

Appendix VII

Overview of Speech Language Pathology (SLP) Services for the Head and Neck Cancer Patient

In general, swallowing, speech or voice difficulties (dysphagia) with cancer patients will occur following these types of surgery:

- Total laryngectomy
- Hemi-laryngectomy
- Laser laryngectomy (generally T2 staging and above)
- Near Total laryngectomy
- Supraglottic laryngectomy

Swallowing, speech or voice difficulties may occur with the following surgeries depending on the extent of surgery and the reconstruction (generally T2 staging and above).

- Glossectomy
- Pharyngectomy
- Floor of Mouth Resection
- Retromolar Trigone Resection
- Mandibulotomy/Mandibulectomy
- Base of Tongue Resection
- Radiation/chemotherapy treatment only
- Thyroid resection (uncommon)

Patients with head and neck cancer may be seen by the SLP at various stages of their medical assessment and treatment including:

Pre-Treatment

Counseling – the patient and family are counseled regarding the implications of planned treatment for speech, voice and swallowing function. Anatomy and physiology for normal speech, respiration and swallowing are reviewed and realistic expectations for speech and swallowing rehabilitation are discussed. The session will include:

- Detailed case history information
- Oral motor examination
- Hearing screening
- Informal assessment of articulation, voice, resonance, cognition and language skills. More detailed assessments will be completed, if deficit areas are noted.
- Swallowing assessment as needed to enhance nutritional status pre-treatment. This assessment will be conducted by the SLP and members of the dysphagia team via modified barium swallow, bedside assessment or fiberoptic endoscopic evaluation of swallowing (FEES).

An opportunity to meet with Support Group members (e.g. Laryngectomy Support Group) should be provided, as available.

During Treatment

Radiotherapy, in combination with chemotherapy or alone, may produce tissue changes that result in alterations in speech, voice or swallowing. Oral motor, laryngeal and/or pharyngeal exercise protocols may be provided in an attempt to strengthen and maintain range of motion, precision and mobility of the structures needed for voice, speech and/or swallowing.

Post-Treatment

Speech, voice and swallowing function will be affected by the extent of resection, the type of reconstruction and the added effects of radiotherapy and/or chemotherapy.

Treatment may consist of:

- Assessment of functional communication, with provision of appropriate treatment. This may include:
 - Use of a non-verbal communication system (e.g. writing, picture boards)
 - Development of an alaryngeal speech system for patients with total laryngectomy (e.g. electrolarynx, esophageal voice, or tracheo-esophageal prosthesis)
 - Introduction of intelligibility repair strategies, oral motor exercises for patients with partial or sub-total glossectomy
 - Provision of voice therapy for patients having undergone partial laryngectomy.

- Assessment or re-assessment of swallowing function (please see Pre-Treatment) with provision of appropriate treatment. This may include:
 - Use of specific swallowing maneuvers and postures
 - Swallowing therapy focusing on use of specific oral, laryngeal or pharyngeal exercises.

Patients will be seen for follow-up at regular outpatient visits to the Head and Neck Oncology Clinic. They may be seen for individual treatment sessions at the NS Hearing and Speech Centre (Dickson Building) at the QEII Health Sciences Centre or via satellite offices of the NS Hearing

and Speech Centres in their home communities. (Please see Rehabilitation section (Part 5) of this guideline (p.41) for further information).