

Caring for your child’s mouth during and after oncology treatment

Dental side effects of oncology treatment

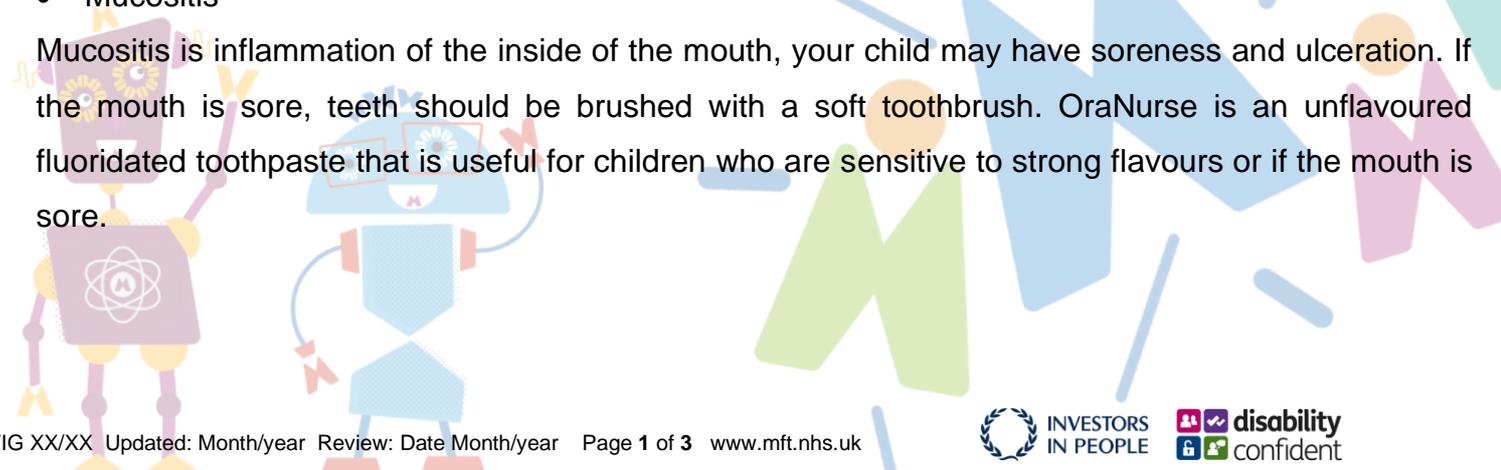
Cancer treatment can involve surgery and or chemotherapy and or radiotherapy. These treatments however can cause short and longer term effects on the mouth and teeth (see below). This leaflet therefore aims to give advice about how to care for your child’s mouth and manage these side effects during and after your child undergoes treatment.

Chemotherapy		Radiotherapy	
Short term effects	Long term effects	Short term effects	Long term effects
Sore mouth/ ulcers (mucositis) Altered taste Jaw pain Variable appetite Increased risk of infection	Dry mouth Abnormalities of tooth development e.g. missing teeth/ malformed roots	Sore mouth/ ulcers Difficulty swallowing	Dry mouth Jaw stiffness/reduced mouth opening Impaired bony healing Abnormalities of tooth development

Alleviating side effect symptoms of treatment

- Mucositis

Mucositis is inflammation of the inside of the mouth, your child may have soreness and ulceration. If the mouth is sore, teeth should be brushed with a soft toothbrush. OraNurse is an unflavoured fluoridated toothpaste that is useful for children who are sensitive to strong flavours or if the mouth is sore.



There are various mouthwashes and gels which may help to relieve mucositis, many of these can be purchased over the counter:

- Gengigel, this is available in mouthwash and gel form and contained hyaluronic acid to relieve mouth soreness and promote healing.
- Chlorhexidine gluconate mouthwashes (0.2%) can help prevent infections and accelerate healing. This can be diluted to reduce any flavour and soreness.
- Topical anaesthetic containing sprays and mouthwashes to numb ulcer pain including:
 - Difflam mouthwash – recommended for patients from age 13.
 - Difflam spray – recommended for children over age 1 month.
 - Anbesol gel – suitable for children age 12 and above.
 - Anbesol liquid – suitable for children from 5 months.

- Xerostomia

Xerostomia is dryness of the mouth. Saliva has a protective effect on the teeth and so a reduction in the saliva can mean that the teeth are have a higher risk of dental decay. It is therefore important to follow the principles of toothbrushing and diet outlined below.

General advice for healthy teeth

Eating and Drinking

- The frequency and amount of sugary food and drinks should be reduced. Aim to swap sugary drinks for water, lower fat milk or sugar-free drinks. Be sure to check the label for added sugar. For more information, visit:

www.nhs.uk/Livewell/Goodfood/Pages/sugars.aspx

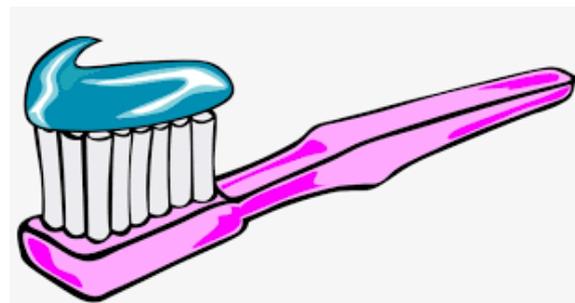
- Sugar **should not** be added to weaning foods or drinks.
- Sugar-free medicines should be recommended.
- Avoid food and drinks containing sugar at bedtime. At night the salivary flow (which helps to protect teeth) is reduced, therefore teeth are more susceptible to decay.



Toothbrushing

- Parents/carers should brush or supervise tooth brushing until your child is age 8.
- As soon as teeth erupt in the mouth brush them twice daily with fluoridated toothpaste.
 - Brush last thing at night and on one other occasion.
 - (Brush gum line AND each tooth twice daily with a small toothbrush head, with a medium texture).

- **Spit out** after brushing and **do not rinse**, this keeps the toothpaste on your child's teeth for longer and helps to prevent decay from developing.
 - Rinsing with water, mouthwashes or mouth rinses (including fluoride rinses) immediately after tooth brushing will wash away the concentrated fluoride in the remaining toothpaste, thus diluting it and reducing its preventive effects.
- Fluoridated toothpaste:
 - Use fluoridated toothpaste containing no less than 1,000 parts per million (ppm) of fluoride for children 0-6 years and no less than 1,350ppm fluoride from age 7 + unless otherwise stated by your dentist.
 - Children under 3 years should use no more than a smear of toothpaste (a thin film of paste covering less than three quarters of the brush) and must not be permitted to eat or lick toothpaste from the tube.
 - Children 3-6 should use a pea sized amount.
- Disclosing tablets can help indicate areas that are being missed when brushing.
- Children over 7 years old can use a fluoride mouth rinse daily at a different time to brushing to reduce risk of developing decay.



Dental Assessment

- After diagnosis the oncology team will refer your child for a dental assessment by a hospital dentist.
- It is important that the teeth are regularly assessed throughout your child's treatment and any dental treatment required will be discussed with you.
- The hospital dental team will be able to inform you about long-term care dental care for your child following oncology treatment.

Contact

If you have any concerns or would like to speak to a member of the dental team about your child's oral health please contact our department via 0161 276 1234.

