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 counseling 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 I would like you to see a specialist’. ‘I don’t think we can jump to any conclusions at this stage, because 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 if they feel the need. The patient should not feel that they are being sent away ‘into the unknown’ without any support mechanisms in place. It is important not to burden your worried patient with guilt about using tobacco and/or alcohol but focus on getting as early a diagnosis as possible.

You should be aware of what happens when a patient has been 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, before the patient goes home. If that is not possible, tell the patient that you will contact the specialist as quickly as possible after the consultation and report back, again by phone. A patient will worry about any sort of specialist referral and want to keep uncertainties and delays to a minimum.

Before cancer treatment

Many of these 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 emphasize oral hygiene are essential. Patients should also be counseled 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 flavored fluoride toothpaste.

After brushing, a sodium fluoride rinse like Flouridgel should be held in the mouth for at least one minute before expectorating. No food or beverage should be consumed for at least 50 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 five minutes before expectorating. The gel contains xylitol and patients find that it helps with reducing the discomfort of dry mouth during the night, too. Chlorhexidine mouth rinses like Corsodyl (dihex) or Chlorhex 1200 used twice daily are also useful in preventing caries by reducing lactobacillus counts in the mouth.

After treatment

By treating oral problems before anticancer therapy begins, the dentist can play a key role in helping to prevent or reduce the severity of oral complications later on. Pain and discomfort resulting from teeth and gums may make it difficult for a patient to receive all of his or her cancer treatment such that sometimes, treatment is stopped completely.

Dentists should ensure that any pulpal/periapical lesions are eliminated before the start of chemotherapy as these infections can complicate treatment. Identifying and treating teeth at risk of infection or decay will help patients avoid the need to invasive dental treatment during their anticancer therapy. Fixed removable prosthetics such as dentures can also pose a risk of microbial invasion into deeper tissues.

The dental practitioner can play a vital role in preparing their patients before their treatment so that complications are minimized,” says Dr Joshi. ‘The goal should be to complete all dental care before and during extractions at least two weeks before radiotherapy to allow healing’,

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 emphasize oral hygiene are essential. Patients should also be counseled 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 flavored fluoride toothpaste.

After brushing, a sodium fluoride rinse like Flouridgel should be held in the mouth for at least one minute before expectorating. No food or beverage should be consumed for at least 50 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 five minutes before expectorating. The gel contains xylitol and patients find that it helps with reducing the discomfort of dry mouth during the night, too. Chlorhexidine mouth rinses like Corsodyl (dihex) or Chlorhex 1200 used twice daily are also useful in preventing caries by reducing lactobacillus counts in the mouth.

However, as they are ineffective when used with the fluoride mouthwash, they should be used in between brushing times. Dentures, if uncomfortable, should be taken out to air dry. 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 emphasize oral hygiene are essential. Patients should also be counseled 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 flavored fluoride toothpaste.

After brushing, a sodium fluoride rinse like Flouridgel should be held in the mouth for at least one minute before expectorating. No food or beverage should be consumed for at least 50 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 five minutes before expectorating. The gel contains xylitol and patients find that it helps with reducing the discomfort of dry mouth during the night, too. Chlorhexidine mouth rinses like Corsodyl (dihex) or Chlorhex 1200 used twice daily are also useful in preventing caries by reducing lactobacillus counts in the mouth.

However, as they are ineffective when used with the fluoride mouthwash, they should be used in between brushing times. Dentures, if uncomfortable,