

Head and Neck Support Group, Auckland City Hospital

9.30, 2 July, 2015, Domain Lodge

Minutes

There was a roll call of seventeen today. Still room for plenty more.

Noelle is participating in Dry July. It would be great if some of the Dry July funds would provide the clinic waiting room with a tea and coffee machine. She has material from Laura Ferguson about exercise classes for cancer patients. I will include some of the information at the end of this newsletter. It's hard to find a photo of our people to include in the minutes but this month Noelle and Merle obliged. Merle has had a laryngectomy and speaks with a special microphone. With a bit of luck I'll be able to talk someone into writing a patient story next month.

Swallowing issues

Speaking today was head and neck surgeon Dr Bren Dorman from the ORL department. His talk was on swallowing issues and consisted of videos as well as slides. The videos were of scoping procedures within the hospital clinic or the ward, showing swallowing tests and impediments to swallowing as well as some of the treatments offered. Patients in the videos had had mostly glossectomies or laryngectomies.



Extent of swallowing problems

Swallowing problems (dysphagia) can be experienced by anyone, not just head and neck patients. However, the problems experienced by head and neck patients are significant. A 2007 study of people who had surgery, radiation or chemoradiation found that many patients struggled considerably four years after treatment. 50.6% experienced dysphagia, more patients (72.4 %) struggled with solid food. 57.1% needed nutritional support while 20.3% developed malnutrition.

What swallowing involves

Swallowing includes more than we think. It involves oral preparation of the food in the mouth plus manipulating and positioning it with the tongue. Saliva is needed. (In my case I can swallow liquids easily but solid food gets stuck in my mouth so technically I have a swallowing problem.)

I found this quotation on an SLT site that helped me understand what Dr Dorman said about the importance of the larynx and vocal folds to swallowing.

Swallowing is a complex and coordinated activity that requires various muscle groups and other structures, including the larynx, to function in a swift and coordinated manner. When this doesn't happen, often this can result in food or liquid falling into the trachea, known as "aspiration." This is what happens when a person chokes.

Food has to go down the food pipe (the oesophagus) not the windpipe (the trachea) but if the normal safeguards are not working, food can go down the wrong way. The epiglottis, which acts as a sort of trapdoor, is important for this as are the vocal folds of the larynx and the upper oesophageal sphincter.

The causes

Loss of organs like the tongue and the larynx can cause swallowing problems. Flaps are great but they

might not move and could therefore make swallowing difficult. Initially the flap is quite swollen and may take weeks to months to shrink.. The loss of functioning salivary glands through surgery or radiation also has a big effect. Radiotherapy can “cook” salivary glands, which will affect ongoing production of salivary secretions.

Effect of radiation on swallowing

Radiation treatment has many side effects which hinder swallowing. Some are:

- * Pain or odynophagia
- * Trismus: difficulty with mouth opening
- * Thick secretions
- * Oesophageal stricture and stenosis (scarring)

Surgical treatments like any tongue or mouth surgery can have an effect on preparing food in the mouth.

Swallowing Tests and Treatments

Endoscopic examination is that lovely procedure where you have a camera on a flexible tube poked up your nose and down your throat.. You can also get a Functional Endoscopic Evaluation of Swallowing or FEES which is easily done by the SLT in the clinic.

Balloon dilation can also be done this way. If the oesophagus is narrowed by scarring, it can be dilated with a syringe driven expander opening the oesophagus by splitting scars. This procedure can be performed in the clinic under a local anaesthetic or in surgery under a general anaesthetic.

Dr Dorman also showed us a video of a modified barium swallow using a special movie-type x-ray. The patient had had a total glossectomy. They were looking to see if fluid went down the oesophagus or was aspirated.

He also showed a FEES procedure where the patient had to swallow blue-dyed pear puree to see if it went down the right way. If there’s a suspected nerve problem the doctor can poke the area with the camera to test for sensation. This process should stimulate a cough

The patient is told to do a safe swallow, for example, “Look at the right armpit” if there is a problem to the right side.

