

YOUR TREATMENT TOOLKIT

Head & Neck Radiotherapy
Supportive Care Guide

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Evidence-based protocols from MASCC/ISOO, ASTRO, NCCN guidelines
and recent clinical trials (ROMAN, EAT, DARS, MOM protocol studies)

Welcome to Week 1

You are about to start a challenging but survivable journey. The side effects of radiation are **cumulative** — they start slow and build over 6–7 weeks, often peaking 1–2 weeks *after* treatment ends before improving.

This guide contains the evidence-based protocols we use to protect your skin, your swallowing ability, and your long-term health. **Read it. Follow it. Ask questions.**

The Treatment Timeline

Phase	Weeks	What to Expect
The Setup	1–2	Minimal symptoms. Start all preventive routines NOW.
The Ramp Up	3–4	Sore throat begins. Saliva thickens. Skin turns pink.
The Peak	5–7	Pain and skin reaction are strongest. Lean on your team.
Recovery	3–6 post-RT	Side effects may worsen before improving. Recovery varies by individual.

The Golden Rules

1. No Smoking. No Alcohol.

Smoking during radiation significantly reduces your chance of cure and worsens all side effects. Alcohol irritates healing tissue and causes dehydration. If you are still smoking: **tell us today**. We have resources to help you quit immediately.

2. Keep Swallowing (“Use It or Lose It”)

Even when it hurts, you must swallow daily. If you stop swallowing, your throat muscles will stiffen with scar tissue (fibrosis), which may become difficult to reverse. Do your swallowing exercises every day.

3. Protein is Repair

High-protein intake (1.2–1.5 g/kg body weight daily) is required to repair radiation damage. Protein shakes, Greek yogurt, eggs, and fortified foods are your medicine right now.

4. Stay Ahead of Pain

Take your pain medications on schedule, not just when the pain gets severe. Chasing pain is harder than preventing it.

Section 1 — Skin Care

The “Decolonization” Protocol — Recent clinical trials show that preventing bacterial infection is the key to avoiding severe skin breakdown.

The Bacterial Decolonization Protocol

We use this routine to remove *Staphylococcus aureus* bacteria from your skin and nose. In a randomized clinical trial (Kost et al., *JAMA Oncology* 2023), this reduced severe skin reactions from 23% to **0%**.

We will prescribe these medications for you:

- Mupirocin 2% ointment (for your nose)
- Chlorhexidine 4% cleanser (body wash only — NOT for oral rinse)

The Schedule:

- Before treatment starts: Use for 5 consecutive days
- During treatment: Repeat the 5-day cycle every other week

Daily Instructions (during 5-day cycles):

1. **Nose:** Apply a pea-sized amount of Mupirocin inside each nostril, 2 times daily. Pinch nostrils together to spread.
2. **Body:** Wash with Chlorhexidine cleanser once daily, focusing on the neck and treatment area. Let it sit on skin for 1–2 minutes before rinsing.

***Important:** STOP Chlorhexidine washes if your skin breaks down (open sores, moist desquamation, blistering). Resume only when the skin has healed. Continue Mupirocin nasal ointment unless instructed otherwise.*

Daily Skin Maintenance

- **Wash:** Lukewarm water with mild, fragrance-free soap (Dove Sensitive, Cetaphil). Use hands only — no washcloths. Pat dry.
- **Moisturize:** Apply liberally 2–3 times daily. Recommended: Aquaphor, Eucerin, CeraVe, or Calendula cream. *Note: The old “nothing before RT” rule is outdated.*
- **Shaving:** STOP using manual razors. Use an electric shaver only.
- **Clothing:** Soft, loose cotton shirts. Avoid tight collars.

When Skin Breaks Down

If your skin becomes raw, blistered, or weepy (usually weeks 4–6): **Tell your nurse immediately.** We may prescribe silver sulfadiazine cream, hydrogel dressings, or Mepilex foam.

Topical Steroid Cream (Mometasone Furoate 0.1%)

A randomized trial (Liao et al., *Medicine* 2019) showed that applying mometasone furoate 0.1% cream once daily to the treatment area significantly reduced skin reaction severity, pain, and itch during H&N radiotherapy.

