

# Efficiency of GelX in Treating Oral Mucositis in a Patient

Belfast Health and Social Care Trust



## Patient background

- 36 year old male.
- History of Lymphoma.

## Treatment regime:

Obinatumab and Bendamustine. Last treated August 2023 – ongoing ulceration/mucositis post treatment non healing. Regular clinic appointments; admission due to same – AKI/ LFTs deranged and patient having difficulties eating and drinking secondary to pain.

## Impact of ulceration

- Low Mood.
- Poor nutritional/fluid intake due to pain.
- Poor sleep.
- Difficulties speaking.
- Admission for hydration and bloods review.
- Socially isolated as pain and ulceration appearance was impacting his ability to partake in conversations with others.

## Treatments used for mouthcare

Nystatin®; Gelclair®; Biotène®; paracetamol regularly; oxycetecaine and previously chlorhexidine. Also using Bonjela®. Standard treatments and other oral mucositis treatments did not provide adequate relief for this patient.

## Grading of ulceration pre GelX

Grade 2 and grade 3. Grade 2 to throat and Grade 3 to gums/lips.

## 24 hours after starting GelX

- Significant improvement to ulceration.
- Grade 3 ulceration now Grade 2 and Grade 2 ulceration now Grade 1.
- Quality of life improvements: full nights sleep; eating and drinking well; smiling and reporting an overall mood improvement.

## Within 48 hours

- Grade 3 ulceration now Grade 1, and all other ulceration gone.
- Patient discharged home – previous plan was admit for 7 days potentially longer.
- Patient discharged within 72 hours of admission and 36 hours of commencing GelX.

## Findings

- Notable improvement within a short time period.
- Single agent therapy more cost effective than multiple therapy lines.
- Shorter hospital admission.
- Improvement in patient mood.

## Patient feedback:

*The taste is more tolerable than current standard treatment. "Something has FINALLY worked!! Looking forward to Christmas Dinner now!!!"*



# GelX vs standard treatment for mucositis/oesophagitis prevention and treatment.

Belfast Health and Social Care Trust

## Patient background

- 58-year-old male.
- Lymphoma as primary diagnosis.
- Patient admitted for BEAM AUTO.

## Impact of ulceration

- Grade 2/3 mucositis.
- D10 post BEAM Auto.
- Difficulty swallowing, speaking and eating.
- Tolerating thin fluids at room temperature.
- Unable to tolerate anything hot or cold.
- GelX<sup>®</sup> initiated as treatment for mucositis.
- Low mood and pain.

## Treatments used for mouthcare

Gelclair<sup>®</sup>, oxetecaine, paracetamol, nystatin – unable to tolerate candidiasis prophylaxis, chlorhexidine mouthwash – unable to tolerate same.

## Grading of ulceration pre GelX

Grade 2/3 initially. Education given. Patient engaged with trying the device.

## 24 hours after starting GelX

Within 24 hours of GelX<sup>®</sup> use a clear Grade 2. Patient found significant improvement.

## 48 hours after starting GelX

Grade 1 ulceration only – multiple small ulcers remaining. The pain subsided totally. Eating and drinking much better. Still unable to drink hot drinks comfortably.

## Within 72 hours

One mild ulcer healing – not adversely affecting the patient.

## Findings:

Within 3 days of starting GelX<sup>®</sup> the patient's mucositis was predominantly healed.

Unsure if mucositis settled solely with GelX<sup>®</sup> – potential reflection of count recovery also, however we would not usually see such a vast improvement in mucositis with count recovery only.

Patient was facing a prolonged stay in hospital due to ongoing pain and pyrexia. The expected discharge date was pulled forward as the patient was afebrile, haemodynamically stable and had count recovery. (Count recovery – sustained Absolute Neutrophil Count greater than 1.0 unsupported by GCSF).

## Patient feedback:

*"Thank you so much for this! My consultant told me about this stuff, and I really didn't expect it to work so well. Class that I am getting home a week earlier than expected."*

## HCP feedback:

**The patient was recommended to continue to use and keep the application of GelX<sup>®</sup> for 1 week. The patient was followed up in OP 2 weeks post inpatient discharge – all ulceration healed totally by D5 of GelX<sup>®</sup> use. The patient was reassured that progress is being made to bring this treatment/prevention into clinical areas as a standard mouth care. He was thanked for his involvement and engagement.**