

# Head and Neck Multi-Disciplinary Team (MDT)

An information guide



# Head and Neck Multi-Disciplinary Team (MDT)

## Permanent Record and Diary

Patient Name .....

Hospital No .....

Consultant .....

Secretary .....

Tel .....

Consultant .....

Secretary .....

Tel .....

## Clinical Nurse Specialist and Keyworker

Name .....

Telephone No .....

Oral & Maxillofacial dept, NMGH - 0161 918 4262

NMGH – Ward D5 Female - 0161 604 5405

NMGH - Ward D6 Male - 0161 922 3401

## Other contacts

Name .....

Tel .....

Name .....

Tel .....

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Your Diagnosis.....

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Your Treatment Plan.....

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Written information offered.....

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Please use the space below to write down any questions you may want to ask your consultant or Macmillan Head and Neck nurse specialist. **Please bring this leaflet with you to all your appointments.**

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**Important Dates and Appointments**

- Confirmation of results .....
- Pre-admission visit .....
- Operation date .....
- Discharge from hospital .....
- Appointment at The Christie Hospital .....

**Future Appointments**

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## **The Head and Neck Team Philosophy**

We believe that everyone has the right to receive honest information, to be given appropriate advice and allowed to make an informed choice. Whatever your decision, you will receive full support and care.

## **Introduction**

This information will help you from the diagnosis of your Head and Neck cancer, through treatment and you will be monitored closely over the next five years. This leaflet gives you information about your illness, the tests you may have and information about possible future treatments.

## **The Multi-Disciplinary Team (MDT)**

The diagnosis and treatment of your cancer requires a team of experts in Head and Neck Cancer. This team of professionals is called a multi disciplinary team or MDT for short. The MDT meets weekly to discuss diagnosis and individual treatment plans. You and your relatives will then be invited to the MDT clinic where this will be explained and you will be involved in deciding what treatment is best for you.

## **The people involved in your care are:**

### **Consultant Head & Neck Surgeon**

A doctor who specialises in head and neck surgery. They will carry out the tests, investigations, surgery and explain your treatment plan.

### **Oncologist**

A specialist doctor based at The Christie, who helps decide on the most suitable treatment for you. This may include chemotherapy and radiotherapy.

### **Radiologist**

A doctor specialising in x-rays and scans from which a diagnosis is made.

### **Pathologist**

A doctor who looks at the cancer cells under a microscope and confirms what type of cancer you have.

## **The Macmillan Head and Neck Clinical Nurse Specialist**

The specialist nurse can offer support, advice and information to you and your relatives on any aspect of head and neck cancer. This service, based at North Manchester General Hospital (NMGH), is provided for all patients with proven or suspected cancer of the head and neck.

The Clinical Nurse Specialist is a Registered General Nurse, trained and experienced in the care of people with head and neck cancers. The nurse is a member of the multi-disciplinary team of doctors, nurses and other healthcare professionals.

A Clinical Nurse Specialist will be your keyworker, providing a key role in supporting both you and your relatives, by monitoring your progress and making sure that there is effective communication throughout all aspects of your care.

This includes:

- A constant contact for you, your family and carers throughout your treatment and care
- Information and advice regarding your diagnosis and treatment
- Advice on managing the symptoms of your illness
- Liaison with other professionals in the hospital and community
- Advice and referral for financial and state benefits

If you are worried or don't understand something you have heard, your keyworker is there to help. They are your first point of contact and can contact other health professionals on your behalf.

## **Keyworker Contact Details**

### **Marie Round**

Macmillan Head and Neck Clinical Nurse Specialist, NMGH

**Telephone:** 0161 922 3702 (answerphone available).

**Working hours:** Monday to Friday 8:00am to 4:00pm excluding bank holidays.

### **Ruth Halford**

Macmillan Head and Neck Clinical Nurse Specialist, NMGH

**Telephone:** 0161 604 5278 (answerphone available).

**Working hours :** Monday to Friday 9:30am to 5:30pm excluding bank holidays.

### **Tracy Barnes**

Associate Head and Neck Clinical Nurse Specialist, NMGH

**Telephone:** 0161 922 3536 (answer phone available).

**Working hours:** Monday to Wednesday 7:30am to 4:00pm, Thursday 7:30am to 6:00pm and Friday 7:30am to 11:00am excluding bank holidays

The Clinical Nurse Specialist team also have a Co-ordinator, Diane Moth, who may pick up calls and messages if the Nurse Specialist is not available.

