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Nursing care following surgery for head and neck cancer

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The most common malignancy in ENT region is laryngeal cancer. Despite progression in diagnostic methods, still most of the cases are diagnosed in advanced stages of T3 and T4 tumor with neck lymph nodes involvement. Those patients demand total laryngectomy with neck dissection. The other frequent localizations of malignant tumors in head and neck region are oropharynx, oral cavity and hypopharynx. In those patients the surgical excision of neoplasms have to be followed by reconstruction with microvascular flaps. There are several aspects typical only for surgery in the region of head and neck. Firstly, most of head and neck cancer patients are malnourished, that affects postoperative healing and also long-term results. Very important is preoperative assessment of nutrition status of each patients and application of individual nutritional strategies according to requirements in hypermetabolic stress. Secondly, most of the patients post extended surgeries in head and neck have tracheostomy to bypass narrowed airway caused by postoperative edema. The important aspect of nursing in case of tracheostomy is to provide humidity and assist in keeping airway clear. Moreover communication with the patient is limited due to patient's inability to speak until edema decreases. Another aspect is necessity of feeding though the nasogastric tube or gastric tube in the early postoperative period to allow mucosal suture heal and prevent the stress or pressure during eating or swallowing. Important is familiarity with administration schedules and symptoms of intolerances or discomforts from feeding tubes such as nausea, fullness, bloating, diarrhea. The management of wound in head and neck cancer patients requires care 2 times per day to keep incisions clean and help prevent infection. Usually surgical drains are placed under skin and attached to suction to facilitate healing by preventing fluid accumulation under skin flap. The reconstructive surgery with microvascular flaps (forearm flap, tight flap) demand in postoperative period frequent assessment of the flap to ensure adequate blood flow usually performed with Doppler ultrasound to assess for an audible pulse.