PATIENT EDUCATION

Late toxicity after head-and-neck radiation

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

Why late effects can appear

Salivary glands, swallow muscles, thyroid, teeth, and neck vessels can show change months to years after a course. Dry mouth is not only comfort — it raises cavity and jaw-bone risk. Some people need long swallow therapy. This list is a monitor set, not a promise that each item will happen.

What this sheet is for

Share it with dentistry, ENT, endocrinology, and primary care so one team watches the same named conditions. Follow the visit schedule on your survivorship letter.

Confirm with your care team. New difficulty swallowing, a broken tooth in the old field, or a mini-stroke symptom is not 'wait until the next annual.' Confirm who owns thyroid labs and dental fluoride with your care team.

Who usually follows you

- ENT or head-and-neck surgery plus oncology for the cancer check.
- Dentistry on a tighter than usual interval if dryness lasts.
- Speech-swallow therapy until they clear you. Endocrinology if the thyroid or pituitary was in the field.

Monitor for (named conditions)

- **Chronic xerostomia** and **dental caries** — new cavities, broken teeth, or burning tongue.
- **Osteoradionecrosis of the jaw** — exposed bone, a socket that will not heal after a dental procedure, or jaw pain.
- **Chronic dysphagia** and **aspiration** — cough with meals, pneumonia, or weight that will not hold.
- **Trismus** — you cannot open the mouth enough to clean teeth or eat.
- **Neck fibrosis and lymphedema** — tightness, under-chin swelling, or reduced range of motion.
- **Hypothyroidism** — fatigue, cold, weight gain, high TSH.
- **Carotid artery stenosis** — TIA or stroke symptoms (face droop, arm weakness, speech change) years later.
- **Hearing loss or tinnitus** if cisplatin or the ear was in the field.
- **Altered taste**, **feeding-tube dependence**, and **second primary** head-and-neck cancer (new ulcer or lump).

Usual surveillance cadence (your letter wins)

- Head-and-neck exam and imaging on the oncology schedule they wrote.
- TSH at intervals they set if the thyroid was in the field (ask if it is not listed).
- Dental visits more often than yearly if the mouth stays dry; fluoride trays if prescribed.
- Swallow study if coughing with meals or pneumonia recurs. Carotid imaging only if they order it.

When to call

- Clinic: a tooth that breaks in the old field, a new neck lump, or food going down the wrong way.
- ER or 911: stridor, facial droop, or you cannot swallow your own saliva.

How to schedule or learn more

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