

Chest Wall Perforator Flap Breast Reconstruction

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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What is CWPF (chest wall perforator flap) breast reconstruction?

A chest wall perforator flap (CWPF) breast reconstruction is an operation to recreate a breast shape or restore volume to the breast after you have had surgery for breast cancer.

The aim is to replace the breast tissue removed at the time of cancer surgery with skin and fat from the chest wall (under your arm or breast). This will help restore the size and shape of your breast. This procedure is normally carried out after a wide local excision (lumpectomy) for breast cancer.

What are the benefits of CWPF surgery?

The main benefit of surgery is that the cancer is removed from the breast. As long as there is enough healthy tissue around the tumour, patients who have this surgery do not usually need to have their breast removed.

You should get a natural breast shape again and the volume should be similar to the other breast.

There is a lower risk of complications with lumpectomy and CWPF reconstruction compared to mastectomy with total breast reconstruction.

Are there any alternatives to CWPF breast reconstruction?

Using padded bras or bra inserts can give the appearance of a breast shape when you are wearing clothes.

It may be possible to use tissue from another area of your body. You may be suitable for breast reconstruction using tissue expanders or implants.

What will happen if I decide not to have the operation or the operation is delayed?

A breast reconstruction will not improve your physical health. Your surgeon may be able to recommend an alternative to recreate a breast shape. Your healthcare team may be able to provide prosthetic and underwear fitting which may help with your body image.

What does the operation involve?

On the morning of your surgery, your surgeon will draw on you to show where the cuts will be made and explain where you will have scars after the operation.

The operation is performed under a general anaesthetic and usually takes 1 to 2 hours.

Once your cancer has been removed your surgeon will move a flap of skin and fat from the chest and use it to recreate a breast shape in the space left in your breast by the cancer.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. If you gain weight after your cancer surgery, this operation may not be considered safe.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the breast cancer team or your GP for advice.

You can reduce your risk of infection in a surgical wound by taking the following steps:

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

Some complications can be serious and can even cause death.

General complications of any operation

- Bleeding
- Infection of the surgical site (wound)

- Allergic reaction to the equipment, materials or medication
- Blood clot in your leg
- Blood clot in your lung
- Chest infection

Specific complications of this operation

- Developing a lump under your wound caused by fluid collecting
- Developing a lump under your wound caused by blood collecting
- Wound breakdown
- Skin necrosis, where some of the skin at the edge of your wound on your back or chest dies leaving a black area
- Difference in shape and appearance
- Numbness or altered sensation or continued pain around your armpit, across your chest or the inner part of your arm
- It is important that all of the cancer is removed. You may need further surgery if your surgeon finds that the operation has not removed all of the cancer
- There is a small risk of the flap not working
- You are likely to experience some tightness after the surgery
- During the operation there is a possibility that your surgeon will be unable to go ahead with the reconstruction

Consequences of this procedure

- Pain
- Scarring of your skin
- Unless your surgeon has discussed it with you before the operation, there will not usually be any scarring on the breast itself. However, in some cases your surgeon might need to remove the skin on the breast if the cancer is close to the skin

How soon will I recover?

You should be able to go home the same day or the following day.

You should be able to return to normal activities after 4 to 6 weeks.

Regular exercise should help you to return to normal activities as soon as possible. Do not do rigorous sports, such as tennis, horse-riding, golf or aerobics, for 2 months without asking your surgical team for advice. Before you start exercising, ask the healthcare team or your GP for advice.

The healthcare team will arrange an appointment for you within 3 weeks. Your surgeon will check your wounds and tell you when you can return to work. The breast tissue (and any lymph nodes if removed) will have been examined under a microscope. Your healthcare team will tell you the results and discuss with you any treatment or follow-up you need.

Breast cancer may come back despite the best available treatment.

Summary

A CWPF breast reconstruction is an operation to remove cancer and recreate a breast shape at the same time.

[Keep this information document. Use it to help you if you need to talk to the healthcare team.](#)

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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