

LATISSIMUS DORSI FLAP FAILURE FOLLOWING BREAST RECONSTRUCTION SURGERY

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Introduction

A 44 year old lady was admitted to hospital for elective breast reconstruction using bilateral latissimus dorsi (LD) flaps. Her past medical history had included breast cancer which had resulted in a left sided mastectomy earlier that year. A few months later she had prophylactic removal of her right breast. This lady was a smoker, had an increased BMI and led a sedentary lifestyle prior to admission.

History

Within a few days of surgery the donor site on her back had become necrotic with some superficial dehiscence. There were large forming seromas which had to be needle aspirated every 2-3 days, draining approx 1500mls at each drainage event (Picture 1).



Picture 1 - 11/12/08

Complete dehiscence of the wound followed a few days later (Picture 2).



Picture 2 - 17/12/08

Over the next few weeks the wound was surgically debrided and managed with Topical Negative Pressure (TNP) due to the large volumes of seroma fluid. During wound assessment it was noted that the granulation tissue appeared 'glazed', malodour was present and the patient was experiencing increased levels of pain (Picture 3) indicating critical colonisation. A silver TNP dressing was being considered.

History (cont.)



Picture 3 - 05/01/09

Method

In the interim Prontosan® Wound Irrigation Solution was used to cleanse the wound, with 10 minute soaks at each dressing change. Prontosan® Gel was then applied to the base of the large undermined areas, to target areas which had the potential to pocket fluid and bacteria prior to reapplication of TNP.

Results

9 days later, there had been a marked improvement within the granulation tissue of the wound. (Picture 4). The granulated tissue appeared healthier, the malodour had reduced significantly and the pain levels had also decreased.



Picture 4 - 14/01/09

Conclusion

It was felt that the use of Prontosan® Irrigation Solution and Gel had reduced the bacterial burden within the wound. It was decided to continue using Prontosan® in conjunction with TNP at each dressing change due to the high risk of the wound becoming infected. This patient has not required antibiotic therapy for this wound. It is felt that Prontosan® contributed to controlling the levels of bacteria, allowing healing to progress.