Dysphagia is one of the most common symptoms affecting patients with head and neck cancer. It can lead to several complications and affect patients’ quality of life. The advanced practice nurse can play an important role in the plan of care for managing this condition in patients with head and neck cancer.

Dysphagia Management

A multidisciplinary approach is needed to manage dysphagia; however, APNs can play a vital role by implementing and evaluating interventions. Although several different referrals from speech, physical, and occupational therapists are essential, patient education and interventions can be coordinated by the APN. Swallowing disorders and dysphagia caused by head and neck cancer treatments should be managed by both compensatory procedures and rehabilitation programs (Platteaux, Dirix, Dejaeger, & Nuyts, 2009).

Rehabilitation therapy involves several types of swallowing exercises to increase motility and strength in the affected area. According to Platteaux et al. (2009), rehabilitation therapy is designed to improve range of motion and sensory-motor integration. To heighten sensory awareness and facilitate bolus transit during swallowing, Lewin (2012) suggested that swallowing exercises may include using specific swallowing maneuvers, changes in body posture and range of motion, as well as resistance exercises or techniques. Shaker exercises (i.e., isometric and isokinetic neck exercises that consist of lifting and holding the neck) diminish dysphagia by improving the width and duration of the upper esophageal sphincter opening. In addition, other controlled-swallow maneuvers (e.g., supra-glottic swallow, super-supraglottica swallow, Mendelsohn maneuver, effortful swallow) can be used to change neuromuscular control (Platteaux et al., 2009). APNs should stress that these exercises should not only be started once dysphagia is present, but prior to the start of treatment, which...