

ORAL HEALTH CARE FOR PATIENTS HAVING CANCER TREATMENT

Your guide to looking after
your mouth during your
cancer treatment.



INTRODUCTION

Starting your treatment journey can be daunting, but everyone is with you every step of the way.

Your journey and treatment is tailored to you. Some patients benefit from one type of treatment, others from a combination of multiple treatments. They include surgery, chemotherapy, radiotherapy, immunotherapy. You will be advised what is best for you.

Although your treatment may not be anywhere near the head, some of the treatment side effects can still affect your mouth. This information booklet is designed to help you manage your oral health; especially given the side effects you may experience.

If you are struggling with anything, you must seek advice from your doctors/ oncology team looking after you.

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WHAT TO DO BEFORE STARTING YOUR TREATMENT

Your mouth may go through many changes during your journey. To help optimise your oral health before treatment, you should be directed to the dedicated member of the team to assess and discuss your mouth.

Often this is a team led by a Consultant Restorative or Special Care Dentist. They may also liaise with your own dentist:

1. **Dental Check Up:** It is important that your mouth is as healthy as possible. If there is any issue that needs to be seen to, this should be carried out before the cancer treatment starts.
2. The dentist can prescribe a **high fluoride toothpaste**. Use this to help protect your teeth. Further down your treatment journey, keep in contact with your own dentist and attend as recommended. They may provide other fluoride-based treatment if required.
3. Brush **twice a day** and clean in between your teeth. Ask the dentist to show you how this is done if you're unsure. Keep in contact with your dentist as they may change your routine if required.

This will need to be done in a timely manner so there is no delay to your cancer treatment starting

WHAT TO DO BEFORE STARTING YOUR TREATMENT

Your dentist may need to discuss all of your teeth with you and **they may recommend some to be removed**, especially if they could be a potential infection risk or problem during your treatment.

The aim is for your mouth to be as fit as possible for the upcoming cancer treatment to avoid any unscheduled interruptions or delays.

Sometimes, these assessments and treatments are done in the hospital by both a specialist restorative dentistry and oral surgery team. They may also liaise with your medical team as necessary before doing any dental work.

Whoever you see will be able to discuss this in detail with you and you can ask the team if you have any questions.

If you are struggling with your dental care, make sure to ask your dentist for advice. There is more on mouth care later

WHAT TO EXPECT WITH CHEMOTHERAPY

CHEMOTHERAPY

Chemotherapy is a medicine used to treat/manage the cancer. The side effects depend on many things like which combination of medicines are given. You can find your specific medicine on the Cancer Net UK website and search for the side effects linked to your particular medicine.

Chemotherapy affects the lining of the mouth and can cause inflammation/irritation. This can lead to side effects.

COMMON SIDE EFFECTS

- Sore mouth (oral mucositis)
- Dry mouth
- Nausea and Sickness
- Changes in the mouth

These side effects can occur even with cancers that aren't in the head and neck.

WHAT TO EXPECT WITH CHEMOTHERAPY

These side effects can be difficult to manage but the oncology team can talk you through this.

During this treatment, you can stay in touch with your local dental team but **any non urgent treatment should be stopped during active cancer treatment.**

If you require **urgent dental care**, liaise with your hospital **team** as you may require some medical tests first, to ensure dental treatment is safe for you.

We will also discuss good mouth care habits to easily and comfortably keep your mouth as healthy as possible

SORE MOUTH (ORAL MUCOSITIS)

You may feel as though your mouth is sore and dry. You may feel a burning sensation when you eat and notice a thicker saliva. You may also notice your mouth is red or has ulcerations.

Please inform your medical team if you notice this, especially if it is affecting your eating and drinking. It can be uncomfortable, however, these are some ways to manage your mouth:

Do

- Eat soft, colder foods
- Keep food moist with yogurt, sauce, gravy
- Drink with a straw
- Suck ice/ice lollies/sugar free sweets
- Warm salt-water rinses: 1 tsp salt: 1-pint warm water
- Use an oral barrier gel; ask the doctors which brand
- Brush your teeth gently 2-3 times a day with a soft toothbrush and flavour free/mild flavoured toothpaste.
- Mouthwash/Spray: Benzydamine (Difflam) has a numbing effect. NB: Chlorhexidine (Corsodyl) is an antiseptic mouthwash and can be quite irritating. It may make symptoms worse. Ask for alternatives.
- Keep lips well moisturized
- Ensure there is nothing sharp in your mouth eg a filling. This needs to be addressed

Check with your team if you are unsure which products to be using.

Other treatments may be also available to you.

Please ask.

SORE MOUTH (ORAL MUCOSITIS)

Don't

- Drink alcohol/Smoke tobacco/ Use alcohol containing mouthwash
- Wear your dentures, especially if ill fitting
- Floss if your platelet count is low- check with your doctor. You could try a gentle irrigation instead. Please ask your doctor.
- Use whitening toothpastes. Avoid toothpastes with Sodium Laurel Sulphate
- Eat spicy, hot, acidic food as they can be uncomfortable
- Have boiled sweets/Sharp food that can cut your mouth as this can cause blistering/ulcers/more soreness

Note

Chemotherapy can weaken your immune system and cause certain blood cell counts to be low. Certain oral hygiene measures such as flossing may need to be stopped. Please ask your team

Corsodyl mouthwash can make symptoms worse.

