This leaflet is a guide to the care you will receive. However, your treatment is planned very carefully and individually so your medical team will explain the care you will receive personally. The length of stay will be approximately 10 - 14 days, depending on the extent of surgery and your general health. Please remember that this is just a guide and the care for each person will differ according to your needs.

What is a DCIA free flap?

This is a way of filling a bony hole in either the lower or upper jaw. Your surgeon will take a piece of bone from your pelvis. The pelvis is the large block of bone that lies immediately above the hip joint. It is one of the common ways of replacing bone that has been removed for cancer treatment or non-cancerous growths.

What does the surgery involve?

Pelvic bone (the flap) is removed along with two blood vessels - the artery, which supplies blood to the flap, and the vein, which drains blood from it. The artery supplying blood to the bone is called the 'deep circumflex iliac artery' so the flap is known as the DCIA flap.

A small piece of bone from the pelvis is removed and transferred to the jaw and secured in position with small plates and screws. The blood vessels supplying and draining the flap are then joined to the blood vessels in your neck under a microscope. These blood vessels keep the flap alive while it heals into its new place.

What happens to the hole in the pelvis?

This is left to heal on its own. It takes several months for the pelvis to heal completely but at the end of this time it will be as strong as it was before surgery.

What can I expect after the operation?

The area of your pelvis where the bone has been removed is likely to be sore. Regular painkillers will be arranged for you. Also, a small tube is placed through the skin into the underlying wound to drain any blood that may collect. This drain will be removed after a few days.

Will I have a scar?

All cuts made through the skin leave a scar but the majority will fade in time. Scars can take up to two years to mature. The scar on your stomach is usually around 9" long (23cm).

What are the possible problems?

There are potential complications with any operation. Fortunately with this type of surgery complications are rare and may not happen to you. However it is important that you are aware of them and have the opportunity to discuss them with your surgeon.

- Bleeding bleeding should be minimal and the wound drain should help stop any accumulation of blood causing problems.
- Infection there is always a very small risk of infection with any surgical procedure but you will

be given antibiotics through the vein whilst you are asleep and for the first few days after surgery.

- Numbness occasionally a patch of skin over your thigh will feel numb and tingly after the operation. This numbness may take several months to disappear and in a small number of patients may last forever.
- Hernia in addition to removing bone from your pelvis your surgeon may also remove a neighbouring muscle. This is necessary if some of the soft tissue lining inside your mouth has also to be replaced.
- Flap failure in 2 to 5% of cases one of the blood vessels supplying or draining the flap will develop a blood clot within it. This means that the flap doesn't get any fresh blood or, if the drainage vein clots, then the flap becomes very congested with old blood. It is an occurrence that usually happens within the first few days and means that you will have to return to the operating theatre to have the clot removed. Removing the clot is not always successful and on these occasions the flap fails and an alternative method of reconstruction will be sought.

Further questions

Should you have any further questions or concerns, please do not hesitate to contact us.

Maxillofacial Unit – Main Outpatients Tel: 01342 414300

Our usual opening hours are 8.30am – 5pm, Monday to Friday. In an emergency out of hours contact switchboard on 01342 414000 and ask for the maxillofacial doctor on call.



DCIA Free Flap

If you'd like to find out how you can support QVH, please visit www.supportqvh.org



Patient Information

Please ask if you would like this leaflet in larger print or a different format.

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