How to use:

- Apply a thin layer to the treatment area **once daily**, starting on the first day of radiation.
- Continue until 2 weeks after treatment ends, or until the skin breaks down (whichever comes first).
- Do NOT apply to open wounds or broken skin.

Note: Your radiation oncologist will prescribe this if appropriate for your treatment plan. Not all patients need it — we will assess your individual risk.

Long-Term Sun Protection

Your treated skin will remain **permanently sun-sensitive**. Use SPF 45+ sunscreen on the treated area for life, or cover with clothing.

Section 2 — Mouth & Throat Care

The Salt & Soda Rinse (MASCC/ISOO Guideline)

This is the **single most important thing** you can do for your mouth.

Recipe:

- 1 quart (32 oz) of water
- 1 teaspoon of table salt
- 1 teaspoon of baking soda

Instructions: Mix fresh daily. Rinse, swish for 30 seconds, and spit. **Frequency: 6–8 times daily** (after every meal, between meals, and before bed).

The Probiotic Protocol (Optional)

Some studies suggest oral probiotics (including **Streptococcus salivarius K12 / “BLIS K12”**) may modestly reduce the severity of oral mucositis.

- **Product example:** BLIS ThroatHealth K12 lozenges
- **How to take:** Dissolve 1 lozenge slowly, 1–2x daily
- **Timing:** Avoid eating/drinking for 30 minutes after

*Evidence update: A 2024 meta-analysis of 8 randomized trials (Lin et al., *Microbial Pathogenesis*, 691 patients) found probiotics significantly reduced severe oral mucositis (40% reduction, $p=0.0002$), though not overall mucositis incidence. Multi-strain probiotics outperformed single-strain. We treat this as an evidence-supported add-on — not a substitute for the high-yield core interventions (salt/soda rinses, oral hygiene, pain control, nutrition, swallow therapy).*

The MOM Protocol (Maxillofacial & Oral Massage)

This massage routine stimulates blood flow and reduces mucositis severity. Perform **3–5 times per day**.

- **External Massage:** Gently massage cheeks, upper/lower jaw, and lips for ~1 minute each.
- **Internal Massage:** Using a soft silicone finger-brush, gently massage tongue, palate, gums, and inside of cheeks for ~1 minute each.

Photobiomodulation (Low-Level Laser Therapy)

Photobiomodulation (PBM) — also called low-level laser therapy (LLLT) — is applied directly to the oral mucosa before or after radiation and has strong evidence for reducing mucositis severity. MASCC/ISOO guidelines recommend it.

***Availability note:** PBM is NOT widely available. The equipment is expensive and requires trained staff, so most community centers do not offer it. Ask your team if it is available at your center. If not, focus on the other high-yield interventions above — they are equally important.*

Pain Relief

Pain from H&N radiation is real and expected. It is **not a sign of weakness** to need medication. Our goal is to keep you eating, drinking, and swallowing — and uncontrolled pain makes all of that impossible.

The Pain Ladder

Level	Symptoms	Treatment
Mild (Weeks 1–2)	Minor soreness	Tylenol (acetaminophen) 500–1000 mg every 6 hours, scheduled.
Moderate (Weeks 3–5)	Pain with swallowing	Magic Mouthwash or Poor Man’s MW (see below): swish 5–10 mL, 15 min before meals. Gabapentin 300–900 mg at bedtime for nerve-type (burning/tingling) pain. Higher doses (up to 3600 mg/day) may be used.
Severe (Weeks 5–7+)	Cannot swallow liquids	Opioid pain medications (liquid formulations available). Call us — do not suffer in silence.

Key principles:

- **Stay ahead of pain.** Take meds on a schedule, not just when pain spikes. Chasing pain is always harder than preventing it.
- **Time it around meals.** Take pain meds or swish mouthwash 15–30 minutes before eating so you can actually get food down.
- **Report pain honestly.** We adjust your regimen at every visit. If you are skipping meals because of pain, tell us immediately.

The “Poor Man’s Magic Mouthwash”

If you cannot get a compounded Magic Mouthwash prescription filled, this simple two-ingredient version works well:

Recipe (equal parts):

- **Viscous Lidocaine 2%** (prescription) — numbs the throat
- **Mylanta or Maalox** (over-the-counter) — coats and soothes

How to use: Mix equal amounts (e.g. 5 mL each). Swish gently for 1–2 minutes, coating all sore areas. Spit (do not swallow unless directed). Use 15–30 minutes before meals, up to 4–6 times daily.

