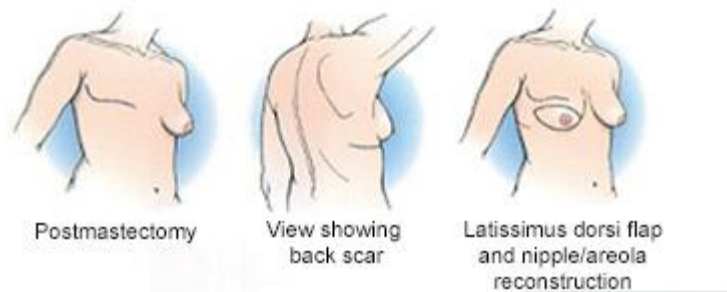


Latissimus Dorsi Flap Reconstruction

During a latissimus dorsi flap procedure, a section of tissue (muscle and skin) from your back is moved to your chest to reconstruct the breast. Using fatty tissue helps create a more natural looking breast. In most women, the amount of soft tissue available on the back is limited and the flap itself is only about one inch thick. Therefore, an implant is usually needed in addition to the latissimus flap to create enough volume for the reconstructed breast. The soft tissue of the latissimus flap goes over the implant so that the look and feel of the breast is more natural than with an implant alone.

This technique is often used as a backup option if a patient has wound healing problems or soft tissue failure in the setting of an implant. The latissimus dorsi flap can also be used as a salvage procedure for patients who have had previous radiation, and are not candidates for other autologous flap procedures.



Most patients resume normal activities about three weeks after surgery. There may be some weakness in the shoulder and back area as a result of the latissimus muscle repositioning. There will also be a scar on your back which usually can be hidden in the bra line. There are “short-scar” or minimally invasive latissimus harvest techniques, utilizing an endoscope, that can dramatically minimize the back scar.

Secondary procedures after a latissimus dorsi flap reconstruction can be done in about three months. These may include expander implant exchange, adjustment procedures to improve breast symmetry, and nipple areola reconstruction. Such additional procedures are typically done as outpatient surgery with a rapid recovery.