Survivor Spotlight:
Ralph Henning Makes Tough Decision

by Mary Brawley, MA, CCC-SLP, BRS-S

Some decisions are more difficult to make than others. Some sneak up on you and won’t leave you alone until you pay them some attention. That was the kind of decision facing Ralph Henning last summer.

This story begins 15 years ago when Ralph was diagnosed with Stage III cancer in the base of his tongue. Radiation and surgery cured him of his cancer but the side effects left him with a pretty significant swallowing problem. Food stuck in his throat and liquids went down the wrong pipe. Pneumonia was occurring more frequently and breathing was getting more and more difficult.

By the time I met Ralph, most of his nutrition came through a tube but he still managed to get down a few sips of Coca-Cola every day. He worked hard at swallowing; trying to hang on to what little function he had left. Nothing worked. His swallow got worse and eventually Ralph couldn’t even swallow his own spit. A red Solo spit cup was never far from his side and each bout of pneumonia was getting to be more deadly. Ralph knew it was time. To protect his lungs, his voice box would have to come out. And so the decision was made and his laryngectomy was scheduled.

The day of surgery Ralph had the jitters. His family was just as nervous sitting in the Family Center waiting for it to be over. The surgery went well but it was followed by another surgery and rocky post-operative course. Healing seemed to take forever but eventually the new normal emerged for Ralph. He figured out how to communicate with the artificial voice of a computer and slowly began to eat and drink again. With healthier lungs and a few added pounds, Ralph was soon ready for voice restoration surgery, the last leg of his epic journey.

Today, Ralph can breathe and talk and eat. He can sit through a church service without having to spit into a cup. He can enjoy a cup of coffee without worrying if it is heading straight for his lungs. He can finally feel good again. Ralph is enjoying all of the things we take for granted every day. His life isn’t perfect, but he knows he made the right decision.
Natural Toxin
a New Health Risk

Nicotine in liquid form is extracted from tobacco then colored, flavored and treated with other chemicals to fuel the electronic cigarette (e-cigarette) industry. The New York Times reported that these liquids are powerful neurotoxins that pose a potential health risk, particularly for children. Even tiny amounts swallowed or absorbed through the skin can cause vomiting, seizures or even death. There has been an increase in accidental poisonings due to the increased use of e-cigarettes and also because new technology has led to reusable devices that can be refilled.

Lee Cantrell, professor of pharmacy at the University of California, San Francisco said that nicotine is one of the most potent naturally occurring toxins we have and it is available almost everywhere. It has created a new kind of recreational drug category. Advocates argue that e-cigarettes help people quit smoking, but there are no long-term studies to support that claim. And there are also no studies that have looked at the long term effects of inhaling vaporized nicotine. Without regulation and without proper precaution, we can expect more health problems down the road.

Older and Wiser

New York Times reporter, Phyllis Korkki, wrote about wisdom in a recent article entitled “The Science of Older and Wiser”. She begins by asking the question, “What is wisdom?” then shares expert consensus after a healthy review of the literature.

Vivian Clayton, a geriatric neuropsychologist, was one of the first to develop a working definition of wisdom when she was a graduate student in the 1970’s. She found that thinking skills, reflection and compassion were the cornerstones of wisdom. Years later, Monika Ardelt, a sociologist at the University of Florida, expanded on Clayton’s research and concluded that having wisdom can make life meaningful for even severely impaired people. Professor Ardelt found that in general, those who showed evidence of wisdom had better coping skills and were better able to deal with hardships.

Co-founder of the Berlin Wisdom Project, Ursula Staudinger, took it a step further and distinguished between general wisdom and personal wisdom. She concluded that true personal wisdom involves key elements such as personal growth, self-awareness and a good understanding that priorities and values change throughout life. True wisdom recognizes the negatives in life and tries to learn from it. This kind of wisdom is rare.

More modern definitions of wisdom stress kindness and emotional regulation. The focus is on giving back and contributing instead of focusing on yourself and what you need. It’s about simplifying your life; knowing your capacity and living accordingly. Instead of mourning who you used to be, take delight in who you are now. Acceptance is a necessary part of growth. And a little bit of wisdom can get you through the tough times.

SAVE THE DATES

Head and Neck Cancer Screening
Wed., April 30th, 4-6 p.m.
Clinical Cancer Mezzanine

My Journey Began in Hope:
Survivorship Celebration
Thurs., May 1st, 4-6 p.m.
Clinical Cancer Center, 3rd Floor, Conference Room M

HEADS UP!

Head and Neck Cancer Support Group
Second Tues. of each month, 5-6 p.m.
Clinical Cancer Center, Conference Room J (lobby level), Parking is available at no charge in the parking structure beneath the Cancer Center.

