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**Mouth Cancer
FOUNDATION**

Awareness and Support



Society
of British
Dental
Nurses

Oral care guide

in Cancer Care

Introduction

This is a convenient quick reference guide to help you identify a variety of oral health issues that may arise during cancer treatment.

Cancer and its treatment can directly impact the patients oral status and this can affect their general health and wellbeing, nutrition and hydration and general quality of life. In some cases if the oral cavity is affected this can cause severe breaks in their treatment.

We hope you find the contents of this guide useful.

Many thanks.

Public Health and Wellbeing, Rochdale

Prevention: All Patients

- Ask patients to have a full dental assessment and address all sharp teeth/fillings, dental decay, gum disease and any loose fitting dentures pre treatment.
- Stress the importance of good oral hygiene and a well-balanced diet.
- Encourage the avoidance of alcohol and tobacco. Encourage regular saline mouthwashes.
- Treat effects of a dry mouth.

Low risk

- Patients with good oral hygiene and no prior oral complications.
- Patients who are receiving treatments not known to cause moderate/severe oral mucositis.
- None smokers.

Preventative interventions

- Encourage good oral hygiene, with a soft/medium toothbrush and high fluoride toothpaste/foam or gel.
- Encourage and educate the patient to report any oral changes, Always perform a baseline oral assessment.
- Saltwater mouthwash – 1 teaspoon salt to 900ml cold/warm water. To be swilled and gargled at least 4 times in 24 hours, fresh supply to made daily.
- Hospital patients may use 0.09% sodium chloride. Rinse after use.
- Referral to Dietician.

Prevention: All Patients

Moderate risk

- Patients with previous history of oral mucositis, oral injury or poor oral health.
- Patients receiving Systemic Anti-Cancer Therapy known to cause oral mucositis.
- Low dose of head and neck radiation.
- Pharmacological agents and/or co-morbidities causing a dry mouth.
- The very young and the elderly.

All preventative interventions for low risk plus:

- Increase frequency of saline rinses.
- Cryotherapy/ice chips are recommended for patients undergoing 5 – Fluorouracil treatment and high dose Melphalan (Lalla et al 2014).
- Benzydamine 0.15% oral solution (Difflam) 10ml 4 times a day.
- Caphosol.
- Mucosal protectants, e.g Gelclair.
- Quitting via smoking cessation.

Prevention: All Patients

High risk

- Patients who smoke.
- Patients with previous history of oral mucositis, oral injury, or poor oral health.
- Patients undergoing surgery to the oral cavity or head and neck area.
- Patients receiving high dose chemotherapy prior to Hematopoietic Stem Cell Transplantation. (HSCT)
- Patients receiving head and neck radiation treatment.
- Patients receiving high dose methotrexate and cytarabine treatment.

All preventative interventions for low and moderate risks plus:

- Refer to smoking cessation.
- All patients should be reviewed by a dietician prior to treatment and seen at regular intervals through and after treatment.
- Low Level Laser Therapy (LLLT).
- Anti-infective prophylaxis according to local policies/guidance.

WHO - Oral Mucositis Scale Assessment:

- Assess patients diet, pain and oral mucosa

WHO Score:

Grade	Description
0 (None)	None
1 (mild)	Oral soreness, erythema
2 (moderate)	Oral erythema. Ulcers, solid diet tolerated
3 (severe)	Oral ulcers, liquid diet only
4 (life-threatening)	Oral alimentation impossible

Document WHO score in patients notes

Grade 0



Maintain good oral hygiene

Grade 1



Good oral hygiene

- Frequent use of saline mouth rinses
- Regularly assess for any oral infection, swab and treat, encourage changing of toothbrush/denture brush.
- Foam free toothpaste while mouth is sore.
- Monitor nutrition.

For consideration:

- Paracetamol mouthwash 4 x per day.
- Benzydamine 0.15% mouthwash (Difflam).
- Treat the dry mouth, e.g. Bioextra.
- Mucosal protectants, e.g Gelclair, GelX
- **Pain relief prior to oral care**

Grade 2



Good oral hygiene

- Frequent use of saline mouth rinses
- Regularly assess for any oral infection, swab and treat, encourage changing of toothbrush/denture brush.
- Foam free toothpaste while mouth is sore.
- Monitor nutrition.

For consideration:

- Paracetamol mouthwash 4 x per day.
- Benzydamine 0.15% mouthwash (Difflam).
- Treat the dry mouth, e.g. Bioxtra.
- Mucosal protectants, e.g Gelclair, GelX.
- **Pain relief prior to oral care**

Grade 3



Good oral hygiene

- Continue with treatment for grade 1 and 2.

For consideration:

- Although difficult keeping the mouth clean is important.
- Opioid analgesics (syringe driver may be necessary).
- Mucosal protectants, e.g Gelclair, GelX.
- Hydration and feeding may require iv and/or enteral route.
- Tranexamic acid to treat localised bleeding.
- **Pain relief prior to oral care**

Grade 4



Good oral hygiene

- Continue with treatment for grade 1 and 2.

For consideration:

- Although difficult keeping the mouth clean is important.
- Opioid analgesics (syringe driver may be necessary).
- Mucosal protectants, e.g Gelclair, GelX.
- Hydration and feeding may require iv and/or enteral route.
- Tranexamic acid to treat localised bleeding.
- **Pain relief prior to oral care**

Glossary:

Erythema	Redness of tissue from inflammation as a result of injury or irritation.
Oral Alimentation	Providing nourishment by feeding.
Oral Mucosa	A protective mucous membrane that lines the oral cavity.
Oral Mucositis	Acute inflammation and ulceration of the oral cavity, a common side effect of chemotherapy and head and neck radiotherapy.
WHO	World Health Organisation.

Useful links:

Macmillan

www.macmillan.org.uk

MASCC

www.mascc.org

Mouth Cancer Foundation

www.mouthcancerfoundation.org

Oral Health Foundation

www.dentalhealth.org

Swallows Charity

www.theswallows.org.uk

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www.ukomic.com

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