



Mouth care case study – Head & neck cancer

Patient background

- 60-year-old woman with significant difficulties with oral hygiene following oral surgery for cancer, including resection of the tumour with free flap reconstruction.
- The inside of the patient's mouth was extremely dry, sore, and her oral cavity, mainly the soft palate and surgical site, were caked with dried secretions. The latter were very difficult to visualise given their position in the oral cavity. The patient's prolonged intensive care unit (ICU) stay delayed oral care and once the patient was transferred to the ward, oral care was limited.
- The patient did not have an understanding of the importance of mouth care post-surgery. It was difficult for her to clean the back of her mouth and often the supplies that she needed (e.g. torch, mirror) were unavailable.

Speech and language therapy input into patient's mouth care

- The patient was seen regularly by the speech and language therapy team on the ward for swallowing and communication input. Oral care was required and provided at the start of each session.
- The need for oral care was highlighted to the patient and nurses and education was provided.
- Difficulties with oral hygiene made participation in speech and language therapy sessions difficult. For example, she was referred for a videofluoroscopy for assessment of swallow. However, the dried secretions on the soft palate initially precluded the patient from swallowing anything.
- The patient was unaware of the secretions, and once cleared by the speech and language therapist (SLT) running the clinic, she was able to swallow the liquids for assessment. She was advised to have thin fluids via a teaspoon following oral hygiene.

Outcomes

- The patient's oral hygiene was discussed with both the patient and the head and neck team. It was documented by both the nursing and maxillofacial team that mouth care was needed.
- The patient received education from the speech and language therapy team regarding mouth care. Furthermore, the patient was assessed by her surgical team and it was advised that the patient should brush her front teeth and to use nystatin. Additionally, with reference to the



Mouth Care Protocol for Head and Neck Oral Surgical Patients, she was advised on using MouthEze sticks to remove dried secretions from her tongue.

- The patient had a plate made to cover the palatal defect with the view to help reduce oral secretions and crusting. Her daughter also ordered a nebuliser for use at home to aid in oral hygiene by softening the dried secretions for ease of removal.

Learnings

- This case highlights the need for clear professional guidelines for the provision of therapeutic mouth care post oral surgical flap procedures.
- The case also demonstrates the importance of patient education for good oral hygiene, especially post oral surgery.
- There is a clear need for education and raising awareness about routine mouth care among the public as well as professionals.