

Patient Label

Name: _____

NHI: _____

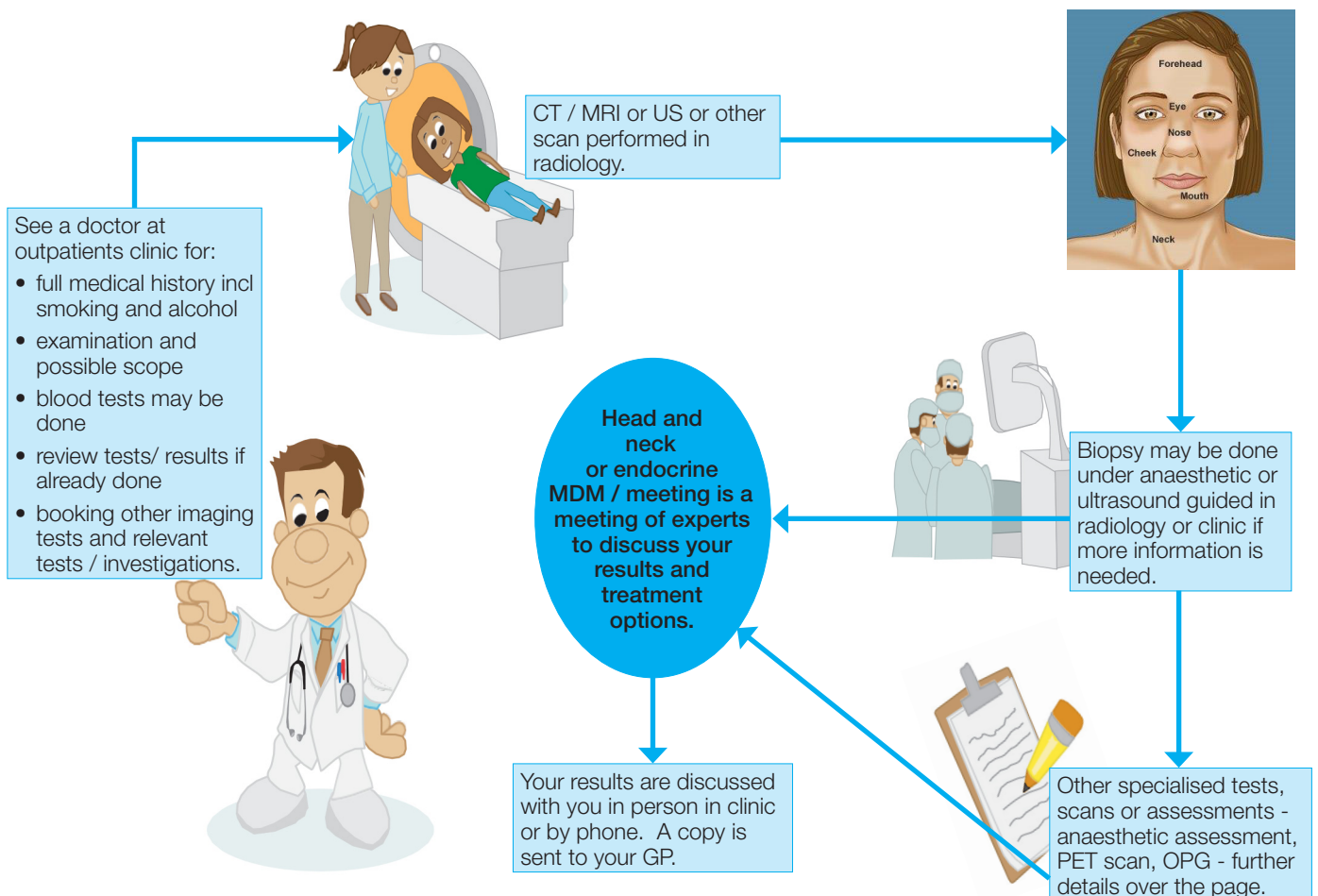
DOB: _____
dd/mm/yy

Address: _____

Diagnosing your head and neck problem (Including cancer)

Finding out what is happening in your head and neck region can be a time of great anxiety for you and your family. You have been referred as you may have a mass / lesion / tumour / growth / swelling / lump / neoplasm / abnormal growth of tissue / ulcer / nodule / hoarse or altered voice / restricted tongue movement, or non healing tooth socket. A number of tests will need to be done as getting a diagnosis is complicated. The specialists treating head and neck problems want an accurate diagnosis so that they know they are offering the right treatment for you.

