



This factsheet provides information on:

- Hoarse voice
- Swallowing difficulties
- High calcium
- Low sodium
- Superior vena cava obstruction
- Symptoms from secondary cancer of the brain

Hoarse voice

Why do I have a hoarse voice?

Some people with lung cancer can develop a hoarse voice. It may be caused by the cancer pressing on a nerve in the chest called the laryngeal nerve. If this nerve is squashed, one of the vocal cords in your throat can become paralysed, leading to a hoarse voice.

If your vocal cord is not working properly, you may also find it more difficult to swallow effectively and there is a risk that food and drink could be inhaled into the lungs (see safe swallowing advice on page 4).

Having a hoarse voice can affect everyday social tasks, as you often have to use your voice. The impact can be significant for some people, both on a practical and an emotional level. It can also be very tiring to talk, as it takes a lot of effort to be heard and understood, particularly over the phone.

Is there anything that can help it?

The hoarseness of voice should be fully assessed by your cancer doctor or lung cancer nurse specialist. Treatment will depend on the cause of your hoarse voice. Sometimes if the cancer reduces in size the pressure on the nerve may be released; therefore treatments such as steroids, radiotherapy and chemotherapy can help to improve your voice. Referral to the speech and language therapy team may be needed to assess swallowing and to advise if speech therapy would help. In some cases it may be useful to ask for an assessment by the ear, nose and throat team, to see if any intervention such as vocal cord injections would improve your voice.



How can I help to protect and care for my voice?

Background noise. Raising your voice over background noise, even of low intensity, may lead to strain and discomfort. Rather than avoiding places that are noisy, such as pubs and parties, try to talk only when you are somewhere quieter. Speak clearly so that your lips can be read and speak more slowly. Remember to turn off or mute the television and radio before speaking. Reduce unnecessary background noise whenever possible.

Speaker-listener distance. Rather than raising your voice, get closer to the person you are speaking to. If the listener has a hearing impairment ensure that you are facing them when you speak and that background noise is minimal. Use other noise makers that you have arranged before hand to attract attention, for example, whistles or claps. You can use a mini voice amplifier to make your voice louder. This can be purchased or in some cases borrowed from a speech-language therapist. You can also use this device when making telephone calls.

Air quality. Household dust and pollen are irritants that cause the air passages to become inflamed and dry. This may affect voice pitch and quality. Try to make sure the house is as clean as possible and avoid doing major repair work which can cause further dust. Drink more fluids if the air quality is poor.

Inhalers. If you have an inhaler, ensure that you follow the directions carefully. As you inhale, open your throat as wide as you can to ensure that all the inhalant is breathed in and as little as possible touches the vocal cords. Have a drink afterwards.

Tips to help a hoarse voice:

- Give your voice a rest or speak quietly, especially if you feel tired.
- Drink plenty of water to keep your vocal chords or throat hydrated, especially when you are talking.
- Breathing in steam will help moisten your larynx (voice box) and vocal chords.
- Your voice may be stronger at certain times of the day, so it may help to plan your day when your voice is stronger, for example, meeting people or making telephone calls.

“If you have a hoarse voice, try sucking on a soothing throat lozenge”
Amy



My voice problems are causing me anxiety. How will I cope?

The voice is a reflection of how you feel. Vocal strain can be the result of emotional tension. For example, when you are afraid your breathing rate increases, your heartbeat accelerates, your larynx rises and your vocal folds tighten causing the pitch of your voice to rise and your voice to sound tense.

Some people avoid social contact, but if at all possible continue to see your family, friends and meet people because it will improve your well-being. Talk over any worries or problems you might have with someone who is a good listener. Consider seeking professional help such as talking to a psychologist or counsellor.

Swallowing difficulties

Why am I having trouble swallowing?

Some people with lung cancer can have difficulty in swallowing. This is called dysphagia (dis-fay-gia). Swallowing certain foods or liquids may be difficult. This can lead to loss of weight and dehydration, and can be very distressing.

It can be caused by the cancer or lymph nodes in the middle of the chest pressing on the oesophagus (food pipe). It can appear as if the food will not go down or sometimes the swallowed food will then be brought back up. Occasionally pain or a burning sensation can be experienced when swallowing. Some people who have radiotherapy to the centre of the chest can experience difficulty or soreness in swallowing; this is usually a temporary side-effect.

What can be done to help my swallowing problems?

If you are having difficulty swallowing, contact your GP or lung cancer nurse specialist for advice. They will carry out an initial assessment and may refer you to another healthcare professional for further tests and treatment. Sometimes, if the tumour reduces in size with cancer treatments, the pressure on the food pipe may be reduced. There are some medicines that may help such as antacids and other stomach medications. These should only be used if prescribed by your healthcare team.

If swallowing problems continue, speak to your GP or lung cancer nurse specialist immediately. It may be necessary to change your diet to ensure you are receiving enough nutrition and fluids. Your hospital may refer you to a dietitian for advice.



Tips to help with swallowing:

- Make sure you are sitting upright, preferably in a hard backed chair. Try to stay sitting for at least 30 minutes after eating/drinking.
- It is safer to eat soft foods which you could mash with a fork.
- Avoid mixed consistencies like soup with bits, or hard cereals with milk.
- Take your time, as rushing and gulping food down will lead to more problems.
- Try not to talk and chew or swallow at the same time.
- Ensure that each mouthful has been swallowed before the next is taken.
- If the food sticks in the mouth or throat, take alternative swallows of food and a drink to help 'wash the food down'. Fizzy drinks can help with swallowing and eating.
- If swallowing is difficult, then use a chin tuck: Sip, chin down and swallow.
- Stop eating and drinking if you are tired, if you start coughing or your voice becomes gurgly.
- If drinks make you cough or choke, speak to your GP or lung cancer nurse specialist. Try a thicker drink such as a smoothie or ask your GP for a thickener.

