



Preventive and Supportive Care for Patients and Care-Givers During Radiation Treatment



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

TOPICS

Welcome to Week 1

Click the yellow “Next” button [NEXT ►](#) above if you want to go through the entire Week 1 step by step, or click on a button below to jump directly to a topic of interest.

Watch this video of Dr. Eileen Shinn, Assistant Professor, MD Anderson Cancer Center, as she introduces the topics this week.

[Managing Your Energy](#)[Hydration and Nutrition](#)[Caring for Your Skin](#)[Swallowing and Trismus Exercises](#)[Feeding Tube](#)[Patient Stories and Tips to Encourage You](#)



TOPICS

A Letter from a Head and Neck Cancer Surgeon to His Patients

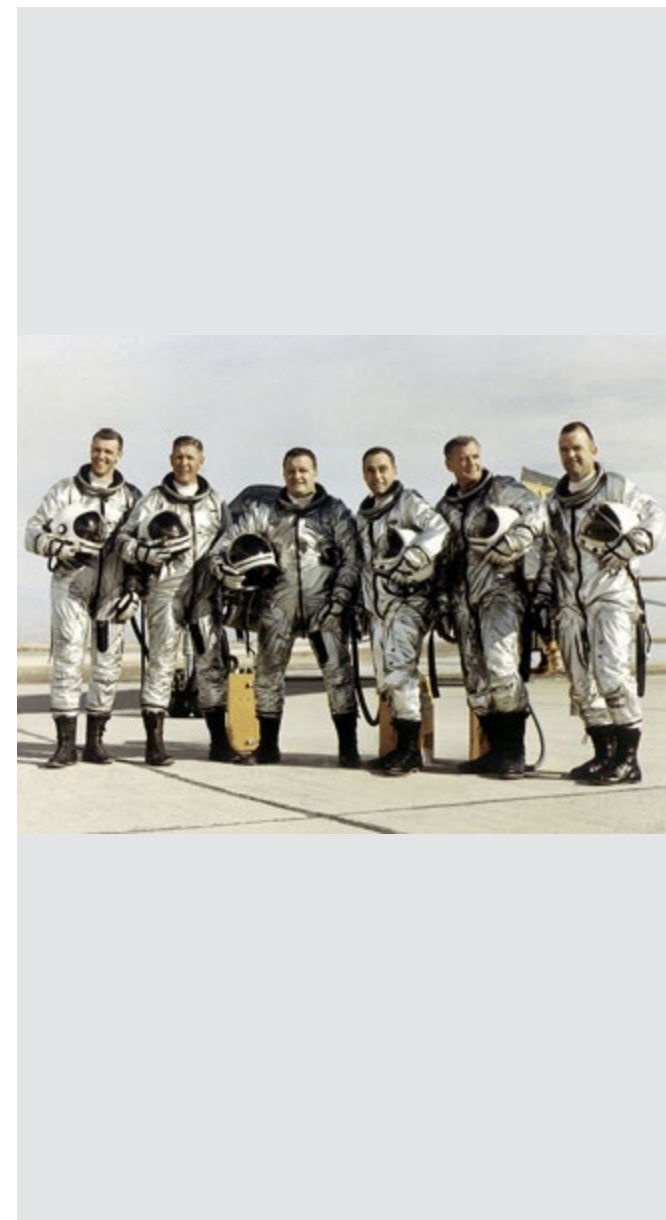
“In every way cancer patients have what is known today as ‘All the Right Stuff.’ You are a cross between a top level athlete, an explorer of unknown lands, an inventor, a psychiatrist, a soldier, and yes, even a mother or a father. Cancer seems to bring out the strengths in a person just when their life seems to be falling apart (literally).

It will always be a source of constant amazement to me just how intensely patients rise to the occasion when faced with such devastating prospects.

I have yet to meet a quitter – ever! You folks are the gutsiest, most determined bunch of folks I have ever met in my life. This is the human spirit, the desire to surmount obstacles, the desire to LIVE in every sense of the word, which I see you folks bring into my clinic every day.

So to all of you I want to say a very special THANK YOU! You have taught me so much about life. Your spirit adds joy and meaning to my existence and challenges me every day to never let you down.”

Used with permission from
Glenn E. Peters, MD, FACS, Director, Division of Otolaryngology-Head and Neck Surgery
at the University of Alabama Health Center



Managing Your Energy During Treatment

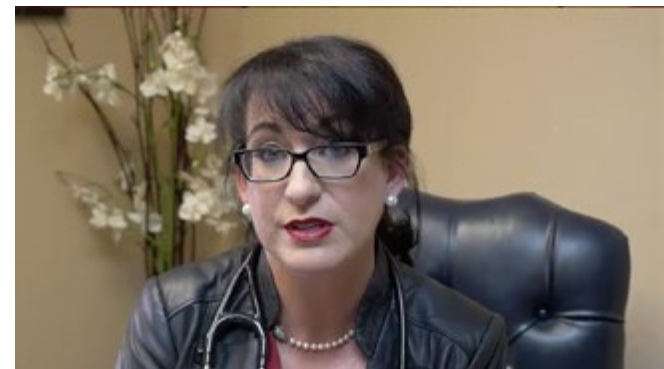
Click here to watch a video of Katrina Jensen, Director, Medical Speech Pathology at Texas Health Care, as she talks about managing your energy during treatment.

MANAGING YOUR ENERGY

Managing Your Energy During Treatment

Watch this video of Katrina Jensen, Director, Medical Speech Pathology at Texas Health Care as she talks about managing your energy during treatment.

Although your number one job during treatment is to beat your cancer, many patients ask about working and other activities during treatment.





Swallowing and Trismus Exercises

Click here or swipe left to learn about the importance of doing your exercises.

