

# Mouth and Dental Care in the Palliative Population

Kelly Manning BSc DDS  
East Side Dental Clinic



Oral Health

Self esteem

Eating

Speaking

# Oral Health & Dentistry

- preventive dentistry
- restorative dentistry
- palliative dentistry

# Palliative

Hopefully this:

something that reduces the effects or symptoms of a medical condition without curing it

Less This:

something that is intended to make a bad situation seem better but that does not really improve the situation

# Dental Diagnosis Conundrum

“Things that look sore aren’t,  
things that look normal can hurt”

# Preventive Dentistry

- dental hygiene (cleanings -scaling, polish)
- fluoride treatments (gels, varnish, rinses)
- radiographs (X-rays - cavities, bone loss, cyst)
- home care (brush, floss, rinse, fluoride toothpaste, low sugar diet)



RWG 610

# Restorative Dentistry

- restoring diseased teeth
- restoring function for chewing and esthetics for self esteem



# Restorative Dentistry

Includes:

- fillings
- pulp therapy (root canal therapy, pulpotomy, pulpectomy)
- crowns
- bridges
- dental implants (prosthetic roots, titanium)
- removable partial dentures
- complete dentures

# Palliative Dentistry

- pain relief
- basic esthetics for self esteem- front teeth, upper denture
- nutrition- chewing, swallowing

# Palliative Dentistry

- minimal pulp therapy- pulpectomy
- extractions
- oral antibiotics
- analgesics
- mouth rinses
- dietary alterations

# Access to Dental Care

- fear/ dental phobia
- finances
- low dental knowledge

# Fear

- first medical procedure for most people
- invasive
- sensations
- smells
- sounds
- imagination

# Finances

- not covered by Medicare
- private insurance (employee benefit, buy own)
- health card (Dept. Social Development)
- out of Pocket payment

# Dental Knowledge

- school health class
- family values (modelling behaviour)
- dental office (dentist, hygienist- OHI oral hygiene instruction)

# Modern Dentistry has a Holistic Approach

- preserve natural tooth structure (tooth decay, periodontal disease)
- low dose radiography (digital sensors)
- oral cancer screening
- preventive care (fluoride, rinses, Xrays, sealants)



# Palliative Care

- pain relief and comfort
- daily care- often dependency on others
- “Brushing up on Mouth Care”- Dalhousie Dentistry- Dr. Mary McNally- web site, videos, toolkits, assessment forms, products/aids, facilitator guide
- Cancer Care Ontario- “Mouth Problems”
- Multinational Assoc. of Supportive Care in Cancer

# Brushing Up on Mouth Care

## Facilitator Guide

For facilitators to  
promote the uptake  
of optimal mouth  
care practices in  
continuing care



AHPRC

 DALHOUSIE  
UNIVERSITY  
*Inspiring Minds*  
Faculty of Dentistry

AHPRC  
Atlantic Health Promotion Research Centre

How to Manage Your

# Mouth Problems



## This patient guide will help you understand:

What are cancer-related mouth problems?	pg 2
What causes cancer-related mouth problems?	pg 3
What can I do to help my mouth problems?	pg 4
When should I talk to my health care team?	pg 13
Where can I get more information?	pg 14

This patient guide is for people who have cancer-related mouth problems **before, during, or after cancer treatment.** It can be used by patients, family, friends or caregivers. It does not replace advice from your health care team.

# Conundrum of Dental Diagnosis

- looks sore but isn't, looks normal but hurts
- patient history, symptoms, type/duration of pain
- clinical findings (What is 'normal' for mouth?)
- radiographs (in office only, no mobile units approved for use in Canada)

## Brushing Up on Mouth Care Resources

# Toolkits

- **Simple design:** Deep metal basket with a plastic cup
- Cup allows toothbrush to stand upright to dry
- Plastic cup can be replaced regularly when dirty
- Everything in toolkit should be labeled with resident's name or initials



# Daily Care

- gloves, good light, toothbrush, disposable cup
- amount of toothpaste (rice size vs pea size)
- expectorate (can they spit?)
- mouthrinse
- denture care

# Common Oral Conditions



# Angular Cheilitis

Rx Nystatin swish and swallow, lubricant to corners of mouth (non-petroleum)



# Xerostomia

- dry mouth- medicine induced, sjogrens syndrome
- saliva is buffering agent of mouth; constantly produced when awake, decreased when asleep
- saliva rinses away food, aids in digestion, clears bacteria
- in Xerostomia, lack of saliva causes increased tooth decay and difficulty swallowing
- saliva substitute- water bottle, sip throughout day and between bites when eating
- fluoride toothpaste, fluoride rinse, fluoride trays

