

Oral health advice for tube-fed children and adults



Community Dental Services

patient **information**



The Rotherham
NHS Foundation Trust

Bring your medicines when you come into hospital

Prescription medicines

Medicines you have bought

Alternative & herbal medicines

Inhalers



Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: your.experience@nhs.net

Slovak

Slovensky

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani

كوردی سۆرانی

نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت بۆ نەو دی لەم بەلگەنامە بە تێبەگات یان بێخۆی نینتەوه، تکایە پەیوەندیمان پێوه بکە لەسەر ناو ژمارەیهی سەر هوددا یان بەو نێمانیله.

Arabic

عربی

إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اُردو

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Introduction

Some people who are fed via a medically inserted feeding tube may still be able to take some food or liquid by mouth. Others may be 'nil-by-mouth' due to severe problems with swallowing and so cannot have any food or liquid by mouth at all.

People who are tube-fed may be taking very little or no food by mouth, but they still need their mouths' to be cleaned.

This information leaflet will try to answer the questions frequently asked by those who are tube-fed or their carers and aims to provide some practical advice about how to achieve effective mouth care.

The advice is suitable for those who are able to take some food or liquid by mouth and those who are 'nil by mouth' and rely fully on tube feeding.

Frequently asked questions

Why do teeth need to be brushed if the person who is tube-fed is not having any/very little food by mouth?

Brushing is important because:

- It will make a mouth feel more comfortable.
- It can reduce plaque build-up, leading to reduced calculus (tartar) build-up and can reduce plaque bacteria; some plaque bacteria have the potential to cause chest infections. Plaque bacteria can also cause bad breath (halitosis), bleeding gums (gingivitis) and gum disease and dental decay (caries).
- Brushing and massaging around the mouth and cheeks can improve muscle tone, increase saliva flow and help to desensitise the mouth area.

Why does there seem to be a lot of calculus (tartar) build up on the teeth?

If plaque is not removed it can harden and become calculus. Studies have found that those who are tube-fed are more likely to have calculus build up than other people who are not tube-fed. This is largely because those who are tube-fed do not use their chewing muscles as effectively and so do not clear their mouth in the usual manner.

Abnormal muscle tone and altered tongue and lip movements can often result in the teeth becoming crowded. This can then make them more difficult to clean and so can make them more likely to have calculus build-up.

The presence of calculus around the base of the tooth makes it harder to clean around the gum margin and as a result can lead to inflammation of the gums (gingivitis) and result in bleeding on brushing.

Your dentist will discuss with you the best way to manage calculus build-up.

Can acid reflux affect the teeth?

People who are tube-fed often have Gastro-Oesophageal Reflux (GOR) which can result in acid from the stomach reaching the mouth and teeth. This acid may cause tooth wear called erosion that will result in thinning or shortening of the teeth.

Sometimes medication can help to reduce GOR and so we can work with your doctor to see if there is any way to help reduce this.

Acidic foods and/or drinks (for example citrus fruits, fruit juice, diluting juice, and fizzy drinks) can make tooth erosion worse. If some food is still being taken by mouth, then these types of food/drink should be kept to a minimum.

Your dentist will be able to give you more personal advice about this at your appointment.

Can being tube-fed cause a dry mouth?

Those who are tube-fed often have the feeling of a dry mouth, which may be caused by a lack of saliva stimulation. Some medications and certain medical treatment (such as radiotherapy) can also affect saliva flow to make the mouth feel dry.

A dry mouth can cause discomfort and problems with ease of swallowing, oral clearance and removal of secretions. Ensuring that a water based gel is applied to the lips, tongue, cheeks and palate regularly can help the mouth to feel more comfortable and may optimise any swallowing function that is present. See 'Mouth Hydration' below for examples of suitable gels.

Ensuring that the person with the feeding-tube is adequately hydrated is also important.

Is mouth care still needed if there are no teeth present?

Yes, it is important to look after the gums and keep the mouth clean and free of debris even if there are no teeth present. This applies for very young children and adults.

When should I start taking my child to the dentist?

All parents and guardians are advised to ensure that young children in their care are taken to see a dentist as soon as their first teeth come through, and before their first birthday.

What other dental issues might arise in relation to being tube-fed?

Those who are tube-fed may also have neuromuscular impairment that can cause swallowing problems, called dysphagia. This can increase the risk of aspiration pneumonia (inflammation of the lungs due to breathing in food/liquid/saliva/calculus).

This risk can be reduced by good mouth care. Sometimes this can be more difficult if a person who is tube-fed has a sensitive mouth and is orally defensive.

Your dentist will be able to suggest some ways to manage effective tooth brushing.

Where can I buy the products from?

Toothpastes (examples below in 'Plaque Removal') are widely available to buy in supermarkets, pharmacies and from online shops.

Water based mouth gels (examples below in 'Mouth Hydration') are available to buy from pharmacies. Occasionally your doctor may be able to prescribe these for you in specific cases.

The specialised toothbrushes ('Collis Curve', 'Dr Barman's Superbrush'), 'Mouth-Eze' (MC3) oral cleanser and 'OpenWide' foam mouth rest can be bought from online shops.



The 'Mouth-Eze' (MC3) Oral Cleanser has replaced the 'foam/sponge lollipop', which is no longer recommended due to choking risk.

