

Date: 13/07/2017

FREEDOM OF INFORMATION REQUEST FOI/013535 - Chemotherapy, barrier mouthwash

1) Please advise the estimated number of patients receiving chemotherapy and radiotherapy at your hospital(s) each year.

2) What is the preferred 'barrier' mouthwash product prescribed to patients for oral mucositis treatment and/or prevention?

3) Which of the following 'barrier' mouthwash brands, if any, have previously been prescribed in your hospital(s):

- Caphosol
- Gelclair
- Mucodis

4) What is the estimated annual spend on mouthwash?

5) What is the estimated annual number of units of mouthwash prescribed annually?

For questions 1 to 5 please go to the disclosure log on the Trust website <http://dudleygroup.nhs.uk/about-us/freedom-of-information/disclosure-log/> and in the search box type in 013337.

6) How much Saline and Diffiam mouthwash are prescribed for OM? - 858 units of diffiam from June 2016-May 2017. Saline isn't used

7) What are your current prescribing pathways for oral mucositis care?

MUCOSITIS AND NUTRITION

Mucositis is common after chemotherapy and may be particularly severe following conditioning chemotherapy for a stem cell transplant. All in-patients will have their buccal cavity examined by their named nurse at each shift, as well as the ward doctors.

12.1 Prophylactic regimen:

Normal toothbrushing 2-4 times daily

Bland rinses –normal saline solution or sodium bicarbonate solution

Nystatin(anti-fungal) 100,000 units (1ml) swish and swallow 4 times daily.

Chlorhexidine rinse- swish 15ml undiluted around the mouth for 30 seconds, then expel (do not swallow). Repeat 4 times daily

Artificial saliva spray as necessary

20 minutes should be left between chlorhexidine rinse and Nystatin

12.2 If pain and/or lesions occur:

Soft tooth-brushing 2-4 times daily

Fluconazole anti-fungal, 50mg – 100mg PO OD depending on severity.

Mucosal coating agents, e.g. Gelclair 1 sachet tds.

Topical analgesia–Diffiam (benzylamine hydrochloride) 15ml QDS

Systemic analgesia

Dentures should not be worn during ulcerative mucositis or if neutropenic.

If herpes simplex infection is suspected Aciclovir PO 400mg 5 times daily

Short periods of mucositis can be managed with intravenous fluids, although consideration should be given to alternatives (e.g. Total Parenteral Nutrition) if patients are unable to be fed enterally for a prolonged duration. Some patients may also require enteral feeding (e.g. Nasogastric or PEG feeding) during longer periods of ill-health, and should have a review by a dietician early for advice on diet and nutritional supplements prior to the need for these measures

8) Do you currently prescribe anything for the prevention and/or treatment of the following conditions: - No

- Vaginal mucositis (Vulvovaginitis)

- Rectal mucositis

- Radiation dermatitis