

## Prehabilitation and rehabilitation in action

### Case study template

	Description
<p><b>Summary of patients social history and relevant past and current medical history</b></p>	<p>Patient had stage 4 squamous cell carcinoma of the left tonsil diagnosed in 2022.            The patient received the following treatment:            In October 2022 they received Neoadjuvant chemotherapy.            In early January 2023 they commenced on Chemoradiotherapy.            During mid-January 2023 a prophylactic nasogastric tube (NGT) was inserted at week 3 of radiotherapy.            On the 19<sup>th</sup> January 2023 the patient stopped eating due to side effects of treatment (initially patient choice to reduce intake but swallow safe)            By mid-February 2023 radiotherapy treatment had been completed.            During treatment the patient had three admissions to hospital for management of radiotherapy side effects and had eight contacts with the acute oncology service.</p> <p>The patient is married, a retired healthcare professional with children + Grandchildren. They are an ex- smoker 9 years ago.</p> <p>Past medical history included reflux.</p> <p>The patient was scheduled to attend the new speech and language therapy/dietetic rehabilitation clinic (which commenced on the 17<sup>th</sup> April 2023)            At the first appointment the patient presented as follows:</p> <ul style="list-style-type: none"> <li>• No oral intake</li> <li>• 50ml water per day.</li> <li>• Fully nasogastric tube fed,</li> <li>• Significant pain relief requirement</li> <li>• Excessive secretions</li> <li>• No taste</li> <li>• Low mood, <i>'I Wish I'd never had the treatment' 'I have no QOL' can't go on holiday as cant eat</i></li> </ul>

	<ul style="list-style-type: none"> <li>• Unrealistic expectations of recovery</li> <li>• Conversion to gastrostomy for long term feeding already discussed with patient by consultant</li> </ul>
<b>Type of prehabilitation, rehabilitation screening undertaken and by whom (which roles)</b>	Blanket referrals to speech and language therapy and dietetics for all radiotherapy patients
<b>Type of prehabilitation/rehabilitation assessment(s) undertaken and by whom (which roles)</b>	<p><b>Dietitian</b> Nutritional assessment undertaken which included: Weight and weight history Intake and factors affecting intake Alcohol screen Suitability and physical ability to manage enteral feeding tube and support network to help manage tube feeding in the community</p> <p><b>Speech and language therapist</b> Swallow assessment trismus assessment Oro-motor assessment Communication assessment</p> <p><b>Clinical Nurse Specialist (CNS)</b> Undertook a Holistic Needs Assessment, discussed the patients support network, smoking cessation, mood and their understanding of treatment</p>
<b>Interventions delivered</b>	
<b>Specialist</b>	<p>Exercise: n/a</p> <p><b>Nutrition:</b> Enteral feeding via nasogastric tube in hospital and community Training of NGT management</p>

	<p>Discussion around long term gastrostomy tube insertion          Anthropometric measurement          Multiple Dietary assessment and titration of oral intake with feeds</p> <p><b>Dysphagia management:</b>          Fiberoptic Endoscopic Evaluation x 1          Multiple swallow and oro-motor assessments          Jaw/ Tongue exercises          Secretion advice</p> <p><b>Joint SLT/Dietetics care:</b>          Personalised and tailored care 'back to eating' care plan          Setting expectations/goals about eating and drinking post treatment.          Psychosocial support:</p> <p>Multiple support calls by CNS (27+ contacts)          Provision of psychological support Level 2          Referral to counselling services          Referral to palliative care for pain management</p>
<p><b>Monitoring and evaluation</b></p>	<p>Four x joint SLT/Dietetic outpatient appointments between April 2023 – July 2023          Multiple CNS contacts.</p>
<p><b>Outcome measures used</b></p>	<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• No further calls to AOS or Admissions</li> <li>• No longer needing pain relief</li> <li>• Able to tolerate soft moist diet, managing three small meals per day – accepting of 'new normal'</li> <li>• NGT removed – no need for gastrostomy insertion and long term feeding</li> <li>• Weight gain</li> <li>• Mood improvement – able to now play golf, go for coffee with friends</li> <li>• Booked Holiday!</li> </ul>



Patient Comment:

*Hi,*

*Thank you to you Superheroes for all your support and encouragement this morning.*

*Mission accomplished, spaghetti for lunch and then this evening.....two skinless sausages, one poached egg, some tinned sliced mushrooms (a breakfast!) followed by some peach fool.....oh, and the ground up usual meds consumed in milk. Never mind (patient name) I am so grateful to you for setting goals which wouldn't have worked had I tried to set them! You are amazing.*

*Thank you, thank you, thank you*