Radiation CA Treatment and Fluoride Trays

What type of fluoride tray do you use for patients who have cancer and are undergoing head and neck radiotherapy?

Looking for information about type of fluoride to be used for patient with pending head and neck radiotherapy for cancer. And design of fluoride trays. Thanks. ■ Dr. Dan

Dan, I just use the same tray material I use for bleaching, only I don’t trim the tray as closely around the cervicals as I do with bleaching trays. In other words, more overlap of that scalloped edge onto the gingivae.

I write Rx for PreviDent gel for the trays and have them wear it all night if they can tolerate it (most can); and I start them before the radiation treatment begins, like as soon as I know they’re doing it. I also have them brush with the toothpaste, Rx PreviDent 5000 Plus, and don’t rinse it out after brushing. Three-month recall.

They get spotty in their compliance once the effects get bad, because of ulcerations and xerostomia. I try to talk with the oncologist if needed for other hints and tips they have. ■

Hey Docs! I know this is an old post but I would love to hear more from you guys about your treatment with patients who are receiving chemo. All and anything you have to offer would be greatly appreciated. I am trying to get as much info from you all as possible so I can translate it to my cancer patients in my oncologist’s office and the oncology unit where I work. Also, I am in the process of being involved in a program between the hygiene program at a local university and the oncology unit where I work. Oral hygiene is so neglected in the hospital setting. It will improve here!

Thanks for your input and help! ■ Bob

Hi Mark, this is one area of dentistry that’s always troubled me. What kind of results do you get, short term, long term? I’ve only seen a few, but almost feel if I were in their shoes, and I required head-neck radiation treatment, I’d opt for full-mouth extractions and some dentures, before therapy. What’s been your experience? ■

Hi Townies, I am making my first fluoride trays for a CA patient. I was reading these previous posts and I have a question. Do I need to put block-out material on the model? Thanks. ■ Kelly

You don’t need to, but it can’t hurt. As for a couple of the previous posts... you may not want to use Gel-Kam, unless they have a formulation that is neutral now. You want to try to use a neutral preparation – less tissue irritation, no problem with etching of existing restorations, etc. Not every pharmacy will carry neutral fluorides, the PreviDent
Booster suggestion is a good one, but for a neutral gel, try TheraFlur N. Most pharms can order it for you.

No, no block out needed. Use the thickest tray material that you can to force the fluoride in and keep it there. Have the patient wear for 10 minutes, two times per day with no eating or drinking after. Use Gel-Kam.

I tried to prescribe for PreviDent gels, but the pharmacy does not carry them. Can anyone tell me where to get these gels? Also, what do you write in the Rx? One PreviDent 5000 gel tube, apply in the tray before bed? Thanks. ■ Kyle

You can order the PreviDent 5000 from Henry Schein and probably the other dental suppliers as well. We keep it in the clinic and I just have my assistant show them how to apply it.

I take this many times farther than just fluoride in trays. I start the patient on a Caries Prevention Protocol and have them start using Betadine rinses, MI paste and PreviDent.

Betadine rinse: One ounce, one minute, once per month. Tastes gross, but really helps to eliminate the bacteria and biofilms that can accumulate due to the xerostomia which will occur.

MI paste: Squished between the teeth before bedtime. And lately I have even had the patients applying the MI paste inside of their fluoride trays overnight.

PreviDent: In the morning, after taking the trays out, patient will brush and floss, then apply the PreviDent for one hour (usually while driving to work).

The whole protocol is a pain in the rear for most patients, but when the alternative is a mouth full of cavities, deteriorating oral health and the prospects of 30 dives in a hyperbaric oxygen chamber to have a tooth removed, the patients soon learn that I am on their side.

This protocol is just a variation on what Graeme Milicich talks about with remineralization and caries control, so don’t actually think that I came up with this myself.

My cancer patient has been using the PreviDent 5000 Dry Mouth in a fluoride tray and reports that it causes a severe pain on the roots of his teeth – he describes it as a burning sensation. He says Biotene rinse is also painful on the exposed roots. He says that the pain increased as his salivary function decreased during radiation treatment. Any suggestions? ■ Carl Oppenheim