Diane Moth works 8:00am to 4:00pm Monday to Friday excluding Bank Holidays.

Messages will be responded to as quickly as possible although this may not be on the same day.



**Outside these hours please contact:**

**GP/District Nurse**

Ward D5 (Female) - 0161 604 5405 or D6 (Male) 0161 922 3401

Christie Hospital on 0161 446 3000

Macmillan Cancer Support Freephone on 0808 808 0000

**The Macmillan Palliative Care Nurse Specialist** is specially trained in palliative care. Palliative care is about achieving the best quality of life for you and your family, managing symptoms and giving emotional support. Your key worker/CNS will advise you about linking in with Palliative support if needed.

## **Information about Head and Neck Cancer**

### **What is cancer?**

The body is made up of building blocks called cells. Normal cells reproduce, repair and die when they become worn out. When they die, new cells are produced to replace them. Sometimes this process gets out of control. The cells continue to divide, developing a lump, which is called a tumour. In some people it can take up to 3 or 4 years for a tumour to appear. Tumours can be benign (not cancerous) or malignant (cancerous). Benign tumours cannot spread.

Malignant tumours are made up of cancer cells, which are able to spread to other parts of the body through the blood or lymphatic system. The doctor may suspect a lump is benign or malignant when he or she sees you at clinic. The diagnosis will be confirmed following tests.

## **What is head and neck cancer?**

Head and neck cancers are the sixth most common form of cancer world-wide. Tumours in the area of the head and neck are varied. They can affect the lip, tongue, floor of mouth, gums, other oral cavity sites, salivary glands, back of the nose, sinuses, throat, larynx (voice-box), thyroid gland, ears and skin.

The cells most commonly involved are squamous epithelial cells. These cells make up the lining of the upper airway, mouth and gullet. Doctors describe a tumour by referring to the type of cell e.g. 'squamous cell carcinoma'. If you hear any terminology you do not understand, please ask your doctor what it means. Please see additional booklet for more information about your type of cancer. You may have been referred by your dentist and not your GP. This is quite common in head and neck conditions. However, your GP will be kept informed at all times during your progress.

## **Head and neck cancer investigations**

You may have some of the following tests:

### **Orthopantogram (OPG)**

This is an x-ray which provides a detailed view of the upper and lower jaw including any surgery on the teeth. Your head will be placed gently onto a support on the x-ray machine. This enables the machine to move slowly around your jaw from one side to the other.

### **Computerised Assisted Tomography (CT)**

This shows images in sections and is particularly good at bone imaging. You are asked to lie on a bed that will pass slowly through an arc, as x-rays are passed through your body. Signals will then be detected by a scanner which will produce computerised images of the body part being scanned.

## **Magnetic Resonance Imaging (MRI)**

This test provides an alternative view of soft tissue and distinguishes tumour from surrounding tissue. You will be asked to lie on a comfortable bed inside a strong magnetic field. You will not feel anything (although it may sound very loud) as strong radio waves are passed through your body. Signals will be detected by a scanner which will then produce computerised images of the body part being scanned.

## **Positron Emission Tomography Scan (PET)**

This test can distinguish between normal cells and rapidly dividing cancer cells. PET scans are often used as a follow-up to other tests to determine if a tumour is malignant (cancerous) or benign.

## **Chest X-Ray**

This is a routine x-ray. It is taken before you undergo a long anaesthetic and also to find out if the tumour has spread.

## **Flexible Nasoendoscopy**

This is an examination of the back of the nose, tongue and throat. A thin flexible telescope is passed along your nose to look around areas that cannot normally be seen well.

## **Ultrasound Scanning**

Gel is spread over the neck and a small smooth device is gently passed over the area. The device uses high frequency sound waves which convert into a picture of the neck and throat tissue.

## **Blood Tests**

Routine blood screening including liver function tests and possible thyroid levels.

## **Fine Needle Aspiration Cytology (FNA)**

This test involves a small needle attached to a syringe barrel which is inserted into the area to be treated. The needle is passed through

the area of concern a number of times (this only takes a few seconds). The needle is then removed from the area and cells that have been collected are placed onto a glass microscope slide and sent for analysis.

