

PATIENT INFORMATION

Nasopharyngeal Cancer

Your nasopharynx is the upper part of your airway, found just behind your nose and above the soft part of the palate. It connects the nose to the back of the mouth.

How is nasopharyngeal cancer diagnosed?

The doctor will examine your nasopharynx by using a small mirror and head light, and ask you about your medical history, signs and symptoms. Your 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. Another special scan called an MRI scan may also be done. A special instrument called a nasendoscope may be put up your nostril to see into your nose and into the throat. If tissue that is not normal is found, your doctor will need to cut out a small piece of tissue and look at it under a microscope, this is called a biopsy. Sometimes the biopsy can be done in the Outpatients Department and sometimes it is necessary to do this under a general anaesthetic which may require an overnight stay in hospital.

What types of treatment are available?

The treatment you will have depends on the size of the cancer, and whether it has spread.

1. **Surgery** may be used if cancer has spread into the lymph nodes in the neck. Some or all of the lymph nodes may be removed; 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** is the main treatment for nasopharyngeal cancer to destroy cancerous cells. The decision about this 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 to treat nasopharyngeal cancer 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?

Radiotherapy may have some side effects; feeling sick, sore skin and mouth, changes in taste and saliva, eye irritations, ear inflammation or infection affecting hearing, and headaches are common but can often be relieved. It is important to tell your doctor or specialist nurse if you experience side effects so that advice and medications can be prescribed.

Hair loss only occurs where the radiotherapy treatment beam enters and leaves the body, in many cases the hair will start to grow back a few weeks after the treatment finishes.

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.

You will be seen by the dietitian and she will advise you on the best diet to promote healing and recovery.

You may need further treatment. Sometimes we add radiotherapy or chemotherapy to surgery to make sure we get the best chance of a cure.

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 Nurses:

- **Phone: 01803 655044**
- **Mobile: 07827 882192**

www.macmillan.org.uk

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

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