



# Looking after your Teeth following Radiotherapy to the Head and Neck

Radiotherapy is a treatment used to remove cancer but can have harmful side-effects for your mouth, teeth and jaws. Please read this leaflet very carefully so that you minimise the chances of developing these problems. If there is anything you do not understand, then please ask any members of your cancer team to help you.

Before you start radiotherapy treatment, your oral health needs to be as good as possible to avoid problems later. You should have been seen within the hospital or at your own dental practice for a dental check before you start radiotherapy. Urgent dental treatment, such as extractions should be carried out as soon as possible before radiotherapy.

## What are the main problems with Radiotherapy?

1. Radiotherapy damages your saliva glands and makes them produce less saliva.

There are saliva glands around your face and in your mouth, which can become damaged. This damage leads to a **dry mouth**. The amount of dryness you will experience depends on previous surgery you may have had and the amount of radiotherapy treatment, which is given to you.

2. A Dry mouth increases tooth decay when you eat and drink sugary things.

Saliva is very important at protecting teeth from decay.

When you have less saliva, even small amounts of sugary foods and drinks can cause **very severe tooth decay**, which can be difficult to treat and may result in you needing some tooth extractions.

3. Radiotherapy damages the jaw bones and makes them heal poorly

Radiotherapy reduces the blood supply to the jaw bones (especially the lower jaw). This tends to be worse further back in the jaws where the molar teeth are. If you need to have teeth removed after radiotherapy, then there is a risk (10-20%) that the jaw bone will not heal properly. This can result in severe pain, jaw stiffness and very serious infection within the jaw. If this happens, further often difficult surgery will be required to remove the infected part of the jaw and to re-build the jaw with bone from your leg or hip

## What can I expect during Radiotherapy?

About two weeks after the start of radiotherapy you may notice an increase in mouth ulcers and mouth soreness. Your mouth may become dry and there may be a loss of taste. These changes may make it difficult to swallow and eat. These problems are worst during the period between two and six weeks after starting treatment, after which they will gradually improve although many patients are left with a permanently dry mouth.

## How can I look after my mouth and teeth during Radiotherapy?

- Keep your mouth moist by sipping water or by using saliva substitutes, which are available on prescription.
- Rinse your mouth with an antiseptic mouthwash (e.g Corsodyl); Dilute the mouthwash with water if it

permanently dry mouth.

## How can I look after my mouth and teeth during Radiotherapy?

- Keep your mouth moist by sipping water or by using saliva substitutes, which are available on prescription.
- Rinse your mouth with an antiseptic mouthwash (e.g Corsodyl); Dilute the mouthwash with water if it stings too much. This mouthwash may stain your teeth but this can be easily removed later.
- Clean your teeth with a soft brush and fluoride toothpaste ideally twice a day; if your mouth is too sore to brush your teeth, just wipe around your mouth with a pink sponge (provided) soaked in diluted Corsodyl mouthwash.
- Clean your dentures carefully after every meal

## How can I look after my teeth after Radiotherapy?

#### 1. Watch Your Diet!

(Small amounts of sugar can do a lot of damage when you have a dry mouth)

**a.** Try to avoid sugary foods & drinks as much as possible – especially between meals or before bedtime.

Avoid sweets, biscuits and cakes

Avoid sugar in Tea and coffee (use a sweetener)

Avoid fizzy drinks such as Cola and Lemonade

- **b.** If you are given build up drinks such as ENSURE by your dietician, be aware that they are very sugary. After every drink, rinse your mouth very well with water to remove all traces which may be stuck to your teeth. [if you have a PEG feeding tube, then dilute your build up drinks with water and then take them via your PEG tube]
- c. Always ask your dietician for advice if you are unsure about what you should be eating and drinking.

#### 2. Get enough fluoride into your teeth

#### a. Brush your teeth after every meal using a normal fluoride toothpaste.

If you find that your toothpaste burns your mouth, try different ones until you find one which is best. If in doubt, ask your dentist or a member of the cancer team for help in choosing a suitable one.

#### b. Use a daily fluoride mouthwash.

You can buy this from any Chemist - ask your dentist or a pharmacist if you are unsure.

#### c. Use fluoride gel in a special tray - If directed by your dentist.

If you are experiencing early generalised tooth decay, your dentist may make special trays which fit over your teeth to allow you to apply fluoride gel in a more concentrated way.

#### 3. See your dentist every 3-4 months

**a.** It is extremely important that you have a dentist who you can see regularly.

If you do not have your own dentist or are having problems finding a dentist, let your cancer consultant know so that we can make arrangements for you.

Seeing a dentist regularly helps to spot any early problems which can be managed simply and help to prevent more serious problems in future.

**b.** Should you need dental extractions after radiotherapy, your dentist should refer you back to the head and neck unit for treatment.

## **Further Information**

• Aintree Head and Neck Cancer Centre Website

http://www.headandneckcancer.co.uk

• Mouth Cancer Foundation Website

http://www.mouthcancerfoundation.com

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#### Cancer BACUP

Provide a wide range of information booklets free of charge to cancer patients and runs an information line staffed by specialist nurses.

3 Bath Place

Rivington Street London EC2A 3JR

Tel: 0808 800 1234

http://www.cancerbacup.org.uk

• Changing Faces – helps those with facial disfigurement to face the world with confidence.

1-2 Junction Mews London W2 1PN

Tel/Fax: 020 7706 4232

http://www.changingfaces.co.uk

### • National Association of Laryngectomy Clubs (NALC)

Promotes the welfare of laryngectomy patients and their families. Provides information as well as practical advice and support

Ground Floor 6 Rickett Street London SW6 1RU

Tel: 020 7381 9993

http://www.laryngectomees.inuk.com

## Finding an NHS Dentist

For advice on dentists in your area who are currently accepting new NHS patients, please telephone your local Primary Care Trust (PCT) on one of the numbers below.

Please be aware that you will be given details of dentists that are taking new NHS patients or providing emergency dental treatment. You will have to contact the dentist personally for an appointment:

• Liverpool PCT Patient Advice & Liaison Service – Tel: 0800 073 1106

(Areas covered: L1 – L19 inclusive, L24, L25)

• South Sefton PCT Patient Advice & Liaison Service Tel: 0151 284 1584

(Areas covered: Maghull, Lydiate, Crosby, Waterloo, Litherland, Bootle)

• Knowsley PCT Patient Advice & Liaison Service – **Tel: 0800 073 0578** (Areas covered: Kirkby, Huyton, Prescot, Whiston, Halewood, Cronton, Tarbock)

• Southport and Formby - please contact the dental helpline Tel: 01704 387051.

(The answer phone is checked twice a week, leave a message and you will be called back.)

• St Helens Primary Care Trust Tel: 01744 457334

• Warrington Primary Care Trust Tel: 0800 389 6973

• Wirral Primary Care Trust Tel: 0151 651 0011

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Internet Search for NHS Dentists in your area.

http://www.nhs.uk/England/Dentists/LocalSearch.aspx

Mr C Butterworth Dec 2006 4