My doctor says I have acid reflux, what is this?

Acid reflux is sometimes known as gastro-oesophageal reflux. This is felt as a burning in the throat, heartburn or an acid taste in the mouth and is a common cause of throat problems. You may become aware of these symptoms during or after eating.

Tips to help with acid reflux:

- Avoid excessively large meals and have larger snacks between meals.
- Have your last meal at least two hours before lying down.
- If you think you have reflux, see your GP or lung cancer nurse specialist. Prescribed antacids are more effective than over-the-counter medications. Your GP or speech and language therapist will be able to give you information on how to help reflux.



High Calcium (called hypercalcaemia)

My doctor says I have high blood calcium. What is this?

High blood calcium is known as hypercalcaemia (hi-per-cal-cee-mia). It is a disorder that can sometimes affect patients with advanced lung cancer. There are a number of causes of this disorder; occasionally if the cancer has spread to the bones, the calcium in the blood can be high. The common signs and symptoms that may be experienced are:

- Nausea, anorexia and vomiting.
- Thirst and increased passing of urine.
- Drowsiness.
- Constipation.
- Dehydration.
- Confusion.

What will help me?

Your cancer doctor or lung cancer nurse specialist will assess the calcium levels in the blood. If you have mild hypercalcaemia you may just need monitoring and increase your oral fluid intake. If it is more severe, you may require rehydration, usually by fluids and isphosphonates (calcium lowering drugs) given by a drip called intravenous infusion. Sometimes the hypercalcaemia can come back. Look out for any signs or symptoms and get your blood calcium level checked. Some patients will require medication to keep the blood calcium within normal limits.

Low Sodium (called hyponatraemia)

My doctor says I have low sodium. What is this?

Low sodium level in the blood is called hyponatraemia (hi-po-nat-ree-mia) is a potential problem for patients with lung cancer, more commonly small cell lung cancer. Commonly, a mild low sodium level may not give any signs or symptoms at all. However, some signs that may be experienced are:

- Concentrated urine.
- Nausea and vomiting.
- Risk of convulsions.
- Muscle weakness and lethargy.
- Drowsiness and confusion.

What will help me?

Your cancer doctor or lung cancer nurse specialist will assess the sodium levels in the blood. To increase the sodium level, your cancer doctor may suggest your oral fluid intake is restricted to a certain amount. Sometimes drugs can be prescribed to help raise the sodium level. The sodium levels may not correct until the cancer is treated.



Superior vena cava obstruction (SVCO)

What is a superior vena cava obstruction?

Lung cancer, particularly those in the right upper lobe of the lung, can sometimes block a large vein that carries blood from the brain, head and arms back to the heart. The vein is called superior vena cava. When it is blocked or squashed it is called an obstruction (SVCO). This causes a build-up of pressure so that fluid seeps out of the blood stream and collects in the tissues.

The signs and symptoms that patients may experience can be very distressing. They can develop gradually or happen very quickly and could include:

- Swollen arms, neck and face, particularly around the eyes.
- Purple dilated veins on the surface of the chest, neck and upper arms.
- Headaches or fullness in the head, particularly on bending or lying down.
- Dizziness.
- Visual changes.
- Increasing breathlessness.

What will help me?

This condition should be fully assessed by your cancer doctor. Treatments aim to reduce the blockage of the vein and reduce the side-effects it causes. They can include steroids to reduce any swelling or painkillers for headaches or any pain. Sometimes a stent can be inserted to try to keep the vein open. Other treatments will depend on the type of lung cancer you have and may include radiotherapy and chemotherapy.

Symptoms from secondary cancer of the brain

Lung cancer which has spread to the brain is called brain metastasis (me-tass-ta-sees) or secondary cancer of the brain. This can cause a variety of symptoms. The signs that cancer may have spread to the brain include:

- Frequent headaches.
- Blurring of vision.
- Weakness/numbness in the legs.
- Confusion.
- Behavioural changes.
- Fits (seizures).
- Feeling sick.



You will need urgent advice on how to manage these if they occur. Your cancer doctor or lung cancer nurse specialist will be able to help you. They may be able to prescribe steroids to reduce any swelling in the brain and help other symptoms. Steroids occur naturally in the body and help to control many body functions.

If you have had a fit or seizure, you may be prescribed anticonvulsant drugs to prevent them happening again.

It is important to remember that you will not be allowed to drive your car. You must contact the DVLA to advise them of your medical condition. Ask your GP or lung cancer nurse specialist if you are unsure how to do this. You should also be careful when operating machinery or other activities where you may put yourself at harm.

Other treatments for patients who have brain metastasis can include chemotherapy, radiotherapy or surgery. Your cancer doctor may also recommend a targeted radiotherapy treatment called stereotactic radiotherapy.

GIVING HELP AND HOPE

The charity has two aims:

Supporting people living with lung cancer - Working closely with lung cancer nurses, we provide information, run lung cancer support groups and offer telephone and online support. Our patient grants offer some financial help to people affected by lung cancer.

Saving lives - We fund lung cancer research, campaign for better treatment and care for people who have lung cancer, and raise awareness of the importance of early diagnosis. Our lung cancer prevention work helps people to quit smoking and encourages young people not to start smoking.

Call us on 0333 323 7200 (option 2)

This information has been taken from the following sources:
Lung cancer—answering your questions: Managing lung cancer symptoms 2014