

ORGANIZATION NEWS

Information/Education Page

Dysphagia (Trouble Swallowing) in People With Head and Neck Cancer



What you need to know

Dysphagia is the medical term for trouble swallowing. It is very common in patients with head and neck cancer. Cancer or cancer treatment can cause it. Dysphagia can be a short-term or a long-term problem. It can cause food or liquids to go the wrong way into the lungs. This guide will help you learn about the signs, symptoms, causes, and treatments for dysphagia.

What are the symptoms?

- Some people may not have any symptoms.
- Dysphagia can be painful, but usually it does not hurt.
- Coughing or throat clearing during or right after eating is the most common symptom.
- Feeling like you are choking when you eat or drink.
- Feeling like food is stuck in your throat or needing several tries to swallow one bite of food.
- Weak, wet, or gurgly voice or sounds during or right after eating.
- Runny nose or watery eyes when eating.
- Shortness of breath when eating.
- Spilling of food or liquid from the mouth while eating.
- Infection, such as pneumonia or bronchitis.
- Weight loss.

How can I get dysphagia?

- The cancer can compress your neck or mouth.
- Chemotherapy and radiation can cause
 - Infections that can make it painful and hard to swallow.
 - Swelling that makes it hard for food or fluids to pass through.
 - Inflammation of the mouth and throat that makes it hard to swallow.
 - Dry mouth that makes it hard to swallow.
- Surgery can damage the nerves and muscles that help you swallow.

How does a doctor diagnose dysphagia?

A doctor will listen to your symptoms. He or she will look for swelling, inflammation, or irritation in your mouth and throat. Doctors often order evaluations to diagnose dysphagia.

A speech-language pathologist evaluates the patient and performs an examination. The examination includes the following:

- A history of what you eat and drink and a description of the symptoms you have during and right after eating and drinking.
- A close look at the muscles in your mouth and throat and how the food moves in your mouth and throat.

During the examination, the speech-language pathologist may give you different types of foods and liquids. They will watch how these foods move in your mouth and down your throat. They may ask to place their hand on your neck to feel your swallow. The different types of foods they may ask you to eat are regular food, soft food, and pureed food. The different types of liquids they may ask you to drink are thin liquids (water or thin juice), nectar-thick liquids (thicker than water, but thin enough to go up a straw), and honey-thick liquids (thick enough not to go up a straw).

They may also give you a modified barium swallow examination in which you will eat or drink food or liquid mixed with a powder that can be seen on radiograph. This will show if your food and liquids are going to stomach or your trachea (wind pipe) or getting caught somewhere.

You may also undergo endoscopy in which a thin tube with a camera is put through your nose to see inside your throat. A doctor may do this to see if you have cancer, scar tissue, or narrowing of the throat. A doctor or speech-language pathologist may also use endoscopy to see how your muscles move when you swallow.

How can dysphagia be treated?

- You will be told the types of foods and liquids that are safe for you to swallow.
- Infection, dry mouth, swelling, and irritation can be treated with medication.
- If there is narrowing of the digestive tube, a tube can be put in to make it wider.
- When your throat muscles are not working well, therapy can help
 - Swallowing exercises may help strengthen the weak muscles. Some exercises may be done with the aid of electrical stimulation.
 - Swallowing positions: different positions help the food go down the right way. The most commonly used positions are (consult with a health care professional to pick the strategies that are right for you)

- Chin-down position: prevent the food from going to the lungs.
- Chin-up position: help the food go down the throat.
- Head turn: help the food go down the side of the throat that is not affected.
- Side-lying: lying toward the nonaffected side to help the food go down.

Resources

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