Your doctor will prescribe viscous lidocaine 2%. Mylanta/Maalox is available at any pharmacy without a prescription. Some formulations add liquid Benadryl (diphenhydramine) as a third ingredient — ask your team.

Topical Morphine 0.2% Mouthwash (If Prescribed)

For patients with severe mucositis pain unresponsive to standard mouthwashes, your team may prescribe **topical morphine 0.2% mouthwash**. This is applied directly to the oral mucosa and has shown benefit in clinical studies for reducing mucositis pain with minimal systemic absorption. MASCC/ISOO guidelines suggest this as an option for refractory oral mucositis pain.

***Note:** This is a specialized compounded medication and may not be available at all pharmacies. Your care team will arrange this if appropriate.*

Constipation Warning

If you are taking opioid pain medications, **you will become constipated**. This is not a maybe — it happens to nearly everyone. Start a stool softener (Colace/docusate) and a gentle laxative (MiraLAX/Senna) the same day you start opioids. Do not wait until you are already constipated.

Section 3 — Swallowing Exercises (“Pre-Hab”)

Your Speech-Language Pathologist will teach you these. Practice them **3 times daily**.

Why This Matters

If you stop swallowing during treatment, your throat muscles will stiffen with scar tissue (fibrosis). This can cause **permanent swallowing problems** requiring a feeding tube for life.

Exercise 1 — Effortful Swallow

1. Take a small sip of water (or just saliva).
2. Swallow as hard as you can, squeezing all your throat muscles.
3. Imagine you are trying to swallow a whole grape.
4. Repeat 10 times, 3 times daily.

Exercise 2 — Masako Maneuver (Tongue-Hold Swallow)

1. Gently hold the tip of your tongue between your front teeth.
2. Keep your tongue in place and swallow.
3. You will feel your throat muscles working harder than normal.
4. Repeat 10 times, 3 times daily.

Exercise 3 — Mendelsohn Maneuver

1. Swallow normally, but when your Adam's apple rises to its highest point...
2. Hold it there for 2–3 seconds by squeezing your throat muscles.
3. Then relax and let it drop.
4. Repeat 10 times, 3 times daily.

Section 4 — Trismus Prevention (Jaw Stiffness)

“Trismus” means you cannot open your mouth fully. Severe trismus makes it impossible to eat, speak clearly, or receive dental care. It is **much easier to prevent than to treat**.

Daily Jaw Exercises (Start Week 1)

1. Open your mouth as wide as possible.
2. Hold for 5 seconds.
3. Close and relax.
4. Repeat 10 times, 3 times daily.

Tongue Depressor Stacking

Stack wooden tongue depressors vertically between your front teeth. Start with as many as you can comfortably fit, hold for 30 seconds. Each week, try to add 1 more depressor.

Jaw Stretching Devices

If prescribed a jaw device, use the “**7-7-7 Protocol**”: 7 stretches, hold each for 7 seconds, 7 times per day.

- **TheraBite** (~\$400+): A well-studied option, but expensive. Often covered by insurance (HCPCS code E1700). Ask your team to check your coverage.
- **OraStretch Press** (~\$150): Same insurance code, similar mechanism, significantly cheaper. A good alternative if cost is a barrier.
- **Tongue depressors** (free): Always start here. Stack them between your teeth and hold for 30 seconds. Add one per week. Zero cost, proven effective.

Section 5 — Nutrition & Hydration

The **EAT Trial** showed that patients who focused on nutrition had better 5-year survival. Food is medicine.

The Rules

1. **Protein first.** Every meal should include protein. Aim for **30 kcal/kg/day** total calories and **1.2–1.5 g/kg/day** protein (per ASPEN 2026 cancer nutrition guidelines).
2. **Soft & moist textures.** Think “fork-mashable”: scrambled eggs, Greek yogurt, mashed potatoes, oatmeal, smoothies, cream soups.
3. **Avoid irritants:** Spicy, acidic (tomatoes, citrus), crunchy (chips, toast), and very hot foods.
4. **Small, frequent meals.** 6 small meals are easier than 3 large ones.

