Calderdale and Huddersfield
NHS Foundation Trust

Head and Neck Cancer Information for Patients

My Personal Record/Diary

Confidential

This booklet may contain confidential information, if found please return to:

Macmillan Head and Neck Cancer Nurse Specialist
Maxillo Facial OPD
Huddersfield Royal Infirmary
Lindley
Huddersfield
HD3 3EA

This is your personal record and diary

This personal information diary is a way of keeping together the information you want about your illness and your treatment. It will assist both you and us from the initial treatment of your head and neck cancer all the way through follow-up treatment in clinic and over the next five years.

Please keep this diary safe and bring it with you to each hospital visit

Name: _____

Hospital No: _____

NHS No: _____

compassionate care

Contents

	Page
Keyworker and hospital contact details	3
The Multidisciplinary Team (MDT)	5
Information about your treatment	6
Important dates and appointments	7
Macmillan Head and Neck Cancer Nurse Specialist Head and Neck Cancer Support Nurse	8
Planned assessments	8
Social and financial advice	10
Emotional, psychological and spiritual support	10
Future appointments	11
Communication/notes sheet	11
Information about your disease and diagnosis	12
Tests used to diagnose head and neck Cancer and plan treatment	13
Explanation of medical terms	16
Contacts	19

Key Worker

Your key worker is the person for you to contact for information at each stage of your treatment. Therefore you may not have the same key worker throughout your treatment; this can include any members of the Multi Disciplinary Team. If you are unsure at any time as to who is your key worker please ask.

Hospital Team
Huddersfield and Calderdale

Consultant: _____

Secretary: _____ Tel: _____

Clinic: _____ Tel: _____

Ward: _____ Tel: _____

Cancer Nurse Specialist
Name: Andrew Mason
Tel: 01484 343428
Email: **andrew.mason@cht.nhs.uk**

Cancer Nurse Specialist
Name: Antonia McNeill
Tel: 01484 343428
Email: **Antonia.McNeill@cht.nhs.uk**

Cancer Nurse Specialist
Name: Zoe Robshaw
Tel: 01484 343428
Email: **Zoe-anne.Robshaw@cht.nhs.uk**

Macmillan Dietitian
Name: Sarah Topen
Tel: 01484 343428

Speech Therapist (SALT)
Name: Jane Thompson
Tel: 01484 343428

Macmillan Cancer Care Co-ordinator
Name: Annette Wilson
Tel: 01484 343428
Email: Annette.Wilson@cht.nhs.uk

Hospital Team
Bradford

Consultant: _____

Secretary: _____ Tel: _____

Clinic: _____ Tel: _____

Ward: _____ Tel: _____

Hospital Team
Cancer Centre, Bexley Wing, St James Hospital, Leeds

Consultant: _____

Secretary: _____ Tel: _____

Clinic: _____ Tel: _____

Ward: _____ Tel: _____

Community Team:

GP: _____ Tel: _____

District Nurse: _____ Tel: _____

Other Contacts:

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

The Multidisciplinary Team (MDT)

The multidisciplinary team is a group of healthcare professionals involved in your treatment and care. You may find that you do not come into contact with every team member, only those who need to be involved in your care.

The team includes:

- Head and Neck Surgeons (ENT, Maxillofacial and Consultant Plastics Surgeons).
- Oncologist (a doctor who specialises in the treatment of cancer using chemotherapy and radiotherapy other than by surgery).
- Consultant Histopathologist (a doctor who specialises in making a diagnosis based on looking at samples of tissue or cells under a microscope).
- Consultant Radiologist (a doctor who specialises in the reading of x-rays and scans).
- Consultant Restorative Dentist.
- Macmillan Head and Neck Cancer Nurse Specialist (a nurse who specialises in the care and support of people with head and neck cancer).
- Specialist Speech and Language Therapist (a therapist who assesses your speech and swallowing).
- Macmillan Specialist Dietician (provides support and advice about your dietary needs).
- Palliative Care Clinical Nurse Specialist (a nurse who specialises in symptom control and psychological support).
- Calman Cancer Co-ordinator.
- Out-patient staff (Nurses and Dental Nurses from the outpatients department).
- Dental Hygienist.
- Clinical Ward staff (Nurses from the clinical areas).
- District Nurses and General Practitioner.

