

Managing Lymphoedema Following Treatment for Head and Neck Cancer: Is Complete Decongestive Therapy an Effective Intervention to Improve Dysphagia Outcomes?

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Background:

As the incidence of Head and Neck Cancer (HNC) is increasing, patients are living for longer with late effects of HNC treatment, one of which is head and neck lymphoedema (HNL). It is understood that HNL impacts on the swallow, but it is not yet determined how, or if, functional swallowing outcomes improve following treatment of HNL. Research in the limbs supports the use of Complete Decongestive Therapy (CDT) to improve lymphoedema outcomes. Current evidence supporting the use of CDT to treat HNL is limited due to a paucity of randomised controlled trials.

Methods:

Single centre, prospective cohort study aims to gather preliminary data to design and test an individually tailored programme of HNL intervention to evaluate swallowing outcomes post CDT. Patients will receive tailor made compression garments, self and clinician led manual drainage, skincare & exercises.

Results:

In recruitment. Photographs, size, texture and severity of HNL is assessed at multiple face/neck landmarks. Standardised functional swallowing & quality of life outcome measures will all be collected at initial assessment, 3, 6 & 12 months.

Conclusion:

Data will be used to progress to a doctoral feasibility study which identifies and evaluates the dose, frequency and intensity of CDT for HNL.