

DYSPHAGIA & Oral Care



Proper oral care can help reduce the risk of developing aspiration pneumonia.

Individuals with swallowing problems (dysphagia) can reduce their risk of chest infections by keeping their mouth clean



Risk of dysphagia increases with age and frailty (i.e. multiple medical issues)



FACTS ABOUT 'DYSPHAGIA':

- A normal mouth has saliva with bacteria.
- The throat has two tubes; the esophagus leads to the stomach and the trachea leads to the lungs.
- For people with dysphagia - saliva, food and liquid can go down the wrong way and end up passing through the trachea and into the lungs. *This is called 'aspiration'.*
- Saliva, food and liquid can sometimes go down the trachea into the lungs without coughing. *This is called 'silent aspiration'.*
- If bacteria from the mouth enters the lungs it may cause aspiration pneumonia.

Possible Signs & Symptoms:

- Difficulty when trying to swallow
- Coughing and choking during or after meals
- Wet voice during or after meals
- Weight loss and/or dehydration
- Difficulty with certain textures of foods
- Pocketing of food in the mouth
- Regurgitating food
- Frequent fevers or chest infections

Why should you care?

🦷 Dysphagia is related to many different medical issues: *conditions that cause the esophagus to narrow, neuromuscular conditions, stroke, dementia, traumatic brain injury, gastroesophageal reflux disease (GERD), certain cancers of the head and neck (including oral cancer), and certain respiratory conditions such as COPD (chronic obstructive pulmonary disease).*

🦷 It can also be caused when the muscle in the esophagus does not relax enough to let food pass into the stomach.

🦷 Other risk factors include smoking, excessive alcohol use, certain medications, and teeth or dentures in poor condition.

Mouth Care for Patients with Dysphagia

For Patients with NATURAL TEETH:

- *Brush teeth before and after each meal and at bedtime using:
 - *Soft bristled tooth brush
 - *Fluoride tooth paste
- *Rinse mouth with water, swish and spit out.
 - *Alcohol-free mouth rinse may be used.
- *Brush tongue from back to front, using large sweeping strokes.
- *Floss teeth daily.

For Patients with FULL & PARTIAL DENTURES:

- *Remove dentures and clean (i.e. brush with a denture brush) before and after meals and at bedtime.
- *Brush the tongue from back to front, using large sweeping strokes, with a soft toothbrush.
- *Rinse mouth with water, swish and spit out.
 - *Alcohol-free mouth rinse may be used.
- *Soak dentures daily in denture cleaner.

MANAGING DYSPHAGIA:

Keeping your mouth clean is just one way to help decrease the risk of aspiration pneumonia. Another way to decrease the chances of developing aspiration pneumonia is to follow the safest option for eating and drinking (as outlined by your dysphagia team).



TIPS for providing oral care:

- Follow the mouth care directions above
- Look inside the patient's mouth before brushing and remove any debris (i.e. food, secretions) with a gloved hand if possible.
- If a person cannot spit, a suction toothbrush is recommended
- Ensure that the patient's mouth is free of pocketed food after each meal
- Avoid using oral swabs - the foam tip can dislodge and become a choking hazard

Ideally, teeth should be brushed 3-4 times daily.

Brushing the teeth well, even once every 24 hours, can help reduce the risk of developing aspiration pneumonia.

For patients with dysphagia, the most important time to brush teeth or clean dentures is before bed because saliva flow is reduced at night

PLEASE NOTE!

- ★ Rinsing with mouth wash is NOT a substitute to good teeth brushing
- ★ For patients with a dry mouth, use a bit of water on a gauze pad to moisten the lips and tongue
- ★ **GUIDELINES FOR MOUTH CARE FROM YOUR DYSPHAGIA TEAM:**