



MOUTH CARE FOR ONCOLOGY PATIENTS.

As an Oncology Sister with experience in nursing patients through chemotherapy protocols and patients under going radiation and transplant processes such as Autologous and Allogeneic Transplants I can only stress the importance of mouth care.

A sore mouth with ulcers, blood blisters from lack of platelets and bleeding gums, spongy gums and sensitive teeth, thrush infections and eroded areas and dry mouth syndrome and mucositis with abnormal production of saliva are extremely distressing for patients. It causes extreme pain in some cases and drugs such as Valoron Drops or a Morphine Titration are required to relieve it. The patient is unable to move their mouth adequately enough to speak, swallow their own saliva, let alone eat any kind of food leading to inadequate nutrition and even dehydration. It is also soul destroying for them not to be able to communicate effectively and not being able to swallow without pain is exhausting. It can also be very unsightly as in the case of Herpes Simplex Virus where the lip area is encased in sores and blisters and extremely painful. Here Zovirax cream applied locally and in oral or IVI form would be the treatment of choice.

Tooth caries can cause infections and massive problems to deal with if the patient is neutropenic. Swelling of the jaw can be very large and painful as a consequence. In the case of Transplant Patients who are having a planned procedure prevention is better than cure...as the old saying goes!!! Ask those patients to have a dental check before the time of preparation and have any caries treated and teeth cleaned. Also start the patient on a routine of mouth care. Regularly cleaning teeth after meals and preferably with a battery operated brush or very soft tooth brush and using a mouth wash such as Oraldine or Andolex. A solution of salt and bicarbonate of soda we found worked very well on the Unit I worked. Simple but effective. Also easy to make , cost effective and the patients can make it at home. It also does not “burn” as mouthwashes that contain alcohol do if the mucosa is abraded.

Another simple thing to use is glycerine and this helps tremendously for dry mouth syndrome. Gently applied to the inside of the mouth with a mouth stick. There is also a product on the market available enclosed in a sterile packet with a glycerine and lemon stick individually wrapped for use which is extremely useful and it cleans and refreshes

and lubricates the mouth. Easy for a weak patient to use themselves or a nurse and can reach all the gum areas and clean the surface of the tongue. Also tastes nice!!! An important factor!!! I think a lot of pharmaceutical companies forget about this and do not realize how chemotherapy patients become sensitized to taste changes and textures. I have found that a lot of artificial saliva's on the market are not liked because of the taste...and the texture. Having tried a couple myself I can vouch for this!!!

A new product came on the market which was a preventative measure for all chemotherapy and radiation patients in the form of a tablet to be sucked at the start of the therapy and continued throughout as it made a protective coating on the mucosa and prevented cell damage. I tried it on a quite a few patients with the Oncologists permission as it was on trial at that stage and it was very successful when used. However a lot of the patients did not like the size and colour of the tablet and found it too large. I tried it and the taste was not unpleasant, a liquorice and aniseed taste but some patients really found that too strong. When normal saliva levels were present the tablets dissolved well but if the patient had a dry mouth it did not happen and then the coating did not occur. I think on the whole a liquid preparation/mouthwash would be easier to use and not as daunting to take as a large type of dry tablet. The idea of a preventative mucosal protectant though is a good one.

However I still think that educating the patient in looking after and caring for their mouths is very important pre-chemotherapy. It is not thought about. Most of the general public know about hair loss, dry skin, possible nausea and vomiting and tiredness but care of the mouth and consequences of drug damage to oral mucosa is not. I also think it could be part of the Pharmacists interaction with the patient to inform them of products available to help them care for their mouths, as well as the Oncology Nurse. One of the best mouth washes I have ever used was made up by our Oncology Pharmacist at the time, Mr M..Conadaris. It is still recommended for severe mouth damage and ulceration. The first time we used it was on an Allogeneic Transplant / MUD who had one of the worst mouths I have ever seen which we were at a loss to treat. This mouth wash was the only thing which gave our patient some relief.

Not all Chemotherapy patients get sore mouths but some chemotherapy drugs have a propensity to cause mucosal damage. Cytotoxic drugs may cause dose dependant oral ulcers, stomatitis(inflammation of the mouth, often a symptom of systemic disease) mucositis, glossitis (an acute or chronic inflammation of the tongue),cheiliosis (fissuring and dry scaling of the skin and vermilion surfaces of the lips and corners of the mouth) Also oesophagitis is a common side effect. All of these conditions can be exacerbated by infection such as Candida and during Neutropaenic periods.

Methotrexate/ Mucositis very common and dose and schedule dependant, oral and IVI. Made worse by concurrent radiation therapy. Also poor renal function . Poor mouth care and inadequate oral intake. Prevent with Folinic rescue/Leukovorin. Good nursing care for oral hygiene/ Lip care with Vaseline/glycerine. Use analgesia/opiate to reduce pain. Valaron drops we found useful as they could be given prior to meal times to facilitate chewing and swallowing and were not as sedating as a morphine titration..

5FU/ Mouth problems as above with both oral and IVI administration but particularly with IVI route and dose schedule.

Anthracyclines/eg Adriamycin/Idarubicin/ Often causes mouth ulceration especially during neutropaenia, radiation therapy and worse with liver dysfunction.

Common drug used for breast cancer treatment is Adriamycin and often causes mouth ulcers whether or not the patient is neutropaenic I have found. This category of patient often gets overlooked for mouth care advice and treatment.

Actinomycin D/ Common Ulcerative.

However any drug at High dose can also cause ulceration and Transplant Patients are particularly at risk and from experience I have found that patients that have had Busulphan orally are at particular risk for sore and complicated mouth problems when they become neutropaenic. I cannot comment on the use of IVI Busulphan as I have only used it on one patient and they did still have mucositis.

Prior to Radiotherapy in the oral region it is important if time permits for patients to have dental care and any treatment required undertaken before their treatment, particularly if oral surgery is required. Also for sufficient healing time to take place. Fluoride treatments protect the teeth and the use of sealants. Extra care of the mouth and teeth should be taken regularly following radiation especially if dentures are in place directly under an irradiated area in case of persistent ulceration and tissue breakdown.

In conclusion we all forget how much we use our mouths and what an important part they play in our lives for nutrition, speech, expression , and we take them for granted...until we cannot use them as we should and are unable to function normally and have pain in using their parts. Our general health can be seen in the state and health of our mouths and are a good indicator in what may be happening in our bodies.

Luckily following chemotherapy treatment and radiation the cells quickly regenerate and we get “normal” mouths again , but please tell our patients to take care of them and of products that may be available to help them do so. Even something as simple as Glyco Thymol and Glycerine!!!!

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