Head and neck cancers (HNCs) pose a unique difficulty for healthcare providers related to the anatomic, cosmetic, and functional features of their location. Proximity of HNCs to certain anatomic structures can cause substantial functional losses depending on local invasion (Çukurova, Çerci, Arslan, Demirhan, & Özkul, 2007). Radiation therapy (RT) can result in a wide range of complications when used for treatment of HNCs. Oral mucositis from irradiation occurs in 80%–100% of patients (Barasch & Epstein, 2011; Cavusoglu, 2007; Sonis, 2004) and is one of earliest effects of radiation, generally manifesting two weeks after the onset of RT (Cavusoglu, 2007; Yilmaz, 2007). Oral mucositis causes mouth dryness, pain, burning sensations, infections, and ulcerations. Grade 3 and 4 mucositis may limit the ability to eat, drink, swallow, and speak (Shih, Miaskowski, Dodd, Stotts, & MacPhail, 2003; Silverman, 2007).

Oral mucositis impairs food intake for patients, leading to malnutrition. Malnutrition is seen in 40%–80% of patients with cancer and is a major cause of morbidity and mortality (Ertem, 2008; Kömürcü, 2004). Providing nutritional support via protocols is critical during treatment.

Close monitoring and evaluation of mucositis or grade severity progression is very important. However, oral mucosa evaluation is often not practiced sufficiently (Çubukçu & Çinar, 2012; Peterson, 2006; Shieh, Wang, Tsai, & Tseng, 1997; Silverman, 2007; Stonea, Fliednerb, & Smiet, 2005). Randomized and nonrandomized clinical trials aimed at reducing the severity of oral mucositis have reported that cryotherapy (ice chips in the mouth), the use of antiseptic and antifungal agents, applying topical analgesics, and adherence to regular mouth care protocols may be efficient in treating and alleviating oral mucositis (Migliorati et al., 2013; Nicolatou-Galitis et al., 2013; Peterson, Öhrn, & Bowen, 2013; Raber-Durlacher, Von Bültzinglöwen, & Logan, 2013).

Oral hygiene is very important and has been found to diminish oral mucositis in patients who were given regular mouth care (Borowski et al., 1994; McGuire, Correa, Johnson, & Wienandts, 2006). Guidelines from the Multinational Associati-