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 what you can see in your patient’s mouth being a cancer or ‘nasty’, 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’.

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 to not 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 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 undergo surgery, radiotherapy, chemotherapy or a combination of these treatments and oral complications are varied and common. The oral status of cancer patients is no different from that found in the rest of the general population. They will have average dentitions in various states of repair with filled teeth, bridges, crowns some root-filled teeth, varying degrees of periodontal disease, ill-fitting denture prostheses and general hygiene neglect.

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 pulpitis/periapical lesions are eliminated before the start of chemotherapies as these infections can complicate treatment. Identifying and treating teeth at risk of infection or decay will help patients avoid the need to have invasive dental treatment during their anticancer therapy. In addition, removable prosthetics such as dentures can also pose a risk of microorganisms into deeper tissues.

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 and dental extractions at least two weeks before radiotherapy to allow healing,’ he adds.

**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 flavored fluoride toothpaste.

After brushing, a sodium fluoride mouth rinse like Flouridig 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 five minutes before expectorating. The gel contains glycerine and patients find that it helps with reducing the discomfort of a dry mouth during the night, too. Chlorhexidine mouth rinses like Ciosodyl (chlorhex) or Chloroks 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 unfortunat...