

PLASTIC SURGERY DEPARTMENT

FREE FLAPS

Radial forearm / Lateral arm flaps:- No lines are to be inserted to the side of proposed flap preoperatively.
No venepuncture to be performed from region of donor site.

Peri Operative

Urinary catheter

Warm theatre environment, warming blanket on patient

Monitor core and peripheral temperature, the difference is known as the Delta-T. This should be kept to within 2°C.

Post Operative

Free flaps are usually monitored on HDU or Ward 47 HDU.

KEEP PATIENT AND FLAP WARM AND PAIN FREE

Flap monitoring:- 15 minute observations for 24hrs
30 minute observations for 12hrs
60 minute observations for remaining time unless otherwise stated

Patient monitoring:- 30 minute observations Pulse
BP

60 minute observations Urine output >40 ml hr⁻¹ (adult)
>1ml Kg⁻¹ hr⁻¹ (children)

Pulse oximetry

Monitor drains ?excessive, ?blocked, keep drains well vacuumed

Check FBC, Hct, U+E's FIRST DAY POST OPERATIVELY and more frequently if indicated

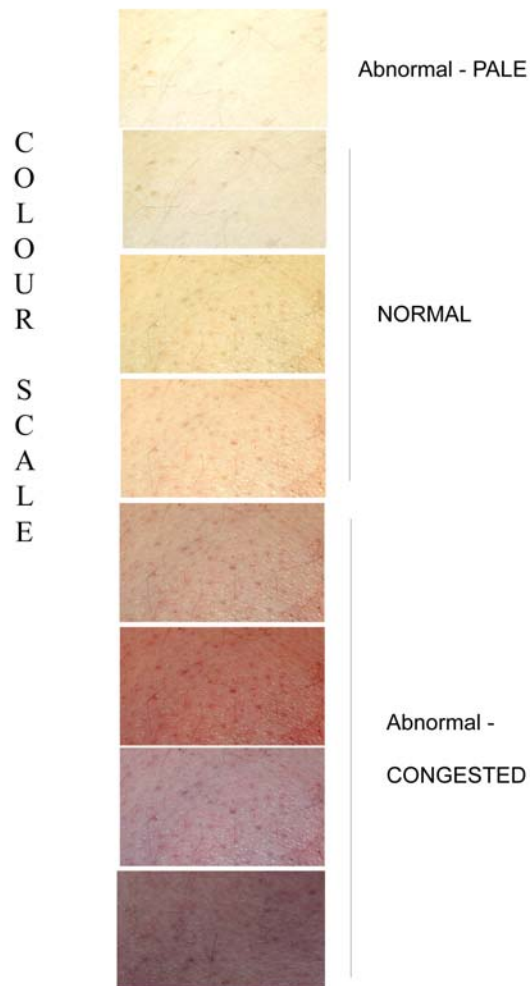
Hb should be maintained around 9-10gdl⁻¹

Dextran / Aspirin should not be required in uncomplicated free flap surgery

Notes on flap monitoring

CLINICAL OBSERVATIONS ARE THE MOST IMPORTANT

On the ward or HDU a chart should be provided showing the colour of a normal cutaneous flap, with examples of an engorged flap and a flap with arterial insufficiency to which they can refer. A numbering system has been developed for ease of record.



Flap and patient observations are recorded on a standard chart which can be found on the wards.

Muscle flaps are more difficult to monitor. Any change in appearance from what was shown to the nursing staff by the surgeon on hand over from theatre should be reported to the on-call surgeon. Pin prick test may then be applied. Any doubt call the consultant.

Dopplar probe may be used in flaps difficult to observe, but remember venous thrombosis can occur before loss of dopplar signal.