



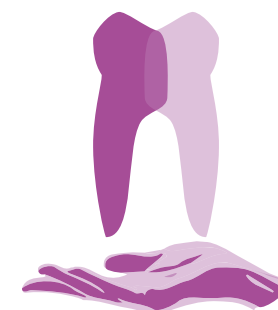
Mrs Jocelyn Harding

Dental Hygienist

DipDH PGCert GDC registration number: 4276

Jocelyn qualified as a dental hygienist in 1992 while serving in the Royal Navy. During her Naval career, she served in numerous locations, including Gibraltar, Hong Kong, and Hawaii. Jocelyn found that while helping family and friends with mouth care through their journey with cancer, information was available but not always accessible.

Membership of organisations: British Society of Dental Hygiene and Therapy (BSDHT), Gloucestershire Independent Dental Hygienists and Therapists (GIDHT), Team member of United Kingdom Oral Management In Cancer Group (UKOMiC) and Clinical ambassador of Mouth Cancer Foundation (MCF).



Dental Hygienist
Mouth Care for Cancer Patients

Your mouth care during treatment phase and beyond

Author, Mrs Jocelyn Harding
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Our mouths are the window to the body and it is important we treat the whole person holistically, not solely the area affected by disease.



✉: mouthcareforcancerpatients@gmail.com

📧: @jossharding

📷: flossjoss

📌: Jocelyn Harding Dental Hygienist

🌐: mouthcareforcancerpatients.co.uk

FOR PATIENTS

How do we prepare patients before treatment starts?

Our priority is to help you reach the end of your treatment with as little damage to your teeth and mouth as possible. The possible side-effects of treatments are explained below, and although not all of these can be avoided, they can be minimised.

1. **Xerostomia.** A dry mouth can vary greatly and can affect your ability to chew, speak and swallow.
2. **Infection.** Oral mucositis can vary in soreness and make cleaning tricky and allow thrush to proliferate.
3. **Burning, swelling or peeling of the tongue.** This may be more common if you have been treated for head and neck cancer. Hot and spicy foods will need to be avoided.
4. **Change of taste** can vary, and your preferences may be quite different throughout and after treatment. This can be a long-term change.
5. **Tooth Decay.** There is a high risk of tooth decay, especially to root surfaces. Root surfaces are tricky to treat routinely, so extra care with mouth care is important.

Two weeks before treatment commences, you should reduce your oral bacterial load - get rid of some of the bad bacteria in your mouth. This can be achieved by a choice of mouthwashes containing the active ingredient chlorhexidine gluconate. For the effectiveness of these mouthwashes, you should check which toothpaste to use and also check how soon after brushing these mouthwashes may be used.

A well-controlled diet is ideal. However, during treatment it may be necessary to consume foods and drinks frequently. Sugars and acids, when consumed frequently, can have a damaging effect on your teeth. If possible try to limit as much as possible or consider the following options.

High-calorie foods and drinks may be recommended to you to help with a lack of appetite, and these do pose to raise your risk for tooth decay. Therefore we recommend rapid consumption (drinking the whole drink in one sitting). This is advised because these drinks are high in sugar, and decay will be caused if consumed over long periods of time.

Try and mainly drink water, sugar-free drinks, or suck ice chips and alternate with water as far as possible. Be aware of recommendations of pineapple, fresh or tinned. These contain the enzyme bromelain that helps to break down proteins and can also help with a metallic taste some patients complain of after chemotherapy, but these may also cause decay and erosion to the tooth surface. Again alternate with water as much as possible and consider a straw if this cannot be avoided.

Consideration of the advantages of a selection of currently available products to alleviate some of the common symptoms:

Fluoride toothpaste:

Public Health England (PHE) – Delivering Better Oral Health an evidence-based toolkit for prevention (2021), recommend a high fluoride prescription toothpaste. **Duraphat 5000** toothpaste for patients over 16, **Duraphat 2800** toothpaste for patients over 10 years old. You only need to use a pea-size amount (2800) and a smear (5000) on the toothbrush, ideally twice per day, and not to rinse after brushing only spit.

