

Oral Mucositis

Myeloma Nurse Guide

The Myeloma Nurse Guide Series has been developed to enhance nurse knowledge, inform practice and support nurses in the delivery of high quality treatment and care to myeloma patients and families. The information has been reviewed by myeloma nurse and medical experts and should be used in conjunction with local and national policies, protocols and guidelines.

What is oral mucositis?

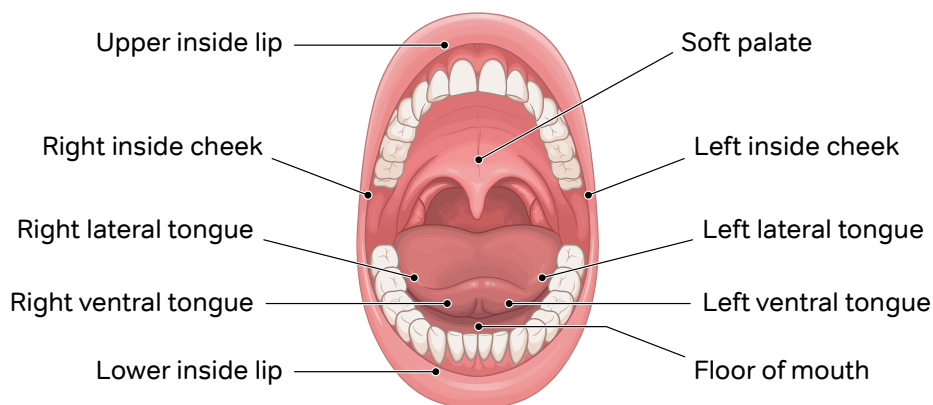
Oral mucositis is damage to the lining of the mouth. It can affect eating, drinking and speaking, and may lead to infection and complications which negatively impact quality of life. In myeloma, mucositis commonly occurs after stem cell transplantation (SCT). It can also be a side effect of chemotherapy treatments, and radiotherapy to the head and neck. Oral mucositis typically starts 5–14 days after chemotherapy or radiotherapy and can last for two-three weeks after treatment.

Clinical features

These include the following symptoms and complications:

- Dry mouth (xerostomia)
- Altered taste, sensation or speech
- Redness, inflammation, ulceration or bleeding
- Soreness and pain
- Difficulty or discomfort eating, drinking and swallowing

Areas of the mouth commonly affected



Assessment and monitoring

Assessment features	Rationale
Assess mouth regularly (daily for patients with mucositis or those undergoing SCT)	To recognise mucositis at an early stage and reduce escalation of symptoms and complications
Regular assessment of pain	To be aware of pain and to check effectiveness of pain relief interventions
Take mouth and throat swabs for microbiology and virology if there are any signs of infection	To pick up and treat any infection promptly
Monitor patient's weight, dietary and fluid intake	To check for weight loss or signs of dehydration

The severity of mucositis can be graded using an appropriate tool, as shown in the Appendix.

Prevention and treatment

Preventative measures and treatments help protect the mouth, reduce severity of symptoms, promote healing, and provide relief. Normal saline mouthwashes can be used regularly to moisten, lubricate, and clean the mouth. Calcium phosphate mouth rinses (e.g. Caphosol®) are prescribed for some patients. Mouthwashes, such as Gelclair® and MuGard®, can help protect the oral mucosa.

Cooling the mouth (cryotherapy) with ice before high dose chemotherapy used as part of SCT can help prevent and reduce mucositis. Ice cubes or lollies, sucked immediately before and during treatment, cause vasoconstriction and reduces exposure of the mucous membranes to chemotherapy.

Anaesthetic mouthwashes can help relieve mild to moderate pain. Patients may need systemic analgesia, ranging from paracetamol for mild pain to opiates, if pain is severe. If swallowing is difficult, analgesia may be administered by transdermal patches or subcutaneous injection. Tranexamic acid mouthwashes can help control any localised bleeding of the oral mucosa.

Low-level laser therapy is a more recent treatment for oral mucositis. It can be used to promote healing and reduce inflammation or given before treatment as a preventative measure.

Nursing management points

Assessment and monitoring

- Use a torch and tongue depressor when assessing the mouth to ensure good visibility of all areas
- Use fluid and food charts to monitor fluid and dietary input if required

Prevention and treatment

- Advise patients to have a dental checkup before having any treatments that commonly cause mucositis
- Use cryotherapy measures as recommended to reduce risk of mucositis
- Advise patients on the correct use of prescribed mouthwashes and sprays
- Ensure all patients receiving SCT take prophylactic antibiotic, anti-fungal and anti-viral agents as prescribed
- Administer analgesia as prescribed and monitor its effectiveness
- Use artificial saliva as prescribed to help reduce mouth dryness. Apply lip salve to dry lips
- Provide regular mouth care if the patient is too unwell to do this

Self-care strategies for patients

- Clean teeth thoroughly with toothpaste and a soft toothbrush after each meal and before bed. Take care with dental floss and interdental brushes.
- Rinse dentures after meals, clean them twice per day and soak overnight. Ensure they fit well.
- Rinse mouth regularly with cooled water during the day
- Avoid spicy, rough, or crunchy food
- Avoid tobacco and alcohol
- Tell the doctor or nurse about any changes noticed in the mouth, e.g. inflammation and soreness

Patient information key points

- Provide written information to help patients understand oral mucositis and how it can be managed
- Explain to patients how to care for their mouth to help prevent oral mucositis
- Ensure patients understand the importance of early reporting of symptoms



References



A list of key references is available on Myeloma Academy:
academy.myeloma.org.uk/myeloma-nurse-guide-references

Appendix

WHO (World Health Organisation) oral toxicity scale

Grade	WHO Scale
1	Soreness +/- erythema, no ulceration
2	Erythema, ulcers. Patients can swallow solid diet
3	Ulcers, extensive erythema. Patients cannot swallow normal diet
4	Oral mucositis to the extent that alimentation is not possible

Common Terminology for Adverse Events Grading Criteria for oral mucositis

Grade 1 (mild)	Grade 2 (moderate)	Grade 3 (severe)
Asymptomatic or mild symptoms; intervention not indicated	Moderate pain or ulcer that does not interfere with oral intake; modified diet indicated	Severe pain; interfering with oral intake



Myeloma★Academy

For further nurse guides and other educational resources on myeloma and related conditions:

academy.myeloma.org.uk

Published by:	Myeloma UK
Publication date:	August 2022
Last updated:	August 2022
Review date:	December 2024

Myeloma UK 22 Logie Mill, Beaverbank Business Park, Edinburgh EH7 4HG

📞 0131 557 3332 ✉ myelomauk@myeloma.org.uk

Registered Charity No: SC026116