Preventive Prehabilitation
Of the Oncology Patient
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PRE-HABILITATION-Is the comprehensive, anticipatory care for oral issues surrounding cancer before debilitating side effects of the disease of treatment develop

I. Number of people living through cancer is increasing, more are receiving care closer to home, demand is increasing
   Silver tsunami of cancer
   15.5 million with a history of cancer
   67% were diagnosed more than 5 years ago
   61% are age 65 or older – usually have more co morbidities as age increases – COPD, diabetes, congestive heart failure
   1.6 million new cases in 2017 surging to 26.1 by 2040 (24% over age 65)

II. Do you have a Policy/Procedure? Screening/Referrals/Follow up?
   A. Preventive Prehabilitation Why?
      An opportunity to decrease treatment related morbidities and improve outcomes
      Establish baseline functional levels
      Provide targeted interventions
      Decreases hospital readmissions, overall costs
      Potential to increase survival
   B. Includes
      Baseline dental and periodontal assessment (Perio charting, FMX, Clinical exam)
      Identify conditions that could cause issues during immunosuppression
      Document potential sources of gingival trauma
      Decreasing the bacterial load
      Ortho removed
      Assignment of risk based on current OH status, history, high risk habits, likelihood of compliance
      Impressions for fluoride trays
      Stress meticulous OH and recare frequency
      Scheduled consultation with patient’s oncologist
      Dental/medical history interview

III. Obstacles to oncology preventive oral care
   A. Medical’s attitude
      Patients won’t do treatment if they know side effects
      Assume they can’t afford dental in addition to oncology treatment
      The diagnosis is all they can deal with
      Most have no training in how to handle oral care issues
   B. Patient’s Attitude
      Unaware that treatment outcomes are complicated by infection
      Mouth is the least of their concerns
      Intimidated – afraid to ask questions
   C. Develop a professional relationship with oncologists in your area
      Get newly diagnosed patients in right away for immediate evaluation
      Evaluate planned treatment in conjunction with the therapy they are receiving
      Reschedule other elective appointments
      Need to be dentally cleared prior to beginning treatment
Develop resources

IV. Treatments
   Can affect blood glucose levels
   Will feed oral bacteria
   Will build biofilm
   Cause xerostomia
   Alter pH - causing decay
   A. Head and neck therapies create unique concerns
      Most complicated
      Cumulative effect
      Anatomical structures in field of treatment
      Treatment schedule
   B. Acute issues patients experience
      Diminished quality of life
      Nausea and vomiting
      Emotional – extreme anxiety, uncertainty, sadness, irritability, uncontrolled emotions
      Cognitive difficulty
      Short term memory loss
      Adapting to new body image
      PTSD
      Residual joint pain
      Irregular sleep
      Lowered sex drive
      Bone density
      Neuropathy
      Heart/Lung Damage
   C. Post treatment effects long term
      Balance in chaos
      Reassignment of priorities
      Hyper focus
      Brain and body play catch up
      Sense of grief
      Family history – fear of passing it on

V. The Hygiene Appointment
   A. LISTEN
      Don’t overwhelm
      Identify needs
   B. Reassess risk at each visit
      Salivary flow, OH, need for adjunctive caries management treatment
      CHX closely monitored with the use of a syringe, directed to target area not full mouth rinse
   C. Xerostomia
      Most widespread complication in head & neck patients
      IMRT has reduced damage to salivary glands
      Many salivary functions return to normal upon completion of therapy
      Intolerance to oral medications, risk of mucosal injury, risk of fungal infections
      Inability to wear prostheses
      Rampant decay
   D. Mucositis
      Educate so it can be prevented
Common in bone marrow transplants
Can occur anywhere along GI tract
Can interrupt therapy if severe
Acts as a portal for bacterial, viral, fungal infections
Opportunistic infections
  Herpes simplex
  Candida
  Herpes varicella zoster
  Cytomegalovirus
Pain management is priority

E. Peri-Implant Mucositis
   Visually
   Radiographically
   Pain?
   Exudate/bleeding?
   Mobility?

F. ORN/MRONJ
   Prior history of bisphosphonate use
   Half-life of 10 years+
   Late effects
   Newer drugs
   Can occur spontaneously
   More often in males
   More often in mandible
   What to look for

G. NADIR
   “Lowest point” of cell counts
   Occurs 10-14 days after infusion
   Leukopenic - Increased risk of infection, septicemia and bleeding during this time
   Thrombocytopenic - Delay treatment until neutrophil and platelet counts have recovered
   Anemic – morning appointments, blanket, written instructions
   Know their cycle of treatment, the regimen, consult with the oncologist, request current blood work

H. The hygienist as a Liaison
   Coordinate communication

I. Patient Comfort
   Appointment time
   Instrument selection
   Repositioning
   Chronic neck fatigue
   Watch for TIA, syncope
   Fibrosis
   Heat sensitivity
   NSAIDS
   Trismus

J. Nutritional
   Altered taste
   Ability to swallow
   Nausea and vomiting
   Certain medications may increase cravings
   Use of xylitol
No sugar based lozenges or candies

VI. Recommendations
   A. Questions you need to ask yourself
      Do they have saliva?
      Absent or just reduced?
      Salivary consistency/pH – stimulating salivary flow brings on protective benefits of saliva
      Do products contain citric acid? Isomalt?
      Other sugars that may promote decay?
      Are products designed to provide symptom relief or moisture?
      How often can they be used?
      Better suited for daytime or overnight?
      Any contraindications for ingredients?
      THE ANSWERS DETERMINE RECOMMENDATIONS
      Availability and expense enter into equation
      Palatability
      Patient compliance
   B. Oral hygiene instructions
      Extra soft toothbrush
      Clean gently interproximally – IDB’s, Waterflosser
      Remineralization – paste, trays
      Fluoride – paste, trays
      SDF
      Goal is to keep bacterial load low
      Avoid appliances if sores are present
      Clean appliances thoroughly due to risk of candida! Use diluted bleach
      Nystatin rinse aka “magic mouthwash” discouraged due to high sugar content, not any more effective
      Balanced pH
      Palliative rinses
      Know WHY you are making that recommendation. What is your goal?

VII. How we can make that difference
     Patients, family members of patients
     Opportunity/unique position to make a difference
     Education to other providers – endorse referrals to those with the expertise
     Education to caregivers
     Save Lives With a SNAP

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RESOURCES

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Silver Tsunami of Cancer Survivors to Slam US, Medscape Jul 25 2016

Silver, Julie K. MD; Baima, Jennifer MD. American Journal of Physical Medicine and Rehabilitation, August 2013 – Volume 92 – Issue 8 – P 715-727 DOI:10.1097/PHM.0b013e31829b4afe


https://youtu.be/zPRDeFxDO5M Allison Stahl and Trish Keena, Oral Cancer Foundation

http://www.dentaloncology.com/
http://www.drdennisabbott.com/

Cancer Basics, Julia Eggert, PhD, APRN-BC, GNP, AOCN. ISBN 978-1-890504-90-8


https://www.youtube.com/watch?v=7vg7Y6l0FOE Jeff Blackburn


https://www.sixstepscreening.org


Oral Cancer Foundation http://oralcancerfoundation.org/
http://krispottsrdh.com
https://sideeffectsupport.com