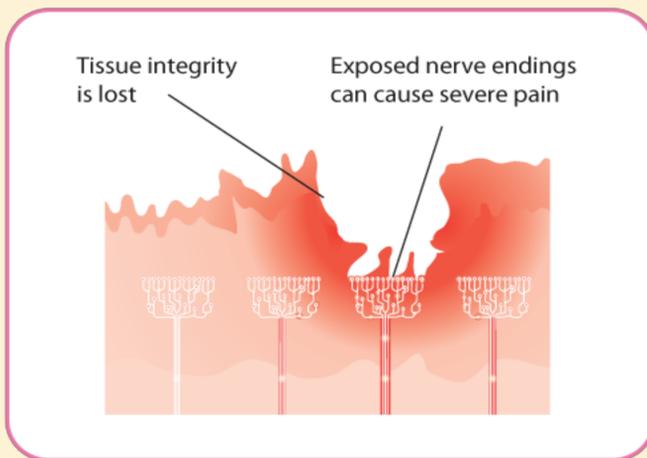


# Pain Management for Chemotherapy-Induced Oral Mucositis

Jenny Behney AD, RN; Amanda Christel BSN, RN; Julianne Pepper BSN, RN; Lydia Remlinger BSN, RN  
Penn State Cancer Institute-Inpatient Unit

## Introduction

Oral mucositis is one of the most painful and debilitating side effects of chemotherapy. Because research has not identified any effective prevention of oral mucositis, pain management is of clinical importance. RNs frequently encounter patients with uncontrolled oral pain. The purpose of this project is to investigate the current pain management interventions used for oral mucositis and compare them to evidence-based research to determine the best practice to manage oral pain.



Retrieved from: <http://www.gelclair.co.uk/>

## PICO

**P:** Patients with chemotherapy induced mucositis, grade 2 or worse on the WHO scale.

**I:** Pain management interventions.

**C:** Current practice vs. Evidence based research.

**O:** Patient satisfaction with pain control.

## Methods

A literature review was conducted using the following databases: EBSCO, PubMed, and CINAHL.

The following terms were included in our search:

- Oral Mucositis
- Pain interventions
- Palliative oral care
- Chemotherapy

## Current Practice

The current practices used in our unit include:

- Normal saline rinses
- “Magic Swizzle” (diphenhydramine, lidocaine, aluminum hydroxide, magnesium hydroxide and simethicone)
- Lidocaine viscous
- Sucralfate
- Systemic opioids (i.e. Patient controlled analgesia [PCA] or as needed)

## Results

AGENT	EFFICACY	LITERATURE
Normal Saline	Recommended for practice [3].	Formal evaluation is lacking for pain control, but studies have shown that when compared to other rinses there was no significant difference for average pain scores [1].
"Magic Swizzle"	Effectiveness not established [3].	Data demonstrating efficacy are lacking. May be helpful for pain and discomfort. Numbness can potentially occur which could cause injury [4].
Lidocaine Viscous	Effectiveness not established [4].	May provide relief of limited duration, requiring frequent application. May cause decreased sensitivity and additional trauma in oral cavity [4].
Sucralfate	Not recommended for practice [3].	Most data shows no statistically significant difference in pain intensity scores [4]. Lack of tolerability with side effects including nausea, emesis and rectal bleeding [3].
Systemic Opioids	Recommended for pain control [2].	Systemic modes of pain management are recommended due to mucositis being a systemic process [2]. Morphine PCA's recommended for mucositis pain control in patient's undergoing stem cell transplant [4].

## Discussion

Literature reveals that normal saline and systemic opioids are recommended for practice to manage oral pain. However, effectiveness has not been established for magic swizzle and lidocaine viscous. Sucralfate was found to be not recommended for practice at all.

There are many agents on the market to treat mucositis related pain, however there is a lack of research to support the effectiveness of them. Some of the agents that have proven promising in research include: [4]:

- Gelclair® (a bioadherent gel), topical capsaicin (topical analgesic)

## Recommendations

Further research is necessary to determine the effectiveness of many agents currently on the market to treat oral mucositis pain. Although some of our units practices are not proven effective, it is ultimately the patient's preference that matters. Nurses must focus on assessing each agent on a patient by patient basis and finding the best ones to meet their personal needs.

## References

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