With larynx cancer a little valve can be put in with a scalpel via endoscopy. Some solutions can be carried out in the clinic with a local. Some patients can tolerate this and some need general anaesthesia. There is no right and wrong.

One video showed that one of the vocal folds didn’t close properly. They need to close for successful swallowing.

Questions and Answers

How to deal with a dry mouth

You can stimulate any remaining salivary glands with something like citrus, although as Esther pointed out this can be damaging to the teeth.

To deal with dryness itself any oil will help if placed in the mouth. Esther mentioned rice bran or flax seed oil. If you don’t like oil then you can use butter or margarine.

Pilocarpine is a saliva-increasing drug but it hasn’t been successful because of side effects.

Chewing gum and lozenges help. It's the movement that helps the saliva. Bantu in the Kalahari Desert used to suck a stone in the mouth, while one patient found that tiny bits of carrot held in the mouth helped her keep her mouth moist. Coffee and strong teas cause dryness.

What about drinking large quantities of water to wash down food? This is okay.

Someone mentioned the need to keep swallowing more solid foods to stop the oesophagus closing up due to scarring.

What are new developments?

Robotic surgery to get round corners in the mouth is one. Mercy Hospital has a robotic surgery machine which has been decommissioned because it is out of date. Auckland doesn't have one.

Many thanks to Dr Dorman for the insights into swallowing and the procedures used to explore and treat it.

Other matters

Volunteering

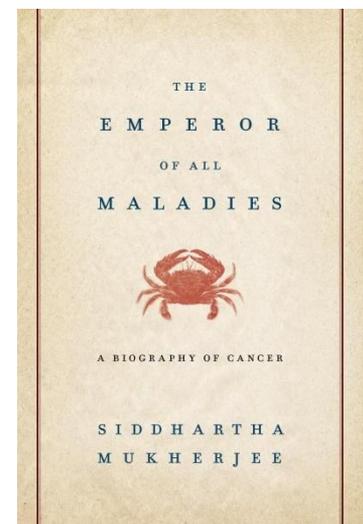
In general chat after the talk I found that several of us battle-scarred head and neckers do volunteer work. Eleanor works for Lifeline, Mac for Meals on Wheels and I in a local Hospice shop. Graeme coaches basketball teams. Not all of us are able to do this but it seems to be good for the soul for cancer survivors on so many levels.

Book recommendation

I can recommend a book about cancer to people who like to know their enemy. It's called *The Emperor of All Maladies*. I watched the documentary online – very interesting.

Winner of the Pulitzer Prize, and now a documentary from Ken Burns on PBS, The Emperor of All Maladies is a magnificent, profoundly humane "biography" of cancer—from its first documented appearances thousands of years ago through the epic battles in the twentieth century to cure, control, and conquer it to a radical new understanding of its essence.

Riveting, urgent, and surprising, The Emperor of All Maladies provides a fascinating glimpse into the future of cancer treatments. It is an illuminating book that provides hope and clarity to those seeking to demystify cancer. (Amazon)



Laura Ferguson exercise classes

Laura Ferguson is a rehabilitation centre in central Auckland. They offer disease-specific classes but the numbers for head and neck cancer would have to add up to make them worthwhile. The classes are usually taken by a physiotherapist who considers the specific needs of various medical conditions. Classes would have to self-funded unless there is a pool of funding for our group. People can also buy gym membership at around \$90 for three months. Assessment by a physio would cost more. Private sessions are available with a physio for \$70 an hour or a fitness trainer for \$40 an hour. Another option is to have a one off assessment for exercise planning. This would be with a physio and charged at that cost. Finally, they offer hydrotherapy in a heated pool.

Attendees: Noelle, Esther, Dr Dorman, Earl, Alan, Marlene, Kevin, Trevor Vernon, Mac, Merle, Maureen, Judy, Warren, Jill, David, Diana, Eleanor, Graham