For more information, call 414-805-3666.
I was working side-by-side with a Kenyan ENT Doctor at his hospital in Eldoret, Kenya. My wife, Kathi, and I were part of a team of Head and Neck Surgeons organized by Indiana University spending two weeks working with Kenyan ENT surgeons to help them build confidence to perform operations independently. In rapid sequence, we were seeing dozens of patients who had signed up to be examined and hoping to have surgery for tumors or other problems of the head and neck.

An elderly man sat slumped in the ENT Clinic exam chair with his clothes hanging loosely from his body. His eyes were sunken and he winced when he swallowed.

“How long has he been like this?” I asked. “When did he start losing weight?”

The family members conferred in Swahili. “He hasn’t been able to eat for about six months. He has too much pain in his mouth.”

I flipped on my headlight and spoke to the son. “Please ask him to open up. I want to see inside.”

His son translated and the man’s mouth opened, revealing a deep crater where his tongue had once been. There was no movement of the remaining tissues. The ulcer was growing into the lower jaw.

“We do not have a biopsy,” I said, “but this is likely a very large cancer. It has been there for a long time.” I ran my fingers up and down the sides of his neck feeling for enlarged lymph nodes. Several hard masses lay just deep to the muscles. “The cancer has spread to many of the lymph nodes, as well.”

Given the number of nodes involved, I realized that there was a strong probability that the cancer had already traveled throughout his body.

“In addition,” said the son, he is also HIV positive.”

I turned to my colleague. “This is a very advanced cancer. Even without HIV, we would not have much to offer in the States.”

“Really?” he asked me. “How about a flap of some kind? “Couldn’t you take out the cancer and put in a flap?”

I thought about his question. The kind of surgery he mentioned takes a large team and twelve or more hours of OR time. Recovery is prolonged and requires specialized nursing care and rehabilitation. The radiation therapy treatment he would need after surgery is only available six hours away in either Nairobi or Kampala and would take several weeks. I could not imagine that he would be able to tolerate the treatment, much less survive the surgery.

“No,” I said. “In the States, we would probably have a feeding tube placed and consider some chemotherapy once he was a bit stronger.”

I was surprised that there was a Palliative Team to send him to but, reflecting later, realized that Kenya and most of sub-Saharan Africa was devastated by HIV/AIDS just a few years ago. This medical center became adept at offering comfort when it could not offer treatment.

The exam chair was soon filled by another patient. And then another. Over the course of several hours, we examined adults and children with enormous cancers, huge thyroid goiters, and challenging problems. Many of them were scheduled for surgery in the upcoming days but some, like the elderly man with the tongue mass, were turned away because we had nothing to offer.

“Thank you for coming,” I said to each of them.

“Asante, Doctor,” they often replied. “Thank you for being here today.”
Head and Neck Cancer Symposium

The third bi-annual Head and Neck Cancer Symposium for the Advanced Practitioner was held in Chicago last fall at the Public Chicago Hotel. The course was sponsored by the Medical College of Wisconsin and Atos Medical and attracted physicians, speech-language pathologists and nurse practitioners from across the country.

The two-day course highlighted an interdisciplinary approach to care of the cancer patient and specifically addressed many of the challenges encountered by experienced practitioners when caring for this special patient population. Froedtert & the Medical College of Wisconsin was well represented on the faculty of recognized specialists in the field of head and neck cancer. Dr. Michael Stadler spoke on the Evaluation and Management of Esophageal Stenosis and Dr. Jonathan Bock presented Pepsin: Impact on the Health of the TE Puncture. Speech-language pathologist, Mary Brawley, spoke on the importance of a heat moisture exchange system as part of a formalized laryngectomy pathway.

Value-based Care

The Value-based Care Initiative is changing the face of healthcare and challenging healthcare institutions to reduce costs without sacrificing the quality of patient care. Froedtert & the Medical College of Wisconsin has been focused on providing a more efficient delivery of care by integrating services, streamlining patient transitions and promoting a strong community outreach. These efforts can reduce the length of hospital stays and thereby reduce the number of hospital acquired infections.

The head and neck cancer team, led by surgeon, Dr. Michael Stadler, has created a Laryngectomy Pathway that coordinates interdisciplinary care from diagnosis to discharge. The physician, nursing staff and speech-language pathologist work together to care for patients according to the treatment plan and collaborate on teaching and training self-cares. Family is always included in the education process to insure a smooth transition to home.

The laryngectomy pathway has proven to be effective in streamlining patient care and the discharge process. This pathway concept will soon be expanded to tracheotomy and other head and neck cancer surgeries.