

# TRAM & DIEP Flap

## **TRAM (Transverse Rectus Abdominus Myocutaneous) Flap Reconstruction**

During a TRAM flap procedure, the surgeon removes skin, fat and muscle from your abdomen and moves it to your chest to reconstruct the breast. The TRAM flap is sometimes referred to as a “tummy tuck” reconstruction because it may leave the abdominal area flatter.

### **There are two different TRAM flap options:**

- A **pedicle TRAM** flap procedure harvests the entire rectus muscle from the abdominal wall. This often results in compromised abdominal wall function (inability to sit up). In addition to sacrifice of the abdominal muscle, artificial mesh is often required to repair the abdominal donor site, and there is a risk of an abdominal wall hernia. Pedicle TRAM flaps are not advised for bilateral reconstructions due to the sacrifice of both rectus muscles.
- A **muscle-sparing (free)TRAM** flap procedure, in contrast, utilizes only a small portion of muscle, thus minimizing abdominal wall weakness and maximizing the size of the flap. With small muscle harvest there often is no need for artificial mesh reinforcement of the abdominal donor site.

## **DIEP (Deep Inferior Epigastric Perforator) Flap Breast Reconstruction**

This is similar to a free TRAM flap, only **no** abdominal muscle is used. This is state-of-the-art microsurgical breast reconstruction technique and requires specialized training and experience by your surgeon. As with the TRAM flap, the fat and skin of the abdomen are moved to create a new breast mound. Microsurgery is involved in order to allow for the reattachment of the blood supply to the tissue. It is more complex than TRAM flap procedures and usually requires two microvascular surgeons. The major advantage of the DIEP flap is that all the abdominal muscle is preserved and abdominal wall function is maintained. This is particularly critical for bilateral (both sides) breast reconstructions. No artificial mesh is required to repair the abdominal flap donor site.