Weight Tracking

Weigh yourself weekly, same day, same time, same clothing. Write it down. Report any loss of **5+ pounds in a week** to your care team immediately. Weight loss during H&N RT is expected — but rapid loss signals we need to intervene (supplement shakes, PEG tube discussion, IV fluids).

***Pro tip:** Before treatment starts, spend a weekend batch-cooking and freezing soft, high-protein meals (soups, stews, mac & cheese, smoothie packs). You will not feel like cooking during weeks 4–7. Your future self will thank you.*

Hydration Goals

- **Baseline:** 64 oz (2 liters) of water daily — this is your FLOOR.
- **If on Cisplatin chemotherapy:** Aim for 3 liters (100 oz) daily.

Supplements & Shakes

If you cannot finish meals, nutritional shakes are your lifeline. Drink them cold or over ice to soothe the throat.

- **If losing weight rapidly: Boost Very High Calorie (VHC)** — 530 calories and 22g protein per 8 oz. This is the highest calorie-per-ounce option available.
- **If maintaining weight but need protein: Ensure Max Protein** — 30g protein for only 150 calories and 1g sugar.
- **Other good options:** Fairlife Core Power (42g protein), Orgain Organic, Kate Farms (plant-based).

***Important:** Do NOT take herbal supplements, high-dose vitamins, or antioxidant supplements during treatment without asking your care team — some can interfere with radiation effectiveness. A standard daily multivitamin is OK.*

PEG Tube Care (If Applicable)

Not every patient needs a feeding tube. But if your weight drops significantly or you cannot swallow enough to stay hydrated, we may place a **PEG tube** (percutaneous endoscopic gastrostomy) — a small tube through your abdominal wall into your stomach.

Daily Care

1. **Clean the site:** Wash around the tube with warm water and mild soap daily. Pat dry. Check for redness, swelling, or drainage.
2. **Flush the tube:** Flush with 30–60 mL of warm water before and after every feeding, and after every medication. This prevents clogging.
3. **Rotate the tube:** Gently rotate the external bumper 360° once daily to prevent the tube from embedding in the skin.
4. **Secure the tube:** Tape it to your abdomen to prevent pulling or dislodging.

Feeding Tips

- Sit upright (at least 30°) during feeding and for 30–60 minutes after.
- Infuse formula slowly. Rushing causes cramping, nausea, and diarrhea.
- Use only commercial formulas (Jevity, Osmolite, etc.) or those prescribed by your dietitian.
- **Do NOT put blended food** through the tube unless specifically instructed — it clogs.

Critical Rule: Keep Swallowing

A PEG tube is a bridge, not a replacement for your mouth. You **MUST** continue swallowing exercises and attempt oral intake daily (even if it is just sips of water). Patients who stop swallowing entirely are much harder to wean off the tube.

When to Call

- Tube falls out or is pulled out — **come in immediately** (the hole can close within hours)
- Redness, pus, or foul odor around the tube site
- Persistent nausea, vomiting, or abdominal distension after feeds
- Tube is clogged and will not flush

Section 6 — Dry Mouth, Taste Changes & Thick Secretions

Thick Secretions (Weeks 3–4)

Your saliva will first become **thick, sticky, and ropy** — sometimes with small amounts of blood (this is normal). This is one of the most annoying side effects.

- **Salt/soda rinse** loosens thick secretions. Rinse frequently.

- **Flat diet ginger ale** — swish and gargle. Many patients find this breaks up the thick mucus better than water.
- **Cool mist humidifier** at night. This is essential.
- **Sleep elevated at 30°** (use a wedge pillow or extra pillows). This prevents gagging on secretions and reduces aspiration risk.

Dry Mouth (Xerostomia)

After the thick phase, your saliva production drops significantly. The mouth becomes dry and acidic.

- Sip water constantly. Carry a water bottle everywhere.
- **Saliva substitutes:** Biotene spray/gel, Xylimelts, Moi-Stir, Oasis spray.
- **Humidifier:** Use at night to prevent overnight dryness.
- **Sugar-free gum/candy:** Stimulates remaining saliva production.
- **Acupuncture:** Some patients report improved saliva flow with acupuncture — ask your team for a referral if interested.