General advice for maintaining a healthy mouth plaque removal

- Brush teeth at least twice a day for two minutes, with one of these times being before bed-time.
- Brush using a small circular motion, remembering to brush at the gum margin as well as the teeth themselves. It is also good to brush the tongue as well.
- Use a low-foaming toothpaste (a toothpaste without Sodium Lauryl Sulfate or SLS) which also contains fluoride:
 - Under 3 years old: a smear of toothpaste, no less than 1000ppm Fluoride.
 - Over 3 years old: a pea-sized amount of toothpaste, 1350-1500ppm Fluoride.
- Examples of low foaming toothpastes currently include:
 - Sensodyne Pronamel (mild mint)
 - BioXtra Dry Mouth Toothpaste (mild mint)
 - Biotene Dry Mouth Toothpaste (mild mint)
 - Oralieve Toothpaste (mild mint)
 - Oranurse Toothpaste (flavour-free)
- Use a dry toothbrush to minimise the amount of foam produced with the toothpaste rubbed into the bristles.
- Do not rinse away the foam with water. Try and spit it out. If this is not possible, a suction toothbrush or a 'Mouth-Eze' (MC3) oral cleanser may be useful to remove foam deposits.

Oral health advice for tube-fed children and adults



2 small toothbrushes
taped together



'OpenWide'
foam mouth rest

- Additional tooth brushing may be needed after meals to remove food debris. This can be done with a toothbrush, suction or suction toothbrush or a 'Mouth-Eze' (MC3) oral cleanser.
- A toothbrush with a small head may be easier to use. Specialised, adapted toothbrushes (e.g. suction toothbrush, 'Collis Curve' toothbrush, 'Dr Barman's Superbrush') may also be useful.
- If the person who is tube-fed requires assistance with brushing, this may be easier being done from the side or behind.
- Positioning should ensure the risk of aspiration or choking during brushing is minimised. This includes brushing being done in a sitting position, with head tilted forwards. If the person is unable to sit up, brushing can be performed with them lying down, their head to one side on a towel covered-pillow.
- Tooth brushing may be difficult if there is oral defensiveness. Distraction aids (such as use of a tablet, listening to music or TV) may be useful. To reduce excessive distress, mouth care may have to be staged at different times of day to keep episodes of care short. Regular, routine brushing aims to reduce mouth sensitivity overall. Build up to this slowly, it may take some time for it to be tolerated.

Oral health advice for tube-fed children and adults

- If the toothbrush is chewed on/clamped on, there are various ways to manage this. Sometimes brushing with 2 people makes it easier; 1 to provide brushing and the other to support and distract. A spare toothbrush can be used as a prop or two small toothbrushes taped together; whilst this one is being chewed or bitten, a second toothbrush can be used to access and clean the teeth on the opposite side. Alternatively, an 'OpenWide' foam mouth rest can be used.

Diet advice

- If food/medication is being taken by mouth, as directed by the Speech and Language Therapy Team (SALT), try to ensure this is sugar-free to reduce the risk of developing dental decay (caries).
- Tasters should not be acidic, sugary or too frequent in order to reduce the risk of tooth erosion and decay.
- Additional mouth cleaning may be needed to ensure no debris remains.
- Medications, if taken by mouth, can sometimes be changed to sugar-free formulations following discussion with your doctor.

Mouth hydration

- Keeping the lips and mouth moist can improve comfort.
- Use of a water-based gel or dry mouth gels on the lips can prevent drying and cracking of the lips. It can also be used inside the mouth to keep the cheeks, tongue and palate moist and to remove dry secretions.
- They can be applied using a patient's own finger or, if a carer is required to apply it, use of a toothbrush or Mouth-Eze oral cleanser.
- Foam lollipops are no longer recommended due to the risk of detachment and choking.
- Examples of suitable gels include:
 - KY jelly
 - BioXtra oral gel
 - Biotene dry mouth gel
 - Oralieve mouth moisturising gel
- This should be applied every 2-3 hours to maintain mouth hydration and improve comfort.
- Ensure that the person with the feeding-tube is hydrated sufficiently, as dehydration can impact on the feeling of a dry mouth.

Denture care

- Dentures should be removed every night for cleaning and soaking. Ideally, they should be kept in a named container. After soaking, they can be left out to dry in their container.
- A soft brush and soap should be used to clean the denture on every surface at least twice a day. Additional cleaning may be required after meals if there is food debris present.
- If denture fixative is used, this must be removed thoroughly from the denture and the mouth at the end of each day.
- Broken or sharp dentures should not be worn. Contact your dentist for advice.
- The gums should be moisturised using a water-based gel (see 'Mouth Hydration') every 2-3 hours to keep them comfortable. This also can help with the retention/fit of the denture, as a denture in a moist mouth stays in place much easier than in a dry mouth.

Please don't hesitate to ask your dentist if you have any further questions.

How to contact us

Barnsley (New Street)

Telephone 01226 645150

Doncaster (The Flying Scotsman Centre)

Telephone 01302 563163

Rotherham (Rotherham Community Health Centre)

Telephone 01709 423110

Useful contact numbers

If it's not an emergency, please consider using a Pharmacy or call NHS 111 before going to A&E.

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

UECC (A&E)

Telephone 01709 424455

For GP out of hours, contact your surgery

Useful websites

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.patient.co.uk

Easyread websites

www.easyhealth.org.uk

www.friendlyresources.org.uk

www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team

D Level

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

Monday to Friday

9.00am until 4.00pm

Email: your.experience@nhs.net



LS 05/2021 V1 Jones & Brooks



The Rotherham
NHS Foundation Trust

Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 820000
www.therotherhamft.nhs.uk