be approximately 23cm (9in) long.

You may be on bed-rest for 24 to 48 hours after your operation. The physiotherapist will assess how mobile you are and help you with walking, getting in and out of bed and then using the stairs.

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What can I expect after my operation? (continued)

You may need some help to begin with and may need a stick to go home with. Most people are back to normal within a few months, walking unaided.

What are the possible complications?

As with any operation, there are possible complications. With this type of surgery, however, complications are rare and may not happen to you. They include:

- **Bleeding** - this is unlikely to happen as you will have a drain inserted into your pelvic wound. However, it is possible that a collection of fluid will develop in the wound area after your drain has been removed.
- **Infection** - you will be given antibiotics into your vein during surgery and possibly for a few days after your operation so infection is not normally a problem.
- **Numbness** - occasionally a patch of skin over your thigh may feel numb and tingly. The numbness can take a few months to disappear and in some patients it can last forever.
- **Hernia** - as well as removing bone from your pelvis your surgeon may also remove some nearby muscle. This will be done if there is soft tissue in your mouth that has to be replaced. If part of your tummy muscle is removed it may be strengthened with a synthetic plastic sheet when the wound is closed. However, your tummy muscles may still be weak and this can produce a bulge (hernia). Very rarely hernias can develop months or years after your original operation.
- **Flap failure** - in 2 to 5% (between two and five out of 100) of cases one of the blood vessels draining or supplying the flap develops a blood clot. This means that the flap would either not get any blood supply or would be unable to drain the old blood away leaving the flap congested. If this occurs it usually happens within the first 48 hours and would mean another operation to remove the clot. Sometimes this is not successful and the flap 'fails'. This would mean the flap needs to be removed and an alternative method of reconstruction used.

Contact numbers

If you have any further questions please contact the Macmillan clinical nurse specialists (key workers) on:

Telephone: 0116 204 7829 (office) Monday to Friday 8am to 4pm.

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