

Department of plastic surgery

Skin flap

What is a skin flap?

Removing a skin lesion results in a skin defect. If the surrounding skin is loose, the wound can be closed by bringing the edges together (direct closure). If this is not possible, skin has to be brought from another part of the body, either as a graft or a flap. The area from where the skin is borrowed is called the donor site. A skin graft is when the skin is completely removed from the donor site.

A skin flap is when one end of the skin is still attached to the donor site and the other end is moved to cover the wound and has a blood supply of its own. The site where the flap is taken is called a secondary defect. Flaps are usually taken from an area where the skin is loose. Sometimes you may also need a skin graft to close the donor site.

Before surgery

The surgeon will discuss with you in detail the type of skin flap you will need and the areas of the body from where it will be taken. He/she will also explain about the scar and common complications, whether the surgery will be done under local or general anaesthesia. The surgeon will also tell you if you will need to stay in hospital.

Agreeing to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

What are the benefits of a skin flap?

A skin flap uses more viable tissue compared with a skin graft for reconstructing the wound, but it is a relatively bigger procedure and may involve more than one operation.

Are there any alternatives to a skin flap?

In some cases, a skin graft may be more appropriate than a skin flap. However, this decision is based on clinical and patient factors.

Complications and side effects

Sometimes complications may occur. These include bleeding, infection, partial or complete loss of skin flap, uneven outline and prominent scars.



After surgery

Dressings

If you have surgery to the face, the operated site may be left uncovered or you may have a small dressing. On other parts of the body, you may have a larger dressing. Sometimes part of the skin flap is left exposed, so that its colour and temperature can be monitored if needed. Do not remove the dressings yourself. The surgeon will arrange for the stitches (sutures) to be removed at the plastic surgery clinic 5 - 10 days after the operation.

Please keep the dressings dry as far as possible.

Pain control

You may need to take pain-relieving medicine such as paracetamol. If the pain is not relieved by usual medication, the surgeon may need to check the wound.

Contact your doctor or the hospital if you have severe or throbbing pain, bleeding, unpleasant smelling discharge or significant change in the colour of the flap.

Long-term care

- Use a moisturising cream such as E45, Nivea or Vaseline two or three times a day on the flap area and the donor sites for at least six months.
- Protect the flap and the donor site from direct exposure to sunlight.
- Ask your doctor if you are concerned about the appearance of the flap. At first the flap seems very thick and lumpy. It takes at least six months before it settles.
- Further surgery may be needed to improve the appearance or you may use camouflage make-up.
- If you have had an operation on your leg and have still not regained your mobility after 6 weeks, you should mention this to your surgeon when you attend clinic. They may wish to make arrangements for you to see the physiotherapist.

Contacting the hospital:

If you have any further questions, you can contact:

Dressing/wound advice - **01616 918 7586**

Skin cancer clinical nurse specialist - **0161 918 7587**

Sarcoma clinical nurse specialist - **0161 918 2196**

Consultant plastic surgeons (secretaries)

Mr Kosutic - **0161 918 7054**

Mr G Lambe - **0161 918 7455**

Mr D Mowatt - **0161 446 3368**

Mr D Oudit - **0161 446 3375**

After 5pm and at weekends: Phone The Christie Hotline on **0161 446 3658** for advice.

Further information

- Your GP.
- Macmillan Cancer Support has information on all aspects of cancer
Freephone **0808 808 0000**, open Monday to Friday 9am - 8pm.
Lines answered by specialist nurses. www.macmillan.org.uk
- British Association of Plastic, Reconstructive and Aesthetic Surgeons www.bapras.org.uk

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week