# Bland Daily Mouth Rinse

- make fresh daily
- mix 1 teaspoon of baking soda and 1 teaspoon of salt with 4 cups of water
- put in container with a lid
- keep at room temperature
- shake well before use, rinse, gargle and spit with 15 ml two or three times every 2 hours throughout day
- discard at end of day

# Custom Fluoride Trays

- impressions of teeth needed
- made at dental office
- brush and floss normally
- place rim of fluoride gel in tray (1/3 full); spit excess
- leave in place for 5 minutes daily (bedtime more effective); no eating or drinking for 30 min.
- clean trays after use

# Canker Sores

- Aphthous ulcers
- 80% of people
- Exquisitely painful
- Spontaneously resolve (7-10 days)
- Analgesics
- Corticosteroid oral ointment (Oracort)
- Chlorhexidine rinse 0.12%

# Denture Sores

- flanges or edge of denture rubbing against tissue
- look like canker sores
- adjust denture at office or use soft liner (COE soft) by dentist/denturist
- OTC denture cushion or adhesives (gels, powders- Sea Breeze, Poligrip)
- as patients lose weight or have less saliva, dentures drop more frequently due to lack of retention

# Calculus buildup

mineralized plaque

Looks painful but is not

removal requires scaling of  
teeth with hand instruments or  
ultrasonic scaler



# Post Radiation/Chemo Sore Mouth

- “Magic Mouth Rinse”
- compounded by pharmacist
- different components/recipes: Maalox, kapectate, benadryl, viscous lidoacaine, distilled water
- rinse and spit 15ml q2-4hours daily prn for pain relief

# Tooth Decay

- decay can be severe without pain or abscess
- tooth pain — bacteria (*Streptococcus mutans*) have gone through enamel, dentin and entered the pulp chamber
- if pain: pulp therapy, or extraction, or oral antibiotic and analgesic

