

NUTRITIONAL AND SUPPORTIVE CARE IN HEAD AND NECK ONCOLOGY PATIENTS



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As the Advanced Specialist Oncology Dietitian at Barnsley Hospital NHS Foundation Trust, I am able to provide nutritional support to head and neck cancer patients both pre and post radiotherapy/chemotherapy and surgery. The role allows me to create a nutritional supportive environment for head and neck patients, working to wean them off enteral feeding and progress onto normal oral diets.

The service has been, and continues to be, developed with the patient at the centre of the service design. I aim to provide a high quality, efficient and effective specialist dietetic service at all times, as it is well documented that poor nutritional status can impact on a patient's ability to go through cancer treatment (1). The National Institute of Health & Clinical Excellence (NICE) recommends that each Oncology Service 'should' provide dietetic input into the treatment and care for cancer patients, as dietitians 'play a crucial role' (2,3).

There are many ways to do this. What we have found to be effective in Barnsley is working together with Speech and Language Therapists (SLT), offering joint clinics to support our patients going through potentially harsh treatments and huge psychological and emotional changes. The cancer patients and their families go through a huge emotional journey following the life changing event of a diagnosis of cancer.

We provide clinic appointments to patients either on a weekly or fortnightly basis. Patients can be very 'dependent' on their PEG tubes and the most difficult part of our role is to meet their requirements and provide nourishment by increasing their calories if weight decreases. We provide their psychological support, helping them to slowly wean off their PEG feed onto a normal oral diet and supporting them in deciding that they no longer need their PEG tubes, as not all patients want to give them up while they are still recovering from their cancer.

The emotional trauma of learning that you have cancer and the harsh after-effects of treatment, such as lethargy, pain on swallowing and dry mouth etc (4), leaves the cancer patient emotionally drained. Patients often take great comfort in the fact that PEG feeding is sustaining them and feeding provides comfort and nourishment. We have observed many patients becoming emotionally attached to their PEG tubes and not wanting to wean off their feeds.

What the Advanced Specialist Oncology Dietitian provides to patients under her care:

- Up to one-hour appointments in clinic; allowing time for in-depth discussion and emotional support.
- Bolus feeding (on all occasions) allowing the patient to be as independent as possible.
- Slowly weaning off PEG feed, to be replaced by oral food supplements.
- Allowing the patient freedom and choice of when to have their food supplements, spreading them throughout their day, (when patients have choice they are happier that they have control over their care).
- Providing reasons for each step during weaning off the PEG and providing justifications and reasons behind the changes that you want to make. Patients' feedback has provided us with

Ashley graduated in 2003 and has worked as a dietitian throughout the country with locum work and permanent positions. She is also currently a competitive masters' athlete for sprint and long jump.

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knowledge that if patients understand completely what the nutrition plan is and why, they have a deeper understanding of what is happening and are a lot happier. This takes time, hence slightly longer appointment slots are needed, but we have not been disappointed with the results. Example includes all patients putting on weight post treatment (if they are not obese).

- Providing full contact and accessibility by telephone during working hours.
- Efficiently setting up their PEG feed, plastics and nursing care from our nutrition company – this is imperative, as patients need to settle down into recovery and not have to worry about the problems regarding feed delivery etc.
- Working within the MDT is paramount and keeping up-to-date with medical progress and action plans of other team members.
- Working alongside the Speech and Language Therapists allows us to keep up-to-date and on top of any changes in swallow ability etc. Food supplements and PEG feeding can be altered very quickly to match their progress and stage in their treatment cycle.

During our time spent with the patients in our joint clinics, it takes only a few seconds to weigh patients and to quickly work out what the next step is for them to put on weight using our standard dietary calculations. The rest of the time is often spent providing emotional support, not just for the patient, but for their families too. I find that nutrition is not just a 'need' for these patients but a 'dependency' in a world that has just been turned completely upside down, and they have often come unconsciously attached to their PEG tubes, while it has 'kept them alive' during their treatment.

Since emotional support is imperative in caring for these patients, starting my MSc in Supportive and Palliative care is a great step in understanding their needs and provides me with psychological insight and patient centred knowledge base. This provides enhanced skills for myself and provides a great dietetic oncology service for the patients of Barnsley.

Since we work closely with patients and their families, after recovery, when our services are often no longer needed, it is hard to let them go. But, as a team, we remain proud to have been part of their journey to better health and I personally feel that it is an honour to be part of the National Health Service working with others as part of a great institution.

References

- 1 Shaw C (2011). Nutrition and Cancer. West Sussex, Wiley-Blackwell
- 2 National Institute for Clinical Excellence (2005). Lung cancer: the diagnosis and treatment of lung cancer. Clinical guideline 24 NHS <http://guidance.nice.org.uk/CG24/NICEGuidance/pdf/English> (accessed 11th July 2011)
- 3 National Institute of Clinical Excellence (2004). Guidance on Cancer Services: Improving supportive and palliative care for adults with cancer. London: NICE. Available at: www.nice.org.uk (accessed 8th July 2011)
- 4 National Institute of Clinical Excellence (2004). Improving Outcomes in Head and Neck Cancers – The Manual. London: National Institute for Clinical Excellence

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Questions relating to: *Nutritional and supportive care in head and neck oncology patients*

Type your answers below and then **print for your records**. Alternatively print and complete answers by hand.

| | |
|-----|---|
| Q.1 | What is the NICE recommendation for each oncology service regarding the dietitian's role? |
| A | |
| Q.2 | What is the most difficult part of the role of the Advanced Specialist Oncology dietitians at Barnsley Hospital? |
| A | |
| Q.3 | Describe three areas of care that the Advanced Specialist Oncology dietitians provide to their patients. |
| A | |
| Q.4 | Why is care in weaning patients off PEG tubes so important in head and neck oncology patients? |
| A | |
| Q.5 | What does working alongside Speech and Language Therapists allow the oncology dietitians at Barnsley Hospital to do? |
| A | |
| Q.6 | Why is it imperative to efficiently set up the oncology patient's PEG feed, delivery of plastics and arrange nursing care from the enteral nutrition company? |
| A | |
| Q.7 | What are the benefits for the Advanced Specialist Oncology Dietitian of working within the MDT? |
| A | |
| Q.8 | Describe the rationale for the Advanced Specialist Oncology Dietitian in starting an MSc in Supportive and Palliative Care. |
| A | |

Please type extra notes here . . .