Use warm salt water rinses in this case

DRY MOUTH

This can be a side effect of treatment that can be uncomfortable to manage. If you are struggling to eat or drink well, please inform your medical team.

Here are some management tips:

Frequent sips of water.
Avoid fizzy drinks/sparkling water/juice/squash.

Benzydamine (Diffiam) spray/mouthwash

Artificial saliva substitutes: See on next page for some suggestions

Humidifiers in your room

Nebulisers to reduce thick saliva. Ask your team if this may be suitable for you

Keep lips moist with lip balm such as Vaseline

Ask your GP if your regular medications can cause dry mouth

Oral barrier gel: ask your medical team for an advised brand

Avoid snacking on sugary foods – see below

Your saliva acts as a buffer for your teeth. Without this, you are at a higher risk of tooth decay. It is important to avoid frequent snacks and sugary foods outside of meal times.

DRY MOUTH

Below is a table of examples of saliva substitutes you could try.

They may be available on prescription, and others are available over-the-counter.

Product name (manufacturer)	Available Form	Precautions	Contains fluoride?
AS Saliva Orthana	Lozenges or Oral Spray	-	Lozenges: No Oral Spray: Yes
BioXtra	Gel	-	No
Biotene Oralbalance	Gel	Avoid using with toothpastes containing detergents /foaming agents	No
Glandosane	Spray	Acidic – avoid if you have your own natural teeth	No
Oralieve	Gel or Spray	-	No
Saliva Stimulating Tablets	Tablets	Acidic – avoid if you have your own natural teeth	No
Saliveze (contains no animal products)	Spray	-	No
Salivix (contains no animal products)	Pastille	Acidic – avoid if you have your own natural teeth	No
Xerotin (contains no animal products)	Spray	-	No

Ask your medical team which artificial saliva product they recommend if you are unsure.

DRY MOUTH

Do

- Eat soft, colder foods
- Keep food moist with yogurt, sauce, gravy
- Frequent sips of water
- Suck ice/ice lollies/sugar free sweets/chew sugar free chewing gum
- Warm salt water rinses - 1 tsp salt, 1 pint of warm water

Don't

- Drink alcohol/Smoke tobacco
- Use alcohol containing mouthwash
- Wear your dentures, especially if ill-fitting
- Eat spicy, hot, acidic food as they can be uncomfortable
- Eat sticky foods
- Eat sugary foods outside of meal times
- Sip on anything other than plain water
- Drink caffeine
- Have boiled sweets/Sharp food that can cut your mouth as this can cause blistering/ulcers/ soreness

Please refer to the previous page regarding artificial saliva substitutes

NAUSEA AND SICKNESS

Chemotherapy can often cause nausea, sickness and poor appetite. The priority is to help manage this for you to continue nourishing your body as best you can during your treatment journey.

There are general tips online on how to best take care of yourself e.g. the Cancer Net UK website. For the mouth, there are few things to be aware of:

Whilst it is good to avoid fizzy drinks to reduce the risk of tooth decay, if this is the only thing helping you stay well, this takes priority.

Wait 1 hour after the vomiting episode to brush your teeth. Vomit is acidic and can slowly wear your teeth down. Teeth take around 1 hour to recover after an acid attack.

To remove the bad taste of vomit, you can use a mouth wash, use a tongue scraper and chew a sugar free chewing gum.

Ask your dentist for a high fluoride toothpaste to help protect your teeth.

Maintain good mouth care habits as explained earlier.

Ask your medical team about anti-sickness medication if needed.

CHANGES IN THE MOUTH

Cancer therapy, particularly chemotherapy affects your immune system and its ability to fight infections.

You can become more susceptible to **viral** and **fungal** infections that can present in the mouth or face. For example, oral thrush (candidiasis) or cold sores (herpes simplex).

INSPECT YOUR MOUTH DAILY!

Inform your medical team urgently if you notice:

- White spots
- White coated tongue
- Blisters/ Ulcers
- Bleeding or crusting of the lips
- Red areas
- Bleeding gums

Some of these can be signs of infection or signs your immune system needs help. Either way, contact your medical team ASAP

If you wear dentures, ensure they are cleaned with a soft toothbrush and soaked in chlorhexidine mouthwash. If you are unsure, wait until you have seen your medical team for advice.

If you develop tooth pain or infection, contact the cancer team urgently

CHANGES IN THE MOUTH

If you are having a stem cell transplant or a bone marrow transplant, another condition to be aware of is **Graft versus Host disease (GvHD)**, where your immune system reacts to the transplanted cells.

You may experience some of the side effects already discussed earlier; mucositis, dry mouth, higher risk of infections.

Symptoms can vary from person to person but you may also notice:

- Lacy white lines on the side of the tongue or inside of the cheeks.
- Altered taste
- Reduced mouth opening

Symptoms can be managed as previously discussed. However, should any of the above symptoms cause problems to your wellbeing, please ask your medical team.