### **Micro-laryngoscopy**

This is performed using a hollow tube called an endoscope. It is performed while you are under a short-lasting general anaesthetic. The surgeon can get a close-up view of the larynx and pharynx (voice box). A biopsy can also be taken for examination under the microscope.

### **Oesophagoscopy**

This test includes an examination of the oesophagus (gullet). A rigid telescope is used to allow the surgeon a better view. The examination is usually carried out under a short-lasting general anaesthetic.

### **Biopsy**

A biopsy is a procedure where a small piece of tissue is removed and sent for analysis. Biopsies are usually done under a local anaesthetic (an injection to numb the area) and will be painless. Depending on the site the area is stitched with sutures, which either dissolve themselves or require removal after five days.

### **Panendoscopy**

This term includes a micro-laryngoscopy and oesophagoscopy as described above. It also includes an examination to the back of the nose and a rigid bronchoscopy, which is an examination of the windpipe.

## **Planned assessments**

### **Nutritional**

You will have the opportunity to be seen by a dietitian throughout the course of your treatment. When you have cancer, you should regard eating well as an important part of your medical care. It has been shown that maintaining good nutritional status before and after treatment may improve your tolerance to it. If at any time you feel that you are experiencing a decrease in weight, appetite or dietary intake, you should tell a member of the head and neck team. You can then be seen by a dietitian who can provide advice and support.

### **Speech and language therapy**

If a problem is anticipated or identified with your speech or swallowing, you will be seen by a Speech and Language therapist.

The difficulties you may experience will depend on:

1. The site of the cancer, for example tongue, larynx
2. The effect it has on your ability to use this area
3. The effect of any treatment you may receive, for example radiotherapy.

The therapist will then arrange to see you to discuss your treatment plan, give you advice and answer any questions you may have. They will be in close contact with other members of your team to ensure everyone is updated on your current condition.

### **Emotional/psychological support**

You will be introduced to a Clinical Nurse Specialist (Keyworker) and their contact number will be given to you.

The Clinical Nurse Specialist will be available to talk to you about any issues regarding treatment, care and support. Please ask at the reception if you wish to see a clinical nurse specialist/ your

keyworker when you are at clinic. They will assess if you need further support such as counselling/psychological support.

Support is available throughout your treatment from all team members. They will also be working closely with your GP, and district nursing teams who will be supporting you at home. The support is available for you and your family or those closest to you.

## **Dental**

You will be offered a dental assessment prior to your treatment and your dentist is important in your cancer treatment. Taking good care of your oral hygiene will improve your oral comfort during and after treatment. Please talk regularly with your cancer team about any mouth problems you have during and after your treatment.

## **Oral & Maxillofacial technologists**

As part of your treatment you may require surgical splints or appliances. The Technologist will meet you in clinic with your surgeon or clinician to discuss the design and technical stages needed.

## **Smoking cessation advice**

If you do smoke, please try to give up. Smoking will continue to irritate your mouth and throat and increase the chance of further cancer. If you need help or advice to give up smoking, please ask your doctor or nurse. Support and appropriate medication are available for you.

You can contact the hospital based Smoking Cessation specialist service. These are full time advisors who offer one-to-one or group support across the district. Please see your own GP practice for local support. Further contact details for helplines are in the back of this leaflet.

## **Alcohol assessment**

It is important that nursing and medical staff know exactly how much you drink. This is so that the appropriate action can be taken, to avoid withdrawal symptoms resulting from hospitalisation, or try to prevent any adverse reactions to the anaesthetic you may have.

Do not feel embarrassed about your drinking levels or worry about shocking other people. You may not want members of your family to be aware of the amount of alcohol you drink.

The nurse will ensure that the interview is carried out in private, thus maintaining confidentiality at all times.

It is also important that you are honest about the amount and strength of alcohol you drink. This information will be shared with members of the medical team. They will prescribe the appropriate medication to support any symptoms you may have prior to or during your hospital stay. Useful contact numbers relating to alcohol use can be found at the back of this booklet.

## **Social and financial**

Advice on benefits is available from the Macmillan Benefit Advisor on 0161 922 3517 or your keyworker who has a wide range of information and useful contact telephone numbers. If you are an inpatient on the ward, please speak to your nursing team should you require any advice on social or financial concerns. Also, if you experience any problems regarding transport for hospital appointments and treatment, please discuss these with a member of the team.

