

## **LOWER EXTREMITY FREE FLAP PROTOCOL**

Dr. Jacob/Butterworth

All decisions will be made on a patient-to-patient basis and the below information is subject to change depending on the state of an individual patient or flap.

1. No Pressors
2. No Diuretics
3. No smoking or nicotine (Chantix and Welbutirn are OK)
4. No caffeine for 72 hours
5. No Migraine type medications (Imitrex, etc.) – these are vasoconstrictors
6. Keep systolic BP at or above 120 with crystalloid or colloid (albumin, pRBC, etc)
7. Maintain Hgb > 7
8. Strict bedrest for 7 days
9. Foley stays in until; dangling
10. Elevate the affected extremity at all times on at least one pillow, except when dangling
11. Bair Hugger to affected extremity
12. No Pressure to anywhere on the affected extremity at anytime
13. ICU care for 48 hours with q1h flap checks
14. After 48 hours (not in the middle of the night), if flap is doing well, transfer to step down with q2h flap checks until dangling has proven to be without difficulty, then q4h until discharge
15. IV fluids at 125 mL/h for 72 hours (bolus for urine output and low BP), drop to 80 mL/h after 72 hours and continue until dangling has proven OK
16. DVT prophylaxis with LMWH or SQH
17. ASA 325 mg starting the night of surgery and continuing for at least 1 month after discharge
18. NPO the night of surgery, ADAT diet the following day after OK'd by Dr. Jacob/Butterworth
19. Weight-bearing to be determined by Ortho/Trauma, but not initiated until 2<sup>nd</sup> day of dangling
20. Dangle protocol to be initiated on POD #7 with Dr. Jacob/Butterworth present for the first dangle. Doppler checks should be checked before and after dangling. The affected extremity should be elevated immediately after dangling time has finished. The color of the flap should be observed, while dangling. If the flap becomes congested (turns purple) dangling should stop, the leg should be elevated, and no further dangling until the following day. The dangle protocol is as follows:
  - a. Day 1 – 5 min tid
  - b. Day 2 – 10 min tid
  - c. Day 3 – 15 min tid
  - d. Day 4 – 20 min tid
  - e. Day 5 – 25 min tid
  - f. Day 6 – 30 min tid
  - g. Day 7 – OK for discharge – 30 min qid
  - h. Day 8 – 30 min 5 times daily
  - i. Day 9 – 30 min 6 times daily, no further advancement until seen in follow up.