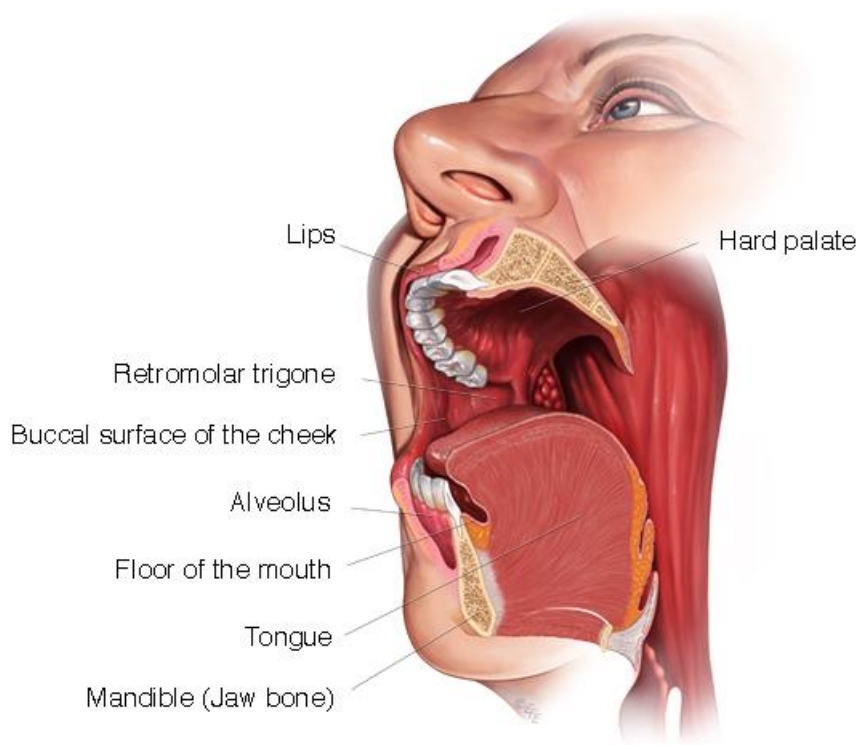


DENTAL EXTRACTION

This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your [cancer care team](#).

AN OVERVIEW TO DENTAL EXTRACTIONS

- Head and neck cancers are often treated with radiotherapy. Radiotherapy can lead to faster rates of tooth decay and poor healing in the mouth.
- A dental examination will be arranged before radiotherapy starts, usually by the special dentist who is part of your cancer care team.
- It is likely that the dentist will recommend that any broken, infected or decayed teeth are removed before radiotherapy starts. This is called a dental extraction.



WHY IS A DENTAL EXTRACTION NEEDED

- If your teeth and gums are not healthy, you could have problems during your cancer treatment with side effects such as pain and infection, which could be severe.
- These side effects could lead to a delay or interruption in your radiation therapy which can affect your outcome or recovery after treatment.
- To reduce the risk of these side effects, teeth that are not healthy are taken out. Sometimes healthy teeth may also be taken out to reduce side effects of radiation therapy.
- Removing teeth before radiation therapy also reduces the risk of less common side effects such as breakdown of the jawbone (osteoradionecrosis) which can occur if any dental injury or infection occurs even months and years after radiation therapy.
- It will be important for you to see a dentist or oral specialist before your cancer treatment so that you can have a thorough examination of your mouth.
- The dentist or oral specialist can then advise on an oral health care plan and decide if any teeth should be extracted. The teeth to be extracted will depend on where your cancer is and what treatment you will be having for your cancer.

HOW TO PREPARE FOR THE OPERATION

Before the dental extraction:

- You will visit the dentist for a dental check-up. During this appointment, the dentist will put together a plan for any dental work that you may need. They will often arrange an x-ray of your teeth before or during the appointment.
- Your dentist or oral specialist will explain the details of your extraction. Be sure to bring up any questions or concerns, and share your needs and wishes with the team.
- You should speak to your dentist or oral specialist about how to manage aspects of your lifestyle such as smoking, drinking alcohol and chronic conditions (e.g. diabetes and obesity) that may increase the risk of complications.
 - If you take blood thinning medication for a heart condition or blood clots (such as warfarin, Plavix, aspirin or Pradaxa), make sure your surgeon is aware. Some of these medications need to be stopped more than a week before the operation. Sometimes a short-acting blood thinner (such as Clexane) is used before and after the surgery
- Dental extractions can be done with a local or general anaesthetic:
 - Most dental extractions are done with local anaesthetic (a needle to numb the gum and teeth). Sometimes some other medications are used to make you sleepy or less anxious.
 - A general anaesthetic (you will be asleep) may be used if you are having several teeth removed or the teeth are difficult to remove. If this is the case, you will need to fast (have nothing to eat or drink) for six hours before your operation (unless advised differently by your surgeon or anaesthetist).
- If a dental extraction is needed after **radiation therapy** there may be some extra things to do before the procedure to reduce the risk of osteoradionecrosis. These may include:
 - Looking at the radiotherapy plans to decide how likely a healing problem will be.
 - **Hyperbaric oxygen:** some dentists will refer you to a specialist who uses high pressure oxygen to help the gum heal. This is given in a decompression chamber like what is used to treat divers with 'the bends'. Often there will be about 30 sessions, some before and some after the extraction.
 - **Special medications:** some dentists use a combination of medications to help with healing. This often includes antibiotics, Vitamin E, pentoxifylline (Trental®) and medication used for osteoporosis.

