

# Department of Oral and Maxillofacial Surgery

## Radial forearm free flap

This leaflet has been designed to improve your understanding of your forthcoming treatment and contains answers to many of the common questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask your surgeon.

### What is a radial forearm free flap?

A radial forearm free flap is one way of filling a hole which is left when a cancer has been removed. It is one of the most common ways of replacing tissue in the head and neck, particularly after mouth cancers have been removed. It can be used to replace large parts of the mouth and has the advantage that when it heals it does not shrink so that hopefully speech and swallowing will not be greatly affected.

### What does the surgery involve?

- Your surgeon will take a piece of tissue including skin and blood vessels from the inside surface of your forearm near the wrist.
- The skin and fat layer in this region is removed (the flap) along with two blood vessels. One vessel supplies blood to the flap (the artery) which gives rise to the pulse at the wrist at the base of the thumb. The other drains blood from the flap (the vein).
- Once the flap of skin is raised it is transferred to the head and neck and sewn into the hole created by the removal of your cancer.
- The blood vessels supplying and draining the flap are then joined to blood vessels in your neck under a microscope. These blood vessels then keep the flap alive immediately while it heals into its new place.
- Once the flap is removed from your forearm the hole created is covered with a skin graft. This graft of skin can be taken from one of several places.
- Commonly a thin piece of skin is shaved from the arm above the elbow. Alternatively some skin will be borrowed from your tummy or thigh.

## What will my arm be like afterwards?

- Your forearm will be placed in a bandage and sometimes your arm held with the hand up in a special sling for a few days.
- The bandage is removed after around 10 days and replaced with a lighter dressing.
- The blood vessels lifted with the flap run from the inside of the wrist as far as the inside of the elbow so there will be a row of stitches along this line which will be taken out when the bandage is removed.
- The nerve which supplies feeling to the skin over the base and side of the thumb is sometimes bruised when the flap is raised. This can mean that the area ends up tingly or numb for several months following surgery. Occasionally it can be permanent. Rarely a bruised nerve can give rise to feelings of pain.
- You may also notice that your hand does not feel as strong as it was after the operation and sometimes it will feel colder than it used to in the winter months.
- On average, the hospital stay is 10 days.

## What are the possible problems?

- In two to three percent (2-3%) of cases one of the blood vessels supplying or draining the flap can develop a blood clot. This means that the flap doesn't get any fresh blood or, if the drainage vein clots, the flap becomes very congested with old blood.
- If this occurs it usually happens within the first two days and means that you will have to return to the operating theatre to have the clot removed. Removing the clot is not always successful and on these occasions the flap 'fails' and an alternative method of reconstruction sought.

## Adapted from:

British Association of Oral and Maxillofacial Surgeons.

<http://www.baoms.org.uk/>



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For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

### Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

### Bengali

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### Document history

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