

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 days - 2 weeks 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 Fibula Free Flap?

A fibula free flap is one way of filling a bony hole in either the upper or lower jaw. 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?

Your surgeon will remove some of the fibula bone from the lower part of your leg. This is the outer and smaller of the two shin bones, extending from the knee to the ankle. It is a small thin bone that can be removed without affecting your ability to bear weight. The fibula bone (the flap) is removed, along with two blood vessels, one of which (the artery) supplies blood to the flap and one of which (the vein) drains blood from the flap. Once the bone is removed it is 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 blood vessels in your neck under a microscope. These blood vessels keep the flap alive while it heals into its new position.

Before the operation

The doctors will discuss your surgery with you at your out-patient appointment. Please ask if you do not understand any terms they use. You will also be given the opportunity to see the Macmillan head and neck clinical nurse specialist.

A pre-assessment will be carried out before your operation. This will involve seeing members of the head and neck team such as the doctor, anaesthetist, nurse, speech therapist and dietitian

How will I feel after the operation?

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

How will my leg be affected by the operation?

Your leg will be bandaged for a week following surgery. You will need walking aids to begin with and a physiotherapist will help you. Occasionally, it is necessary to remove a piece of skin in addition to the fibula bone. A skin graft is used if the wound is too large to close with stitches. Your leg may then be put in a cast to stabilise the graft. This will also be removed after approximately one week.

In the long-term, removing the fibular bone should

not cause any mobility problems. You will be advised to partially weight bear for a few of days after surgery. You should be up and walking with a walking aid by the end of the first week and by the end of the second week you should be walking almost normally and climbing stairs. Occasionally, you may need the help of crutches or a stick for a further week or so after this.

Will I have a scar?

All cuts made through the skin leave a scar but the majority of these fade with time. The scar on the outside of your leg will run from just below the knee joint to just above the ankle joint. You may also have scars on your head or neck, depending on how your surgeon removes the growth.

What are the possible problems?

There are potential complications with any operation. Fortunately with this type of surgery complications are rare but your surgeon will go through the risks of surgery with you.

Slow wound healing – sometimes the leg wound can be slow to heal and require regular dressings after discharge. To aid wound healing, we may use a vacuum dressing after surgery. This dressing will not cause you any discomfort and will not impede your mobility.

Ankle swelling – sometimes the lower leg can swell in your early weeks at home. If it does, we

advise elevating your leg when sitting down.

Bleeding – bleeding should be minimal and the wound drain should help stop any accumulation of blood causing problems.

Infection – you will be given antibiotics through a vein whilst you are asleep and for the first few days after surgery. As a result, infection is not normally a problem.

Numbness – sometimes you may notice a small patch of skin on the lower part of your leg or foot that is numb or tingly after the operation. This numbness may take several months to disappear and, in a small number of patients, may last for ever..

Flap failure - in 2 to 5% of cases one of the blood vessels supplying or draining the flap can develop a blood clot within it. This means that the flap doesn't get any fresh blood or, if the drainage vein clots, the flap becomes very congested with old blood. It is an occurrence that usually happens within the first two 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.

Foot drop - This is a very rare problem. The peroneal nerve wraps around the fibula bone near the knee and produces movement in the muscles that lift the foot and toes. Damage to this nerve can cause foot drop, foot extension weakness, numbness and pain. Your surgeon will explain these risks in more detail.

Further questions

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

Maxillofacial Unit
Tel: 01342 414300

Our usual opening times are Monday to Friday
8.30am – 5pm

In an emergency contact switchboard on 01342
414000 and ask for the maxillofacial doctor on duty.

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Fibula Free Flap

Patient Information

