

A Cross Sectional Study To Assess The Quality Of Life Of Patients Undergone Surgery For Head And Neck Cancer

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Abstract

Objectives: To determine the QoL of patient who had undergone H&Nca surgery and to find out the association between QoL after H&Nca surgery and selected variables.

Method: Descriptive survey design. Results: low QoL was observed in 45% subjects. Significant association was found between QoL with many symptoms. Conclusion: With advanced cancer treatment methods, the numbers of H&Nca survivors are increasing but their QoL would be affected significantly if these problems are not properly addressed.

Key words: H&Nca- Head and Neck Cancer, QoL- Quality of Life, symptom sub-scales.

Introduction

In daily life, we often do not realize how important simple things like Swallowing, speaking, and eating are for us. Only if a severe disease, such as a head and neck neoplasm, deteriorates these functions do we appreciate the importance of oral health and the related QoL. H&Nca describes neoplasms arising from the mouth (oral cavity), voice box (larynx), throat/upper gullet (pharynx), salivary glands, nose and sinuses, primary bone tumors of the jaw and middle ear.²

Objectives

- To determine the quality of life among patients who had undergone head and neck cancer surgery.
- To find out the association between quality of life after head and neck cancer surgery with selected variables.

Materials and method

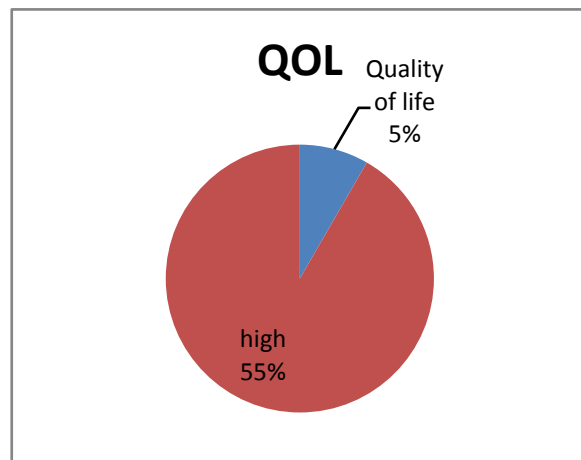
Data were collected from forty patients who had undergone surgery for H&Nca using EORTC- HN35 questionnaire

in disease stage and treatment modality (i.e. surgery, chemotherapy and radiotherapy).

Results

Among the 18 symptoms, weight loss (55%) was the problem faced by majority of subjects. Other major symptoms were: opening mouth (42.5%), speech problem (35%), dry mouth (35%), sticky saliva (30%) & coughing (30%), (0.031) sense loss, (0.033) weight loss.

Figure 1: Distribution of QoL



Relationship between QoL and symptoms of subscale showed that there is negative correlation between them except pain and weight gain. Among 18 symptom sub-scales; dry mouth, swallowing problem, sense problem, speech problem, trouble with social eating, trouble with social contact were having very high negative correlation value ($p=0.000$).

Conclusion

The literature shows that pain management is always been the cornerstone of treatment after surgery but our data suggests that a significant percentage of subjects suffer from other problems at completion of 6 months after treatment. A simple and explicit questionnaire, as used in our study could help in quickly screening for the symptom burden and QoL in this group of patients and this would definitely help in delivery of better symptom directed therapies and achieving therapeutic goal

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Mnemonics- "To Remember"