Taste Changes

If your tongue is in the treatment field, food will start tasting different (metallic, bland, or “off”) by weeks 1–2.

- Taste usually begins returning **1–2 months after treatment ends**.
- Full recovery can take up to **1 year**. Some changes may be permanent.
- Experiment with different flavors and temperatures. Cold foods often taste better.

Long-Term Reality

Dry mouth often improves over 6–12 months but **may never fully return to normal**. Meticulous dental care (fluoride trays, regular cleanings every 3–4 months) is lifelong.

Voice Care

- Rest your voice as much as possible.
- **Do NOT whisper** — whispering actually strains your vocal cords more than speaking softly.
- Use a humidifier. Gargle with salt/soda rinse.

Nose Care

- Keep the inside of your nose moist with **saline nasal spray** (available OTC).
- Use a humidifier at night. Avoid dry, forced-air environments when possible.

Section 7 — If You Are Receiving Chemotherapy (Cisplatin)

If you are receiving concurrent chemotherapy, these additional precautions apply.

Hydration is Critical

Cisplatin is **toxic to your kidneys**. You must drink at least **3 liters of fluid daily** on chemo days and the day after.

Nausea Prevention

Take your anti-nausea medications (Zofran, Compazine, Emend) **on schedule**, not just when you feel sick.

Hearing Changes (Ototoxicity)

Cisplatin can damage hearing. **Tell us immediately** if you notice ringing in your ears, muffled hearing, or difficulty hearing conversations.

Section 8 — Fatigue Management

More than 80% of patients experience fatigue during H&N radiation. **This is NOT laziness.**

What Helps (Evidence-Based)

1. **Light exercise:** Walking 20–30 minutes daily reduces fatigue.
2. **Pacing:** Alternate activity with rest. Don't push through exhaustion.
3. **Sleep hygiene:** Keep a regular schedule, avoid screens before bed.
4. **Accept help:** Let family and friends assist with meals, errands, chores.

Emotional & Mental Health

A cancer diagnosis and 7 weeks of daily treatment are **genuinely hard**. Feeling anxious, sad, angry, or overwhelmed is normal — not weakness.

- Talk to your nurse, social worker, or chaplain. They are here for this.
- Ask about support groups for H&N cancer patients.
- If anxiety or depression is interfering with daily life, we can prescribe medication.
- **You are not radioactive.** It is safe to be close to family, partners, children, and pets throughout your treatment.

For Caregivers & Family

- **Batch-cook and freeze meals before treatment starts.** Weeks 4–7 are the hardest — having ready-made soft foods in the freezer is a lifesaver.
- Create a simple **task list for visitors** (grocery runs, laundry, pharmacy pickups). People want to help but often don't know how.
- Drive the patient to daily treatments if possible. Fatigue + pain meds = unsafe driving.

- Remind them to do their **swallowing exercises and mouth rinses** — compliance drops when patients feel terrible, but these are the most important times.
- Take care of yourself too. Caregiver burnout is real. Ask about respite care.

Healing Timeline (What to Expect After Treatment)

- Weeks 1–2 post-RT: Side effects often **worsen** before improving. This is normal.
- Weeks 2–4 post-RT: Mouth ulcers and skin begin healing.
- Weeks 6–10 post-RT: Most mouth/throat ulcers fully healed.
- Months 1–2: Taste starts returning. Energy improves.
- Months 6–12: Dry mouth and swallowing gradually improve (variable).
- Year 1+: Ongoing dental care, thyroid monitoring, and surveillance.

Section 9 — Red Flags: When to Call Us

Call us immediately if you experience any of the following:

Symptom	Why It Matters
Fever over 100.4°F	May indicate infection requiring antibiotics
Unable to swallow liquids	Risk of severe dehydration
Stridor (squeaky breathing)	Airway swelling — EMERGENCY
Rapid neck swelling	Could indicate bleeding or infection
No urination in 8+ hours	Severe dehydration
Uncontrolled pain	We have stronger options available
Bright red bleeding (>1 tbsp)	May need evaluation
New hearing loss / ringing	Ototoxicity — may need dose adjustment
Fever + cough + choking	Possible aspiration pneumonia
Jaw "locking"	Severe trismus developing

Section 10 — Long-Term Follow-Up

Treatment ending is not the end of your care. These are lifelong considerations.

