Confronto interdisciplinare per ottimizzare la multiprofessionalità del PSDTA Testa-Collo

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Quando e perché è necessario coinvolgere il logopedista nel percorso di cura di un paziente cervico-cefalico?

Il percorso di cura del paziente con tumore cervico-cefalico prevede il coinvolgimento del logopedista all'interno dei Gruppi Interdisciplinari Cure (GIC), nei casi di chirurgia maggiore, nei casi di preservazione d'organo (Radioterapia e/o Chemioterapia) e nella fase del follow up.

Nel GIC testa-collo, la presenza del logopedista risulta importante per intercettare i pazienti fin dalla fase della diagnosi e per rendersi disponibili al confronto con gli altri membri dell'equipe al fine di una presa in carico interdisciplinare.

Nel paziente chirurgico, il logopedista è coinvolto nella fase pre-intervento e post-intervento. Nella fase pre-intervento, la presa in carico logopedica prevede la valutazione delle abilità e delle risorse del paziente, il counselling al paziente e ai care giver e la prehabilitation, mentre nella fase post-intervento il logopedista interviene per favorire il recupero della funzione deglutitoria (sicurezza ed efficacia, evitare complicanze di disfagia), per ottimizzare la funzione articolatoria (intelligibilità dell'eloquio ed efficacia comunicativa) e per ottimizzare la funzione fonatoria.

In caso di preservazione d'organo (Radioterapia e/o Chemioterapia), il logopedista è coinvolto nella fase pre-intervento Radio/Chemioterapico, durante i trattamenti RT/CT e post-interventi RT/CT. Prima della Radio/Chemioterapia, il logopedista valuta le abilità e le risorse del paziente, effettua il counselling al paziente e ai care giver e attiva la pre habilitation. Durante la RT/CT, la presa in carico logopedica è mirata a favorire il mantenimento dell'alimentazione per os modificandola in base alle difficoltà del paziente, a contenere o a gestire gli effetti collaterali a breve e medio termine interessanti il distretto testa-collo (ad esempio mucositi, xerostomia, disfagia, gestione non farmacologica del dolore). Nel post RT/CT, il logopedista interviene per contenere o per gestire gli effetti collaterali a lungo termine (ad esempio trisma, fibrosi post-attinica, disfagia).

Nel follow up, considerando le risposte tissutali a distanza di tempo, la presa in carico prevede il mantenimento e il monitoraggio dei risultati ottenuti, la valutazione di eventuali nuovi obiettivi riabilitativi e la gestione di eventuali nuove criticità emerse in sede di visita di controllo.

Valutazione strumentale (FEES): quali informazioni possono rendere più efficace la riabilitazione logopedica del paziente cervico-cefalico?

Ai fini di una riabilitazione logopedica il più efficace possibile, è importante la rilevazione delle seguenti informazioni derivanti dalla valutazione strumentale tramite FEES:

- Descrizione dettagliata delle strutture anatomiche residue e relativa funzionalità
- Spazio respiratorio
- Sensibilità laringea
- Efficacia della tosse volontaria
- Presenza di ristagni e/o penetrazione e/o aspirazione di saliva e /o bolo
- Efficacia di eventuali posture e /o manovre di compenso
- Gestione delle diverse consistenze alimentari.

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