## **Information about your treatment**

The treatment of head and neck cancer involves a specialist team. Head and neck cancer is treated with either surgery, radiotherapy or chemotherapy or a combination of the three.

## **Surgery of the mouth and throat**

The surgery can vary depending upon where the cancer is situated, the type of cancer, size and if the cancer has spread. Your surgeon will discuss the best type of operation for you. Surgery may be all you need to remove the cancer completely, but you may also require radiotherapy/chemotherapy following your operation.

Due to the different areas that may be affected, you may find it helpful to ask:

- How will I look?
- How will I eat and drink?
- How will I talk?
- Will I need new teeth?
- Will the changes be permanent?

Surgery will be performed at North Manchester General Hospital. Your stay in hospital is dependent upon the type of surgery and treatment (which can usually be between 1-14 days).

Written information about your surgery is available.

## **Radiotherapy**

Radiotherapy is used to treat cancer by using carefully controlled x-rays. These rays destroy cancer cells whilst allowing normal cells to re-grow. The treatment is given in the radiotherapy department at The Christie.

You may have external beam radiotherapy or brachytherapy. If you are recommended for radiotherapy you will be given much more information by the clinical nurse specialist or the health professionals at The Christie.

## **Chemotherapy**

Chemotherapy is a drug treatment which destroys cancer cells. As the drug circulates in your bloodstream it disrupts the growth of cancer cells.



Chemotherapy may be used before or after surgery or radiotherapy. Sometimes chemotherapy may be given at the same time as radiotherapy, a treatment known as chemoradiotherapy. Chemotherapy is given at The Christie.

If chemotherapy is recommended to you, more information will be given by health professionals at The Christie.

**Follow-up care**

Following completion of your treatment you will be followed up at the outpatient department at North Manchester General Hospital or at an alternative clinic at your consultant's request.

You will be followed up monthly for the first year and then monitored over a five year period by your specialist team.

There are three thyroid cancer consultants, two at North Manchester and one at Fairfield General Hospital. The follow-up period for thyroid cancer patients may be less frequent and continue for up to 10 years.

**Other Support Services Available**

- |                                      |   |
|--------------------------------------|---|
| Physiotherapy                        | Reconstructive/Cosmetic Surgery         |
| Dietitian                            | Restorative Dentistry                   |
| Speech Therapy                       | District Nurses                         |
| Prosthesis                           | Psychological/Counselling Support       |
| Nerve Stimulation                    | Occupational Therapy                    |
| Camouflage Make-up                   | Dental Nurse / Hygienist                |
| The Christie Hospital Therapies Team | Teenage and young adults cancer service |

## **Explanation of medical terms**

External beam radiotherapy is given to the outside of your body. X-ray beams are produced by a machine which is directed to the part of your body that needs treatment. There is no risk of this treatment making you radioactive and it is perfectly safe for you to be with other people, including children.

### **Laryngectomy – Stoma**

A total laryngectomy is an operation to remove your larynx (voice box) completely. Following the operation you will breathe and communicate in different ways. You will be able to breathe comfortably through a small permanent opening or stoma in the front of your neck.

### **Neck Dissection**

Neck dissection is the removal of lymph nodes in the neck (cervical nodes) if they are thought to be involved. Neck dissection may be 'radical' or 'functional' (preserving other key structures i.e. muscle, nerves and glands). Sometimes nodes are removed to detect if they are involved, so that treatment can be decided upon accordingly.

### **Thyroidectomy**

The thyroid gland is situated at the front part of the lower neck. There are two pairs of parathyroid glands at each side of your neck. Removal of the thyroid gland is performed under general anaesthetic. It can be fully or partially removed. Lifelong thyroid hormone replacement therapy may be started after surgery. Your consultant will advise you about this and further treatment and follow-up plans.

### **Prosthesis**

A prosthesis is an artificial structure or appliance made of acrylic or silicone. This is used to restore form and function of an affected or missing part of the upper or lower jaw or face.

## **Tracheostomy**

A tracheostomy is a small opening in the front of your neck, which is performed to enable you to breathe comfortably. There are different types of tracheostomy tubes available to fit and suit different patients and requirements.

## **Nasogastric Tube (NG)**

A nasogastric tube is a narrow tube secured to and inserted through your nose directly into your stomach. This is usually used for short term nutrition when a patient is unable to eat and drink.