EXERCISES

The Importance of Doing Your Swallowing Exercises

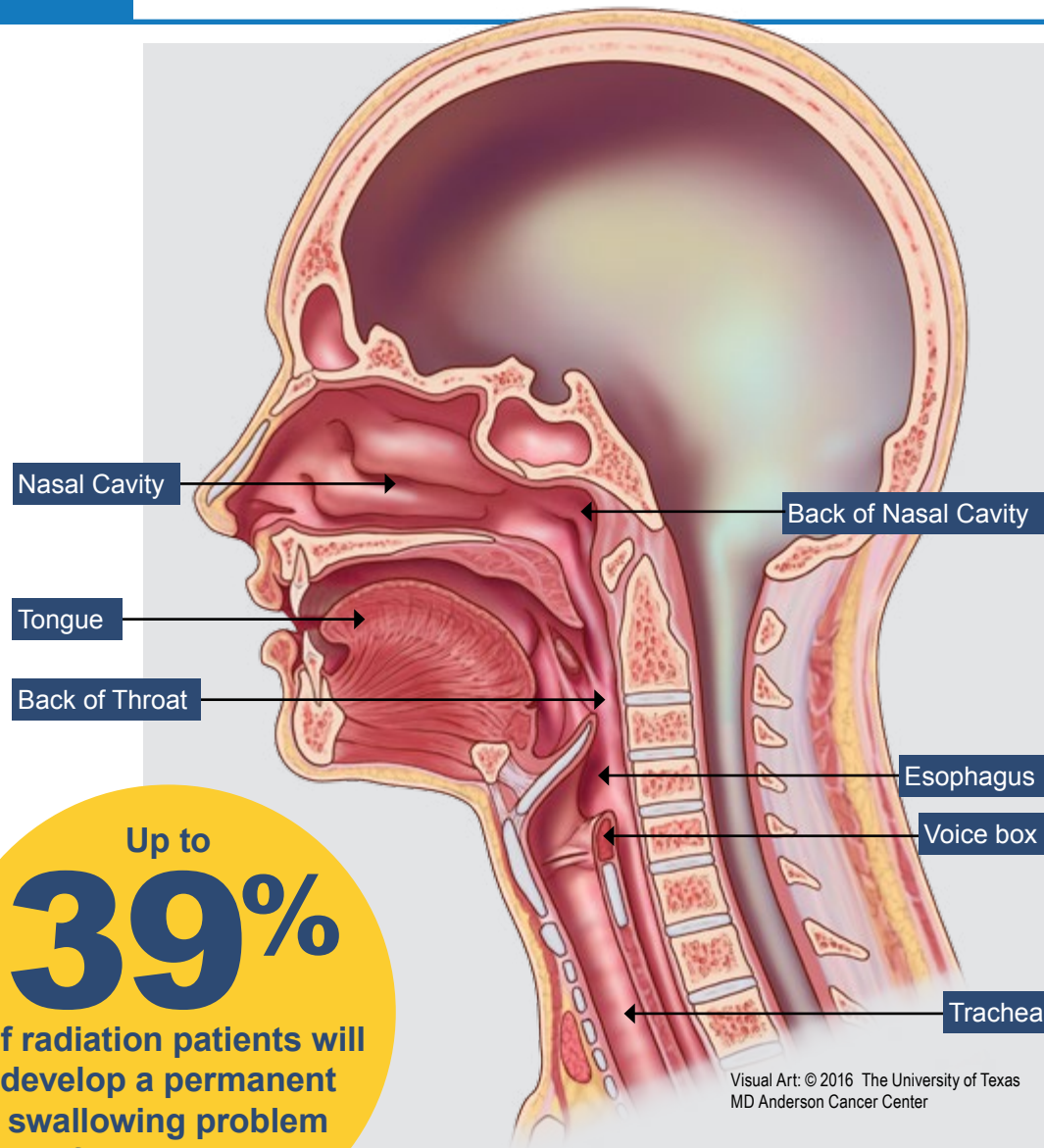
Facts about Swallowing and Swallowing Exercises

Swallowing is a complex process.

Radiation not only kills cancer but also damages your muscles.

Swallowing exercises work best to **PREVENT** problems, not treat problems after they develop.

Even with a feeding tube it is important that you continue to eat as much by mouth as possible.



Up to
39%
of radiation patients will
develop a permanent
swallowing problem
after radiation.

Visual Art: © 2016 The University of Texas
MD Anderson Cancer Center

EXERCISES

The Importance of Doing Your Swallowing Exercises

Radiation for Pharyngeal Cancers

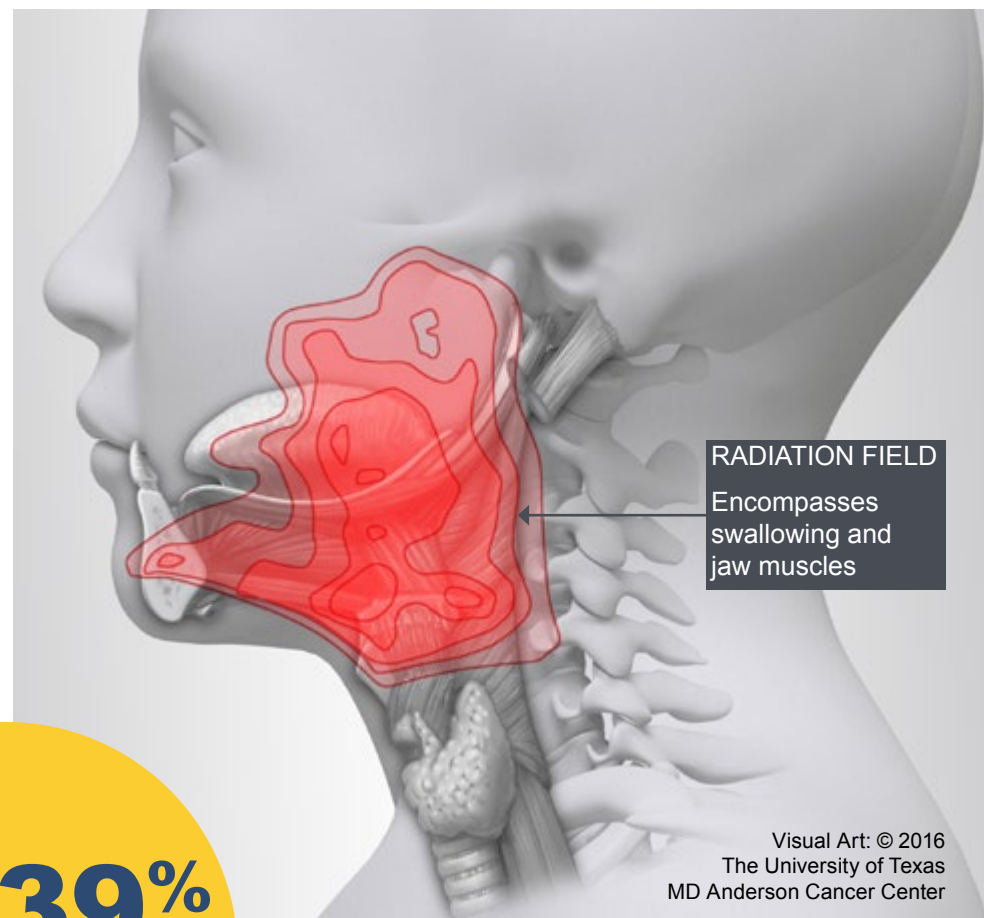
Radiation is the primary treatment for throat cancers.

Patients receive it every weekday for 6-7 weeks, with or without chemotherapy.

High-dose radiation field encompasses key swallowing muscles.

Radiation kills the tumor; however it can damage connective tissue and blood vessel linings within key salivary and swallowing structures.

22-39%
of all radiation patients
have trouble with
swallowing after
radiation.



EXERCISES

The Importance of Doing Your Swallowing Exercises

Watch this video of Katrina Jensen, Director, Medical Speech Pathology at Texas Health Care as she talks about the importance of swallowing exercises.

Radiation kills cancer but it also scars and weakens normal muscle tissue next to the tumor.

Up to 39% of head and neck cancer patients who receive radiation will end up with a permanent swallowing disability.

Not enough research has been done to predict who will end up with a swallowing problem and who won't. Some swallowing problems do not develop until 1 or 2 years after radiation has ended.

Therefore we advise everyone to do their swallowing exercises, to prevent any long-term swallowing difficulties (also known as dysphagia).

