



W O L D S D E N T A L S T U D I O

M A R K E T R A S E N

MEDICAL CONDITIONS AND ORAL HEALTH

Q Will I need to tell my dentist if I have a medical condition?

A When you have your first dental check up, you will be asked to fill in a medical history form. In this you can tell your dentist about any medical conditions, recent operations, allergies, and tablets or medicines you are taking that may affect your dental treatment.

You may think that some conditions are not important enough to mention. However, quite often these conditions are just as important. The information will help your dentist and the dental team work together to make sure you are treated in the safest way possible and are not put at any risk during treatment.

Q Is this information confidential?

A Yes. It will be put in your dental notes and kept confidential under the 1998 Data Protection Act.

Q What if I am taking any medicines?

A You will need to tell your dentist if you are taking or rely on any medicines. This should include any inhalers, a recent course of antibiotics or regular medication for an on-going complaint. It is also important to remember to tell your dentist if you have taken any over-the-counter medicines or tablets recently, have had a recent prescription from your GP or take recreational drugs.

You should also tell your dentist if you are taking the oral contraceptive pill. This is in case you need a course of antibiotics. These can cause the pill to become less effective and you will need to take extra contraceptive precautions.

All this information is needed to make sure no dental treatment; drugs or materials will affect your health.

Q Will my dentist contact my GP?

A Maybe, but they should always ask your permission first. In some cases, particularly for difficult dental procedures or extractions, the dentist may want to contact your GP for advice. If you have had a recent operation, or rely on medication, your dentist may ask your GP if there are any problems which may affect your dental treatment.

Q How often should I visit my dentist?

A We recommend you visit your dentist at least once a year. However, if you have certain medical conditions your dentist may want to see you more often. Patients who suffer dry mouth due to certain medication may find they are more likely to get tooth decay and would therefore need checking more closely.

The dentist may also refer you to the dental hygienist in the practice for regular scale and polish appointments to keep up your good dental health.

Q Will I need to be treated in hospital?

A In certain situations you may need to be seen by a specialist dental team at your local hospital or regional centre to make sure you get the best medical

care. This is especially the case with patients who have blood disorders, heart complaints or who are severe asthmatics.

The staff will be specially trained to deal with patients who have medical conditions, and the necessary back up is there should it be needed. Your dentist may feel that due to your condition this is the safest option.

Q Will I need a general anaesthetic?

A Not always. General anaesthetics are not widely used nowadays, and a local anaesthetic is the safest option. Patients with heart complaints and severe asthma for example may find they are unsuitable for a general anaesthetic, and therefore would have to look at alternatives.

Q Are there any medical conditions that could affect my mouth?

A Some medical complaints, which need regular medication can contribute to dry mouth, which in turn can cause tooth decay.

Also, patients with epilepsy who rely on Epilim should always ask for sugar-free alternatives if they need the drug in syrup or liquid form. Epanutin, another drug prescribed for epilepsy, can cause gum problems.

Q What other medicines cause a dry mouth?

A Dry mouth can be caused by radiation treatment to the head and neck, damage to the salivary glands or by certain drugs. Antispasmodics, tricyclic antidepressants, some anti-psychotic drugs and HAART (Highly Active Anti-Retroviral Therapy) for patients living with HIV can all cause dry mouth.

There are many artificial saliva products, sprays and lozenges that your dentist can prescribe which may help to ease your symptoms. The reduced saliva flow can increase the chance of tooth decay. It is important to brush

with a fluoride toothpaste and keep sugary foods and drinks to mealtimes only.

Q What may happen if I have a heart complaint?

A If you need dental treatment, which could involve bleeding, such as a tooth extraction or a scale and polish, your dentist may give you a dose of antibiotics one hour before your appointment. This is to make sure there is no risk of infection of the heart valves.

The dentist may also choose to use a different kind of local anaesthetic (without adrenalin).

Q What if I have a heart murmur or rheumatic fever?

A If you suffer from either of these you may need to take a dose of antibiotics one hour before certain dental treatments to prevent infection.

Q Is there a link between gum problems and heart disease?

A Recent scientific research has shown a link between poor oral health and other conditions such as heart and lung disease. This highlights the importance of good dental care.

