28th April 2020

Guidance for Consultants in Restorative Dentistry on oral pre-habilitation and rehabilitation for head and neck cancer patients during the Covid-19 pandemic.

This guidance will be updated as new information becomes available

General principles

It is necessary, during the current pandemic, to rationalise the head and neck cancer pathway but it is unacceptable to neglect or abandon this important part of patient care. Opportunities for optimising oral and dental pre- and rehabilitation should be considered. Safe and, where possible, remote interventions that would improve oral and dental outcomes should be developed by the team. As a core MDT member, at least one Consultant in Restorative Dentistry (CRD) should be present by video link or dial-in during any MDT discussion.

This guidance is aimed at minimising face to face contact but ensuring that oral and dental health is optimised. Decisions and approaches in individual units may vary based on local arrangements and will depend on a number of factors including patient risk, patient safety, staff safety and availability of PPE.

CRD role

General guidance for oral pre-and rehabilitation is found at:
https://www.restdent.org.uk/uploads/RD-UK%20H%20and%20N%20guideline.pdf

Pre-treatment. Planning and advice for optimal future oral health, function and appearance prior to radiotherapy AND prior to surgery.

- Patients who will have surgery: Planning and provision of implant and conventional prostheses where appropriate. Patients will need to be counselled when it is considered that prosthetic rehabilitation may be challenging or will have low chance of success.
- Patients who will have maxillectomy: Consider surgical obturator use and synchronous obturator production while primary surgery underway facilitated by impression as surgery commences. Counsel patients that surgical obturators may be

in situ in the medium to long term. Trismus will severely compromise success of obturators. Input from SLT is key in preventing trismus.

- Patients who will have radiotherapy: Planning and provision of implant and conventional prostheses where appropriate. Advice and planning regarding oral hygiene measures, trismus prevention (jaw exercises), caries prevention, xerostomia, and osteoradionecrosis (prescribing dental extractions where appropriate).

During treatment. Remote support by dental hygienist (phone call or video link)

Post-treatment. Follow-up and provision of prostheses. This may be deferred if appropriate.

MDT

- Attendance by CRD at virtual MDT via e.g. Microsoft Teams.
- Clinician (Surgeon/Oncologist) to arrange dental panoramic radiograph (DPT/OPT/OPG) at time of diagnosis or to coincide with diagnostic imaging.
- CRD will assess DPT in planning for MDT.
- Radiology Consultant to consider reformatting existing CT scans to produced dentally focussed images if no OPG available/ likely.
- Oral/ dental needs for every new patient should be discussed and recorded at MDT 'live'. CRD to identify dentally vulnerable patients with the team.
- Minimise face-to-face appointments. Offer consultations via telephone or video consultation wherever possible. Attend Anywhere APP can be used. CRD to record discussion outcome on PAS. Face to face consultations may be necessary if there are particular dental concerns identified at MDT.
- Even at this pressured time practices and treatments which are based on evidence and are known to help patients should be employed. Participation by a CRD is considered an essential part of head and neck cancer care. In the event that CRD input to the team becomes unavailable during the COVID-19 crisis and in the absence of a local network of CRD, support should be sought from the regional Dental Hospital Restorative department. The RD-UK Head and Neck Cancer Clinical Effectiveness Network can also provide general guidance at rd.uk@nhs.net

Consultation

- Identify any specific dental problems.
- Give advice: oral hygiene measures, trismus prevention (jaw exercises), caries prevention, xerostomia, and ORN. Trismus can compromise significantly or totally prevent access for oral self-care and dental treatment. Cariogenic nutritional

supplements are a significant risk for rapid dental caries development especially in combination with xerostomia, mucositis and difficulties with oral self-care. CRD to record patient consultation outcome on PAS.

- CRD should liaise with SLT and dietetics with regards caries and trismus prevention.
- Duraphat 5000ppm toothpaste and an oral care pack should be available on wards.
- Send out oral care pack with Bio-available calcium and phosphate paste (Tooth Mousse), toothbrush, single tufted brush, interdental brushes, information leaflet.
- Arrange prescription for 1.1% sodium fluoride toothpaste (Duraphat 5000ppm). Patient's own GDP/GP to prescribe where possible. Prescription by oncology team is a possible alternative.

Extractions

- A higher threshold for treatment planning of pre-therapeutic dental extractions will be required for many patients under these circumstances in order to reduce the number of face to face appointments.
- Where there is a certain plan for surgery followed by post-operative radiotherapy, extraction of teeth with very poor prognosis during primary surgery should be considered.

Follow up

- In order to cut non-essential follow-up visits, follow-up virtual clinics should be developed.
- Prosthetic rehabilitation may need to be deferred and, in some cases, may not be possible.

Additional points

- Representatives of ALL core MDT members should attend virtual MDT: Some teams have included only 'key' MDT members which is counter to the principles of MDT working. "A stable team with mutual respect for each other provides the necessary security to form relationships based on trust, to experience and manage difficulties in a supported environment, and to feel safe if raising concerns. Simple measures in an MDT environment can make all the difference to individuals as well as improving team morale and performance." Oeppen RS, Davidson M, Scrimgeour DS, Rahimi S, Brennan, PA. Human factors awareness and recognition during multidisciplinary team meetings. J Oral Pathol Med. 2019:00:1-6.

- General oral health perspective: Some studies have shown that improvement of oral health care diminished the risk of developing aspiration pneumonia and the risk of dying from aspiration pneumonia directly. There is some evidence that adequate oral health care decreases the amount of potential respiratory pathogens and suggest a reduction in the risk of aspiration pneumonia by improving the swallowing reflex and cough reflex sensitivity.
- CRD could provide support to ward staff in ensuring oral care is optimum.
- CRD in the Head and Neck team: there may be opportunities for our redeployment given that we understand the pathway and we are familiar with the head and neck region.
- Nationally agreed patient information leaflets are being developed by the RD-UK Head and Neck Cancer CEN.