These swallowing exercises have been proven to be very effective in preventing dysphagia.



We've included instructional videos for the swallowing and trismus exercises here.



EXERCISES

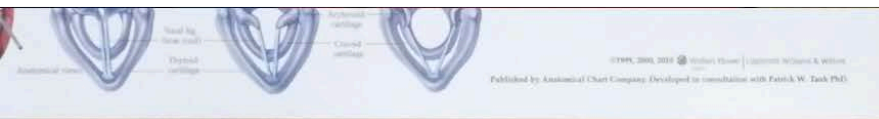
Swallowing Exercise 1

Tongue Exercise

Watch this video to see how to perform this exercise.

1. Stick out your tongue as far as you can, hold for 10 sec.
2. Pull your tongue back in as far as you can while holding it flat, and hold for 10 seconds.
3. Repeat 10 times.

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)

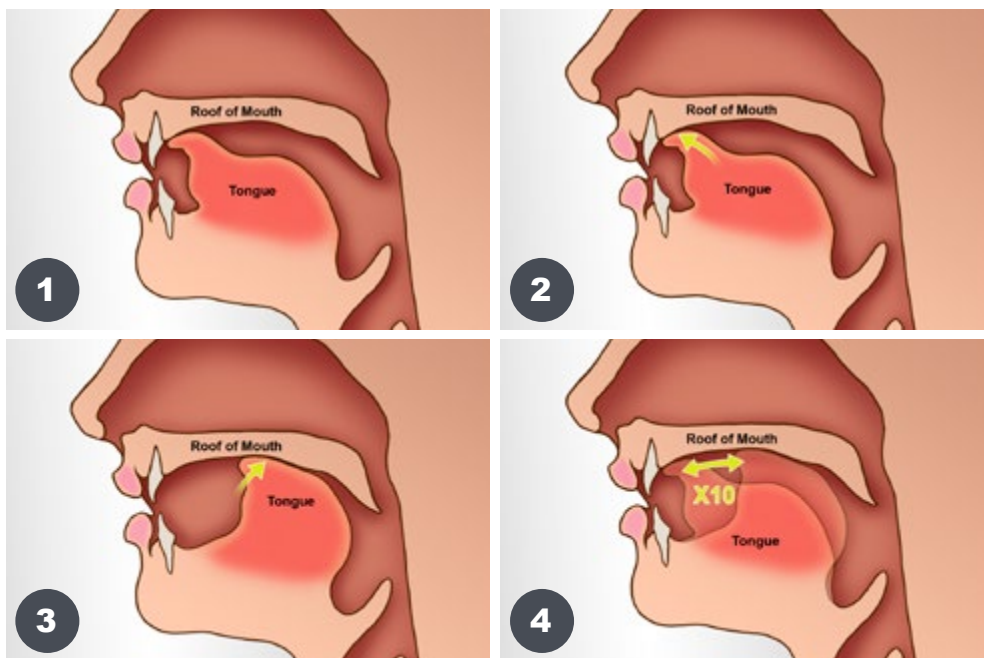


EXERCISES

Swallowing Exercise 2

Tongue Sweep

1. Using your tongue tip, press the roof of your mouth, just behind your teeth, as hard as you can.
2. Now sweep your tongue against the roof of your mouth toward the back.
3. Try to press while you sweep.
4. Repeat 10 times.



Visual Art: © 2016 The University of Texas MD Anderson Cancer Center

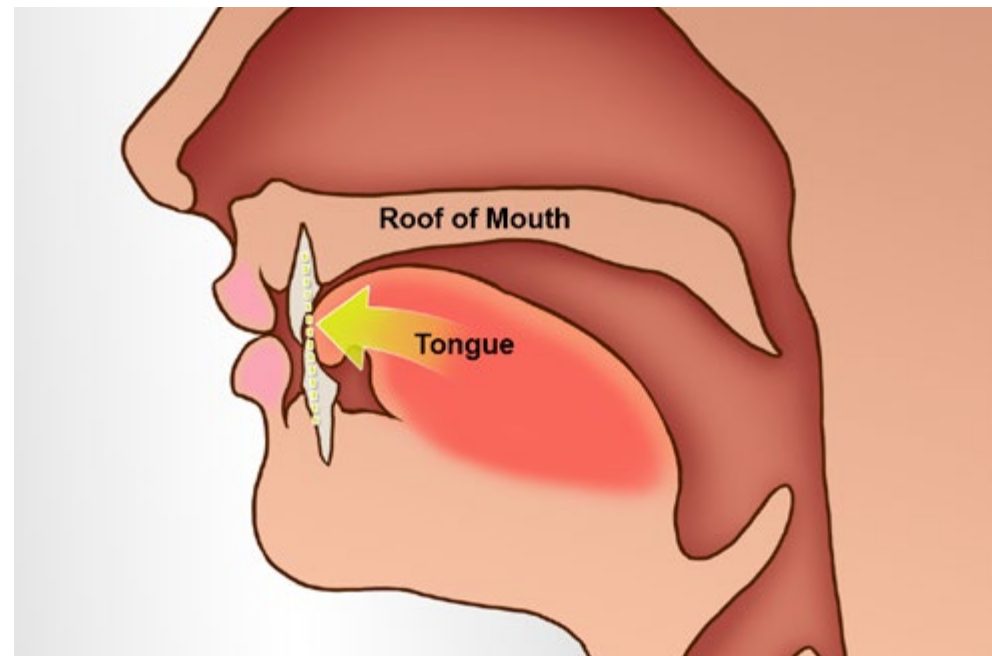
[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)

EXERCISES

Swallowing Exercise 3

Tongue Push

1. Close your mouth.
2. Place your tongue behind your front teeth and push as hard as you can.
3. Hold for 10 seconds.
4. Repeat 10 times.



Visual Art: © 2016 The University of Texas MD Anderson Cancer Center

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)

