

Oral Care in Cancer :

Helping Patients with Tooth, Gum and Mouth Patients



Nabam Yalla
3 rd year BDS student
Yamuna Institute of Dental Sciences & Research,
Yamunanagar

Introduction

Cancer Research UK reported that there were 359960 new cases of cancer in 2015. And it has been estimated that 15% to 80% of patients experience malnutrition when going through cancer treatments. One of the reasons for this poor nutrition intake is oral health problems. It has been estimated that only 50% of the population attend a dentist regularly, so patients do not have good oral care before they start their cancer journey. The mouth is often treated as if it is a separate entity, rather than as central to a person's health and wellbeing. Many cancer patients do not see the importance of mouth care at the start of cancer treatment. However, the mouth becomes an important part of a cancer patient's journey when oral mucositis, ulceration and xerostomia occur and hinder treatment. Unfortunately, cancer treatment may even have to be healed, and recovery can take longer, when these conditions cause the mouth to be sore and inflamed.

*This article aims to provide an update
on mouth care In cancer patients for the
busy clinical nurse*

The nurse's role

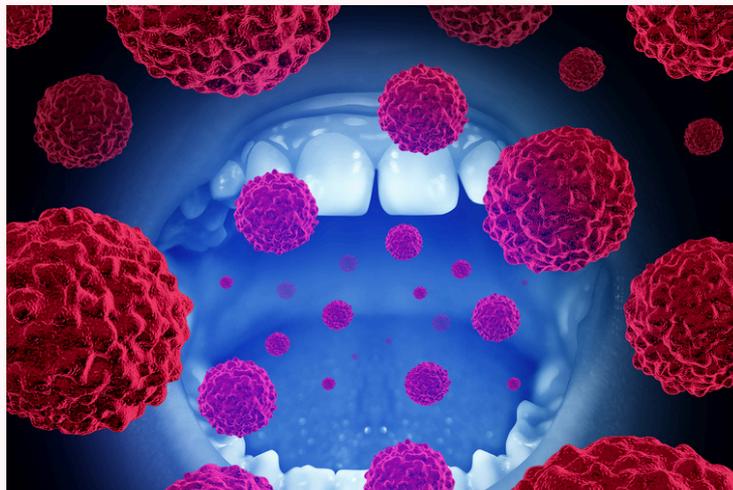
A preventive action the nurse can take is to suggest the patient attend a dental appointment before cancer treatment begins. because having a healthy mouth can help make cancer treatment more tolerable, so good oral care is vital.

Condition affecting the mouth

Immunosuppression during cancer treatment means dental problems can occur that the body would normally be able to fight. there are many bacteria in the mouth, some of which may cause decay, a multifactorial disease or, if gram negative anaerobic bacteria are present, can cause periodontal disease. the two most common harmful bacteria in the mouth are streptococcus mutans, the main cause of tooth decay, and Porphyromonas gingivalis, linked to periodontitis.

Common oral health problems are:

1. tooth decay
2. Gum disease
3. dry mouth (xerostomia)
3. Oral mucositis.



Helping with mouth care

Fluoride Toothpaste

Public Health England (PHE) recommends using toothpaste containing high levels of fluoride. Duraphat 5000 toothpaste for patients over 16 years old and Duraphat 2800 toothpaste for patients over 10 years old are high-fluoride precipitation only toothpaste.

A pea-size amount on the toothbrush should be used twice a day. The dental trays to help keep the high fluoride toothpaste in contact with the teeth overnight. Many other brands of toothpaste contain beneficial ingredients and help with reducing the risk of decay.

Fluoride Varnish Treatment

For high risk patients PHE (2017) recommend that a high fluoride varnish be applied to the teeth and any exposed root surface by a professional at intervals of at least six months.

Toothbrushes

An electric toothbrush is ideal, but if a cancer patient's mouth is too tender a soft manual toothbrush may be preferable. Nurses must be alert to patients who cannot perform their own mouth care and assist them when necessary and encourage relatives to help with mouth care if they are willing.

Interdental cleaning

Controlling bacteria in these inaccessible areas is difficult but should be attempted. Interdental brushes, floss, toothpick and water jets are available. The dental team can advise which is best for the individual patient.

Mouthrinses

If the patient is not able to tolerate a toothbrush or toothpaste, another option is an alcohol-free fluoride mouth rinse. PHE recommended using a fluoride mouthwash 0.05% at a different time to brushing as rinsing straight after brushing reduces the beneficial effects of the toothpaste (PHE, 2017)



Helping with mouth care

Dry Mouth Products

Some patients develop a very dry mouth and require mouth wash and gels purely for lubrication. Many companies have developed products to help and patients may need to try a few until they find one that suits, some contains enzymes, vitamins, oils, xylitol and fluoride. This range of products is expanding with more options becoming available.



Chemical gum and sweets

Saliva production can be stimulated by chewing gum so encourage the use of sugar-free gum and mints - ideally xylitol - can help with lubricating and reducing decay.

Conclusion

The mouth is a "window" to the body, providing clues to the patient's overall health. Oral problems can be a major source of discomfort and distress in cancer patients, and nurses must think holistically and work collaboratively. Some patients suffer with a dry mouth long after they have completed their cancer treatments. These patients are at high risk of oral problems long term, so the nurse should advise the use of a high-fluoride toothpaste and regular visits to the dentist after cancer treatment has finished. The dental team is always available to help if nurses have any questions or concerns about the oral care of their patients.



References:

1. Essential of Oral Cancer by AK Dewan, Rajan Arora, Swarupa Mitra, Ullas Batra
2. Oral care for cancer patients by Renee Anderson