Thyroid Monitoring

Radiation to the neck can damage your thyroid gland (occurs in 20–50% of patients). We will check your TSH every 6–12 months for life.

Dental Care (CRITICAL)

Your risk of radiation cavities is **lifelong**. Continue fluoride trays daily — forever. See your dentist every 3–4 months. **NEVER have a tooth extracted without calling us first.**

Lymphedema & Fibrosis

Radiation can cause swelling (lymphedema) and tissue stiffening (fibrosis) in the neck and face. These may develop months to years after treatment.

- **Prevention:** Continue your jaw exercises and swallowing exercises long-term.

- **Signs to watch for:** Persistent neck/face swelling, tightness, difficulty turning your head, or skin that feels hard or thick.
- **Treatment:** Specialized physical therapy (manual lymphatic drainage, compression) is available. Report symptoms early — earlier treatment works better.

Second Cancer Screening

You are at higher risk for second cancers. Avoid tobacco and alcohol permanently. Report any new lumps, non-healing sores, or unexplained voice changes.

Recommended Products

Below are commonly recommended products. These are suggestions, not endorsements — equivalent brands work fine. Links are provided for convenience.

Category	Product	Cost	Link
Skin Care	Aquaphor Healing Ointment	~\$12	amazon.com/s?k=Aquaphor+Healing+Ointment
Skin Care	Eucerin Original (lighter option)	~\$10	amazon.com/s?k=Eucerin+Original+Healing+Cream
Oral Care	Biotene Dry Mouth Spray	~\$8	amazon.com/s?k=Biotene+Dry+Mouth+Spray
Oral Care	XyliMelts Dry Mouth Discs	~\$12	amazon.com/s?k=XyliMelts+Dry+Mouth+Discs
Oral Care	Mylanta (for mouthwash mix)	~\$10	amazon.com/s?k=Mylanta+Antacid
Probiotics	BLIS ThroatHealth K12	~\$25	amazon.com/s?k=BLIS+ThroatHealth+K12
Trismus	OraStretch Press (budget)	~\$150	cranio rehab.com/orastretch-press
Trismus	TheraBite (if insured)	~\$400+	amazon.com/s?k=TheraBite+Jaw+Rehabilitation
Nutrition	Boost VHC (530 cal/8 oz)	~\$55/27 pk	amazon.com/s?k=Boost+VHC+Very+High+Calorie
Nutrition	Ensure Max Protein (30g)	~\$28/12 pk	amazon.com/s?k=Ensure+Max+Protein+30g

Prescriptions (Mupirocin, Chlorhexidine, Mometasone, Magic Mouthwash, Gabapentin) will be sent to your pharmacy by your care team.

Important Contact Information

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Phone

Appointment Line: 1.866.CALL.MLH (1.866.225.5654)

If you are experiencing a life-threatening emergency, call 911.

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My Treatment Journal

A place to notice patterns, remember questions, and track what helps.

You do not need to fill this out perfectly. Even a few notes can help you see patterns, remember what worked, and tell your care team what is actually happening at home.

This Week

Week of / goals / anything I especially want help with

Daily Check-In

Day / Date	Energy (0-10)	Pain (0-10)	Eating / Drinking	Sleep	Main note
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Symptoms I Want to Watch

<input type="checkbox"/> Mouth or throat soreness	<input type="checkbox"/> Swallowing	<input type="checkbox"/> Skin reaction
<input type="checkbox"/> Dry mouth / thick saliva	<input type="checkbox"/> Taste changes	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: _____		

What I Tried / What Helped

Use this page to test small changes and keep track of what helps, what does not, and what you want to ask about next.

Problem or symptom	What I tried	Did it help?	Next step / question

Examples: taking pain medicine before meals, changing skin care timing, drinking earlier in the day, using a humidifier, adjusting fiber, walking after treatment, or asking for a refill.

Questions for My Care Team

Bring this page to visits. Small questions are worth writing down, especially when treatment days start to run together.

Symptoms or side effects I want to mention

Medication, refill, or product questions

Eating, drinking, bowel, bladder, skin, sleep, or activity questions

Logistics: appointments, transportation, work, family, forms

One thing I keep forgetting to ask