You will receive honest information about your disease and be given appropriate advice. This will allow you to make an informed choice. Whatever your decision may be, we will continue to offer you full support and care.

This booklet is for you to keep and use throughout your treatment. It gives you information about your illness, the tests you have already undergone and information about possible future treatments. There is space in this booklet for you to record the times and dates of your next appointment and there is also a diary page for you to note any questions, and record any information, you may have between visits. Contact numbers for your information are available on page 19.

Information about your Treatment

The treatment of head and neck cancer involves a specialist team.

Treatment options may be any combination of the following:

- Surgery to the mouth, throat or neck.
- Radiotherapy.
- Chemotherapy and Radiotherapy.

Surgery to Mouth or Throat

The surgery can vary depending on the site of the cancer, its size and if there has been any spread of your cancer. Your surgeon will discuss the best type of operation for you.
Surgery may be all you need to remove the cancer completely, but you may also require radiotherapy following your operation.

Due to the different areas that may be affected you may find it helpful to ask:

- How will I look?
- How will I eat and drink?
- How will I talk?
- Will it affect my breathing?
- Will I need new teeth?
- Will the changes be permanent?
- How will I know if the surgery has successfully removed my cancer?
- Will there be a need for any further treatment (such as radiotherapy)?
- When will I be able to go back to work?

Surgery will be performed at Bradford Royal Infirmary (BRI). Occasionally some surgery is performed at one of the Leeds hospitals. Your stay in hospital is dependant upon your type of surgery and treatment (usually 7 - 14 days but this may be longer).

Radiotherapy

Radiotherapy is x-ray treatment, which is carefully controlled through thorough planning and precision of treatment. These rays destroy cancer cells whilst allowing normal cells to re-grow. The treatment is given in the radiotherapy department at St James's Hospital, Leeds. You may have external beam radiotherapy or brachytherapy (internal radiotherapy). If you are recommended for radiotherapy health professionals at St James's Hospital will give you much more information.

Chemotherapy

Chemotherapy is a drug treatment, which destroys cancer cells. As the drug circulates in your bloodstream it disrupts the growth of the cancer cells. Chemotherapy may be used before or after surgery or radiotherapy. Sometimes chemotherapy may be given at the same time as radiotherapy, a treatment known as chemo-radiotherapy.

Follow-up

After completing your treatment you will be offered a follow up appointment in the Nurse led/AHP Head and Neck clinic at Acre mill, Huddersfield. You will also be reviewed by your Oncologist after treatment, and then monitored at increasing intervals over a 5 year period by your Consultant at Huddersfield.

If Cancer Comes Back

If cancer comes back it does not automatically mean that it cannot be treated again and successfully. Your Consultant may recommend another course of treatment. Even if the cancer itself cannot be cured, there are often treatment options to help control the symptoms caused by cancer.

After treatment, support services will continue to be available:

If you would like to discuss support services, please don't hesitate to discuss this with your Consultant or Head and Neck CNS

Future support services may include:

Cancer Nurse Specialist
Dietitian
Speech Therapy
Restorative Dentistry
Clinical Psychologist
Physiotherapy
Occupational Therapy
Lymphoedema Services
District Nurses
Camouflage Make-up

Important Dates and Appointments

1. Date of appointment at MDT clinic: _____
2. Date of pre-treatment assessment: _____
3. Date of pre-admission visit: _____
4. Date of operation/admission: _____
5. Date of discharge: _____
6. Date of first follow-up out-patient clinic: _____

Macmillan Head and Neck Cancer Nurse Specialist

You will introduced to the Macmillan Head and Neck Cancer Nurse Specialist (CNS) at Huddersfield Royal Infirmary or given a contact number.

The Head and Neck CNS is based at Huddersfield Royal Infirmary and works closely with the hospitals teams at Bradford, and Leeds, and your local community team such as your GP, District Nurse and Macmillan Nurse.

It is important that you and your family have as much information as you require so that you feel prepared, more in control of what is happening and able to consider over time any necessary adjustments in your life. To enable you to do this you can contact the Head and Neck CNS for specialist advice or information, as can your family or the hospital or community team involved in your care.

When you receive your diagnosis or are making a decision about your treatment….

The Head and Neck CNS can meet you, or speak with you on the phone around the time of your diagnosis and/or when you come and discuss your treatment options with your Consultant Surgeon and Oncologist. It is important that you feel you are getting all the information you need at the right time; please do discuss your needs with the specialist nurse.

