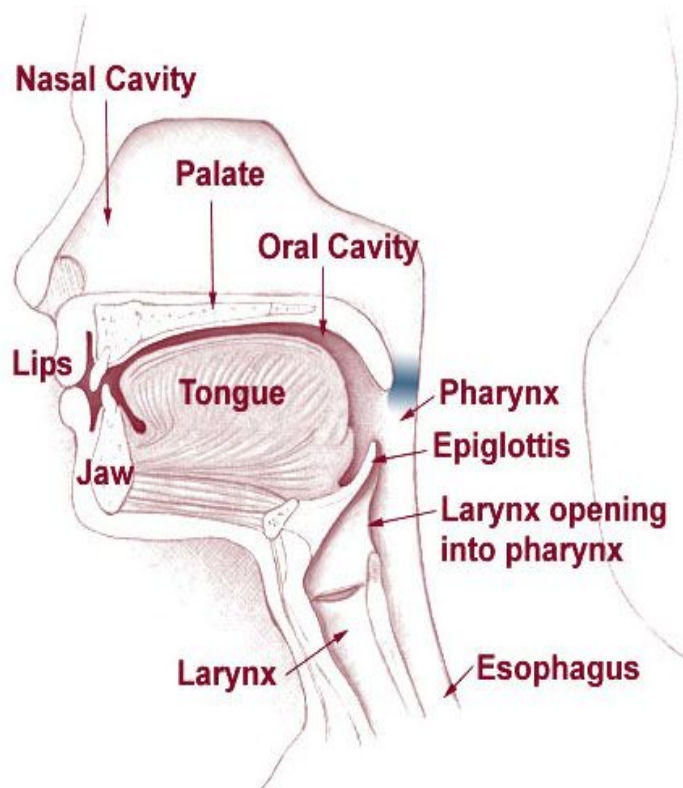


# Feeding and Oral Care in Head & Neck Cancer

: A Resource for Certified Nursing Assistants



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## Head and Neck Cancer

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Head and neck cancer account for 3% of all cancers with 65,000 new cases occurring every year in the U.S and 500,000 world wide. Head and neck cancer occurs more often in males with the average onset around 62 years of age. It is estimated 10,030 individuals will perish this year as a result of this condition. Head and neck cancer is classified into five subtypes based on anatomy that includes: the oral cavity, pharynx, larynx, nasopharynx, hypopharynx, and nasal cavity. Risk factors for head and neck cancer include tobacco and alcohol use, poor oral hygiene, and mechanical irritation. Head and neck cancer is treated through surgery, chemotherapy, radiation, or a combination of these approaches.

## Signs and Symptoms of Head and Neck Cancer

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Head and neck cancer symptoms and side effects of cancer treatments put patients at a high risk of dysphagia and malnutrition. Malnutrition creates poor outcomes for patients including weakened immune system, increased susceptibility to infection, skin breakdown, poor wound healing, and respiratory failure and is estimated to occur in some degree between 30-50% of patients with head and neck cancer.

Symptoms associated with head and neck cancer include:

- Fatigue
- Pain
- Difficulty swallowing
- Nagging cough
- Hoarseness
- Loosening on teeth
- Unusual nasal discharge
- Frequent nose bleeds

- Trismus (lockjaw)
- Globus sensation (sensation of something stuck in the throat)
- Red or white patches in the mouth
- Unexplained halitosis
- Referred pain in the ear or jaw

Side effects of head and neck cancer treatment include:

- Impaired speech/voice
- Dyspnea
- Dysphagia
- Reduce mobility
- Numbness in oral structures
- Changes to salivary glands
- Xerostomia
- Loss of appetite
- Nausea
- Vomiting
- Fatigue
- Dental problems
- Mouth sores
- Weakened immune system
- Reduced sense of taste

## Normal Swallow & Dysphagia

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Swallowing is broken down into four stages:

- oral preparatory stage- food enters the mouth, is chewed, and mixed with saliva to form a bolus
- oral stage- the tongue rises to contact the roof of the mouth and the soft palate rises to move the bolus posteriorly or toward the back of the mouth
- pharyngeal stage- the hyoid bone and larynx move anterior and superior, the epiglottis a leaf shaped cartilage moves downward to cover the airway and the nasopharynx is closed off
- esophageal stage- bolus travels down the esophagus to the stomach

Many things can go wrong at any point in the swallow causing swallowing difficulties (dysphagia). Signs and symptoms of dysphagia include:

- difficulty chewing- indicated by spillage out of the mouth, excessive time chewing soft food, weakness in the oral cavity
- difficulty initiating swallow
- drooling
- nasal regurgitation
- wet vocal quality
- avoidance/preference for particular foods
- wet gurgling sounds when breathing
- weight loss

## Feeding Recommendations for Head and Neck Cancer Patients

Oral Feeding Guidelines for CNAs include:

