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Management of Dysphagia in Patients With Head and Neck Cancer

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A 65-year-old male, A.B., reported to his primary care provider for evaluation after months of swallowing difficulty and jaw pain. The patient was sent for a computed tomography scan of the head and neck. The scan showed a 3 cm mass at the base of his tongue. Biopsy of the mass revealed a poorly differentiated squamous cell carcinoma, which tested positive for human papillomavirus. A.B. is referred to an oncologist where he undergoes a positron-emission tomography scan that reveals lymph node involvement. He is diagnosed with stage III head and neck cancer, originating from the base of the tongue. A.B.’s plan of care includes concurrent radiation therapy and chemotherapy, specifically cisplatin. After determining his treatment plan, A.B. meets with an advanced practice nurse (APN) who discusses treatment, possible side effects, and expectations. Because A.B.’s treatment options have a high risk of dysphagia, the APN refers him to a nutritionist, speech therapist, and physical therapist.

Dysphagia

Dysphagia is one of the most common adverse effects in patients with head and neck cancer and is strongly associated with decreased quality of life because of problems with speech, swallowing, and malnutrition (Bower et al., 2010). APNs can aid in further addressing these issues, as well as other deficits that may arise, for patients with dysphagia caused by head and neck cancer treatment.

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, & Nuysts, 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 be started once dysphagia is present, but prior to the start of treatment, which...