

PATIENT INFORMATION

Metastatic Cancer in the Neck with An Unknown Primary

What is it?

Metastatic describes something that has spread from its original site
Cancer describes abnormal cells that divide and spread in an uncontrolled way
Unknown Primary describes a cancer when the source cannot be found.

This is a cancer that has spread to the lymph nodes in your neck, the source (or primary) of which is hidden.

How is it diagnosed?

The doctor will use a fine needle and syringe to take a sample of cells from the swelling in your neck to examine under a microscope.

The doctor may then order a special x-ray called a CT scan, which uses a computer to make a picture of the inside of your head and neck. Other special scans called an MRI scan or a PET scan may also be done (*ask for separate leaflet about PET scan*).

The doctor may decide it is necessary to cut out a small piece of tissue and look at it under a microscope, this is called a biopsy. It is necessary to do this under a general anaesthetic which may require an overnight stay in hospital. While you are having this general anaesthetic the doctor will perform a panendoscopy, this involves carefully looking around inside your mouth, nose and throat with a special instrument called an endoscope. If the primary site cannot be found, your doctor will still proceed to treat the cancer in the neck, and observe carefully for any signs of the primary.

What types of treatment are available?

1. **Surgery** may be used to remove some or all of the lymph nodes in the neck. This is called a neck dissection. The average length of stay will be 2-5 days. (*Ask for a leaflet about neck dissection*). This operation may be performed at the Royal Devon University Hospital
2. **Radiotherapy** can be used to destroy cancerous cells. Radiotherapy can be given instead of, or following surgery. This decision will be made by the team looking after you and is based on the results of the scans and biopsies.

3. Chemotherapy means treatment with drugs. This is sometimes used and may be given before, alongside or after radiotherapy.

Care is provided throughout by a large team of doctors, nurses, dietitians, and speech and swallowing therapists, all offering support and information for you and your family.

What problems can occur?

Surgery *refer to neck dissection leaflet*

Dry mouth Radiotherapy will cause some of your salivary glands to produce less saliva. Your oncologist and specialist nurse can discuss ways to help with dry mouth problems.

Pain and swallowing can be a problem with radiotherapy to the neck area. Your oncologist, specialist nurse speech and language therapist can discuss ways to help with pain and swallowing. A dietitian will advise on diet to promote healing and recovery.

How quickly will I recover?

Recovery depends on the type of treatment you have undergone as well as your own individual healing. Resuming daily activities, including work, as soon as you are able can help the healing process.

Your feelings

You are likely to experience a number of different emotions; from shock and disbelief to fear and anger. These feelings are quite natural and it is important for you to be able to express these feelings if you wish. Everyone has their own ways of coping with difficult situations; some people find it helpful to talk to family and friends, while others prefer to seek help from professionals, and some will prefer to keep their feelings to themselves. There is no right or wrong way to cope, but help is there if you need it.

Talk to your specialist nurse for further information about the help available. Remember, there are other patients who have gone through the same situation. Your specialist nurse can put you in touch with someone who knows what it is like.

Contacts:

Head and Neck Specialist Nurse ☎ (01803) 655044.

www.macmillan.org.uk

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.