EXERCISES

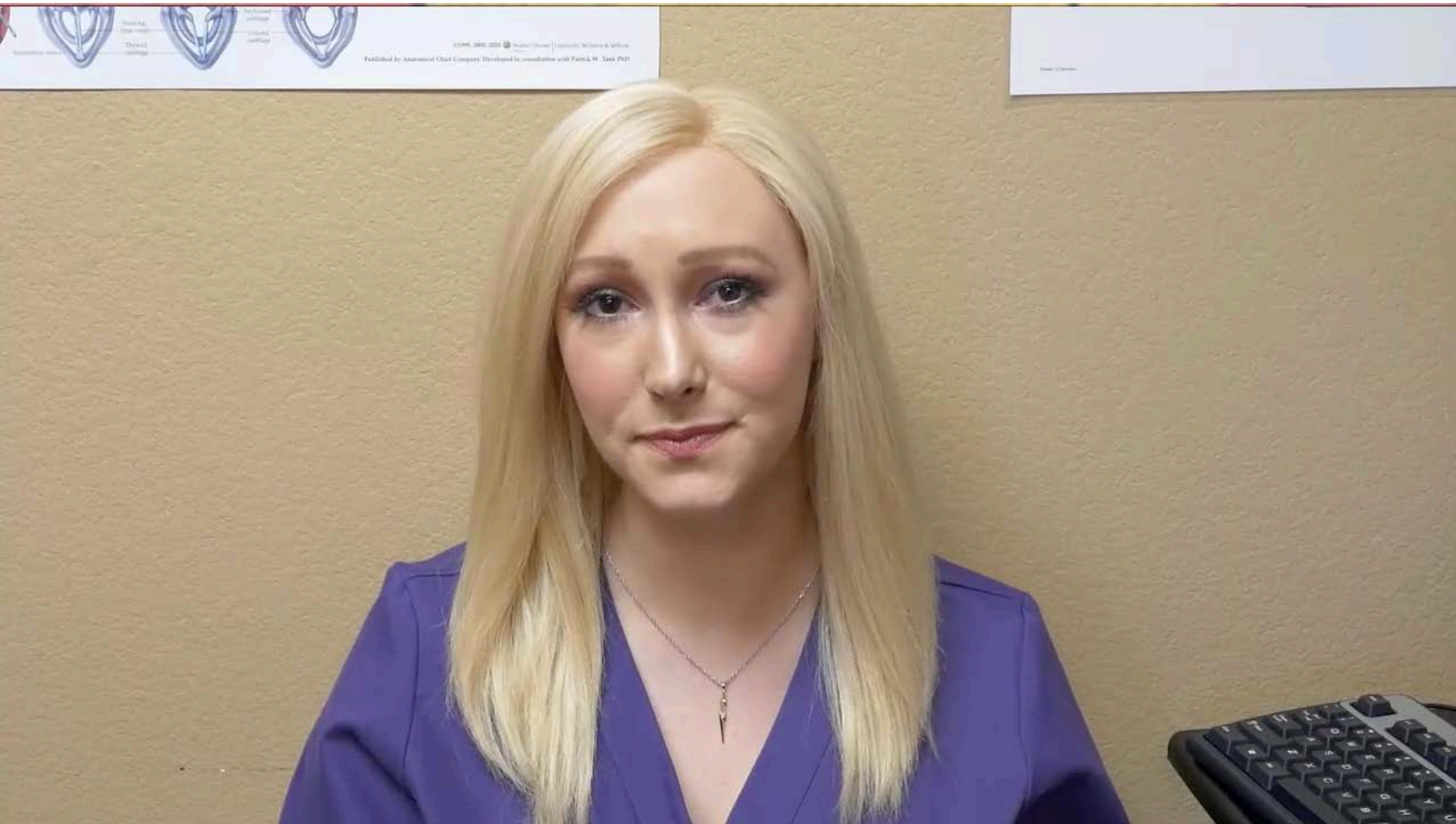
Swallowing Exercise 4

Tongue Press

Watch this video to see how to perform this exercise.

1. Hold a tongue depressor or spoon up to your mouth.
2. Press against it with your tongue as hard as you can.
3. Hold for ten seconds.
4. Repeat 10 times.

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)



EXERCISES

Swallowing Exercise 5

Enunciation

Repeat these groups of words five times each.

- “Key” “Cut” “Kind” “Go” “Good” “Gum”
- “Keep” “Car” “Comb” “Gas” “Game” “Guess”
- “Cold” “Call” “Catch” “Give” “Gift” “Girl”
- “Cookie Cutter”
- “Coca-Cola”
- “Kitty Cat”
- “Garbage Can”

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)

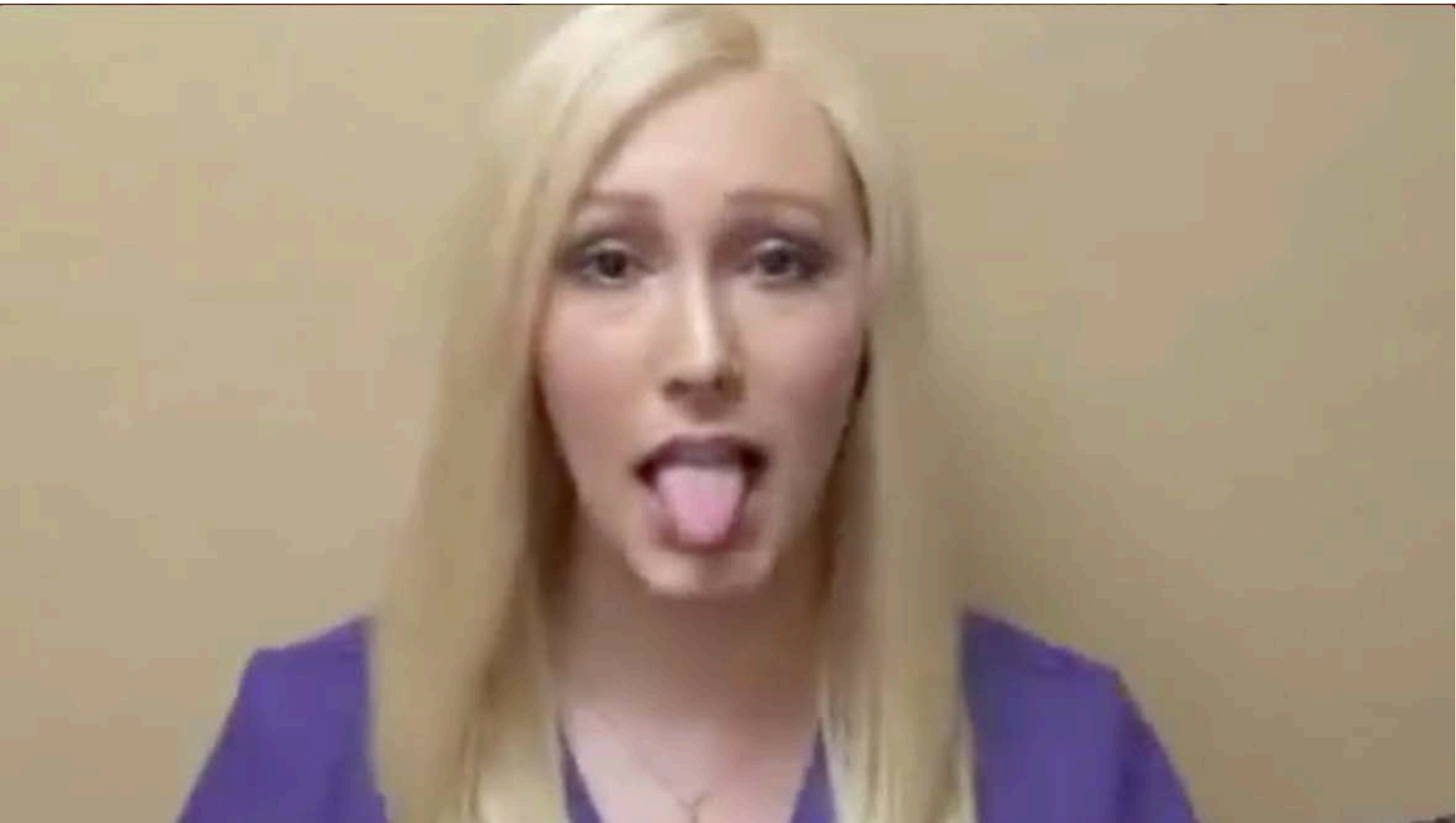
EXERCISES

Throat and Neck Exercise 1

Watch this video to see how to perform this exercise.

