

PATIENT INFORMATION

Oropharyngeal Cancer

Your oropharynx is the middle section of your throat. It includes the back of your mouth, the base of your tongue and your tonsils.

How is oropharyngeal cancer diagnosed?

The doctor will examine your oropharynx 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** is commonly used to diagnose cancer of the oropharynx. Your doctor may be able to remove some of the cancer. 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 3-5 days. *(Ask for a leaflet about neck dissection)*
2. **Radiotherapy** can be used to destroy cancerous cells. Radiotherapy is often used after surgery. This decision will be made by the team looking after you and is based on the results of the scans and histology results.
3. **Chemotherapy** means treatment with drugs. This is sometimes used to treat oropharyngeal 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?

Surgery - Swelling can occur in the throat following surgery, it may be necessary to insert a temporary breathing tube or tracheostomy until the swelling has settled, usually about a week. To protect the operation site you will not be permitted to eat or drink for the first 10 days, usually you will be fed through a naso-gastric tube inserted into your nostril to your stomach. This special feed will be carefully monitored by the dietitian. Your wounds will be cleaned and dressed as necessary. Any infection can usually be easily treated with antibiotics. Sometimes speech and swallowing can be difficult in the period following surgery. The speech and swallowing therapist will visit you on the ward and following discharge as necessary to help you with this. *(Also refer to neck dissection leaflet).*

Radiotherapy - Radiotherapy will cause some of your salivary glands to produce less saliva; this can lead to a permanently dry mouth. Sore skin and mouth, taste changes and swallowing can also be a problem with radiotherapy to the neck area. Your oncologist and specialist nurse can discuss ways to help with these problems.

How quickly will I recover?

Recovery depends very much 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

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

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