Rehabilitation Services

Preventative/rehabilitative dysphagia protocol for chemoradiation to the head/neck
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ABSTRACT

The MD Anderson Dysphagia Inventory (MDADI) is used to assess swallowing function and to provide a baseline measure of dysphagia before initiating treatment. The protocol involves a bowel preparation protocol, available post-operative swelling protocol, nutritional/feeding therapy, and a swallowing treatment intervention. The intervention includes standardized swallowing exercises, enhancement of swallowing therapy, and treatment of aspiration. It is recommended to be used in conjunction with other therapy and to be extended post-discharge. The protocol is successful in improving swallowing function and decreasing aspiration. In addition, it is a cost-effective treatment solution for prevention and management of aspiration in Head and Neck cancer patients.

PRE-RADIATION SWALLOW EVALUATION

Swallow Evaluation

- Establish baseline function
d- Objective examination
- Quality of life measurements
- Swallowing Dysphagia Inventory (MDADI)
- Determine need for objective

The evaluation encompasses 3 components:

1. Radiation or Chemo-Biologic-Radiative Therapy (XRT) to the Head and Neck region has proven deleterious to short term and long term side effects - both functionality and anatomically - on the swallowing mechanism.
2. Following treatment, patients in the multi-disciplinary team approach involving the Speech Pathology Department is recommended because providing preventative swallowing therapy/exercises results in higher post treatment swallowing function. In the current study, MDADI increased functional and quality of life measurements (Carroll, WR et al, 2006), increased incidences of swallowing tube dependency (see Melen, L et al, 2010). This is a protocol incorporating swallowing treatment throughout the course of treatment in the Head and Neck region to result in increased long-term functional swallowing ability.

MULTI-DISCIPLINARY CONFERENCE

The Helen F Graham Cancer Center features unique multi-disciplinary conferences (MDC) that include teams of specialists who the patient encounters in one visit. The Head and Neck MDC includes a Surgeon Oncologist (ENT), Radiation Oncologist, Medical Oncologist, Dental, Speech Language Pathologist (SLP), Registered Dietitians, Clinical Psychologist, Social Worker, Research Nurses, and a Nurse Navigator. Together they determine the most appropriate course of treatment, the team members will coordinate appointments for the patient. At the conclusion of the MDC, the SLP educates the patient regarding the importance of pre-radiation swallowing treatment, an objective swallow study if deemed appropriate, and answers any questions the patient may have. The Nurse Navigator then obtains a prescription for a Swallow/voice evaluation - including videofluoroscopic swallow study (VFSS) or Fiberoptic Endoscopic Evaluation of Swallowing (FEES) if appropriate – and schedules an appointment for the patient.

PERI/RADIATION DYSPHAGIA TREATMENT

Dysphagia Treatment Week 1-4 of XRT

- Manage dysphagia and aspiration with the aim to facilitate p.o. and avoid NPO intervals
- Diet modifications due to increasing dysphagia, odynophagia and sensory changes
- Establish a swallowing schedule, e.g., 30-60 minutes following pain medication
- Desensitization therapy (utensils, taste, texture)
- Encourage continued adherence to the swallowing exercise protocol as tolerated
- Videofluoroscopy limited use (poor tolerance due to pain, mucositis, etc.)
- Continue to monitor oral intake
- Continue to collaborate with dietitian

Re-Evaluate swallowing function:
- Monitor oral intake
- Reinforce previous teachings to increase PD and decrease PEG dependency, if appropriate
- Resume swallowing exercise protocol as soon as tolerated and may be continued indefinitely
- Determine if PNN treatment is necessary
- Videofluoroscopy limited use (poor tolerance due to pain, mucositis, etc.)

Dysphagia Treatment Week 7 of XRT

- Wean from tube feeding if needed
- Re-evaluate effects of fatigue and long term side effects
- Resume swallowing exercises protocol as soon as tolerated and may be continued indefinitely
- Determine if PNN treatment is necessary
- Videofluoroscopy limited use (poor tolerance due to pain, mucositis, etc.)

Dysphagia Treatment 1 Month Post-XRT

- Re-evaluate swallowing function:
- Wean from tube feeding if needed
- Re-evaluate effects of fatigue and long term side effects
- Resume swallowing exercise protocol as soon as tolerated and may be continued indefinitely
- Determine if PNN treatment is necessary
- Videofluoroscopy limited use (poor tolerance due to pain, mucositis, etc.)
- Monitor oral intake
- Monitor swallowing and voice changes
- Complete follow up Appointments

Further Resources