If you find you have a burning sensation when brushing you may wish to try **Oranurse** a non-flavoured fluoride and SLS (sodium lauryl sulphate) free toothpaste. The use of an SLS-free toothpaste may reduce the incidence of oral ulcers.

Bioxtra, Oralieve, Enzycal market fluoride toothpastes which contain natural enzymes, xylitol and are SLS free. **Biomin**, a remineralising toothpaste, contains 600ppm fluoride, calcium, and phosphate.

Fluoride varnish treatment:

For high caries risk patients **Public Health England (PHE)** recommend a high fluoride varnish to be applied professionally to the teeth and any exposed root surfaces. Talk to your dental care professional for further information.

Toothbrush:

You may or may not be able to manage a toothbrush. An electric toothbrush is ideal, but please use a manual toothbrush if you find this easier during treatment. There are many alternatives if this is too difficult. A good level of plaque control needs to be maintained as far as possible. **Curaprox, Colgate, Tepe** and **Oralieve** market soft headed toothbrushes.

Mouth rinses:

If you are not able to tolerate a toothbrush or toothpaste, then another option is using a fluoride alcohol-free mouth rinse. PHE recommends using a fluoride mouthwash (0.05%) at a different time to brushing as rinsing straight after brushing reduces the beneficial effect of the toothpaste.

Dry mouth products:

You may develop a very dry mouth and require some help. There are many products with different flavours and longevity to try, see which you prefer - e.g. **AS Saliva Orthana, Saliveze, Biotene, Oralieve, Xerostom, Bioxtra, Oral7, GC dry mouth gel** and **Mucosamin** are suggestions for mouth rinses, gels, mouthsprays, pastilles and lipbalm, following instructions for spray and gel application are important. For gel, a small pea size of gel should be rubbed between finger and thumb and applied thoroughly

and massaged into the mouth tissues. Sprays should be sprayed into the right areas for the best long term effect. Please refer to manufacturers instructions for contraindications. Options are on prescription and some over the counter (OTC).

Benzydamine (Difflam) mouthwash or spray are available to purchase or prescription and provide short-term pain relief. Contraindications – Age restrictions and allergies to ethanol (mouthwash) and glycerol (mouthwash and gel). **Gengigel** is a natural product available to buy and comes in a gel and mouthwash and has no contraindications. **Gengigel** contains the active ingredient hyaluronan and some patients find this very soothing especially for oral ulceration. **OraCoat's XyliMelts** lozenges are natural, made from xylitol and a gum lubricant. With their adhering and fully dissolving disc technology they are able to stay in situ and promote saliva, day or night, while helping to inhibit decay.

Calcium repair mousse:

GC produces two calcium repair products - **Tooth Mousse** and **MI** paste available in a choice of flavours. Tooth Mousse is safe for babies and pregnant women and can be used with **Duraphat 2800/5000** toothpaste. **MI** paste, safe for children 6yrs+, can only be used with **Duraphat 2800** toothpaste. This product benefits pushing calcium and phosphate ions back into the tooth surface. Apply a small pea-size amount on the end of the tongue and then lick it around teeth or apply on the end of a clean finger and wipe around. Contraindications: allergy to milk - and/or hydroxybenzoates.

Interdental cleaning:

Controlling bacteria in these inaccessible areas can be tricky. If this isn't your usual habit, try if you can. There are many choices: **TePe** interdental brushes and easy picks, **Wisdom interdentals**, and **OralB Glide Flosspicks**. However, please follow guidance from your oncology team.

Advisory - platelet/full blood count check before interdental cleaning especially during treatment phase due to risk of haemorrhage or infection caused by bacteraemia.

Chewing gum and sweets:

It has been found that saliva production can be stimulated with chewing gum. **Dr Heff's Remarkable Mints, Peppersmith** mints in 4 flavours, and gum, and **Curaprox Xerostom** have a range of gum and pastilles containing xylitol and other ingredients to protect and relieve the mouth, so these are great options to try and an ideal option to help with taste changes, after vomiting or feeling nauseous.

After treatment we encourage you to attend regularly for ongoing care with your dental team for preventive advice and treatment, under direction of your consultant. Be aware that it is normal practice for your dentist to ask to see your latest complete blood count to ensure that your immune system can cope with dental treatment. To make this easier, send these details through prior to your appointment.