

“Magic” mouthwash explained



By Dr. Allan Hovan,
Provincial Professional Practice Leader,
Program in Oral Oncology/Dentistry,
BC Cancer Agency Vancouver Centre

Most people are aware of common side-effects of cancer treatment like nausea and hair loss. But many don't realize that more than one-third of people treated for cancer develop complications that affect the mouth. Oral complications from radiation to the head and neck or chemotherapy for any malignancy can compromise patients' health and quality of life and affect their ability to complete planned cancer treatment. For some patients, the complications can be so debilitating that they may tolerate only lower doses of therapy, postpone scheduled treatments, or discontinue treatment entirely. Oral complications can also lead to serious systemic infections.

A variety of mouthwash formulations – known as “magic mouthwashes” – are given to patients to palliate the oral

symptoms of cancer therapy. There is no standard recipe for magic mouthwash but most formulations contain some combination of a topical analgesic agent, a steroid, an antifungal agent, an antibacterial agent and (sometimes) a mucosal coating agent. The logic behind magic mouthwash is to combine ingredients with different potential mechanisms of action to provide the greatest relief for patients. The truth is that it is often difficult to tell whether mouth sores are coming directly from the treatment or, instead, represent some form of opportunistic fungal or bacterial infection. When topical or systemic therapy does not palliate or resolve oral symptoms, biopsy of the affected area is often indicated and these patients should be referred to the BC Cancer Agency's (BCCA) Oral Oncology/Dentistry Clinic.

Contact Dr. Allan Hovan at
ahovan@bccancer.bc.ca

View Dr. Hovan's recent webcast on oral mucositis at www.fpon.ca – CME Initiatives.

Magic Mouthwashes at the BC Cancer Agency:

At BCCA, we commonly prescribe three different mouthwashes which vary in composition and cost to patient. Of note, these mouthwashes require a compounding pharmacy.

1. “Noll's Solution”

Contains 120 ml diphenhydramine, 30 ml nystatin suspension, 2.25 mg dexamethasone, 1/2 gram of tetracycline – all mixed with distilled water to a total volume of 203 ml. The price of Noll's solution is approximately \$52. With a prescription written by a BCCA-affiliated physician, pharmacies can usually get PharmaCare approval within a day

2. “Pink Lady”

Contains an antacid suspension (Maalox) mixed anywhere from 1:1 to 3:1 with viscous lidocaine up to any volume. Patients can be given the ingredients separately to mix themselves which keeps the cost very low. Viscous lidocaine is an open benefit prescription with PharmaCare. A 300 ml bottle mixed at 2:1 would therefore cost approximately \$45.

3. BCCA “Magic Mouthwash”

Contains 2 ml hydrocortisone injection (100 mg), 300 ml Benadryl and 100 ml nystatin mixed up to a 1 litre volume. Approximate cost is \$60.

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- and have pathology results available for review: 34% had a normal colonoscopy; 16% had other pathology such as hyperplastic polyps; 25% had low risk pre-cancerous polyps; 24% had high risk pre-cancerous polyps; and 1% had cancer.
- The adenoma and cancer detection rate of the FIT with the current cut-off meets the nationally established benchmark of 50%.
 - Many symptomatic patients in the eligible

age group continue to be registered into the program. Symptomatic patients are not eligible and should be referred directly to a specialist for consult, no FIT required.

- Many patients with a personal history of adenomas who are in colonoscopy surveillance programs have been referred for FIT. These patients do not require FIT and should continue with colonoscopy at the next recommended interval, which can be accommodated in the program by filling out the colonoscopy referral form.

- Since April 1, 2013 when the FIT became available in BC, there has been a slow but steady decrease in the proportion of FITs that are being done outside of the 50-74 year age group. Currently, 13% of FIT users are over the age of 74 and 8% are under the age of 50.

For more information on the Colon Screening Program, or to access program materials including the colonoscopy referral form, educational materials, and program standards, please visit www.screeningbc.ca/colon.