1. Put your tongue between your teeth.
2. Hold your tongue in place and swallow. Be sure not to try to eat or drink anything while you are doing this exercise.
3. Repeat 10 times.

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)



EXERCISES

Throat and Neck Exercise 2

Watch this video to see how to perform this exercise.

1. Place your hand against your forehead and push against your hand.
2. Hold for 10 seconds. Repeat 10 times.

Then:

3. Place your hand against the side of your head and push against your hand.
4. Hold for 10 seconds. Repeat 10 times.
Now do the other side. Repeat 10 times.

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)



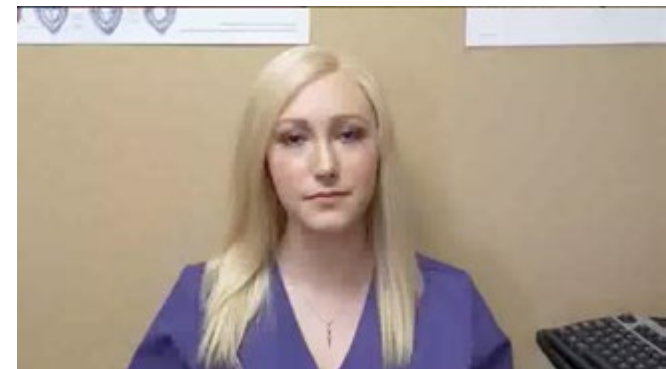
EXERCISES

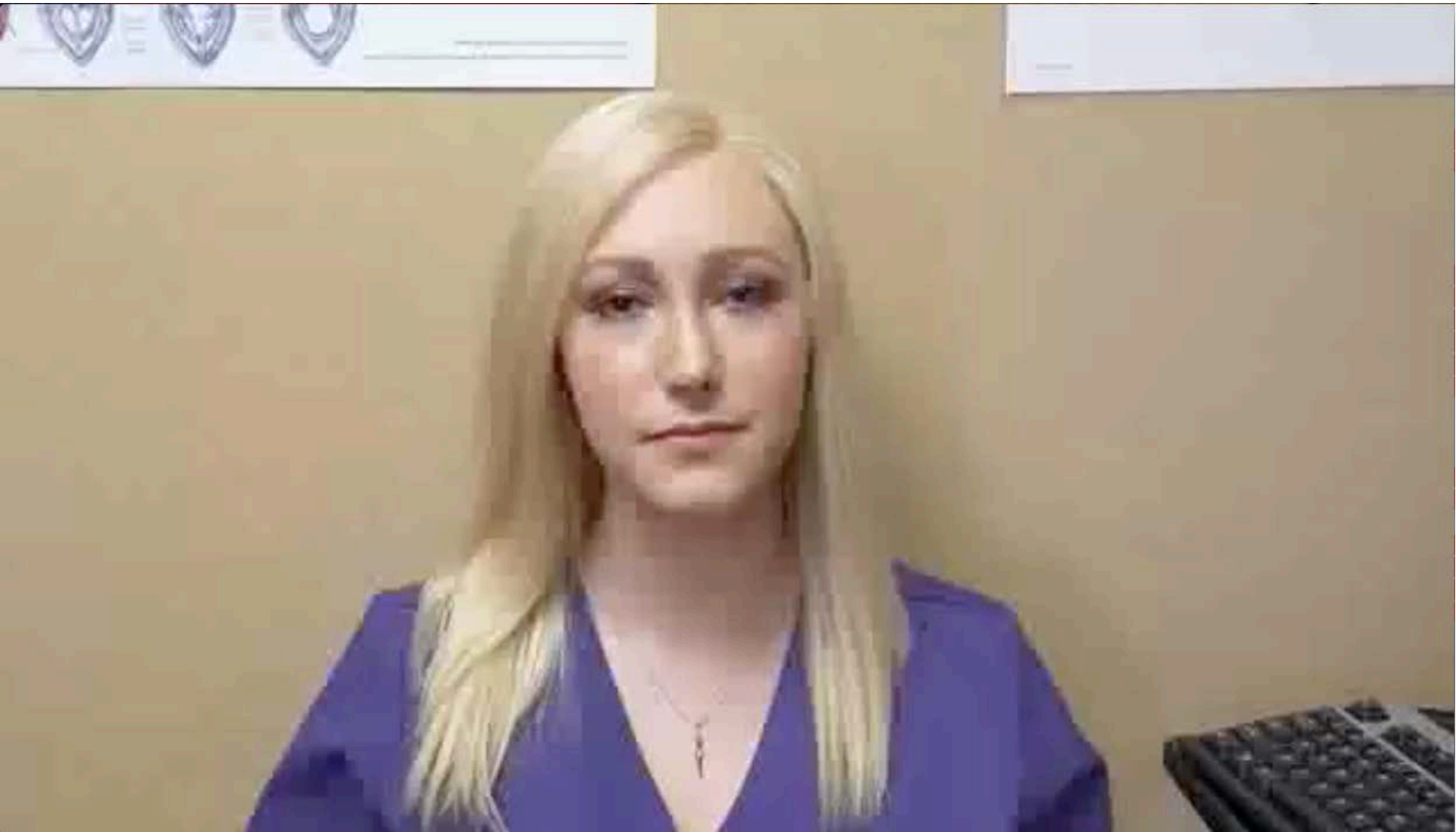
Throat and Neck Exercise 3

Watch this video to see how to perform this exercise.

1. Lay flat on your back and raise your head up to look at your feet.
2. Hold for 10 seconds. Repeat 10 times.

Note: This exercise should not be performed by anyone with a tracheostomy tube.

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)



EXERCISES

The Importance of Doing Your Trismus Exercises

Watch this video of Katrina Jensen, Director, Medical Speech Pathology at Texas Health Care as she talks about the importance of doing your trismus exercise.

When a person is unable to open his/her mouth a normal amount, he/she is diagnosed with trismus.

Trismus affects between 5-25% of all head and neck cancer patients treated with radiation and is caused by radiation to the jaw, temporomandibular joint (TMJ) and the mastication muscles (chewing).

Trismus affects oral hygiene and the ability to eat and speak normally. Prevention of trismus is a primary focus. Practicing these exercises on a regular basis can help prevent trismus, or prevent the existing condition from worsening.





EXERCISES

Trismus Exercise Instructions

Watch this video to see how to perform this exercise.

1. Place one thumb on your upper teeth and one on your lower teeth.
2. Stretch as far as you can, hold for 1 minute.
3. Relax for 30 seconds. Repeat 4 times.
4. Perform this exercise 3-5 times each day.

[Why do my swallowing exercises?](#)[Swallowing 1](#)[Swallowing 2](#)[Swallowing 3](#)[Swallowing 4](#)[Swallowing 5](#)[Throat and Neck 1](#)[Throat and Neck 2](#)[Throat and Neck 3](#)[Why do my trismus exercise?](#)[Trismus 1](#)



EXERCISES

Checking for Trismus

Check for Trismus every day. If at any time you cannot fit three fingers between your teeth, call the clinic the same day.



