

Clinical benefit of FEES for initiation of PO intake during and after radiotherapy for Head and Neck Cancer

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Approximately one-third of patients receiving head and neck chemoradiotherapy develop pneumonia requiring treatment. If aspiration pneumonia is suspected, nil per oral may be recommended. However, this would compromise neuroplasticity and long-term patient outcomes. We present 3 cases with different sites of lesion, receiving neoadjuvant chemoradiotherapy with curative intent. These patients required admission for management of radiotherapy side-effects including odynophagia, RTIs and weight loss. Fiberoptic Endoscopic Evaluation of Swallow (FEES) was used frequently to objectively assess swallow physiology, efficiency and safety. This facilitated MDT decisions for earlier initiation of oral intake, maintaining swallowing function and optimizing quality of life.