

# Breast Reconstruction with Latissimus Muscle Flap

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A new breast can be made with the muscle from your back. This is called a latissimus dorsi musculocutaneous flap. The muscle, fat and skin located on your back is moved to your chest to make a new breast. The muscle flap has its own blood supply to feed the tissue that is moved to your chest wall. Your doctor will talk with you about whether or not a tissue expander or implant will be placed during your surgery or at a different time. This may help make your breast look and feel more natural.

## How long will I be in the operating room?

You will be in the operating room 4 to 6 hours. This does not include the time it takes to remove the breast during your mastectomy.

If a tissue expander is used, a second surgery will be required.

## How long will I be in the hospital?

You will be in the hospital for 2 to 3 days after your surgery.

## Where will my scar be?

The plastic surgeon will make a diagonal incision on one side of your back along your bra line. Once your incision is healed, your bra may hide a portion of the scar line.

## What are the risks?

The most common risks for this surgery are infection and fluid build-up in the area of your back where the muscle was removed. If you have an infection, your doctor will order antibiotics or may need to remove the tissue expander or implant. If you have a fluid build-up, your doctor can drain it with a needle.

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**This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.**

There are other risks with any surgery. It is important to talk with your doctor about any questions you may have with this type of surgery.

The most common risks involved with breast reconstruction with latissimus muscle flap include:

- **Short-term risks**
  - ▶ Infection
  - ▶ Bleeding
  - ▶ Slow healing
  - ▶ Partial or total flap loss – the flap tissue dies after it has been moved to your chest and will need to be removed. If there are signs of partial or total flap loss, your doctor will do an immediate surgery to try to save the tissue.
- **Long-term risks**
  - ▶ **Capsular contracture** - scar tissue that tightens around the implant and causes your breast to change shape and become hard.
  - ▶ **Asymmetry** - the size, shape or level of your breasts look uneven.
  - ▶ **Malposition** - the breast implant is not in the correct position.
  - ▶ **Breast Implant-Associated Anaplastic Large Cell Lymphoma (ALCL)** - a rare type of cancer that can happen with breast implants.

## How are a nipple and areola made?

The last part of breast reconstruction is to make a nipple and an areola. The areola is the colored area around your nipple. The nipple reconstruction is done about 3 months after your permanent breast implant has been inserted.

Your nipple is made using skin on your new reconstructed breast. This skin is lifted up in a way that causes it to project outward, making it look like a natural nipple. Once your new nipple is healed, your breast is ready for the new areola.

A new areola can be made in the following ways:

- Tattoo only
- Local flap with tattoo
- Local flap with skin graft
- Nipple sharing or nipple graft

**For more information, ask for the patient education handouts, [Nipple Reconstruction](#) and [Areola Tattooing](#).**