When cancer therapies lead to mucositis in patients, assessment and management of side effects are crucial (McGuire et al., 1998). Patients experiencing mucositis have an altered quality of life as a result of pain and an inability to chew and swallow (Larsson, Hedelin, & Athlin, 2003). The purpose of this article is to deepen the understanding of quality-of-life issues in patients with mucositis. Although some of the side effects are inevitable, nurses can employ several strategies to facilitate patient comfort.

Mucositis was defined by Sonis (1993) as inflammation of the mucous membranes. Oral mucosal cells, which replicate quickly, are affected early in chemotherapy or radiotherapy treatments. Moreover, as cell replication becomes inhibited by chemotherapy and radiation therapy, the oral mucosa becomes thin and inflamed, resulting in mucositis (Coleman, 1995). Therefore, mucositis can be understood as the inflammatory reaction and ulcerative lesions of the mouth and oropharynx that occur secondary to radiotherapy and certain chemotherapy agents (Shih, Miaskowski, Dodd, Stotts, & MacPhail, 2003). Tissue destruction and functional alterations in the oral cavity are inevitable outcomes of radiotherapy in patients with head and neck cancer (Shih et al.).

Some literature suggests that patients undergoing treatment for head and neck cancer experience decreased quality of life. Quality of life means different things to different patients. For the purpose of this article, the definition of quality of life is the overall status of a combination of factors: a person’s health, symptoms, and level of physical and social functioning. If an illness and its treatment have a negative impact on a person’s sense of well-being and ability to perform daily activities, then quality of life may be poor (CV Therapeutics, Inc., 2005).

Patients with head and neck cancer may have difficulty chewing, swallowing, eating, drinking, and talking because of pain and inflammation of the oral mucosa and esophagus (Cawley & Benson, 2005). If untreated, the debilitating symptoms cause alterations in nutrition, which, if severe enough, can lead to interruptions in treatment. Relief of symptoms is extremely important to patients. By continually assessing patient coping factors and symptoms as well as educating patients about preventing mucositis, nurses can forestall many significant complications (Dahlin, 2004).

A search of the literature from 1993–2005 revealed four articles on quality-of-life issues for patients with head and neck cancer who develop mucositis. This article reviews four views on quality-of-life issues for patients who receive cancer treatments and develop mucositis. Small samples were utilized in each of the reviewed articles; however, because of the studies’ qualitative designs, researchers concluded that quality-of-life issues exist among patients with head and neck cancer who are undergoing radiation and chemotherapy. Nurses play a significant role in assisting patients to tolerate their treatments. Further research is necessary to develop effective nursing interventions to improve quality of life for patients who develop mucositis while undergoing chemotherapy and radiation therapy.

**At a Glance**
- Patients undergoing radiotherapy for head and neck cancer experience debilitating symptoms such as mucositis, pain, inability to swallow, and difficulty talking; these factors alter patients’ quality of life to varying degrees.
- Teaching about possible side effects, providing emotional support, and being available are comforting to patients.
- Continuing support from nurses after therapy is completed is important to patients.

**Background and Significance**

According to the American Cancer Society (2005), an estimated 29,370 new cases of head and neck cancer were diagnosed in 2005, an increase from 28,260 cases in 2004. Seventy-five