

Nutrition for Head & Neck Cancer Patients

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Nutritional Challenges for HNC Patients

Radiotherapy

- Dysgeusia & ageusia
- Xerostomia
- Mucositis
- Odynophagia
- Dysphagia
- Thrush
- Increased or thick secretions
- Anorexia

Chemotherapy

- Dysgeusia & ageusia
- Mucositis
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Anorexia

Surgery

- Dysphagia
- Odynophagia
- Xerostomia
- Dysgeusia & ageusia
- Thick secretions
- Nasal regurgitation
- Jaw pain with chewing
- Trismus

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Nutrition Interventions



Before Treatment

Pre-treatment nutrition assessment - Identify weight loss, oral intake difficulties, need for interventions
Council/coach patient on anticipated side effects and nutritional management during treatment



During Treatment

Maintain nutritional status to minimize risk of malnutrition
Assess patient weekly for nutrition impact symptoms, weight, oral intake and tolerance, EN tolerance, and hydration
Collaborate with multidisciplinary Team
Adjust nutrition care plan and interventions based on status



After Treatment – Recovery

Post-treatment nutrition assessment – meet every couple weeks, identify weight loss, diet modifications, lingering nutrition impact symptoms
Collaborate with multidisciplinary team
If tube feeding – discuss plan for weaning based on oral intake abilities

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Feeding Tubes in HNC Patients

- Controversial topic
- Determined on a case-by-case basis
 - Influenced by nutrition assessment pre-treatment
 - Risk versus benefit of feeding tube placement
- Requires collaboration with the oncology team

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Common Tube Feeding Difficulties

- Finding an effective, individualized tube feeding regimen
 - Feeding schedule
 - Time requirement
 - Feeding tolerance
- Balancing tube feeding with management of GI symptoms related to treatment
- Adequate hydration
- The hybrid patient and management of oral intake and tube feeding to meet 100% needs

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Keys To Overcome Tube feeding Complications

- Collaborating with the team to optimize symptom management via medications
- Developing feeding plan that is easy for the patient to understand and implement
- Re-enforcing education principles frequently
- Ensuring adequate supplies
- Eliminating as many obstacles as possible for the patient

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