

Coping with Sore Mouth, Dry Mouth or Mouth Infections



This Information Sheet has been prepared to explain the causes, symptoms and ways to cope with a sore/dry mouth and mouth infections.

A sore mouth or dry mouth and mouth infections are common problems for people having treatment for cancer.

Early recognition and management of symptoms and early treatment of any resulting infections can significantly improve sore mouths and dry mouths.

Sore Mouth

A sore mouth is often referred to as mucositis or less commonly, stomatitis.

Causes

- **Chemotherapy:** A sore mouth may be a direct effect of some chemotherapy drugs. The cells of the mouth and digestive tract (mucosa) are sensitive to chemotherapy. Some chemotherapy drugs are more likely than others to cause this problem – check with your cancer doctor or oncology nurse about your particular drug regime. If you are having chemotherapy you will be more prone to developing mouth ulcers (sore and broken areas inside the mouth) and infections in the mouth – these will further aggravate a sore mouth (see later section).
- The effects of chemotherapy on the mouth usually clear up 4-6 weeks after finishing treatment.

- Radiation therapy to the head and neck region.
- Other causes can include the cancer itself if it is sited in the mouth area, or some medications, such as steroids and antibiotics, can cause mouth ulcers and/or infections.

Before commencing a course of chemotherapy any existing dental problems should be treated if possible. This is essential for anyone having radiation therapy to the head and neck region.

Early Symptoms

Symptoms often include a burning sensation and/or redness, a feeling of roughness or shininess of the gums or mouth, followed by the appearance of ulcers. Fungal infections (thrush) may occur – these can be seen as white or yellow patches inside the mouth. Contact your oncology nurse or doctor as soon as you notice any symptoms. They will prescribe treatment if needed, and they will regularly assess your mouth.

Coping with a Sore Mouth

Follow the recommendations of your oncology nurse or doctor for the care of your mouth. Don't buy over-the-counter mouthwashes – these often contain alcohol, which will dry your mouth.

Minimise further irritation and inflammation of delicate mouth tissue by:

- Practising good oral hygiene.

Keep teeth and gums clean by using a soft (preferably baby) toothbrush or sponge.

Wetting your toothbrush in warm water will soften the bristles even more. If using dental floss, be very gentle. Always report bleeding from the gums, or mouth to your doctor or oncology nurse (this may indicate that your platelet count is low). As soon as you can, resume using a toothbrush. This is the most effective tool to fight tooth decay. Use fluoride toothpaste to strengthen the teeth. A good substitute for toothpaste is a thick paste of bicarbonate of soda (baking soda), salt, and a few drops of warm water. Apply with a toothbrush, using a pat and push technique, around the teeth.

Use baking soda mouth rinses frequently during the day, after food, and before going to sleep at night (use 1 teaspoon of baking soda mixed in a glass of warm water). Follow with a plain water rinse. Baking soda is an effective cleanser, promotes healing and reduces the acidity in your mouth, which can accelerate tooth decay.

- Controlling the pain.

Medication to relieve pain may be needed – discuss pain early with your doctor or oncology nurse. Let them know if it is not effective.

- Avoid alcohol and tobacco.
- Avoid very spicy, or salty foods, acidic food or drink, e.g. raw tomatoes, citrus fruit and citrus juice, or very rough and coarse foods, e.g. toast, and raw vegetables.
- Try blackcurrant or rosehip syrup, apple juice, peach or pear nectar (less acidic than citrus juices) or herbal teas.

- Avoid very hot or very cold food.
- Eat food with a soft or smooth texture, e.g. yoghurt, milkshakes, mashed potatoes or taro, scrambled eggs, and jelly. Use a blender if possible to purée foods.
- Have some tins of baby food on hand for a quick, nutritious snack.
- Eat a little fresh, ripe pineapple. This contains an enzyme that helps to clean your mouth.
- Try to drink 1.5–2 litres of fluid daily – a moist mouth is less likely to get sore.
- Try drinking through a straw to avoid the sore areas.
- If dentures are worn, leave them out at night (soak in a denture-cleaning solution), and for periods during the day. If you are having radiation therapy to the head and neck region you will need to leave dentures out until several weeks after treatment finishes.

Dry Mouth

Causes

- Radiation therapy to the head and neck area – the severity is related to the dose and duration of treatment. When major salivary glands are in the radiation field, dry mouth problems may well persist for months or years, and there might not be a full recovery.
- Some chemotherapy drugs cause a dry mouth by temporarily decreasing the amount of saliva you produce – this usually clears up 6–8 weeks after treatment finishes.
- Additional medications such as anti-nausea or pain medications can dry the mouth.
- Dehydration due to vomiting or poor nutrition.

Coping with a Dry Mouth

- Practise effective oral hygiene (see “Coping with a Sore Mouth” above). As saliva helps to clean your mouth and prevent plaque build-up and decay, good care of your mouth and teeth is vital when saliva production is reduced.
- Report any vomiting or inability to drink adequate fluids to your cancer care team. Ideal daily fluid intake is 1.5–2 litres daily.
- Sip liquids with meals.
- Discuss the use of liquid food supplements (available on prescription) with your cancer doctor, oncology nurse or registered dietitian.
- Add sauces or gravy to dry foods.
- Dip biscuits in warm drinks to soften them.
- Avoid chocolate and pastry as they tend to stick to the roof of your mouth.
- Avoid tobacco, alcohol and commercial mouthwashes. These can all further irritate and dry your mouth.
- Use a saliva substitute. Biotene Oral Balance Gel is available from pharmacies.
- Try sugar-free gum or sweets, and tart foods, such as lemon to stimulate saliva production.
- Use a humidifier, especially at night.
- Carry a small spray bottle filled with water to squirt into your mouth frequently during the day.
- Keep lips moist with lanolin especially at night to prevent mouth dryness associated with mouth breathing. For very dry lips try Blistex or similar products – ask your oncology nurse/pharmacist for advice.

- Suck ice chips slowly to relieve pain and as a saliva substitute.
- Milk of magnesia or vegetable oil may provide relief by providing a protective coating on the tissue of the mouth.
- Thick, sticky saliva may be a problem too, especially on waking. Rinsing your mouth before eating will thin saliva. Foods to try for this problem include thin, hot cereals or broth-based soups, fruit ice-blocks, warm lemonade, melon, blended and diluted vegetables or fruit.

The Cancer Society has published a booklet *Got Water?/He Wai?: A guide for people with a dry mouth*. This booklet can be obtained via the web address or 0800 number at the end of this Information Sheet.

Mouth Infections

Causes

- Mouth infections can result from irritated, painful and broken areas in the mouth tissue.
- Chemotherapy – immune system impairment reduces resistance to infection.
- Radiation therapy to the head and neck region – direct damage to the oral mucosa.

Common Types of Infection

- Candida (oral thrush)
- Herpes virus (cold sores)
- Bacteria.

Coping with a Mouth Infection

Aim to prevent major problems where possible by examining your mouth daily for early signs of infection (redness, shininess of gums, white patches inside the mouth, coated tongue, mouth odour, or a burning sensation).

Use recommended medication as directed and report its effectiveness to your cancer care team.

Treating Fungal Infection

Treatment of oral thrush is often with an antifungal solution – another way to take this is to measure out your dose and freeze it in ice-block trays. The ice blocks will sooth your mouth.

Practising Good Oral Hygiene and Avoiding Mouth Irritation

See suggestions for “Coping with a Sore Mouth” and “Coping with a Dry Mouth” above.