Below is a pathway of tests you may require to help your specialist make an accurate diagnosis. You may not need to have all of these tests or appointments, and not necessarily in this order



If tests do show you have a type of cancer, your multidisciplinary team of head and neck cancer /endocrine experts will answer your questions and recommend treatment options based on your unique diagnosis and needs: Your care team may include the following clinicians:

- Specialist surgeons
- Maxillofacial technician
- Ophthalmologist
- Radiation and / or Medical oncologist
- Radiologist
- Speech and Language therapist
- Physiotherapist
- Social worker
- Geriatrician
- Nurses
- Dentist
- Endocrinologist
- Anaesthetist (controls the anaesthetic during surgery)
- Pathologist
- Radiation therapist
- Cancer psychological and social support services
- Dietitian
- Medical photographer

Tests / xrays / imaging we commonly use to examine the area may include: (Tests are not always done in this order, and you may not need them all).

- Scope / nasendoscopy - looking at the area in clinic with a very small flexible tube with a light on the end of it, usually takes a couple of minutes in the clinic, you can eat and drink before
- Ultrasound (US), Ultrasound guided fine needle aspirate / core (USGFNA or USGcore)
- Taking a biopsy - in clinic or under a general anaesthetic in a theatre- depends on the location of the concerning area and how easy it is to get to
- CT - further described below
- MRI - further described below
- PET-CT (not done at Waikato Hospital, done at Midland PET-CT, Anglesea Clinic, Hamilton)
- OPG (full mouth xray - further described below)

MDM is a multidisciplinary meeting – specialists in this area attend to discuss your case looking at your scans and biopsy / tissue, to make the best treatment recommendations to discuss with you.

We may need to refer you to other departments as we need their opinion on how to achieve the best treatment for you. Treatment options depend on precisely where your cancer is and what type it is. Treatment may or may not include: surgery, radiotherapy (very strong xrays), chemotherapy (medications / drugs), or a combination of these, and not necessarily in that order. If needed we may give chemotherapy at the same time as radiotherapy to make the tissues more sensitive to the radiotherapy.

After treatment for cancer you will be followed up in clinic/s for a number of years. Depending on how you recover, more investigations may also be done at certain stages such as further CT scans or sometimes PET-CT in order to see how effective the treatment has been.

Supportive services:

Cancer Society

Cancer Psychological and Social Support Services (CPSSS)

Websites - <https://www.beyondfive.org.au/>

<http://www.cancervic.org.au/downloads/booklets/Understanding-Head-and-neck-cancers.pdf>

<http://headandneckcancerguide.org/>

Facebook- Beyondfive, Head and neckers

These lists are just a few of the services available

Computed Tomography (CT) scan

CT gives cross-section pictures of the inside of your body, used to examine the head and neck region, and often chest as well. This helps detect whether your problem is confined to one location or has spread elsewhere e.g. to the neck. This investigation may be done before or after you know exactly what your problem is. CT is also good for looking at the bones in the head and neck, e.g. jaw. You may be given a special injection (dye) to help get the best images.

Magnetic Resonance Imaging (MRI)

Scan using magnetic and radio waves to take pictures of the inside of your body, this may also be needed to provide better pictures of the nerves and soft tissues of the head and neck. It is much the same as a CT scan and you may be given a special injection (dye) to help get the best images. It will be noisy, and let us know if you do not like being in small spaces. The machine looks like a donut that your body moves into. The scan may take about 30 minutes or longer.

Ultrasound scan (US), +/- USGFNA/core

This is a test that uses ultrasound waves to show details. We sometimes do a needle test- called FNA or core, to get some cells out to examine while using the ultrasound probe to guide the needle, may be done at the same time, also known as ultrasound guided fine needle aspirate- USGFNA. This is often one of the first investigations done.

Positron Emission Tomography (PET CT)

A PET CT scan uses a small amount of radioactive liquid to take pictures of cancer in the whole body, and may be used to show small areas of tumour that are less obvious and to help choose the best treatment for you. This PET is like a CT scan, but it takes a bit longer and is done in Hamilton. You are likely to be there 2.5 - 3 hours as it involves sitting still for some time after the injection to give time for it to move around your body before the scan starts, and involves lying very still at times including during the actual scan

PET scan may be useful for seeing if cancer has spread to the lymph nodes, for locating the original site of cancer when it is found in the lymph nodes first or for checking the entire body for any spread of cancer cells.

Orthopantomogram (OPG)

Some patients needing Radiotherapy or surgery in that area may require a special dental assessment; an OPG is a x-ray of the lower face, teeth and jaws usually done at the Dental appointment looking at the teeth, roots, gum and jaw bone. This helps guide the doctors as to whether you need dental work or not before treatment (not everyone needs this).

Section for you to write questions /appointment details

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Date/Time _____ Dept / location _____

Important phone numbers

Doctors / other staff names / details /dept email contacts

Your **NHI** - from the front page is useful to have when you have to phone the hospital

If you have any questions you can contact the clinical nurse specialist/s who are involved in your care:

Name: _____

Type of cancer

Contact: _____

Name: _____

Contact: _____

Name: _____

Contact: _____