









- Schedule dental treatment in consultation with the oncologist.
- Schedule oral surgery at least 7 to 10 days before myelosuppressive therapy begins.
- Consult the oncologist before conducting any oral procedures in patients with hematologic cancers; do not conduct procedures in patients who are immunosuppressed or have thrombocytopenia.

## During Chemotherapy

- **Consult the oncologist before any dental procedure, including prophylaxis.**
- Ask the oncologist to order blood work 24 hours before oral surgery or other invasive procedures. Postpone when
  - the platelet count is less than  $75,000/\text{mm}^3$  or abnormal clotting factors are present
  - absolute neutrophil count is less than  $1,000/\text{mm}^3$ , or consider prophylactic antibiotics ([www.americanheart.org](http://www.americanheart.org)).
- Check for oral source of viral, bacterial, or fungal infection in patients with fever of unknown origin.
- Encourage consistent oral hygiene measures.
- Consult the oncologist about the need for antibiotic prophylaxis before any dental procedures in patients with central venous catheters.

## After Chemotherapy

- Place the patient on a dental recall schedule when chemotherapy is completed and all side effects, including immunosuppression, have resolved.
- Confirm normal hematologic status prior to dental treatment.
- Ask if the patient has received intravenous bisphosphonate therapy.









## Dental Care for Oral Complications of Cancer Treatment

**Oral Mucositis:** Culture lesions to identify secondary infection. Prescribe topical anesthetics and systemic analgesics. Consult the oncologist about prescribing antimicrobial agents for known infections. Have the patient avoid rough-textured foods and report oral problems early.

**Xerostomia/salivary gland dysfunction:** Advise the patient to soften or thin foods with liquid, chew sugarless gum, or suck ice chips or sugar-free hard candies. Suggest using commercial saliva substitutes or prescribe a saliva stimulant.

**Taste changes:** Refer to a dietitian.

**Etched enamel:** Advise the patient to rinse the mouth with water and baking soda solution after vomiting to protect enamel.

## Complications Specific to Chemotherapy

**Neurotoxicity:** Provide analgesics or systemic pain relief.

**Bleeding:** Advise the patient to clean teeth thoroughly with a toothbrush softened in warm water; avoid flossing the areas that are bleeding but to keep flossing the other teeth.

## Complications Specific to Radiation

**Demineralization and radiation caries:** Prescribe daily fluoride gel applications before treatment starts. Continue for the patient's lifetime if changes in quality or quantity of saliva persist.

**Trismus/tissue fibrosis:** Instruct the patient on stretching exercises for the jaw to prevent or reduce the severity of fibrosis.

**Osteonecrosis:** Avoid invasive procedures involving irradiated bone, particularly the mandible.

## Oral Health, Cancer Care, and You

This guide is part of a series on managing and preventing oral complications of cancer treatment developed by the National Institute of Dental and Craniofacial Research in partnership with the National Cancer Institute, the National Institute of Nursing Research, and the Centers for Disease Control and Prevention.

To order this and other publications in the *Oral Health, Cancer Care, and You* series, contact:

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