## **Percutaneous Endoscopic Gastrostomy (PEG)**

Percutaneous endoscopic gastrostomy is a small tube inserted directly into your stomach. It is situated and secured on the outside of your stomach wall. It is usually used for longer-term nutrition when a patient finds it difficult to eat and drink.

## **Radiological Inserted Gastrostomy (RIG)**

Using xray equipment a radiologist inserts a small tube into your stomach. It is usually used for longer term nutrition when a patient finds it difficult to eat and drink. This tube can also be used to give you water and liquid medication if you are unable to take them by mouth.

## **Surgical Appliances**

Custom made by the technologists to protect the operation site and carry dressings.

## **Palliative Treatment**

Palliative treatment is when surgery, radiotherapy or chemotherapy can be used to slow down the progression of cancer, but will not cure the cancer. Treatment is concentrated on current problems and the symptoms being experienced.

## **Useful Contacts and Support Groups**

### **Macmillan Information Centre,**

North Manchester General Hospital 0161 604 5244

### **The Maggie's Centre at Christies Hospital 0161 641 4848**

### **The Maggie's Centre Royal Oldham Hospital 0161 989 0550**

Providing Psychological and Social support for people affected by cancer.

### **Macmillan Cancer Support 0808 808 0000**

Provides information and support to people affected by cancer.  
Website [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Pennine Head and Neck Cancer Support Group 0161 922 3536**

Local support for people and their family who have been affected by Head and Neck Cancer.

### **Oldham "Quiet ones"**

Laryngectomy Support Group 0161 683 5617 Secretary Christine Newton

### **Let's Face It**

Support network for people with facial disfigurement, their families and friends. Website [www.lets-face-it.org.uk](http://www.lets-face-it.org.uk)

[www.teenagecancertrust.org](http://www.teenagecancertrust.org) - for 16-24 year olds who have had a cancer diagnosis

**Changing Faces 0300 012 0275**

Support and information for people with disfigurements, and their families.

Website [www.changingfaces.org.uk](http://www.changingfaces.org.uk)

**The National Association of Laryngectomy Clubs 0207 730 8585**

Offers a range of services to laryngectomees and their families

Website [www.laryngectomy.org.uk](http://www.laryngectomy.org.uk)

**Other useful contacts**

Carers UK Provides information and advice for carers and campaigns for carers' rights.

Website [www.carersuk.org](http://www.carersuk.org)

**Mouth Cancer Foundation 01924 950950**

Supports people with head and neck cancer. Website [www.mouthcancerfoundation.org](http://www.mouthcancerfoundation.org)

**To find an NHS Dentist, contact:**

Website [www.england.nhs.uk](http://www.england.nhs.uk)

**Alcoholics Anonymous 0800 9177 650**

Helpline supports people wanting to give up drinking alcohol.

Website [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

**Turning point**

Drug and Alcohol support - <https://www.turning-point.co.uk/contact-us.html>

Drugs Help Line Frank drugs helpline on 0300 123 6600

## **Help with giving up smoking**

**Quitline (National Helpline)** 0800 00 22 00 - [www.quit.org.uk](http://www.quit.org.uk)

**Living Well (Rochdale, Heywood And Middleton)** (7.23 miles)

Tel: 01609 797272

Email: [livingwellhmr@biglifecentres.com](mailto:livingwellhmr@biglifecentres.com)

Website: <http://stop.smoking@northyorks.gov.uk/>

**Salford Specialist Stop Smoking Service** (11.46 miles)

Tel: 0800 952 1000

Email: [health.improvement@salford.gov.uk](mailto:health.improvement@salford.gov.uk)

Website: <http://www.salford.gov.uk/salfordstopsmokingservice.htm>

**Positive Steps Oldham** (11.72 miles)

Tel: 0800 288 9008

Website: <http://www.positive-steps.org.uk/>

**Smokefree Tameside** (18.47 miles)

Tel: 0161 716 2000

Email: [smokefree-tg.penninecare@nhs.net](mailto:smokefree-tg.penninecare@nhs.net)

**Lifestyle Team** (6.49 miles)

Tel: 0161 253 7554

Email: [lifestyleservice@bury.gov.uk](mailto:lifestyleservice@bury.gov.uk)

Website: <http://www.theburydirectory.co.uk/>



**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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**Date of publication: July 2006**

**Date of review: October 2019**

**Date of next review: October 2021**

**Ref: PI\_SU\_127**

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