The Head and Neck CNS can provide:

- An opportunity to discuss and clarify the information you have been given.
- Further information if required.
- Emotional support for you and your carers during all stages of your treatment.
- Someone to 'talk to' about your treatment options, how you are feeling.
- A link between the other healthcare professionals.
- Specialist nursing advice on symptoms you may experience, for example pain, difficulty eating or drinking, shoulder or neck stiffness, feeling low or anxious.
- Help to make contact with other sources of support outside the hospital.

If you are currently attending clinic or hospital one of the nurses or doctors can contact the CNS for you. If you prefer, you can contact the CNS directly on 01484 347072. If the CNS is not available please leave a message and your call will be returned as soon as possible.

Planned Assessments

Pre-Treatment Assessment

An appointment will be made for you (usually the following week) on the day you are given your treatment plan to attend for a pre-treatment assessment with the Head and Neck CNS. This clinic is designed to give you an opportunity to further discuss your forthcoming treatment along with any concerns you or your family may have. We will aim to advise you on a range of issues as necessary (health, social and financially related) and link you to the appropriate professional if we are unable to answer your queries ourselves.

You will also be seen by a dietitian and speech and language therapist during this clinic appointment.

Dietetic Assessment

You will have the opportunity to be assessed by a Dietitian throughout the course of your treatment.

The assessment will usually involve the following:

- To discuss any concerns you may have in relation to diet and your treatment.
- If you are experiencing any loss of weight, change in appetite or food intake.

When you have cancer, eating well is an important part of your care. This is because it has been shown that maintaining a good dietary intake may improve your tolerance to treatment and speed your recovery. It is therefore important to ensure that your nutritional status is good before you receive any treatment. If you feel at any time you are experiencing a decrease in weight, appetite or dietary intake you should indicate this to a member of the Head and Neck Team and the Dietitian will be informed and arrange to contact/see you.

Speech and Language Therapy Assessment

Your Consultant or Specialist Nurse will refer you to the Speech and Language Therapist (SALT) if a problem is anticipated or you identify any difficulty with your speech, voice and/or swallowing.

You will have the opportunity to be assessed by the SALT at any stage throughout the course of your treatment.

The difficulties you may experience depend on:

- The place of the cancer (e.g. tongue, larynx - voice box).
- The effect it has on your ability to use this area.
- The effect of any treatment you may receive (e.g. radiotherapy).

If you feel at any time you are experiencing increased difficulties with your swallow or speech you should indicate this to a member of the Head and Neck Team and the SALT will be informed and arrange to contact/see you.

Oral and Dental Assessment

You may be advised to have a complete dental check up and any necessary dental work done (to correct any dental caries or decay) before your cancer treatment begins. This is important to prevent infection, any unnecessary discomfort, and long term problems, which might delay your recovery. The dentist/hygienist will give you advice on care of your teeth and gums and check that your teeth are healthy.

Taking care of your mouth will also help your:

- Speech
- Swallowing/eating

Throughout your treatment doctors and nurses will be assessing your mouth regularly. Nurses will be assisting you with your mouth care and dental hygienists/nurses will provide you with ongoing advice on how to keep your mouth healthy.

Talk regularly to your cancer team about any mouth problems you have during, and after your treatment.

Oral and Maxillofacial Technologists

As part of your treatment you may require surgical splints or appliances. The technologist will meet you in clinic with your surgeon or clinician to discuss the design and technical stages required to produce this for you.

Smoking Assessment

It is important that a quick assessment is made of your smoking habit.

You will be asked:

"What sort of smoker are you?"
"How do you really feel about your smoking?"
"Have you the motivation to quit?"
"Have you confidence in your ability to quit?"

If you do smoke, try to give up. Smoking will continue to irritate your mouth and throat. If you need help or advice to give up smoking please ask your doctor or nurse. Support and appropriate medication to help is available for you.

You can contact the hospital-based specialist advisors (for numbers ask your specialist nurse), or specialist service - these are full time advisors who offer both one to one and group support across the district, or alternatively see the advisor at your own GP practice, there is now an advisor in most surgeries.

