HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction Division Of Prisons	SECTION: Clinical Practice Guidelines
	POLICY # CP-25
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SUBJECT: Dental Care and Patients Receiving Head and Neck Cancer Treatment	EFFECTIVE DATE: September 2008 SUPERCEDES DATE: None

PURPOSE

To assure all DOP inmates receiving head and neck cancer treatment receive high quality dental care.

POLICY

All DOP dentists and hygienists shall follow these guidelines when treating patients undergoing treatment for head and neck cancer. Dental staff should be involved early in the care of any inmate diagnosed with head and neck cancer because of the ramifications of surgery, radiation and chemotherapy on oral health.

BACKGROUND

Head and neck cancer therapy varies according to tumor size, location, tissue type and stage. A treatment plan is developed using a team approach usually consisting of a surgeon, oncologist and radiation oncologist. Therapy may consist of surgery, radiation, chemotherapy or a combination.

Radiation therapy is a frequent treatment modality for head and neck cancers. Treatment usually consists of 5,000 to 7,000 cGy over a 4-7 week period (cGy = centiGray; 5,000 cGy = 50 Gray = 5,000 rads). Complications are common if the primary beam involves the maxilla, mandible, soft tissue of the oral-pharynx or salivary glands.

Pre-therapy dental treatment is recommended to minimize the likelihood that the patient will need invasive dental procedures during and for at least three (3) months following radiation or chemotherapy. Some treatment complications can be prevented or minimized with thorough pre-therapy dental care.

Patients with a history of radiation therapy to the maxilla or mandible consisting of 5,000 cGy (rads) or more have a lifelong risk of delayed healing and osteonecrotic jaw.

PROCEDURES

1. The facility dentist should be notified if a unit has a patient diagnosed with head or neck cancer. S/he should make prompt contact with the oncology team leader to determine if the patient requires pre-therapy dental care.

2. The facility dentist should take an active role in providing supportive care. In consultation with the oncology team leader, routine services such as examination, radiographs, extractions, restorative and endodontic procedures, debridement, prophylaxis, fluoride therapy, and oral hygiene instruction should be performed in DOP clinics. Necessary dental treatment must be performed expeditiously so oncology therapy may promptly begin.

3. A baseline oral evaluation prior to radiation or chemotherapy is essential and should include a complete examination (including periodontal evaluation) with a full series of intraoral radiographs and panoramic film in the dentate patient or complete examination and panoramic film in the edentulous patient.

4. The dental treatment plan should include (1) extraction of hopeless or questionable teeth due to caries or periodontal disease, (2) restorative and endodontic procedures, (3) prophylaxis and oral health instruction, and (4) other services recommended by the oncologist that are consistent with DOP policy. The oncologist may request extraction of healthy teeth depending on the treatment site and therapeutic regimen. Extractions should be completed early in the treatment plan since they usually precede radiation and chemotherapy by at least 14-21 days.

5. Daily sodium fluoride and chlorhexidine rinses should be prescribed for dentate patients undergoing radiation therapy that involves the oral cavity.

6. Patients receiving head and neck radiation therapy may experience dermatitis, mucositis, candidiasis, loss of taste, salivary gland dysfunction, radiation caries, soft tissue necrosis, scar tissue formation, moderate to severe trismus, and osteoradionecrosis. The patient's oncologist is expected to take the lead in managing side effects but will require the assistance of DOP dental, medical and nursing staff in fulfilling treatment recommendations and monitoring patient progress.

7. Side effects related to chemotherapy are common and most frequently include mucositis, infections related to immunosuppression, pain, paresthesia, bleeding due to thrombocytopenia, altered taste (dysgeusia), nutritional deficiencies and xerostomia. DOP dental, medical and nursing staff will provide supportive care by following the recommendations of the oncologist consistent with DOP policies.

8. Facility dentists shall consult with the patient's oncologist prior to providing any dental procedures while the patient is receiving radiation or chemotherapy and for the first three (3) months following therapy.

9. In the patient with a history of head and neck radiation therapy, consult with the patient's radiation oncologist to determine how much radiation the patient received and whether it involved the maxilla or mandible before performing surgical procedures in the region. Consultation with an oral surgeon or the UNC Hospital Dental Clinic is also recommended to assess the risk of delayed healing. A thorough informed consent is required before performing surgical procedures and should clearly specify the risk of delayed healing or no healing at all.

10. A section of "Drug Information Handbook for Dentistry" provides guidance in treating mucositis, radiation caries, salivary changes and palliation of pain. Each clinic has a copy of this handbook.

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9/11/08

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