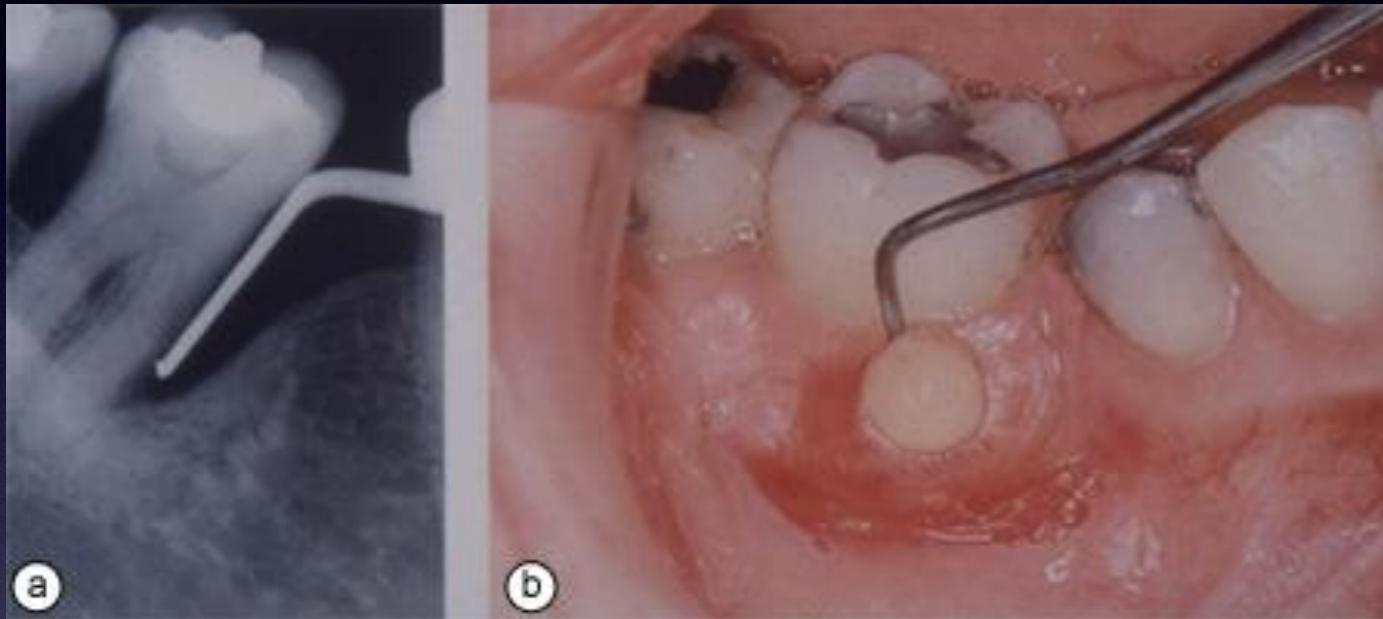




# Abscess

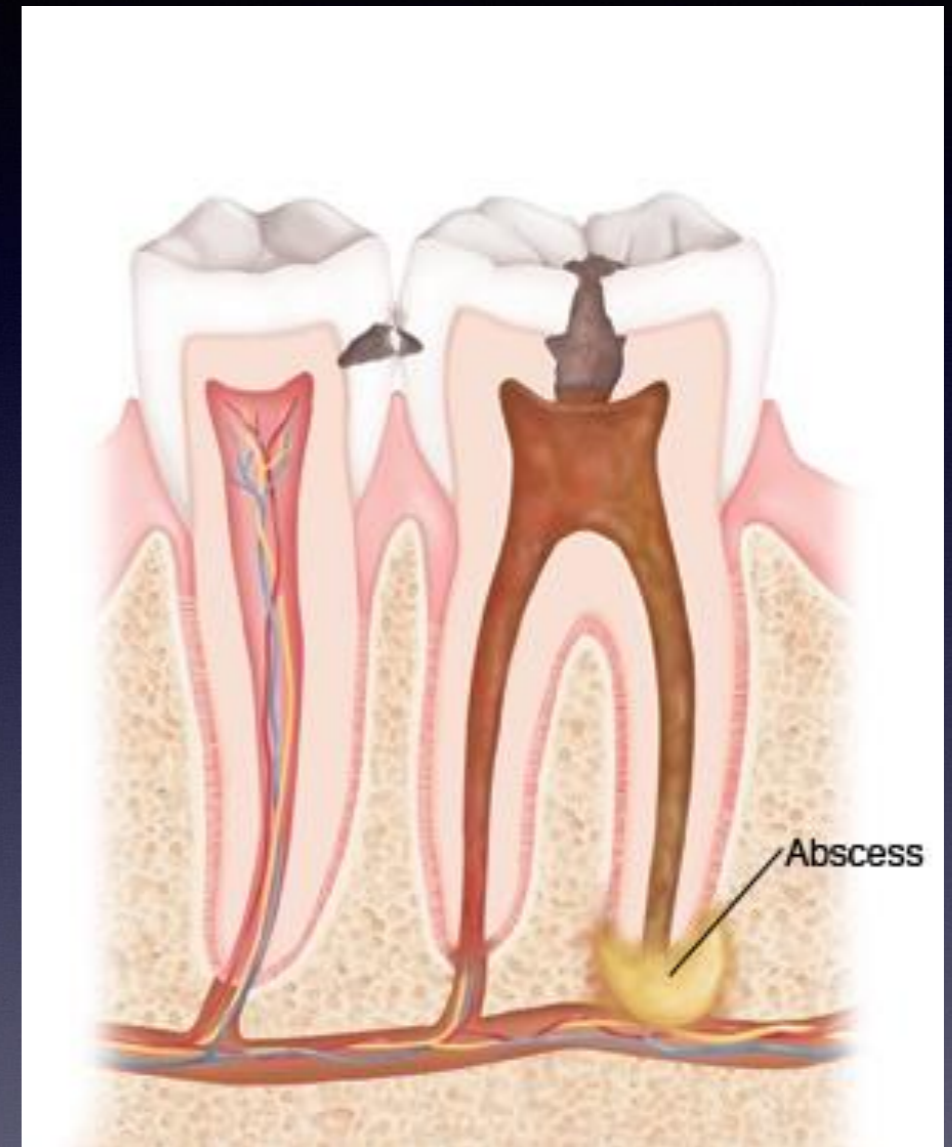
- periodontal vs. necrotic pulp
- dental procedure: scaling, or Incise & Drain, or extraction
- medicate: oral antibiotics, analgesics
- localized swelling or facial cellulitis
- can be life threatening





Gum pocket/ perio abscess

JCDA Marquez 2013;79:d8



necrotic pulp/abscessed tooth

# Irreversible Pulpitis

## “Hot Tooth”

- looks normal
- heavily filled tooth or history of trauma
- a normal looking tooth that constantly aches, no gum swelling, no swelling of the face
- dental procedure: Pulpotomy, pulpectomy, root canal therapy, or extraction
- medicate: oral antibiotics, analgesics

# Judgement Call

- in residence versus office visit? Consider mobility of patient, exam versus treatment, radiograph required, having a willing dentist
- dental procedure or medication? Consider cognition, patient cooperation, procedure duration, invasiveness of procedure

# Take Home

- treat pain as reported- 'hot' tooth, soft tissue ulcers, abscess; have dentist on your care team
- front teeth repaired or denture cushions for comfort and esthetics
- modify food for eating
- water sips to aid swallowing

# Resources

- “Brushing up on Mouth Care” , Dalhousie U
- Cancer Care Ontario
- Multinational Assoc. of Supportive Care in Cancer (MASCC)