Alcohol Assessment

It is important that nursing and medical staff know exactly how much you drink so that the appropriate action can be taken to avoid withdrawal symptoms resulting from hospitalisation or any adverse reactions to the anaesthetic.
Do not feel embarrassed about your drinking levels or worry about shocking other people. You may not want members of your family to be aware of the amount of alcohol that you drink. The nurse will therefore ensure that the interview is carried out in private thus maintaining confidentiality at all times.

It is important that you are honest about the amount and strength of alcohol that you drink.
This information will be shared with members of the medical team who will prescribe the appropriate medication to support any symptoms that you may have prior to, or during, your hospital stay.

Social and Financial Matters

Advice on benefits is available from:

Macmillan Cancer Support Tel: 0808 808 00 00
Also your CNS should be able to refer you to a benefit advisor or contact Macmillan Cancer Support on 0808 808 22 32.

If you are an inpatient on the ward please speak to your nursing team should you require any advice on social or financial concerns.

If you experience any problems regarding transport for hospital appointments and treatment please

Emotional, Psychological and Spiritual Support

You will be introduced to the Cancer Nurse Specialist (CNS) usually at the time you are given your treatment plan or at the pre-treatment assessment clinic. You will also be given a contact number. The CNS is there for you to talk about any planned treatment concerns or queries, or just to talk about how you are feeling. Throughout your treatment, support is available from all team members and the CNS will also be working closely with your G.P. and District Nurse teams who will be supporting you at home. The support available is for you and your family, or those closest to you.

Counsellor/Clinical Psychologist

If you and/or your family feel that you need further support from the counsellor or a clinical psychologist please discuss this with your Head and Neck CNS, your Consultant or other health professional and they will be able to make a referral.

Spiritual Support

Spirituality and religion are very personal decisions. You can expect doctors and caregivers to respect your beliefs and concerns. Referral to appropriate spiritual or religious resources can be made. Patients who do not choose to have spiritual issues addressed during cancer care may also count on staff to respect and support their views.

Peer Support

You may like to speak with someone who has already been through treatment for a Head and Neck cancer - if so, please ask a member of the head and neck team, and they will arrange for you to either meet or receive a telephone call from someone who has recently completed their treatment.

Future Appointments

Communication Sheet

Please use this space to make any notes you feel may be useful or record questions you may have or wish to discuss.

Information about your disease and diagnosis

What is Cancer?

The body is made up of building blocks called cells. Normal cells reproduce, repair and die when they become worn out. When they die new cells are produced to replace them and this process takes place in an orderly and controlled manner.

Cancer is a disease of these cells and if the process involved in producing new cells gets out of control; the cells continue to divide, developing a lump, which is called a tumour. In some people it can take up to three or four years for a tumour to appear or cause symptoms, but this often depends on where and the type of tumour it is. Tumours can be benign (not cancer) or malignant (cancer).

Benign tumours do not spread to other parts of the body and so are not cancerous.

Malignant tumours are made up of **cancer cells**, which are able to spread to other parts of the body (for example the chest, liver or, less commonly, bone) through the blood or lymphatic system. This can be referred to as **metastases** ('mets') or 'secondaries'.

Diagnosing and Treating Cancer

Your doctor may suspect a lump is benign or malignant when he or she sees you at clinic but the diagnosis will be confirmed following tests.

Your GP or your Dentist may have referred you to the hospital Consultant, but your GP will be kept informed at all times of your progress.

Following a diagnosis of head and neck cancer, it is very important that the process of your treatment and care is planned very carefully.
The plan will evolve over a period of time.

What is Head and Neck Cancer

Tumours in the area of the head and neck are varied. Head and neck cancers are the sixth most common form of cancer world-wide, and can affect the: lip, tongue, floor of mouth, gum, other oral cavity sites, salivary glands, back of the nose, sinuses, throat, larynx (voice box), thyroid, nose, ears or eyes.

The cells most commonly involved are squamous epithelial cells; these cells make up the lining of the upper airway, mouth and gullet. Doctors describe a tumour by referring to the type of cell e.g. 'squamous cell carcinoma'.

If you hear any terminology you do not understand please ask your doctor what it means.

Tests Used To Diagnose Head And Neck Cancer And Plan Treatment

The tests you may need will depend on where the abnormality is in your head and neck, so your Consultant will recommend that you have some of the following tests in order to make a diagnosis:

Biopsy

A biopsy is a procedure whereby a small piece of tissue or collection of cells is removed from an area which is felt in some way to be abnormal.

