

## Fibular Free Flap

### What is a fibular free flap?

The fibula is a small, thin bone that runs along the outer part of the lower leg from the knee to the ankle. A fibular free flap is surgery that removes a section of the fibula which is used to reconstruct bone in the upper or lower jaw that has been damaged or removed due to cancer. This section of bone and/or tissue is called a free flap. Removing this bone from your leg does not change your ability to walk or carry weight.

### What happens during the surgery?

Your surgeon will remove the fibula (the flap) and two blood vessels: one that supplies blood to the flap and one that drains blood from the flap. The surgeon puts the flap into position in the head and neck area and attaches it with small plates and screws. The surgeon connects the flap's blood vessels to vessels in the head and neck.

Sometimes a piece of skin from the leg is included with the flap. If a large piece of skin is removed, the surgeon replaces it with skin from another part of the body. This is called a skin graft.

### What can I expect after surgery?

You will stay in the hospital for several days. For the first few days you may get oxygen through a tube in your neck (called a tracheostomy tube). You may also have a feeding tube through your nose.

You will be on bed rest for the first few days. As you heal, you will be able to stand and walk with help from the physical therapist. Most patients can return to normal activity in 2–4 weeks.

### What are the possible complications?

**Pain.** After any surgery, some pain is normal. While you are in the hospital, your cancer care team will do their best to control your pain. They will ask you often about how much pain you feel on a scale of 0-10, with 10 being the worst pain you can imagine. This helps the team decide what medicines will best relieve your pain. They may put pain medicine directly into your veins or give you pills, depending on what works best.

When you go home, you will get a prescription for the same kinds of pain pills you took in the hospital. Follow the directions for your medicines. Please tell your surgical team if your pain gets worse.

**Infection.** Whenever there is a break in your skin, there is also a risk of infection. Good hand washing is the best and easiest way to prevent infection from spreading. Wash your hands with soap and water often. Make sure your caregivers and visitors do, too. You can also use hand sanitizers.

Watch for these signs that an infection may be starting:

- More pain, redness, or warmth around the wound
- More drainage from the wound
- Fever higher than 100.3° F

If you have any of these signs, tell your cancer care team right away.

**Wound complications.** You need to care for the wound in the lower leg. Change the bandages often to help the wound heal. Your cancer care team will show you how to change the bandages before you go home.

**Swelling and bleeding.** There may be tubes around the surgical site to drain fluids. This helps bring down swelling and control bleeding from the surgery. Your nurses will check the amount and appearance of the drained fluids often. They will make sure there is not too much bleeding and watch for signs of infection. Swelling in the neck area can make it hard to swallow. A speech therapist or dietitian can help. The swelling should go down within several days after surgery. Tell your cancer care team if you cannot drink liquids or if you have questions about your diet.

**Blood clots.** Inactivity raises the risk that a blood clot will form in your legs. If a clot happens, it can move through the veins to your lungs. This can be deadly. To help prevent blood clots, your nurses will ask you to get up and move around as much as you can. While you are in the hospital, your cancer care team may put special foam boots on your legs. They inflate and deflate to keep the blood in your leg veins moving so it cannot clot. Your doctor may also prescribe a medicine to prevent blood clots from forming.