

Breast Reconstruction with Abdominal Tissue

An abdominal tissue flap can be used to make a new breast. A flap is a piece of tissue (skin, muscle, and/or fat) that is moved from one area of your body to another. There are different ways that this flap surgery is done. Your doctor will talk with you about the options that may work for you.

This handout will describe the different types of flaps that use abdominal tissue for breast reconstruction.

What are the types of abdominal tissue flaps?

There are 2 basic ways to move tissue from your abdomen (belly) to your chest for breast reconstruction:

- Microvascular flap
- Non-microvascular flap

The **microvascular flap** is also called **free flap**. This procedure moves tissue, that includes skin, fat or muscle from your abdomen to your chest. The tiny blood vessels that supply blood to these tissues are also moved and then reattached by your surgeon using a microscope. That is why it is called a microvascular flap. This type of flap causes less change in your abdominal wall.

The **non-microvascular flap** also called a **pedicled flap**, does not move or cut your blood vessels. In this surgery, one end of your muscle stays attached to your rib cage. Your surgeon will tunnel fat and the free end of your muscle under your skin to the area of your breast. This type of flap causes more change to your abdomen.

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

Types of Microvascular Free Flaps:

Transverse Rectus Abdominis Musculocutaneous (TRAM) refers to the muscle in your abdomen (belly) that is used in breast reconstruction flap surgery. The type and amount of muscle tissue used may be different. The type of flap you will have may not be determined until during your surgery.

- **Free TRAM Flap:**

A short part of your muscle, along with skin and fat are cut from your abdomen and moved to your chest to make a breast. The muscle flap keeps its own blood supply. This helps feed the tissue that makes your new breast.

- **Muscle-Sparing Free TRAM Flap:**

A small amount of muscle, along with the some skin and fat are cut from your abdomen and are moved to your chest to make a breast. Only a small portion of your muscle is used in order to keep the blood supply to your skin and fat. This helps feed the tissue that makes your new breast.

- **DIEP (deep inferior epigastric artery) Flap:**

Fat, skin and blood vessels, including your epigastric artery, are cut from your abdomen and moved to your chest to make a breast. No muscle is removed during this surgery.

- **SIEA (superficial inferior epigastric artery) Flap:**

Like the DIEP flap, fat, skin and blood vessels are cut from your abdomen and moved to your chest to make a new breast. No muscle is removed during this surgery.

Types of Non-Microvascular Flaps:

- **The Pedicled TRAM Flap:**

Your abdominal muscle, lower abdominal skin and other tissue are tunneled under your skin and move to your chest to make a breast. The muscle flap keeps its own blood supply. This helps feed the tissue that makes your new breast. This type of procedure may be delayed and can require a second surgery.

How long will I be in surgery?

Microvascular surgery takes about 8 hours. Non-microvascular surgery takes about 4 to 6 hours. The length of your surgery will depend on whether your surgery includes 1 or 2 breasts.

How long will I be in the hospital?

You will be in the hospital 3 to 5 days after your surgery.

Where will my scars be?

Your plastic surgeon will make an incision around your belly button and from hip to hip below your belly button. Your surgeon will use your mastectomy incision to insert the abdominal flap.

What are the risks?

The most common risks for this surgery are infection and fluid build-up in your abdominal area. If you have an infection, your doctor will order antibiotics. If you have fluid build-up, your doctor can drain it with a needle.

The most common risks involved with breast reconstruction with abdominal tissue include:

- **Short-term risks**

- ▶ 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**

- ▶ Problems with your abdominal wall, such as bulging and hernias.
- ▶ Weakness and pain
- ▶ Asymmetry – the size, shape or level of your breasts look uneven.

To help with healing after surgery, it is important that any time you get up from lying down, you turn on your side and then push up with your arms to a seated position. **Do not** raise yourself up like you are doing a sit-up.

There are risks with any operation. Talk to your doctor about any questions you may have with this type of surgery.