■ Article

Head and Neck Cancer: Historical Evolution of Treatment and Patient Self-Care Requirements

Diane Sobecki-Ryniak, BSN, MPH, and Helene J. Krouse, PhD, ANP-BC, CORLN, FAAN

© iStock/Thinkstock

The purpose of this literature review is to explore the historical progression of treatment and its impact on care requisites in patients with head and neck cancer. Head and neck cancers are some of the most visible types of cancer. Patients often experience difficulties in self-care because of problems adapting to and coping with the diagnosis and disease management. Evaluation of the literature from the 1960s to present indicated a shift from coping with disfigurement to focusing on dysfunction and rehabilitative self-care. The process of assisting patients with self-care activities occurs from the time of diagnosis through post-treatment and beyond. Adapting to and coping with changes in physical appearance and function begins with the cognitive decision to initiate treatment modalities specific to the cancer site. Current knowledge of the manifestations of head and neck cancer provides the healthcare team with a better understanding of the disease trajectory and how best to assist patients in adapting to and coping with changes affecting their quality of life.

Diane Sobecki-Ryniak, BSN, MPH, is a doctoral student in the College of Nursing at Wayne State University in Detroit, and an RN and case manager at the Veterans Administration Medical Center in Ann Arbor, both in Michigan; and Helene J. Krouse, PhD, ANP-BC, CORLN, FAAN, is a professor in the College of Nursing at Wayne State University. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Sobecki-Ryniak can be reached at ae1242@wayne.edu, with copy to editor at CJONEditor@ons.org. (Submitted January 2013. Revision submitted May 2013. Accepted for publication May 20, 2013.)

Digital Object Identifier:10.1188/13.CJON.659-663

Head and neck cancer is a disease process that occurs in a visible way. Cancers in this region are defined as malignant tumors involving structures located above the clavicle and within the aerodigestive tract of the face and neck (Haisfield-Wolfe, McGuire, Soeken, Geiger-Brown, & De Forge, 2009). Bony structures, glands, organs, and soft tissues can be involved. Treatments often alter the structure, function, and appearance of the head, face, and neck area.

Treatments for patients with head and neck cancer include surgery, radiation, chemotherapy, or some combination. Each treatment option can potentially cause disfigurement and dysfunction, leading to difficulty adapting to changes (related to appearance or inability to perform activities of daily living), coping problems, and diminished quality of life.

Surgery entails physical insult by instruments; manipulation; and removal of bony, glandular, and soft tissue structures; and is contingent on the location and stage of the tumor (Harish, 2005; Hudgins, Kingdom, Weissler, & Mukherji, 2005). Tumor and cancer dissection are labeled radical, modified, or selective. Levels of dissection are not only dependent on the location of the tumor, but also depth, size, differentiation, vascular or perineural invasion, and metastasis (Saikawa, 2010). Any surgical procedure invades the tissue and can cause disfigurement and dysfunction because of scarring, organ and structure manipulation, and disturbance of the senses.

Radiation entails treating the cancer area with external radiotherapy. Radiation therapy has an acceptable morbidity rate and virtually no systemic ramifications with good control of most early lesions (Harish, 2005). Adverse side effects include skin reactions, redness or rash, and skin dryness that are visible to observers, as well as functional disturbances leading to mucositis, dysphagia, dental and salivary gland changes, speech disturbances, radionecrosis, and humoral- and cell-mediated immunity suppression.

Chemotherapy is the systemic treatment of cancer cells with various pharmaceuticals. IV chemotherapy may cause disfigurement because of port location, as well as nail, skin, or tooth discoloration and hair loss. Chemotherapy-related dysfunction includes multiple symptoms related to the inability to swallow or speak (List et al., 1999).

The head and neck area is a focal point of all individuals and is the outward presentation of any individual, whether asleep or awake, animated or inanimate (Callahan, 2004). Expression of self includes communication (verbal and non-verbal), emotions (visible and non-visible), feelings (expressed and suppressed),