CLINIC
(817) 920-0484

EXERCISES

Trismus: Patient Story

“Fibrosis is a real thing for me.

It's been 8 weeks since my last radiation treatment and I'm starting to develop a stiffening of the muscles in my neck. I can feel it whenever I turn my neck, and just by opening my mouth.

I can get maybe two fingers in between my teeth when I open my mouth. If I go for three fingers, the pain is pretty incredible and it's on the muscles along the side of my jaw where my cancer was and where most of the radiation came in.”

Former Patient



EXERCISES



Contract

Doing your exercises daily requires a strong commitment.

1. To the best of my ability, I will commit to doing my exercises every day of my treatment.
2. I understand that these exercises are important because they will help me chew and swallow normally after treatment is over.
3. I commit to swallowing by mouth as much as possible every day.

“I promise to do my exercises every day during treatment.”



Hydration and Nutrition:

Click here to learn useful information about hydration and nutrition during your treatment.

HYDRATION AND NUTRITION

The Importance of Hydration

Watch this video of Katrina Jensen, Director, Medical Speech Pathology at Texas Health Care as she talks about the importance of hydration.

It is important to get in the habit of intaking one gallon of fluid a day.

It minimizes skin burn due to radiation.

It keeps your mouth and throat lining moist.

It assists with bowel management.

It thins mucus.





HYDRATION AND NUTRITION

Dehydration

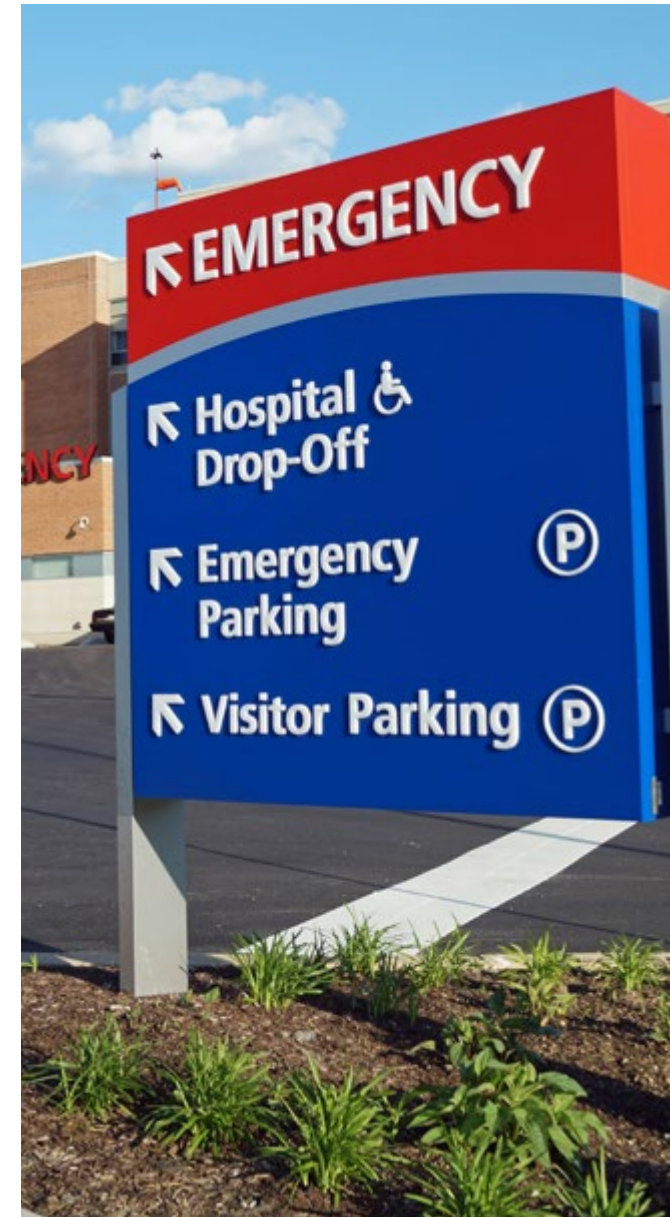
Dehydration is the most common reason for hospitalization during radiation.

Note: Alert your healthcare team if you are feeling lightheaded or dizzy, or if your urine is dark in color and less frequent.

Note: If you are unable to keep fluids down for more than 24 hours,

1. Go directly to the ER for fluid rehydration and
2. Call the speech pathology team at the clinic so that they can notify the ER that you are coming in for fluid IV rehydration.

**CLINIC
(817) 920-0484**



HYDRATION AND NUTRITION

Track Your Fluid Intake

Any fluid that does not have alcohol or caffeine counts towards your daily fluid intake.

Get in the habit of intaking one gallon of fluid a day.



HYDRATION AND NUTRITION

Dietary Guidelines: Low Acid Diet

This is a list of foods/beverages to assist in planning meals when prescribed a low-acid diet. Any texture limitations you are prescribed (i.e. soft foods, puree/smooth foods, etc.) would also apply.

Foods to Avoid

- Vinegar (most commonly used in salad dressings and glazes)
- Tomatoes
- Red sauces
- Ketchup
- Salsa
- Anything pickled
- Fruits and fruit juices (bananas and melons are OK)
- Coffee and all caffeine
- Carbonated drinks
- Alcohol
- Crunchy or sharp textures

Coffee is NOT recommended for people who are following a low-acid diet.



Avoid These Foods

HYDRATION AND NUTRITION

Dietary Guidelines: Low Acid Diet

Foods that are OK on a Low Acid Diet

- Meats, chicken, fish, seafood
- Pasta with olive oil or cream
- Sauces
- Green leafy vegetables
(no peppers or tomatoes)
- Dairy products
- Rice, bread and grains



**Eat
These
Foods**

Feeding Tube

Click here to go through this section in order, or click on a button below to select from the list.

[Introduction](#)[Self Care](#)[Feeding Yourself](#)[Placement](#)[Equipment Care](#)[Problems to Report](#)

FEEDING TUBE

Feeding Tube Introduction

Watch this video from the Office of Patient Education at MD Anderson Cancer Center



Tube Feeding
What You Need to Know

[Introduction](#)[Self Care](#)[Feeding Yourself](#)[Placement](#)[Equipment Care](#)[Problems to Report](#)

Tube Feeding

What You Need to Know


FEEDING TUBE

Feeding Tube Placement

Watch this video from the Office of Patient Education at MD Anderson Cancer Center

The feeding tube, or PEG tube (Percutaneous Endoscopic Gastrostomy Tube), is inserted by a surgeon directly into your stomach.

Your clothes will conceal the area where the PEG tube is inserted, and many patients report being able to take their feeding tube with them everywhere.

A video thumbnail with a blue gradient background. The text "Tube Placement Procedure" is written in white, underlined, and centered in the upper half of the image.

Tube Placement Procedure

[Introduction](#)[Self Care](#)[Feeding Yourself](#)[Placement](#)[Equipment Care](#)[Problems to Report](#)

Tube Placement Procedure

FEEDING TUBE


Feeding Tube Self Care

Watch this video from the Office of Patient Education at MD Anderson Cancer Center

It is important to keep your PEG tube area clean and to flush out your tube regularly.

