

### Dental Care for the Cancer Patient Part 3 of 3



In our previous two articles we covered the special concerns and care for patients undergoing cancer treatment. About 40 percent of patients receiving chemotherapy will have some form of oral complications and the majority of patients with leukemia and those who receive a bone marrow transplant will develop oral complications. Dentists and dental hygienists can play an important role in

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prevention and management of these problems.

We also covered the specific issues that affect patients receiving

radiation therapy to the head and neck region. Side effects can include taste loss, mucositis (inflammation), oral infection, and decreased salivary flow. Long-term, permanent side effects may include dry mouth, demineralization of the teeth leading to cavities and the particularly serious issue of bone that fails to heal called osteoradionecrosis of the jaw (ORN).

Today we will briefly describe the reconstruction and restoration of form and function for patients who have had cancer surgery in the oral facial region.

One of the dental specialties is called oral and maxillofacial surgery. These dental specialists are often the ones who initially remove the cancerous tissues and then provide surgical reconstruction for patients who've undergone disfiguring surgery in the oral and facial region. In some jurisdictions they perform plastic surgical reconstruction for any part of the facial area.

Surgical reconstruction may involve skin grafting and the

use of rib or hip bone to rebuild damaged structures. Dental implants have also proved useful in many reconstructive situations.

However, sometimes surgical reconstruction alone is not ideal. In this case missing facial or oral features can be restored using artificial replacements called craniofacial prosthetics. This service is provided by another dental specialist called a maxillofacial prosthodontist. This specialist requires a high degree of artistic talent since they are called upon to make artificial ears, noses, eyes, cheeks or in some extreme cases entire faces. Using plastics, silicones, dyes and other materials they are challenged with duplicating facial features as realistically as possible.

When a portion of the upper jaw or palate has been removed due to cancer surgery the maxillofacial prosthodontist will fabricate a device called an obturator. This appliance fits in the mouth like a removable partial denture and covers the missing tissue with acrylic or silicone to separate the oral cavity from the nasal and sinus spaces. Without this device eating and drinking can be severely impaired and speech becomes very nasal sounding. Once fabricated, this device will need ongoing maintenance and adjustment. This can often be provided by your family dentist.

If you or a member of your family is undergoing or about to undergo cancer therapy, be sure to talk to your dentist about how they may help you to maintain your oral health and thus improve quality of life during and after treatment.

Yours for better dental health,

*Rae Dorion, DDS*

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