

The Effects of Cancer Treatment on Your Swallowing Ability: What to Monitor During and After Cancer Treatment

- **More frequent dental visits**
 - Teeth are sensitive to radiotherapy.
 - Your dentist should be following you before, during, and after cancer treatment to minimize your risk for cavities and maximize your dental hygiene care.

- **Dry mouth (also known as “xerostomia”)**
 - Radiotherapy to the oral cavity can dry up your salivary glands, which produce saliva for easier chewing and swallowing.
 - Saliva substitutes, such as oral rinses, sprays, and oral discs can temporarily relieve dry mouth.
 - The most important thing you can do to minimize your dry mouth is to brush your teeth and floss frequently.

- **Oral mucositis**
 - Chemotherapy and/or radiotherapy can cause inflammation of the mucosa (lining) of the mouth, cheeks, palate, and tongue.
 - Common symptoms of OM include burning sensations and pain in the oral cavity, which can negatively impact your ability to eat and swallow foods and liquids.
 - OM increases your risk for viral, bacterial, and fungal infections, so it is important you take exceptional care of your mouth during cancer treatments.
 - It is important to talk with your physician about managing pain when you experience oral mucositis so that you can continue to eat by mouth as much as you can to maintain your swallowing function and obtain adequate nutrition.

- **Lymphedema**
 - Swelling can occur in your neck and face if certain lymph nodes have been surgically removed or irradiated during your cancer treatment.
 - This swelling can cause a reduced range of movement in the muscles that contribute to swallowing.
 - If you or your caregiver notices swelling in the head and neck area, you need to be seen by a certified lymphedema therapist (CLT) who can manually reduce your swelling with specific massage-like techniques.

- **Reduced jaw opening (also known as “trismus”)**
 - Radiation can harden the muscles of chewing and/or impact the TMJ, which may lead to trismus during or after radiotherapy.
 - Unmanaged trismus may cause difficulty in swallowing, performing dental and oral hygiene care, and speech intelligibility.
 - The main treatment for increasing mouth-opening is a daily, frequent exercise regimen.
 - If certain muscles have been irradiated, your SLP will discuss with you a plan for trismus therapy.

- **Swallowing Problems (also known as “dysphagia”)**
 - Swallowing problems can occur because of a tumor location or during or after cancer treatment.
 - Swallowing problems can appear suddenly or gradually.
 - Surgical reconstruction can result in swallowing problems.
 - Radiation can cause the muscle tissues involved in swallowing to harden and not work properly.
 - Cancer treatments may reduce your swallowing sensations, which may prevent you from recognizing that food or liquid are not being swallowed correctly. It is important for your caregivers to immediately notify the SLP or physician when they notice weight loss, choking, coughing, pocketing of food in cheeks, nasal regurgitation, a wet or gurgly voice after eating or drinking, excessive chewing, and any other complaints about swallowing.
 - Your SLP will work with you to establish a plan for evaluating your swallow to recommend swallowing exercises and swallowing strategies to reduce your risk for acquiring pneumonia, malnutrition, and dehydration.