

Post-Traumatic Distress and Symptom Experience in Patients With Head and Neck Cancer–Related Tracheostomy and Family Caregivers

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OBJECTIVES: To describe post-traumatic distress and identify associated factors in patients with head and neck cancer–related tracheostomy and their family caregivers.

SAMPLE & SETTING: This observational study assessed 22 patients with surgically managed head and neck cancer–related tracheostomy and 17 family caregivers at a comprehensive cancer center.

METHODS & VARIABLES: Instruments included the Impact of Event Scale–Revised, the Memorial Symptom Assessment Scale, and the Patient-Reported Outcomes Measurement Information System Depression 6a Short Form scale.

RESULTS: Post-traumatic distress related to tracheostomy and general depression in patients and family caregivers was highly prevalent. An increased level of physical symptoms was moderately correlated with higher levels of post-traumatic distress.

IMPLICATIONS FOR NURSING: Patients who experienced higher symptom burden may also suffer from post-traumatic distress related to tracheostomy. Oncology nurses can implement post-traumatic distress screening in patients and their family caregivers.

KEYWORDS tracheostomy; post-traumatic distress; caregiver; mental health; depression; PTSD

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Head and neck cancer (HNC), which refers to malignancy in the oral cavity, throat, voice box, paranasal sinuses, nasal cavity, and salivary glands, is the world's sixth most common cancer (Sung et al., 2021). In the United States, HNC comprises 4% of all cancers and has been increasing by 0.8% annually since 2009; there were an estimated 54,000 new cases in 2020 (American Cancer Society, 2020). Treatment options for HNC include radiation therapy, chemotherapy, immunotherapy, and surgery. In a Canadian survivorship study by Giuliani et al. (2016), about 57% of patients with HNC received surgery. A patient will need a tracheostomy as an artificial airway when there is laryngeal deficiency because of malignancy or side effects such as dysphasia and aspiration from multimodal therapies. Tracheostomy creates an altered airway after the excision of a tumor in the trachea and larynx.

Tracheostomy has been used in medicine since 3600 BC, and more than 100,000 tracheostomy surgeries are performed in the United States each year (Cheung & Napolitano, 2014). Tracheostomy is a high-risk procedure. A national analysis of 113,653 adult tracheostomies performed in 2006 found a 19.2% mortality rate in patients with cardiac, respiratory, and neurologic conditions, yet the high mortality rate was mostly associated with primary critical conditions, and HNCs were not identified explicitly as an indication for tracheostomy in the analysis (Shah et al., 2012). A retrospective analysis (N = 171) conducted in a U.S. medical center found that HNC malignancy accounted for 51% of all open tracheostomy procedures (Fattahi et al., 2012). A medical center in Pakistan (N = 130) reported that