The biopsy is sent to the pathology department for analysis, where it is placed onto a glass microscope slide, and examined beneath a microscope. The types of cells will be checked for the presence of cancer cells.

The type of biopsy will depend on where the abnormality is and can be taken in the following ways:

Local Biopsy:

This biopsy is taken using a local anaesthetic (an injection to numb the area) so that it is painless. The area may need to be stitched with either dissolving suture or sutures, (if sutures are used they will require removal after 5 to 7 days).

Fine Needle Aspiration Cytology (FNA):

This test is used where the abnormality is just near to the surface of the skin (the neck for example). A syringe is attached to a needle. The needle is passed through the abnormal area, a number of times (this only takes a few seconds). The needle is then removed from the area with a collection of cells. Sometimes this is done with the help of an ultrasound scan to guide the needle to the right place.

Blood Tests

Blood tests provide the doctor with helpful
information about the health of your organs and circulation, therefore normally a routine part of the investigations. If you are interested to know what types of blood tests are being performed, the doctor can discuss these with you.

Chest X-ray

This is a routine screening x-ray. It is taken to exclude spread of the tumour and is required for anaesthetic assessment.

Computerised Assisted Tomography (CT)

A CT scanner uses x-rays to produce cross sectional images of the body. The scanner looks like a large doughnut. You will be asked to lie on a cushioned table, which will pass very slowly through the scanner (the hole in the doughnut).
You may be asked to hold your breath or stop swallowing for a few seconds during the scan.

The radiographer will advise you. The scan itself will take about 15-20 minutes. Be prepared for your appointment to take 1 – 1½ hours.

Contrast: It can often be helpful for you to have an injection of fluid (contrast medium) into a vein in your arm or hand, during the CT scan. This will provide clearer images. You may experience a warm or flushing sensation during the injection, an occasional metallic or tingling taste in the mouth, these side effects usually last only for a few moments.

Examinations Under Anaesthetic (EUA)

An examination under anaesthetic is usually necessary when the problem area is not easily seen by the surgeon (for example back of throat). Whilst you are under anaesthetic the surgeon will examine you very carefully and take biopsies, where there may be abnormal tissue.

There are several tests using this method and these will depend on where the problem is, for example:

Micro-laryngoscopy:

This is an examination under a short lasting general anaesthetic where the surgeon uses an endoscope (hollow fibre-optic tube) to get a close up view of your larynx (voice box) and pharynx (throat). The surgeon can also take a biopsy - a small piece of tissue for examination under the microscope.

Oesophagoscopy:

This test includes an examination of the oesophagus (stomach tube). It is usually carried out under a short lasting general anaesthetic using a rigid endoscope to give a better view for the surgeon.

Panendoscopy:

This term includes a laryngoscopy and oesophagoscopy as described above but also includes examination of the back of the nose and includes a rigid bronchoscopy (an examination of the windpipe).

Flexible Nasendoscopy:

This is an examination of the back of the nose, tongue and throat. A thin flexible telescope is passed along the inside of your nose to look around areas that cannot normally be seen well. This investigation is normally carried out in the outpatient department.

Magnetic Resonance Imaging (MRI)

MRI is particularly good at imaging soft tissue and will help to distinguish any tumour from surrounding tissue. During the scan you will lie in a hollow tube, which holds a strong magnetic field. You will not feel anything, although the scanner produces a variety of loud noises, which are produced by magnetic coils that switch on and off during the scan. You will be able to listen to music during the scan and see out of the tube at all times.

During the scan you will be closely supervised by a radiographer, to whom you can talk via an intercom.

Some people can feel uneasy about this scan as the tube passes close to the face and it is noisy. The radiographers are very experienced at helping people through the scan, and are very happy to discuss any concerns before your appointment or when you arrive. The scan could take anything from 20 minutes to an hour.

Oral Pantogram (OPG)

This is an x-ray, which provides a detailed survey of the upper and lower jaw including your teeth. Your head will be placed gently onto a support on the x-ray machine, enabling the machine to move slowly around your jaw from one side to the other.

Position Emission Tomography (PET)

A PET scan produces three-dimensional, colour images of your body using radiation. PET means positron emission tomography. It can be used to diagnose a health condition, or find out more about how a condition is developing. It can also be used to measure how well treatment for a condition is working. A PET scan works by detecting radiation inside the body, and makes images that show how the radiation is being broken down. Radiation is given to the body safely as a medicine called a radiotracer, so it goes to the part of your body that needs to be examined. The level of radiation is very small, so it doesn't damage your body.