Visit the [Beyond Five website](#) for further information on the health professionals who may be part of your cancer care team

WHAT TO EXPECT DURING THE OPERATION

- Before the operation, you will be given a local or a general anaesthetic so that you cannot feel anything during the procedure. A local anaesthetic numbs the mouth and prevents pain during the procedure. With a general anaesthetic you are asleep for the operation.
- When the area around the tooth is numb, the tooth is loosened and then removed. Sometimes considerable pressure is needed to loosen the tooth. If the tooth is under the gum or broken, the gum may need to be cut and the bone drilled away around the root(s).
- Any sharp edges on your teeth or false teeth may be removed to reduce the risk of them hurting your mouth during your cancer treatment.
- Once the tooth has been pulled, the dentist/oral surgeon will fill the hole with gauze and ask you to bite down to help stop any bleeding.
- You may be given stitches to close up the hole left by the tooth. These will dissolve over time. The gum normally heals in two weeks.

WHAT TO EXPECT AFTER THE OPERATION

- After the operation, your lip and mouth may feel numb if you have had a local anaesthetic. It is important to avoid eating anything hot at this time.
- You may experience some pain or swelling in the days after the operation. Your dentist or oral specialist will give you medicine to help manage this. Regular paracetamol may be sufficient but many patients will need stronger pain medications, particularly at night time to help you sleep.
- An antiseptic mouth rinse will help keep the wound clean, this should be used after every meal to clear any food away and before you sleep.
- Usually you can go home after the operation, but you cannot drive if you have had a general anaesthetic or sedation. Your dentist or oral specialist will advise on whether you will need to stay in hospital after a general anaesthetic and for the duration.

POSSIBLE RISKS OF DENTAL EXTRACTION

All operations carry some risks such as wound infections, bleeding, adverse reactions to anaesthetic, and other complications. These risks will be explained by your dentist and anaesthetist, if you have a general anaesthetic.

Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- **stopping blood thinners (e.g. aspirin) before surgery to reduce the risk of bleeding**
- **antibiotics to reduce to risk of wound infection**

Although dental extraction is not a major operation, there are some specific risks. These include:

- **Dry socket:** occurs when the bone where the tooth was extracted is exposed to air and food. This may happen if a blood clot does not form in the hole or the blood clot is disrupted. This can be very painful and can cause a bad taste and odour in your mouth. If this occurs you need to contact your dentist.
- **Numbness, tingling or pain:** can affect the lip, tongue, cheek, gums and teeth. This occurs due to the irritation of or damage to the nerves during the extraction. It is usually temporary and only lasts a few days. Prolonged or permanent nerve damage is uncommon but can occur.
- **Root fragments:** a piece of root may break off during the extraction due to the length or weakness of the roots. The fragment can often be removed without any further complications. However, if it lies close to a nerve or a sinus cavity the dentist may decide to leave the fragment in place.
- **Fracture:** there is a small chance of the jaw bone breaking due to the force needed to remove the tooth. This is more likely if the bone is already weak.
- **Damage to lips and cheeks:** you may bite or rub the numbed area without realizing because the tissue is still numb.
- **Bruising or bleeding:** if you take medication to thin your blood, you are more likely to get a bruise. Applying a cold pack to the area will help to minimise the bruising. If there is delayed bleeding, direct pressure with a gauze will usually stop this.

FOLLOW-UP CARE

- You will have ongoing care of your mouth during your cancer treatment from your cancer care team. They will advise on how to deal with some of the effects of cancer treatment on your mouth (such as dry or sore mouth, ulcers, loss of taste or difficulty chewing), and on any difficulty with dentures.
- It will be important for you to follow-up with your dentist or oral care specialist after your cancer treatment finishes. This follow-up will check the progress of healing in the mouth after the dental extraction and give you advice about how to keep your remaining teeth in good condition.
- You should continue to have regular check-ups with your dentist thereafter.

QUESTIONS TO ASK YOUR DOCTOR

- Which teeth are being extracted? Will this affect my other teeth?
- What will happen if I don't have the dental extraction?
- How long do I need to wait in between my dental extraction and cancer treatment?
- What are the possible side effects of treatment? How can they be prevented or controlled?
- What lifestyle changes (diet, exercise) do you recommend I make?
- How much will the surgery cost? Will my health insurance cover it?
- Who are the health professionals that I need to see as part of my follow up care?

You may want to write additional questions here to ask your doctor or cancer care team

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Last updated: 19 October 2016