Our campaign to keep patients SAFE

Learn more about DTUK’s Mouth cancer campaign and help save lives. This month, we look at the dentist’s role in cancer treatment

The referral
As a dentist, you play a pivotal role in increasing awareness of mouth cancers and identifying and appropriately referring early stage mouth cancers. Referrals can be stressful—for the patient, for you and for your nurse—so it will help to have a procedure worked out in advance. Patients may already have suspicions about the possibility of an abnormality in their mouth being a cancer or ‘nasty’.

The skill in patient counselling lies in allowing the patient to express his or her fears and concerns in a controlled way, by asking them what they think it may be. Where you have genuine concerns about a lesion being malignant or potentially malignant, this information should be communicated to the patient but until a formal histological diagnosis is available, no absolute information should be given to the patient. You can prepare a patient for possibly ‘bad news’ by using phrases such as: ‘I have some concerns about what I can see in your mouth. However, I am not completely sure what is going on and many different conditions occur within the mouth. That’s why seeing a specialist is so important.’

Nurturing your patients
Do encourage your patient to return to the dental practice for further discussion and support by phone. A patient will worry about any sort of specialist referral by phone, so it is important to let the patient that you will contact the specialist as quickly as possible afterwards and report back, again by phone. A patient will worry about any sort of specialist referral and you want to keep uncertainties and delays to a minimum.

Before cancer treatment
Many of these patients will be referred and be able to give your patient an idea of what to expect. If you are seriously concerned that cancer may be present, then telephone or fax the consultant. Most will then ‘fast track’ your patient to an earlier consultation. Ideally, arrange a specialist appointment by phone, or at the patient’s home. If that is not possible, tell the patient an idea of what to expect. If you are seriously concerned that cancer may be present, then telephone or fax the consultant. Most will then ‘fast track’ your patient to an earlier consultation. Ideally, arrange a specialist appointment by phone, or at the patient’s home. If that is not possible, tell the patient an idea of what to expect.

After the therapy
Many patients will suffer from a dry mouth from a lack of saliva with difficulties in swallowing, even after successful therapy. The lack of saliva puts the teeth at grave risk of tooth decay, which can occur alarmingly rapidly. Mouth care protocols that emphasise oral hygiene are essential. Patients should also be counselled to brush and floss regularly and to use fluoride daily. The teeth should be cleansed four times daily using a soft bristled toothbrush and mildly flavoured fluoride toothpaste.

After brushing, a sodium fluoride mouth rinse like Flouridex should be held in the mouth for at least one minute before expectorating. No food or beverage should be consumed for at least 30 minutes after fluoride application. At night after rinsing, a stannous fluoride gel like Gel-Kam can be applied to the teeth with a toothbrush, or a custom applicator tray, and left in place for at least two hours before fluoride treatment to allow healing, he adds.

The dental practitioner can play a vital role in preparing their patients before their treatment so that complications are minimised, says Dr Joshi. ‘The goal should be to complete all dental care before anticancer therapy. If possible, removable prosthetics such as dentures can also pose a risk of microorganisms into deeper tissues.

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