You will be given instructions on how to prepare for your scan that are specific to you.
When you are ready for your scan, you will be taken to the examination room where the PET scanner is. You will have to lie on a cushioned examination table, which is then moved into a large hole in the scanning machine so images of inside your body can be taken.

During scanning you should stay as still as possible. It normally takes around 30 - 60 minutes to take a scan .

A PET scan is totally painless, and you should be able to return home on the same day without any side effects or restriction on your normal daily activities.

Ultrasound Scanning

The ultrasound scanner uses a microphone-shaped device known as a transducer. The transducer emits ultrasound, which is reflected back from the organs below the skin enabling the scanner's computer to make a picture.

There are a couple of investigations using this procedure:

Neck:

Gel is spread over the neck and the transducer is gently passed over the swelling in the neck.
A picture will be produced of the neck and throat tissue on the screen. Sometimes ultrasound is also used to inspect one of the salivary glands (for example: parotid).

Forearm (Doppler):

Doppler is an ultrasound examination that assesses blood flow (direction and volume).
Gel is spread over both forearms and the transducer is passed over them. This is to make sure the blood vessels are healthy. This is important to make sure the tissue and blood vessels from your forearm can be used for reconstruction, the surgeon will always try to use the tissue from the forearm that is not your dominant hand.

Appendix

Explanation of medical terms you may hear

Brachytherapy
Brachytherapy is the implanting of radioactive rods into the cancer. This is done under a general anaesthetic at the Leeds Cancer Centre. You will be an inpatient for 6-7 days. The rods will be removed prior to discharge. Due to the rods being radioactive you will be required to be nursed in a side-room.

External beam radiotherapy
External beam radiotherapy is to the outside of your body. X-ray beams are produced by a machine, which is directed to the part of your body that needs to be treated. There is no risk of this treatment making you radioactive; it is perfectly safe for you to be with other people, including children.

Flaps and Grafts
Sometimes when the surgeon removes the tumour he may need to remove an area that would require reconstruction (you may hear it being called a flap). In this case tissue will be taken from another part of your body for the reconstruction. Usually tissue is taken from the forearm or chest, to rebuild the mouth or face.
If the cancer is affecting part of your jawbone, the affected bone may be removed with the tumour. In this case, you may need to have part of a bone taken from elsewhere is your body to replace the missing jaw bone. This is known as a bone graft. Modern techniques enable you to move your jaw again straight after the operation.

Benefits:
Although these techniques are complicated and time consuming, the advantages include improved appearance and function.

Problems that can occur:
- Infection: you will automatically be put on a course of antibiotics after your surgery to prevent infection. The doctors and nurses will always be monitoring you for any signs of redness, swelling, discharge or fever.
- Build up of fluid: the doctors will carefully be monitoring you for the correct level of fluid intake and output in order to keep the flap healthy.
- Flap failure: there is a very small risk that the flap or part of the flap can lose its supply of blood. This would require returning to surgery to correct the problem.

Free Flap
A Free Flap is where tissue from another part of the body e.g. chest wall, abdominal wall or forearm are used to reconstruct the area of surgery. This is to restore function and cosmetic appearance.

Gastrostomy

Percutaneous Endoscopic Gastrostomy (PEG)
Percutaneous endoscopic gastrostomy is a small tube inserted via endoscopy directly into your stomach and is situated and secured on the outside of your stomach wall. It is usually used for longer-term nutritional support when a patient finds it difficult to take fluid or food orally.

Radiologically Inserted Gastrostomy (RIG)
As above however the small tube is inserted in xray and not via endoscopy.

Both these procedures are performed under sedation and you should not require a general anaesthetic.

Laryngectomy - Valve or Stoma

A total laryngectomy is an operation to remove your larynx (voice box) completely. Following the operation you will breathe and communicate in different ways. You will be able to breathe comfortably through a small, permanent opening or stoma in the front of your neck.

Mandibulectomy

This procedure is important if the cancer is towards the back of the mouth (oral cavity) or upper part of the throat (pharynx). This can be achieved at the start of the operation by making an incision through the mid part of the lip and jaw (Mandibulectomy), at the end of the operation the jaw is fixed together again by inserting a very light plate (titanium) along the jaw and sewing up the lip. There is usually very little change in appearance and it is hardly noticeable within a month of surgery.

