



**Gloucestershire Hospitals**  
NHS Foundation Trust

# **Dry mouth following Radiotherapy for Head and Neck Cancer**



# **Introduction**

This leaflet gives you information about the medical condition of dry mouth (xerostomia) and will answer some of the commonly asked questions.

## **What is dry mouth?**

Dry mouth is a condition that affects many people. You might experience a range of problems from having a totally dry mouth to having lots of thick mucus. It affects those who have had radiotherapy treatment to the throat or mouth.

## **Why is saliva important?**

Saliva is a fluid produced in the mouth by lots of glands. There are 2 large glands in front of your ears and under your chin. These are called the parotid glands and the sub-mandibular glands. Saliva is important as it keeps your mouth and throat moist, helps with the start of food digestion and fights bacteria.

## **What causes a dry mouth?**

Radiotherapy is used to treat some forms of head and neck cancer. While treating the cancer, normal tissue receives some of the radiotherapy, which cannot be avoided. Some or all of the salivary glands can be affected and may lead to a reduction or total loss of saliva.

## **How long does it last?**

This depends upon the person and what treatment they have received. There may be some recovery after a period of time but it can also be permanent.

## **Is it common to have thick secretions?**

It is quite common in people who have had radiotherapy to have thick secretions. Salivary glands may have been damaged through radiotherapy and the saliva that is produced is very thick. This can also be considered as a form of dry mouth. Thick secretions may make swallowing more difficult.

## **I have an unpleasant taste in my mouth**

Xerostomia can cause a accumulation of food debris and bacteria in your mouth. This can lead to a persistent bad, bitter, or metallic taste.

Good oral hygiene is important and regular trips to the dentist, if you have your own teeth, are essential. Try using plastic cutlery if you notice a metallic taste in your mouth. Some people also find sipping water, or chewing sugar-free gum, can be helpful.

# Top tips for coping with a dry mouth

- Take regular sips of water.
- Drink at least 2 litres (or 8 glasses) of water in 24 hours.
- Always drink water with your meal, especially before you take a mouth full of food. This will help with lubricating your swallow.
- Remember to keep water by your bed for drinking during the night.
- Put some water in a small reusable spray bottle to spray in your mouth.
- A little lemon juice added to the water is refreshing but this may be an irritant if your mouth is still sore from treatment. Some people find pineapple helpful as it stimulates saliva production, again this may be too sharp immediately following radiotherapy. This depends on each person's level of dry mouth.
- Try cucumber that has been kept in the fridge.
- Olive oil rubbed around the inside of your mouth last thing at night will help to reduce the dryness felt in your mouth first thing in the morning.
- Clean your teeth and tongue regularly, after meals as well as morning and night. If you have been given a high fluoride toothpaste and mouthwash to use, remember to use this twice daily for life.
- If you wear dentures, remove them at night and always keep them clean.
- Visit your dentist every 6 months.
- Evidence shows that salt-water mouthwashes are just as effective as commercially bought mouthwashes.

- Keep your lips moist with petroleum jelly (not during radiotherapy treatment). Moisturising cream is a good alternative to petroleum jelly.
- Try the artificial saliva products. What may work for one person may not work for another. Your clinical nurse specialist will advise you if any new products become available.
- Chewing gum can help stimulate more saliva.
- Always maintain a healthy and well-balanced diet. If you feel you are not eating enough, let your doctor, one of the nurses or your dietitian know.
- Avoid sugary drinks and food, or clean your teeth afterwards.

## **Contact information**

If you have any other questions you wish to ask, please do not hesitate to contact the:

### **Macmillan Head and Neck Clinical Nurse Specialists**

Tel: 0300 422 6785

Monday to Friday, 8:00am to 4:00pm

## **Further information**

### **Macmillan Cancer Support**

Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

(search “Dry mouth and changes in saliva after head and neck cancer treatment”)

### **Cancer Research UK**

Website: [www.Cancerresearchuk.org](http://www.Cancerresearchuk.org)

(search “Mouth problems and cancer treatment”)

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## Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

### Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

\*Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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