Most patients use Q-Tips for this purpose. The feeding tube, or PEG tube (Percutaneous Endoscopic Gastrostomy Tube), is inserted by a surgeon directly into your stomach.

Your clothes will conceal the area where the PEG tube is inserted, and many patients report being able to take their feeding tube with them everywhere.


Self Care at Home[Introduction](#)[Self Care](#)[Feeding Yourself](#)[Placement](#)[Equipment Care](#)[Problems to Report](#)

Self Care at Home

FEEDING TUBE

Feeding Tube Equipment Care

Watch this video from the Office of Patient Education at MD Anderson Cancer Center as they show you how to flush out your tube.



Equipment Care

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Equipment Care

FEEDING TUBE

Feeding Yourself

Watch this video from the Office of Patient Education at MD Anderson Cancer Center

Three to four times a day, you empty a can of liquid nutritional supplement, like Ensure or Boost, into the bag that is attached to your tube. You can control the rate at which the bag empties into your stomach. It can take from 30 minutes to 1 hour to empty one can, depending on how fast you set the drip line.

A video thumbnail with a blue background and white text that reads "Gravity Tube Feeding".

Gravity Tube Feeding

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Gravity Tube Feeding

FEEDING TUBE

Problems to Report

Watch this video from the Office of Patient Education at MD Anderson Cancer Center.

Very few, if any, patients have reported problems with their feeding tubes.



Problems to Report

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Problems to Report

Caring for Your Skin During Treatment

Click here to learn useful information about caring for your skin during your treatment.

CARING FOR YOUR SKIN DURING TREATMENT

General Information

Wear sunscreen on your neck anytime you're outside.

You can apply cream to your neck throughout the day **EXCEPT** for the 4 hours before your radiation treatment.

Wipe off excess cream before treatment, as a thick layer of cream spreads more radiation to your healthy tissue.

Note: These are general tips and guidelines. Always follow your doctor's orders.



CARING FOR YOUR SKIN

Sunscreen: Products

Neutrogena Ultra-Sheer Dry-Touch Sunblock SPF 70

What it is: Helps prevent sun damage.

Where to buy: CVS, Walgreens, other drug stores

More patients prefer this to other sunscreens. However it is water-resistant; so it may be difficult to wash off.



CARING FOR YOUR SKIN

Sunscreen: Products

Elta MD Skincare UV Broad Spectrum SPF 46

What it is: Helps prevent sun damage.

Where to buy: eltastore.com, amazon.com



CARING FOR YOUR SKIN

Sunscreen: Products

Blue Lizard Australian Sunscreen: Sensitive

What it is: Developed to combat one of the most intense UV environments in the world; so it is very effective.

Where to buy: walgreens.com, amazon.com

It is very thick but effective.



What do I do now?

Start your swallowing and trismus exercises. Be sure to do the number of sets recommended by your speech pathologist.

Get in the habit of intaking 1 gallon of fluid every day.

Check your temperature every day. If it is over 101°F, call the clinic or go to the ER.

Starting this treatment regimen is a new process, so ask plenty of questions, follow your doctor's instructions, maintain good communication between yourself and your caregiver, and **STAY POSITIVE!**

Patient Stories and Tips to Encourage You

[Click here to read stories and tips from other patients.](#)

PATIENT STORIES AND TIPS TO ENCOURAGE YOU

“Why do your exercises? Seeing the fork in the road, thinking about that guy I met who needed surgery six times to get rid of scar tissue.”

“I wish someone had told me about these exercises. I didn’t do them, and now I can’t open my mouth wide enough to eat a hamburger. Its a nightmare.”

“I’ll do my exercises sitting on the toilet or taking the dog for a walk, during down time. When I’m in the car.”

Former Patients

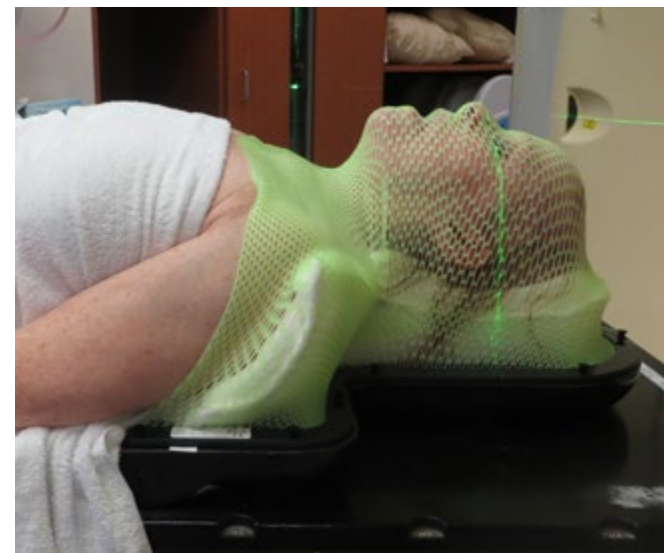


You get used to wearing the mask.

“They took the face mask and clamped my face to the table- now I want you to know that is a terrorizing experience. I didn’t know if I could breathe, I didn’t know if I could cough, I didn’t know what I could do. The ladies who were administering my radiation could not have been more patient and nice. They advised me that everyone, everyone goes through this same experience.

You get to the point where it’s just – you get on the table, you’re clamped down and it only takes a very few minutes and then the radiation treatment is complete.”

Former Patient



Michael's Story

"I couldn't believe it when I was diagnosed with Cancer. Why me – what now – I was so afraid. That's the nature of this, isn't it? It slaps you right up against the head – hard. It changes the way you think about things. It changes what's important. At least that was how it affected me.

I remember when the doctor that took the biopsy called me to tell me I had cancer. Wow, I wasn't expecting that. My son was three years old. My young wife was 35 and I was 55 years old. So much for what I thought I had planned. I remember the feeling that brings reality right out of you and punches you in the gut. 'Hey Michael – you're done – out of time – how does that feel?' Would you have done anything differently now that you are out of time? The list of would and should have done

as well as **SHOULDN'T** have done was enormous/ but too late. So sad. Sad in a way I never felt before or since. Turns out all that fear, guilt, and regret was exaggerated and somewhat a waste of time and energy but I didn't know it at the time. You get to be afraid and hopefully you get to grow out of it like I did. Well almost out of it – I am a bit more paranoid about health than I was before. Not a bad thing.

I was diagnosed with stage two tonsil cancer– squamous cell. I had Radiation and Erbitux (baby chemo). My team of doctors were second to none. Do what they tell you – you will be rewarded later. Bull your way through that last week and finish the treatment.



PATIENT STORIES AND TIPS TO ENCOURAGE YOU

It's been five years since radiation, Erbitux and the big scare. My life is and has been totally awesome the last 4 years. It took a year after the treatments to get my head to a spot I could move forward – but when I moved forward it was completely different and more powerful than before I had cancer. I know it sounds crazy – but if I had a do over I would elect the cancer again. No way I would want to miss out on how it changed my life, my priorities and how I feel about life, love and relationships. But what a price to pay to learn what I should have been obvious to begin with.