Remember there is an increased risk of dental decay and secondary cancer, even presenting in the mouth. Please attend regular checks with your dentist and manage your diet and oral hygiene regime as best you can

If you develop tooth pain or infection, contact the cancer team urgently

JAW BONE CHANGES: MEDICATION RELATED OSTEONECROSIS OF THE JAW (MRONJ)

Some medications commonly used to treat certain cancers can affect bone healing and cause the bone to die off. This is called - MRONJ

This can happen unexpectedly or from trauma, infection or dental extraction after cancer treatment

If this occurs, you may not notice any pain or infection. But, if you do notice a loose piece of bone, pain, a heaviness in the jaw, or numbness, tell your medical team ASAP

Treating this is challenging. Management depends on the extent of the damaged jaw bone.

If this area of dead bone develops an infection (Osteomyelitis), you may notice a swelling, fever, bad taste, or you may feel unwell. If this happens, you should contact your team immediately or go to A&E

Please do not hesitate to contact your team if you are worried about this

JAW BONE CHANGES: MRONJ AND OSTEOMYELITIS

To minimise the risk of this happening:

Do

- Visit the dentist before you start treatment: see beginning of booklet
- Visit the dentist regularly
- Look after your mouth with a good oral hygiene regime to reduce the need for any dental extractions
- Have a balanced diet
- See a specialist dentist/surgeon if you need a tooth removed during/after radiotherapy so they can plan treatment to reduce risk of osteoradionecrosis

Don't

- Smoke
- Wear your dentures if ill fitting
- Have boiled sweets/Sharp food that can cut your mouth as this can cause blistering/ulcers/ soreness
- Have sugary foods as they increase your risk of cavities and therefore possible infection

Once you have had this type of medication, this can be a long term risk. It is important to avoid the need for a dental extraction if possible. Dental health becomes even more important!

MOUTH CARE REGIME

Looking after your mouth is very important before, during and after your treatment.

With these treatments, your risk of developing cavities in the teeth is higher. Below is a good regime to follow:

- Use a **soft toothbrush to start** with. Once comfortable, use your normal toothbrush. Check with your dentist/medical team if unsure.
- Brush at least **twice a day**: once at night and at least one other time.
- Use **high fluoride** toothpaste. This may need to be on a repeat prescription
- Clean all surfaces of your **teeth and tongue** gently for 2-3 minutes. Take care to **massage along the gums** as well
- Clean **in between your teeth** once a day as advised
- **Spit don't rinse** to allow the fluoride to stay around your teeth longer. Fluoride helps strengthen the teeth
- Use a high fluoride, alcohol free mouthwash. Use **after food/different time to brushing**. If this is too sore, use warm saltwater rinses instead.
- If you wear dentures, clean these separately as per dentist's instructions.

Regular visits to the dentist are important

MOUTH CARE - EXTRA TIPS

If your mouth is too sore, try a softer toothbrush/ask for an alternative from your team.

Your dentist can provide fluoride-based treatment if needed.

Try avoiding sugary foods as much as possible to help reduce risk of cavities.

Floss as advised by your dentist/oncology team. Do not floss if your platelet count is too low. You could try a gentle irrigation instead-check with your oncology team.

Bad breath is usually helped by improving mouth care. If you find that the bad breath is not improving with cleaning, inform your medical/dental team as there may be an infection

Avoid toothpastes that contain SLS (Sodium Lauryl Sulphate) and whitening/abrasive toothpastes, especially if you have a sore mouth.

If you wear the special type of denture (an obturator) follow the hygiene advice you are given.

Please ask if you are unsure

LONG TERM CARE

Unfortunately, the risk of developing dental problems is usually long term after cancer treatment.

If you smoke, chew betel nut/paan or drink alcohol in excess, try your best to stop this habit. You can speak to your oncology/dental team or the GP- they can direct you to services that can help you stop the habit if you feel you would like this.

LONG TERM CARE

Long term, care is shared with your hospital team and your local dental team.

You should visit the dentist regularly: they will decide how often they need to see you.

Dentists and the dental team will help with:

- Oral cancer screening to check for anything suspicious that may occur in the mouth
- Monitor for MRONJ – this is a long term risk
- Continue helping you with your oral hygiene and diet management, especially if you require further fluoride-based treatment.
- Management of late oral side effects of the treatment to the best of their ability. If you are struggling with this, you may require onward referral to other specialists so please let your team know.

If you need any complex dental work or tooth extractions, you will likely need to be referred to the hospital.

You are at a higher risk of developing dental decay, which can lead to infection and further problems. Good oral hygiene and diet is very important.

USEFUL RESOURCES

- Remember, your healthcare team are here to help.
- Useful contact numbers: Ask your team for the best numbers to call should you have any concerns. You can write them down below:

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Useful websites/ resources:

- Cancer Net UK
- Macmillan Cancer Support
- National Institute of Dental and Craniofacial Research Patient Leaflets

This booklet is a general guide. This does not replace any specific guidance given by your team. Please ask your team, especially if you are struggling.

NOTES

Use this space as you wish to note any questions you may have/write down any advice given to you

Please remember to ask questions if you are not sure. Everyone is here to help