Benefits:

The surgeon can achieve excellent access to the cancer with the aim of removing it completely.

Problems that can occur:

You will be advised to eat soft food for 6 weeks following surgery in order for the jaw to heal to prevent the plate becoming dislodged.

Neck Dissection

Neck dissection is the removal of lymph nodes in the neck if the cervical (neck) nodes are thought to be involved. Neck dissection may be “radical” or “functional” (preserving other key structures i.e. muscle, nerves and glands). Sometimes nodes are removed to detect if they are involved so treatment can be decided accordingly.

Nasogastric Tube (NG)

A nasogastric tube is a narrow tube inserted through your nose directly into your stomach and secured on to your nose. This is usually used for short-term nutritional support when a patient is unable to take fluids and food orally.

Palliative treatment

Palliative treatment is when surgery, radiotherapy or chemotherapy can be used to slow down the progression of cancer but will not be able to cure the cancer. Treatment is concentrated on current problems and symptoms being experienced.

Prosthesis

Prosthesis is an artificial structure or appliance made of acrylic or silicone to restore form and function of an affected or missing part of the upper or lower jaw or face.

Surgical Appliances

Custom made by the technologists to protect the operation site and carry dressings.

Thyroidectomy

The thyroid gland is situated at the front part of the lower neck. There are also 2 pairs of parathyroid glands at either side. Removal of the thyroid gland is performed under general anaesthetic. It can be fully or partially removed. Lifelong thyroid replacement therapy may be commenced after surgery and instructions and advice will be given about this.

Tracheostomy

Sometimes surgery to the mouth or throat may cause some swelling or bruising to the surrounding tissue. In order to keep your breathing comfortable, the surgeon will make sure you have an opening into your windpipe (in the lower part of the neck) called a tracheostomy. The tracheostomy will be kept open by a small plastic tube a few centimetres long which will have an inner tube. The inner tube can be removed, cleaned of any secretions and replaced regularly.

The tracheostomy tube will be removed when the swelling from your operation goes down and the airway is clear again (usually about 3-5 days after surgery). The site of the tracheostomy will have a daily dressing and heal up over a week or so.

Communication – if you have a tracheostomy you may not be able to talk, because air will not be able to pass through your voice box to produce your voice. The team will make sure that you have some way of communicating during this time.

Secretions – the physiotherapist and nurses will encourage you to cough as necessary and keep the inner tube of the tracheostomy clear of secretions. Sometimes suction is necessary to remove further secretions, the nurses will talk this through with you, if this is necessary.

If it feels strange to breathe from the tracheostomy – it can be reassuring to feel your breath from the tube on the back of your hand. The nurses will always make sure you have a call bell close at hand if you are worried about anything.

What is a unit of alcohol?

A unit of alcohol is 10ml of pure alcohol.
Counting units of alcohol can help us to keep track of the amount we're drinking.

The list below shows the number of units of alcohol in common drinks:

- A pint of ordinary strength lager (Carling Black Label, Fosters) = 2 units.
- A pint of strong lager (Stella Artois, Kronenburg 1664) = 3 units.
- A pint of bitter (John Smith's, Boddingtons) = 2 units.
- A pint of ordinary strength cider (Dry Blackthorn, Strongbow) = 2 units.
- A 175ml glass of red or white wine = around 2 units
- An alcopop (Smirnoff Ice, Bacardi Breezer, WKD, Reef) = around 1.5 units

Lagers and ciders sold in bottles are usually stronger than those sold on draught. The labels of some bottled drinks will tell you how many units of alcohol there are in the bottle.

Videofluoroscopy

An assessment carried out using an x-ray machine. Whilst seated you will be asked to have something to drink and eat (e.g. yoghurt). The food and drink are usually mixed with barium (a substance that will show up under x-ray). A recording is made which will accurately show up any difficulties you may be having and allow us to advise you on the appropriate treatment.

Thank you to all those who have contributed their time and comments.

For further copies of this diary or if you have any comments about this leaflet or the service you have received please contact :

Macmillan Head and Neck
Cancer Nurse Specialist Maxillo Facial OPD
Huddersfield Royal Infirmary
Huddersfield
HD3 3EA
Tel: 01484 343428

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਕ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਬਿਸੇ ਕੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"