

SPEECH, VOICE AND SWALLOWING

This information aims to help you understand how the treatment of head and neck cancer may affect speech, voice and swallowing. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your [cancer care team](#).

HOW HEAD AND NECK CANCER MAY AFFECT SPEECH, VOICE AND SWALLOWING

- Treatment for head and neck cancer may cause changes to parts of the [mouth](#) (lips, teeth, tongue or palate) or throat (pharynx, larynx), which can affect the ability to speak and swallow.
- If you have problems with swallowing (known as dysphagia), you may notice that:
 - it is difficult to keep food or drink in your mouth
 - you can't chew food properly
 - you need to swallow many times to clear food from your mouth or throat
 - you need to clear your throat or cough while eating or drinking
 - it hurts to swallow
 - your voice sounds gurgly after swallowing.
- Speech and voice problems can affect your daily life; it may cause feelings of frustration, stress and/or embarrassment, particularly if people have trouble understanding what you are saying.
 - It may be difficult to make one or two specific sounds or say certain words.
 - It can be more severe, where you struggle to say whole sentences.
 - These changes may only last a short time or they may be permanent.
 - It can affect whether you can return to work, use the telephone or express what you want or need.
 - You may notice that your speech or voice becomes worse as you get tired or that it is worse in the morning and gets better as the day progresses.
- A speech pathologist is an expert in difficulties with communication and swallowing and may be involved during treatment and recovery. They will be able to give support and helpful advice.

HEALTHCARE PROFESSIONALS THAT YOU MAY SEE AS PART OF CANCER CARE

If treatment is likely to, or already has caused changes to your speech, voice or swallowing, you can get help from a speech pathologist before, during and after your treatment. A speech pathologist may:

- **Check that you are swallowing safely:** often by watching you swallow some food and drink. Sometimes if more information is needed an x-ray (videofluoroscopy or modified barium swallow study) or camera (fiberoptic endoscopic evaluation of swallowing) can be used to help find out if things are going the wrong way or getting stuck. Once the problem has been identified, your Speech Pathologist can help to find solutions or start swallowing therapy.
- **Give you advice about how to enjoy meals more or resume eating and drinking in social situations:** often people with problems swallowing avoid eating out, restrict the types of food and drink they eat or get anxious at meal times. Addressing these problems can help to improve your quality of life.
- **Discuss the best food and liquid consistencies for you to swallow safely and comfortably:** For example, they may advise you that thick fluids (which often move slower and stay together better) are safer to swallow than thin ones, like regular water. They may also talk to you about the texture of the food you eat. You may need help learning how to eat mixed consistencies (part solid, part liquid), dry foods or crunchy foods.
- **Show you safe swallowing tricks:** such as changing your head position, swallowing with more force, holding your breath while swallowing or swallowing multiple times.
- **Listen to your speech and voice:** sometimes this will have changed as a result of your cancer or the treatment you are having or have received. Your Speech Pathologist can find out how this affects you personally in your daily life.
- **Give you exercises or tips to help your speech and voice:** usually the aim is to improve your speech or voice, but sometimes this is not possible and the focus will be on how to get around the problem. Most evidence suggests that the more exercise the better; therefore you are likely to be given exercises to practice in your own time. You'll be given information sheets to help you remember what you need to do and why.

- **Help you plan other ways of communicating:** there are many ways of communicating such as writing, facial expressions, gestures, pre-recorded messages or using computer generated speech from text or even pictures. This might be a temporary or permanent option depending on your situation.
- **Show you how to use devices or aids:** such as voice amplifiers and voice restoration devices (if you need them).

You may also get help from a dietitian who can provide information regarding your [diet and nutrition](#), and in some cases recommend a [feeding tube](#) if you are not getting enough nutrition.

- A feeding tube might be used before, during or after your treatment depending on your specific circumstances.
- Often, if you have been having problems swallowing for a long time or have lost a lot of weight, a feeding tube will be recommended before you start treatment. This will help make sure you get the nutrition, medication and water that your body needs.
- Sometimes a feeding tube is used in response to problems you are experiencing. For some people, having a feeding tube inserted early can help prevent stress, excessive weight loss, malnutrition or dehydration.
- Feeding tubes can be temporary or permanent. There are different types:
 - **Nasogastric (NG)** tubes are inserted through your nose into your stomach
 - **Percutaneous endoscopic gastrostomy (PEG)** tubes go through your abdominal wall into your stomach.
- While both of these can be removed, PEG tubes are better for long-term swallowing problems (over 6 weeks). You can continue to eat and drink with either tube, following the recommendations made by your Speech Pathologist and Doctor.

SUGGESTED CHANGES TO MAKE DURING TREATMENT AND RECOVERY

- During your recovery and treatment, you may find that soft moist foods are easier to swallow. Follow the specific recommendations that have been made by your cancer care team.
- During **radiation therapy**, it is likely that swallowing may become more difficult and you may need to change the consistencies of the food/liquids you eat. Usually this is temporary. The side effects (such as dry mouth, change or loss in taste, thickened mucous/phlegm and pain when swallowing) can reduce your enjoyment of eating and drinking.
 - It is common that a feeding tube is used towards the later part of radiation therapy.
 - Tube feeds will be managed by a dietitian, and if you are still able to have some foods/liquids the speech pathologist will continue to assess your swallowing regularly throughout treatment.
 - The side effects of radiotherapy last for different amounts of time. Sometimes swallowing problems start improving a week after your radiotherapy finishes, and sometimes can last for a lot longer. Ask your cancer care team what they anticipate will be your period of recovery will be.
- If you notice any changes to your swallowing throughout your treatment and recovery you should contact your speech pathologist to arrange a review assessment.

QUESTIONS TO ASK YOUR DOCTOR

- Will my cancer treatment affect my speech, voice and swallowing?
- Do you think I would benefit from referral to a dietitian or speech pathologist?
- Should I be using special aids to help with my speech, voice and swallowing?
- Will doing exercises for my speech, swallow and voice before my treatment help me?
- Will my speech and voice problem be permanent?
- Will I have permanent changes to my ability to eat and drink?
- Will I need to change my diet after treatment ends?

FINDING ADDITIONAL SUPPORT

- The Cancer Council provides an information and support line to Australians affected by cancer. You can call 13 11 20 to speak with a specialist cancer professional about anything to do with cancer, including difficulties with speech, voice and swallowing.
- You may download the Cancer Institute NSW booklet on [managing voice problems during and after radiation therapy](#).
- You can hear more about speech therapy from [Macmillan Cancer Support](#).

You may want to write additional questions here for your radiation oncologist or cancer care team

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