

Information resources for families

Mouthcare

Taking care of your child's teeth and mouth during chemotherapy or a bone marrow transplant.

Key points

Your child should see a dentist:

- soon after they start their treatment
- every three to six months during active oncology treatment.

Looking after your child's teeth and mouth can:

- reduce pain and bleeding caused by your child's cancer treatment
- reduce the likelihood of infection
- reduce the risk of future mouth and teeth problems like cavities and bleeding gums.

For most children having treatment for cancer, good mouthcare involves brushing twice a day with a soft toothbrush and toothpaste. If your child has a sore mouth, speak to your treating team.

Why does the mouth get sore?

Chemotherapy and radiation are used to destroy cancer cells so that they can no longer divide and grow. Unfortunately, chemotherapy and radiation cannot tell the difference between healthy cells and cancer cells. As a result, some of the healthy cells in the body are also damaged. This can cause a sore mouth.

If your child has a sore mouth, speak to your cancer team.

Why is mouthcare important?

Looking after your child's teeth and mouth can:

- reduce pain and bleeding caused by your child's cancer treatment
- prevent infection
- reduce the risk of future mouth and teeth problems like cavities and bleeding gums.

Check up by a dentist

When your child is first diagnosed they should see a dentist soon after they start their treatment. The dentist will:

- check for any infection or possible sources of infection
- reduce or remove any food or plaque traps. For example, if your child has braces or other appliances, the dentist may recommend removing them
- show you and your child how to properly brush your child's teeth
- recommend what products your child should use
- give you a toothbrush that is the right size and tell you if your child should floss
- talk about diet do's and don'ts, to help you look after your child's teeth and mouth
- tell you how to avoid infection and how to keep the mouth moist and comfortable
- together, you and the dentist will create a plan that will best meet your child's needs
- ideally, your child should see the dentist every three to six months during active oncology treatment. This can be a dentist at the hospital or your child's regular dentist.

Your team will help you decide the best place for ongoing care. If your child is seeing a community dentist, make sure you tell them that your child is having treatment for cancer.



How to take care of your child's teeth and mouth

1. Your child should, with your help, brush their teeth and tongue using a small soft toothbrush in the morning and before bedtime.
2. Use small circular movements to clean the teeth thoroughly, but try to avoid brushing too hard as this may cause the gums to bleed. Once you have seen a dentist they will tell you if you should change how your child brushes their teeth.
3. Spit out, do NOT rinse.
4. Ideally, wait 30 minutes before eating or drinking anything after brushing teeth.
5. Throw out your child's toothbrush every three months and buy a new one.
6. Leave the toothbrush to dry in the air.
7. Adult-strength toothpaste should be used. If your child doesn't like the taste, Colgate™ Spiderman or Macleans™ Big Teeth are brands of adult-strength toothpastes that have a mild berry-mint taste that your child may prefer.
8. If your child has no tooth decay (your dentist will tell you if they have tooth decay), brush teeth using adult-strength fluoridated toothpaste (not children's toothpaste).
9. If your child has dental decay (ask your dentist), brush teeth using products recommended by the dentist.

If your child's gums bleed or your child's mouth is sore

- Please contact your child's treating team as soon as possible.
- If your child's gums bleed when they brush their teeth, or if their mouth is too sore to brush, your child should

use a foam sponge or super-soft brush to clean mouth and tongue. Ask your nurse about this.

- Super-soft/surgical toothbrushes can usually be purchased from the dental department or local pharmacy.
- When your child's mouth doesn't bleed or hurt anymore they can brush and floss like normal.

Your child may be at higher risk of having teeth and mouth care complications if they have:

- febrile neutropenia
- mucositis
- had a BMT (pre-conditioning to day +100)
- dental decay.

If so, brush teeth, gums and tongue using soft toothbrush three times daily with products recommended by your child's dentist.



Dental foam sponge and soft toothbrush

More information

Information for parents, Dentistry Department, The Royal Children's Hospital

www.rch.org.au/dentistry/information_for_parents

Better Health Channel (State Government of Victoria)

Tooth decay - young children
www.betterhealth.vic.gov.au/health/conditionsandtreatments/tooth-decay-young-children

Tooth brushing – children
www.betterhealth.vic.gov.au/health/conditionsandtreatments/toothbrushing-children

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