- Adhere to SLP diet recommendations and instruction for compensatory feeding strategies
- Provide oral care prior to feeding and assess the condition of the oral cavity- report any abnormalities to the correct personnel
- Ensure that dentures and/or oral prosthesis are properly in place
- Provide liquid washes at the start of the meal and frequently during to reduce the effect of xerostomia (dry mouth)
- Allow the patient more time to chew due to possible reduced coordination and pain
- Maintain patient dignity by allowing them to choose what order to eat food in
- To increase patient compliance, treat mealtime feeding as a bonding time than a nursing task.
- Utilize a communication board to prevent communication breakdown if the patient is having difficulty speaking- your facility SLP can provide you with a communication board

## Oral Care Recommendations for Head and Neck Cancer Patients

Oral Care Guidelines for CNAs are most often aimed at reducing mucositis, a condition in which the mucosa in the respiratory and digestive tract become inflamed with cancer treatment. Mucositis is very painful making oral feeding difficult. It occurs most often in the oral cavity. Proper oral care reduces the severity of mucositis and includes:

- Eliminating dental trauma- dentures should be used only for feeding and removed the rest of the time. Dentures need to be properly placed to avoid creating oral sores
- A soft bristle toothbrush should be used 2-3 times a day after meals- teeth should be brushed at a 45 degree angle for 2 minutes
- Flossing once a day if platelet counts are in the appropriate range
- Commercial products and mouthwashes with alcohol should be avoided
- Water intake should be increased throughout the day due to dry mouth
- An oral rinse of baking soda and water should be used between meals and up to 5 times a day
- Lip balms should be used for dry lips
- The oral cavity should be inspected for any new developing sores or red patches
- Toothpaste with whitening agents should not be used
- Lemon or glycerin swabs and chlorhexidine should not be used
- A fever obtained during vitals should be reported as it may indicate an infection in the oral cavity



## REFERENCES :

- Crary, M. A., & Groher, M. E. (2003). Dysphagia and Head/Neck Cancer. In *Introduction to Adult Swallowing Disorders* (pp. 69-87). St. Louis, MO: Butterworth-Heinemann.
- Cullen, L., Baumler, S., Farrington, M., Dawson, C., Folkmann, P., & Brenner, L. (2017). Oral Care for Head and Neck Cancer Symptom Management. *AJN, American Journal of Nursing, 118*(1), 1.  
doi:10.1097/01.naj.0000529694.30568.41
- Feeding. (2018, May 18). Retrieved September 27, 2018, from <http://lippincottolutions.lww.com/Head-and-Neck-Cancer>. (n.d.). Retrieved September 8, 2018, from <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589943346&ion=Overview>.
- Kartin, P. T., Tasci, S., Soyuer, S., & Elmali, F. (2014). Effect of an Oral Mucositis Protocol on Quality of Life of Patients With Head and Neck Cancer Treated With Radiation Therapy. *Clinical Journal of Oncology Nursing, 18*(6), E118-25.  
<https://doi-org.libproxy.lib.ilstu.edu/10.1188/14.CJON.E118-E125>.
- Key Statistics for Oral Cavity and Oropharyngeal Cancers. (2018, March 9). Retrieved November 20, 2018, from <https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/about/key-statistics>
- Leonard, R., & Kendall, K. (2014). *Dysphagia assessment and treatment planning: A team approach*. San Diego, CA: Plural Publishing.
- Martinsen, B., Paterson, B. L., Harder, I., & Biering-Sørensen, F. (2007). The nature of feeding completely dependent persons: A meta-ethnography. *International Journal of Qualitative Studies on Health and Well-being, 2*(4), 208-216.  
doi:10.1080/17482620701296291
- Mucositis. (n.d.). Retrieved October 15, 2018, from <https://oralcancerfoundation.org/complications/mucositis/>  
This site complies with the HONcode standard for trustworthy health information
- Oral Care. (2018, November 6). Retrieved September 26, 2018, from <http://lippincottolutions.lww.com/>  
Revised 6. November, 2018
- Pu, D., Murry, T., Wong, M. C. M., Yiu, E. M. L., & Chana, K. M. K. (2017). Indicators of Dysphagia in Aged Care Facilities. *Journal of Speech, Language & Hearing Research, 60*(9), 2416–2426.  
[https://doi-org.libproxy.lib.ilstu.edu/10.1044/2017pass:\[ \]SLHR-S-17-0028](https://doi-org.libproxy.lib.ilstu.edu/10.1044/2017pass:[ ]SLHR-S-17-0028)
- Schoeff, S.S., Barrett, D.M., Gress, C.D., & Jameson, M.J. (2013) Nutritional Management for Head and Neck Cancer Patients. *Nutrition Issues in Gastroenterology, Series #121*. Retrieved from [https://med.virginia.edu/ginutrition/wp-content/uploads/sites/199/2014/06/September\\_13\\_Head-Neck-CA-21.pdf](https://med.virginia.edu/ginutrition/wp-content/uploads/sites/199/2014/06/September_13_Head-Neck-CA-21.pdf)
- Talwar, B., Donnelly, R., Skelly, R., & Donaldson, M. (2016). Nutritional management in head and neck cancer: United Kingdom National Multidisciplinary Guidelines. *Journal of Laryngology & Otology, 130*, S32–S40.  
<https://doi.org/10.1017/S0022215116000402>