

Mouth Care for Chemotherapy Patients

Chemotherapy treatment may cause side effects in the mouth. These side effects may include mouth or throat soreness and/or ulcers; problems with your teeth and gums; or problems with the glands that make your saliva (spit). These side effects can be painful, and can make it difficult for you to eat, talk, and swallow. In addition, chemotherapy increases one's risk of getting an infection. Mouth sores can become infected by the many germs that live in the mouth, and this can lead to serious problems. It is important to take every possible step to prevent these problems from occurring.

Mouth Problems That May Be Caused By Chemotherapy

- Sores in the mouth or throat (ulcers)
- Painful mouth and/or gums
- Infection
- Burning, peeling, or swelling of the tongue
- Changes in consistency of saliva (thick, ropy, foamy) or dry mouth
- Changes in taste

How to Keep Your Mouth from Getting Sore

Take Good Care of Your Mouth

If you have ever experienced a mouth or dental problem (i.e., bleeding gums when brushing teeth, broken teeth or fillings, teeth that are sensitive/painful to temperature changes, irritation or gum swelling from wisdom teeth, gum disease (periodontal disease/pyorrhea), loose teeth, or persistent irritation from dentures), inform your oncology doctor and/or his or her nurse of this condition. They may recommend a consultation with one of the hospital's oncologic dentists or see your own dentist for assessment and treatment plan.

A visit to your dentist, prior to starting your chemotherapy, can help to prevent serious mouth problems and may help to lessen the amount of side effects you experience. You may also want to see the hospital oncologic dentist. Make sure to tell your dentist about your diagnosis, blood values, chemotherapy medicines, and treatment schedule. Make sure to give your dentist the name of your medical oncologist so that the two of them can communicate with one another about providing you with safe dental care.

Use a soft-bristled toothbrush and regular- flavored fluoride toothpaste **without** tartar/whitening control. Try to brush your teeth, gums, and tongue after each meal and always at bedtime. Even

if you are not eating, it is recommended you brush your teeth and remove the film and bacteria that can build up and lead to gum infections.

After brushing your teeth, rinse your mouth with a baking soda solution. **Do not** use a mouthwash you can buy in a store. Such mouthwashes may contain alcohol or other chemicals that may irritate your mouth. You can make your own mouthwash at home. To make your own mouthwash at home, mix 1/2 teaspoon baking soda in an 8-ounce container of water.

If you can't brush your teeth after meals, rinse your mouth with water. If you are flossing on a very regular basis (i.e., daily), floss your teeth with **waxed** dental floss. If flossing is **not** one of your routine hygiene habits, speak to your doctor before beginning to floss. Flossing must be done in respect to your blood counts. When your platelets drop below 50,000 (50 k/ul), you can modify your flossing to keep the floss above your gums when removing the food and bacteria between your teeth.

Be careful when putting in or taking out dentures or partial dentures. If your dentures/partials are poor fitting, you may want to leave them out completely since they may injure your oral tissues during chemotherapy, causing a disruption in your treatment. At bedtime, soak your dentures in a store-bought denture soak. Remove your dentures on the days you will get chemotherapy.

Dentures have been known to increase nausea and vomiting with chemotherapy. If your dentures do not fit well, leave them out until after your chemotherapy ends. Leave your dentures out if your blood counts are low. Your doctor or nurse will talk to you about your blood counts and tell you when you should leave your dentures out.

Special Instructions If Your Platelet Count Is Below 50,000 (50 K/UI)

- After eating and at bedtime, brush your teeth using a very soft toothbrush with toothpaste. Because the bristles on soft toothbrushes are softer, your brushing motion **must** be slower to allow the bristles to flow along the gum line and clean off the food and plaque deposits.
- After brushing, rinse your mouth with the baking soda solution. (See recipe for mouthwash above.)
- If you notice sores, bleeding, white patches, or a white coating on your tongue, notify your doctor or nurse.
- It is very important to keep your diet soft and non-irritating during low blood counts. (Do not eat crunchy, abrasive foods such as chips, popcorn, granola bars, etc.)
- If you have any questions, please contact your doctor or nurse.

How to Keep Your Mouth and Lips Moist

Your lips and the inside of your mouth may start to dry out because of fever or medicine. You can do the following things to keep your mouth moist:

- Rinse your mouth with water and/or baking soda solution very frequently.
- Drink 8 to 12 eight-ounce glasses (2 to 3 liters) of non-alcoholic, non-caffeinated fluids each day.
- Suck (do not chew) on ice chips or popsicles. You may also chew sugar-free gum.

- Lubricate your lips and corners of your mouth with an unflavored lip balm (**not** petroleum jelly or Vaseline[®]). Ask your dentist or pharmacist for suggestions on particular brands.
- Tell your doctor or nurse if your mouth continues to feel dry.

How to Promote Mouth Care with What You Eat

To prevent soreness, eat only those things that feel good in your mouth. Eat foods like broth, gelatin, puddings, milkshakes, cooked cereals and frozen juice bars on a stick. Eat warm or cool foods. Try not to go from eating a food that is very hot to eating a food that is very cold. Try taking smaller bites of food, chewing slowly, and sipping liquids with your meals. Drink 8 to 12 eight-ounce glasses (2 to 3 liters) of nonalcoholic, non-caffeinated fluids each day (including non-acidic juices and/or sports drinks.)

How to Care For a Sore Mouth

If your mouth becomes too sore to brush your teeth, there are some things you can do to help your mouth feel better. If your mouth continues to stay sore, tell your doctor or nurse.

Rinse your mouth well with water after every meal. Your doctor may prescribe a prescription mouthwash as well, such as Sucralfate or OraMagic (aloevera-based). Rinse every 2 to 3 hours while awake. This is also good practice if you throw up from your treatment. If you do throw up, first, get your nausea and vomiting under control, then rinse your mouth well. You can suck on ice chips or slowly drink something to flush the back of your throat.

Do not eat acidic or spicy foods, like oranges and hot peppers, which may burn and sting. **Do not** eat hard foods such as potato chips or toast. If you have questions about what foods to eat, ask your nurse, doctor, or dietitian. You may also want to refer to “Mouth and Throat Soreness Management.” If you do not have this document, ask your health care professional for a copy.

What to Do If You Develop Mouth Ulcers

If you develop sores (ulcers) in your mouth, tell your doctor or nurse. If the sores are painful or keep you from eating, you may also want to ask your doctor to tell you about a non-prescription product you may apply to the sores to help relieve the pain.

Eat foods that are cold or at lukewarm temperature; choose soft, liquid, blended, or moist foods; avoid irritating acidic, salty, spicy and highly seasoned foods. If the ulcers are severe, you may need to eat finely ground or pureed foods. For more information, please refer to “Mouth and Throat Soreness Management.” If you do not have this document, ask your health care professional for a copy.