

Dental care information for patients who will receive head and neck radiotherapy

Introduction

This leaflet describes the changes you may notice in your mouth when you start radiotherapy treatment for your cancer. The symptoms you may have are also described and advice is given on how to best deal with them. You will also find advice on how to keep your mouth as healthy as possible during and after radiotherapy treatment.

When will I start noticing changes in my mouth?

Patients usually start to notice changes in their mouth about 2 weeks after starting radiotherapy treatment. Your mouth may feel sore and become dry. You may also develop mouth ulcers and loss of taste.

These changes can make it difficult to swallow and eat. If you have dentures you may struggle to wear them during this time. It may also be difficult to brush your teeth as the muscles that move your jaw can feel very stiff.

You will be seen by a consultant in the Dental Assessment Clinic who will advise you on treatment to make sure your mouth is as healthy as possible. A healthy mouth may help to reduce any side effects from the radiotherapy treatment.

Loss of taste

This happens as the taste buds are damaged by radiotherapy but can begin to improve after your radiotherapy treatment has finished. To help reduce this problem we recommend that you:

- clean your teeth and tongue before mealtimes
- use a salt water mouthwash before eating (10mls of warm water with a small teaspoon of salt)

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Department

Oral &
Maxillofacial

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**Patient
Information**

Jaw stiffness

This is a common side effect due to the direction of the radiotherapy through the muscles that move your jaw. You can help relieve this by:

- gently stretching your mouth open on a regular basis throughout the day

Dry mouth

Saliva is important to keep your mouth moist. It also protects against tooth decay and sensitivity. The glands that produce saliva are very sensitive and will be damaged by the radiotherapy. After radiotherapy your dry mouth will improve, however most people are left with some permanent dryness in their mouth. This can be helped by:

- sipping water often
- avoiding fizzy or flavoured water, even diet drinks as these can damage your teeth
- chewing sugar-free gum to encourage saliva production
- using high fluoride toothpaste. This will be prescribed for you at the dental clinic when you have your initial assessment

Your head and neck team may recommend and prescribe a saliva substitute which some patients find helpful. You may also be referred to a Xerostomia Clinic. This clinic is held once a month at one of our hospitals and aims to help patients with a dry mouth.

Sore mouth

Radiotherapy damages the top layer of cells covering your mouth and gums. These areas may become red, sore and develop ulcers. Some patients develop oral thrush which can add to the soreness in your mouth. To help with this:

- drink lots of cold drinks as these can soothe your mouth
- avoid spicy and citrus foods
- use a baby soft toothbrush with high fluoride toothpaste to clean your teeth • try to rinse your mouth with a salt mouth wash 4 to 6 times a day, however, sometimes this can be too painful

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- as part of your pre-radiotherapy dental assessment you should be prescribed an alcohol free fluoride mouth rinse which you can use
- avoid chlorhexidine (Corsodyl) mouthwash and any mouthwash that contains alcohol

You may find a numbing mouthwash or spray helpful so please ask a member of the team caring for you about these. The team will also prescribe medication to treat any thrush or fungal infection.

Difficulty with dentures

The reduction in saliva and a sore mouth can make it hard to wear your dentures. You should:

- visit your dentist as they may be able to remove any sharp edges
- clean your dentures after each meal with a toothbrush and toothpaste
- always take your dentures out at night and soak in a cleanser such as Steradent®

How long will these side effects in my mouth last?

Some of the side effects like soreness, mouth ulcers and loss of taste will improve slowly in the weeks and months after you have finished treatment. A dry mouth however will most likely be a long term problem.

Long term management of a dry mouth is usually with the use of mouthwashes, gels or medication. Speak to your head and neck nurses if you would like any further advice.

What are the main risks in my mouth after radiotherapy?

- Tooth decay
- Osteoradionecrosis

Osteoradionecrosis is a condition where the jawbone dies in places. It is caused because radiotherapy changes the bone and means it is less able to heal itself. This condition is painful and hard to treat.

Patient Information

It is important to follow the advice given at your dental assessment appointment. You will also be prescribed high fluoride toothpaste at this assessment. Any future dental treatment such as fillings/dentures will need to be done by your own dentist. However, if any teeth need to be removed (extracted) in the future this will need to be done in the hospital.

Contact information

If you have any mouth or tooth related problems please do not hesitate to contact one of the following:

Oral and Maxillofacial Surgery Department

Tel: 0300 422 8175

Monday to Friday, 9:00am to 5:00pm

Head and Neck Macmillan Clinical Nurse Specialist

Tel: 0300 422 6785

Monday to Friday, 9:00am to 4:00pm

Further information

Mouth Cancer Foundation

Website: www.mouthcancerfoundation.org

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