Title: **DYSPHAGIA REHABILITATION FOLLOWING TRANSORAL ROBOTIC SURGERY FOR ORO-PHARYNGEAL SQUAMOUS CELL CARCINOMA:** ***A multi-centre survey within the United Kingdom***

Author(s): Sarah Stephen
Contact details: 07809646023
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Aim:

Transoral robotic surgery (TORS) is an emerging treatment for oropharyngeal squamous cell carcinoma (OPSCC). Encouraging swallow outcomes are demonstrated, however, the level of dysphagia and rehabilitation requirements in the early post-surgical stage are currently not reported.

There are 15 centres across the U.K. offering TORS, with more expected in the future. This study aimed to investigate access and timing of Speech and Language Therapy (SLT) intervention and dysphagia management from a multi-centre UK collaboration.

Method:
Lead SLTs from 15 TORS centres within the U.K. were invited to participate. Each centre completed a patient audit on the previous five consecutive OPSCC TORS resections.

Results:

Ten centres participated in the audit (total 49 patients); 42 patients were seen for SLT intervention prior to surgery; 43 had a nasogastric tube (NGT) placed at the time of surgery; of which the majority (n=15) required tube feeding between 1-3 days. All patients were assessed by SLT prior to starting oral intake, typically on day one post-surgery (n=30). More than half of patients (n=25) showed clinical signs of aspiration. Twenty-nine patients received dysphagia rehabilitation exercises. Thirty-nine patients experienced pain levels which seriously impacted on rehabilitation.

Conclusion:

The survey highlighted the degree of oropharyngeal dysphagia experienced in the acute setting. This will improve patient expectation setting, dysphagia management and resource allocation. Differences in access to SLT services and dysphagia management were identified, most notably service provisions, referral pathways and regional practice patterns. Multidisciplinary working is essential to optimise patient care, especially when managing the significant post-surgical pain issue which impacts on dysphagia rehabilitation.

The study highlights the benefits in collating patient outcomes and service evaluations from a national multi-centre perspective. Benefits include exploring regional practice patterns and forming a national consensus to promote efficient patient care, in addition to strengthening professional networks.

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