



Short Communication

Importance of nursing care in head and cancer patients

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ABSTRACT

Supporting a patient during head and neck cancer treatment is a great challenge both for patients and health care worker. From symptomatic management to psychosocial concern, each patient's needs differ and must be re-assessed repeatedly. These physical and emotional symptoms can be demoralizing. It may cause emotional suffering, social isolation, and loss of self-esteem.

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1. Introduction

Head and neck cancers often alter the quality of life to a variable extent. Surgical resection of the affected part can cause disfigurement that not only affects function which includes eating, drinking, speaking etc, but also lead to low self-esteem and depression. Some of the nursing care dealing with clients of head and neck cancer patients is described below. Several factors contribute to malnutrition associated with head and neck cancers.¹ During a pre-operative phase a nurse must assess patient's nutritional status. Consultation to dietitian can be given in order implement Enteral or Parenteral feedings. Pain related to mucositis or radiation burns decreases the likelihood that a patient will maintain adequate oral intake. Functional changes following surgery can lead to dysphagia that impairs a patient's capability to safely receive nutrition and medication by mouth.

To ensure adequate nutrition, many patients with head and neck cancer receive a Percutaneous Endogastric (PEG) Tube prior to start with treatment. The patient will likely struggle the ability to taste food and the satisfaction

of choosing their desire food. Calorie Count should be done. The goal is to attain desired body weight and to regain level of energy, as well as to promote the healing of tissue. A nurse must educate about the nature and extent of surgery. Post operatively, nurse must assess for a patent airway of a patient. Monitor signs of respiratory distress such as dyspnea, cyanosis, changes in consciousness and changes in vital signs.² Further monitor edema, hemorrhage, inadequate oxygenation or inadequate drainage. Patient should be kept in fowler's position to provide adequate breathing. This position also increases venous and lymphatic drainage, facilitate swallowing, decreases venous pressure on the skin flap and prevent regurgitation and aspiration of stomach contents. Nurse assesses stridor by listening frequently over the trachea with the stethoscope as it indicates obstruction of airway. Suctioning is done, if patient is unable to manage oral secretions.³

Nurses play an important and crucial role in improving oral care in patients who have head and neck cancer. Research demonstrates that oral care can reduce oral mucositis severity. Oral lesions can be painful. Pain score must be monitored and medications must be administered as needed. Pain can be reduced by avoiding diet which

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includes spices, hot or hard nuts. A soft or liquid diet is preferred. Mouth care must be performed by antiobiotic and antiseptics mouth washes. Restrict tooth brush for some days until tissues are heal.⁴

Prevention of infection is one of the most important measures to keep patient healthy such as monitoring signs of wound infection (redness, swelling, drainage, tenderness, fever etc must be reported immediately. Monitor blood cell counts and vital signs. Monitor temperature and maintain hygienic practices. Aseptic technique is necessary while changing dressing. Visitors are limited or prohibited as it can cause cross contamination.⁵

A nurse must also assess patient's ability to communicate in writing as verbal communication can be altered during surgery. Consultation to a speech therapist can be given. Patient is encouraged to verbalize the perceived change in body image and discuss realistic changes or losses that might cause after surgery. Referrals to support groups can be given to cope with fears and anxieties.^{6,7}

Maria Larsson et al⁸ conducted a study in head and neck cancer patients were studied. The main objective of this particular study was to find out how these patients with dysphagia conceived the significance of a supportive nursing care clinic before, during and after completion of radiotherapy. All 12 patients were exposed to thematic interviews by a phenomenologischer method. The findings showed that the nurse clinic could meet these head and neck cancer patients' needs of safety and security, which was especially important before and after completion of treatment when no other regular contacts in the health care system existed and they also could meet demand of these patients' needs of knowledge, care and support both concerning practical measures related to the treatment or the disease and also their emotional needs.

Sarah Nilkece et al^{9,10} performed a study in 213 patients undergoing chemotherapy and/or radiotherapy in two cancer facilities: one philanthropic and one private service to analyze nursing care provided to oral cancer patients with oral mucositis based on the Nursing Process. This study concluded that oral mucositis is crucial to establish nursing care that includes prevention based on the implementation of an oral care plan.

2. Conclusion

In the nut shell, it is a nurse responsibility to monitor physical and emotional changes and intervene accordingly.

Goal setting is a prime part of rehabilitation and revolves around the patient's desires and expected treatment outcomes. Goals may be focused on prevention, restoration, palliation, or curative and must be realistic for each patient.

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Conflict of Interest

None.

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