Cancer taught me the value of time, in a way I didn't really understand before. I intellectually understood we are all on a countdown and therefore running out of time. Until I had cancer I never really felt like I might actually be out of time soon. That single feeling redefined it for me. When you think you may only have months or just a year or two – you look at your spouse, your children, your choices and everything differently. That's a perspective I refuse to give up or let go of.

Since cancer, we have traveled to Europe, went on an RV trip in Canada, and visited my grown children and sisters several more times than I ever had before. If you have the chance to travel, you HAVE TO go. The cities, sights and restaurants are magic. Oh to be alive!!

The travel is great but everyday time with my son and wife is the real joy of my new life. Shooting aliens on XBOX Halo with my nine year old son and sharing his excitement and amazement– priceless. I look forward to morning coffee and planning the day out with my wife every day. The hugs and tender kisses mean more than they ever use to. Math homework with my son is such a privilege to be a part of. It's actually everything. The list is endless. What used to be little things like going for a ride on the bike, a walk, or run, the birds, trees and flowers they all have a new and special feeling to them. Something to be celebrated and never taken for granted again. What a gift cancer gave me. I would have never come to this realization without it.” •



You can do it!

The next six weeks are going to be tough, so the best thing to do is to prepare now so that things will be easier later.



Index of Topics with Week Numbers

A letter to head and neck patients (week 1)

Altered Taste/Dysgeusia

- Strategies to help you (week 3)

A note to caregivers (weeks 7 and 9)

Bowel management

- Do not take Metamucil or Citrucel! (week 3)
- What to do if you're constipated (weeks 3, 4, and 7)
- Summary of constipation management (week 7)

Caring for your skin

- Sunscreen products (weeks 1 and 2)

Checking for trismus (weeks 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10)

Constipation management (week 8)

Communication at home (week 2)

Congratulations! (week 6)

Create Eat/ Don't Eat Lists (week 3)

Dealing with fatigue and nausea (week 7)

Dehydration (weeks 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10)

Dental care

- Strategies for dental care (week 2)

Doubt (week 6)

Fatigue (weeks 5, 6, 8, and 9)

Feeding tube

- Help (week 1)
- Introduction (week 1)

Feeding tube weaning (week 8)

Fighting with your caregiver (week 2)

General advice from patients (week 3)

How to throw up through your feeding tube (week 5)

Hydration (week 1)

Importance of hydration (week 1)

Improving your oral intake (week 3)

- Foods you may enjoy
- Products to increase calorie intake

Information for caregivers (week 5)

Instructional videos for swallowing and trismus exercises (week 1)

Keep swallowing by mouth (week 4)

Low acid diet (week 1)

Making a commitment to do your swallowing and trismus exercises (week 1)

Managing your energy (week 1)

Mini-relaxation exercise for both patients and caregivers (week 5)

Mucositis (week 9)

Nausea

- Commonly prescribed anti-nausea medications (weeks 3 and 5)
- General information about nausea (week 9)
- Thick saliva can cause nausea (week 5)
- Try to determine what is causing nausea (weeks 3 and 5)

Nutrition (week 1)

Pain/dryness in radiated skin

- Products for dry and radiated skin (week 3 and 7)
- Should I use cream on my neck before radiation? (week 3)

Pain (week 5)

Pain and medicine side effects (week 8)

Pain from radiation burn (week 9)

Pain management (week 3)

Patient Stories

- Difficult journey ahead (week 6)
- Difficulty swallowing due to pain and mucus (week 9)
- Frank's story (week 7)
- Gary's story (week 6)
- Jake's story (week 9)
- John's story (week 3)
- Katy's story (week 4)
- Macho story (week 9)
- Maria's story (week 5)
- Michael's story (week 1)
- Steve's story (week 2)
- Trismus (week 1)
- Unexpected battle (week 7)
- Wearing the mask (week 1)
- You Can't Look Back, You Can't Change What's Been (week 8 and week 10)

Patient Quotes/Tips

- Advice to caregivers (week 8)

Index of Topics with Week Numbers

- Attitude (week 8)
- Exercises (week 1)
- Fatigue (week 8)
- Food (week 4)
- General tips (weeks 2, 4, 6, 7, and 9)
- Mouth care (week 3)
- Mucositis (week 3)
- Mucus (week 3)
- Nausea (week 8)
- Pain (week 8)
- Skin care (week 3)

Preventing constipation

- Do not take Metamucil or Citrucel! (week 2)
- Managing constipation (week 2)
- Medications that cause constipation (weeks 2 and 4)
- Products to combat constipation (weeks 2, 4, and 7)
- Strategies to combat constipation (weeks, 2 and 4)

Program Wrap-Up: Managing your health

- Congratulations to caregivers! (week 10)
- Congratulations to patients! (week 10)

Pureed diet

- Foods to avoid on a pureed diet (week 4)
- How to make pureed food (week 4)

Recipes

- All recipes (week 4)

Reminder: 6-Month follow up (week 9)

Resources (week 4)

Setting goals for yourself (week 6)

Soft diet (week 4)

- Foods to avoid on a soft diet (week 4)

Some reminders as you recover at home (week 7)

Stress relief for patients and caregivers

- A note to caregivers (week 8)
- Breathing Awareness (weeks 2 and 8)
- Diaphragmatic Breathing (weeks 2 and 8)
- Guided Imagery (weeks 2 and 8)
- Progressive Muscle Relaxation (weeks 2 and 8)
- Rules for Effective Imagery (weeks 2 and 8)

Swallowing exercises (week 1 and swallowing and trismus exercises PDF)

Taking care of your skin during treatment (week 2)

Taking medications through a feeding tube (week 5)

- Taking liquid medication through a feeding tube (week 5)
- Taking pills through a feeding tube (week 5)

Tell us what you ate (weeks 7 and 9)

The importance of swallowing exercises (weeks 1 and 2)

The importance of trismus exercises (weeks 1 and 2)

Thick saliva and dry mouth (week 2)

- Strategies to fight thick saliva

Thrush (Candida) vs. Mucositis (weeks 3 and 5)

Tips and products for mucositis

- Explanation of mucositis (week 3)
- Products for mucositis (weeks 3 and 7)
- Strategies to combat mucositis (week 3 and 7)

Tips and products for thrush

- Explanation of thrush (week 3)
- Medications to treat thrush (week 3)
- Strategies to combat thrush (week 3)

Tips for dry mouth

- Explanation of dry mouth (week 3)
- Products for dry mouth (weeks 3 and 7)
- Strategies to combat dry mouth (week 3)
- Tips for dry mouth (week 9)

Tips for improving oral intake (week 4)

Track your fluid intake (weeks 1, 2, 3, 4, 5, 6, 7, 8, 9, 10)

Track your weight (week 3)

Trismus exercise (week 1 and swallowing and trismus exercises PDF)

Unrealistic expectations (week 6)

Quote from a former patient (week 10)

What do I do now? (weeks 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10)

When is my taste coming back? (week 9)

You can do it! (week 1)

Your progress (week 9)

- Don't stop your exercises now!