Keeping to a good oral hygiene routine at home and regular visits to your dentist will help to prevent gum disease and therefore avoid the risk of complications.

Q How can my dentist help if I have asthma?

A People who suffer from asthma should tell their dentist when they register. It is important to take your inhaler to every dental appointment and tell your

dentist if you feel unwell or out of breath. Patients with severe asthma may find they are unsuitable for treatment under general anaesthetic or sedation, and therefore the safest option would be a local anaesthetic.

Q What if I am taking warfarin?

A It is important to tell your dentist before treatment if you are taking warfarin, particularly if you need to have a tooth out. You may be asked to have routine blood tests before starting treatment to make sure your blood will clot enough to stop the bleeding.

Your dentist may suggest stopping your warfarin for 2 to 3 days before your dental extraction. However, for some patients there is no need to alter the medication and there should be no risk of complications following the extraction. Your dentist will be able to tell you more and may contact your GP for advice before beginning the treatment.

Q Should I tell my dentist if I am taking anti-depressant drugs?

A Yes. It is important to tell your dentist if you are taking any of these medicines. The local anaesthetic may interfere with tricyclic anti-depressants and therefore the dentist may recommend an alternative brand of anaesthetic.

A side effect of some anti-depressant drugs is dry mouth. The reduced saliva flow can increase the chance of tooth decay and gum disease.

Q What will happen if I have haemophilia?

A Haemophilia is a blood disorder. You must tell your dentist at your first check up if you are suffering from this condition.

If the blood does not clot it may cause serious problems during dental treatment. If you need to have a tooth out, the dentist will need to refer you to

the local hospital to be treated by a specialist and in the situation safest for you. After a tooth has been extracted, a clot needs to form in the socket to help it heal.

Many patients take tablets for haemophilia and it is important to inform your dentist if you are on any medication.

Q I have anaemia, can this affect my dental health?

A Patients with anaemia may find they get more mouth ulcers. They may also get red lines and patches on the tongue. Ulcers usually last 7 to 10 days. However, patients with recurrent ulcers may find they take up to six weeks to heal. There are various sprays and creams that your dentist can prescribe if your symptoms continue.

Q Why might I be tested for sickle cell anaemia?

A Sickle cell disease is a form of anaemia, which affects people of African and Caribbean origin. If you are in this ethnic group and need a general anaesthetic, you will have blood tests to make sure this is safe for you.

Q Can a dentist refuse to treat me if I have HIV or hepatitis?

A A patient with either of these conditions is protected by the Disabilities Act. A dentist cannot, therefore, refuse to treat you if you have HIV or hepatitis. However, patients with hepatitis B and C may be referred to a specialist unit if the disease is uncontrolled.

Due to the risk of blood-borne infections, all dental practices now have to follow very strict policies to prevent cross-infection. Many dental instruments are disposable and for single use only, and all other equipment will be sterilised before re-use.

Q Will HIV affect my oral health?

A It is important to establish a very strict oral hygiene routine as early as possible and get regular professional care.

Oral signs and symptoms are only common in uncontrolled HIV. Lesions can appear, which may be purple-red discolourations or larger growths. Oral thrush is also common when the immune system has failed, but quickly responds to oral medicine. Hairy leukoplakia is a common oral condition and appears as white lesions on the tongue – it can often be the first sign of HIV.

Periodontal (gum) disease is common with HIV, and often develops very quickly when the condition is uncontrolled. Because the immune system is weakened, the gum disease is more severe and oral antibiotics are often needed.

Dry mouth is another side effect of HIV and can cause tooth decay due to the reduced levels of saliva. Your oral care routine should include using fluoride toothpaste and you may need fluoride supplements too. You can be prescribed sprays or lozenges to ease your discomfort. It is important to always ask for sugar-free alternatives.

Q Will chemotherapy affect my dental treatment?

A If you are going to have a course of chemotherapy, visit your dentist as soon as possible to make sure any dental treatment you need is finished before you start.

External or internal radiation therapy can often cause damage to the salivary glands, leading to a permanently dry mouth. Due to the lack of saliva, there is more risk of dental decay so it is important to have regular dental check-ups.

Chemotherapy can cause gum ulcers or the gums to bleed. Regular appointments with the dental hygienist should help to keep this under control.

The hygienist will also tell you if you are brushing correctly and will check that you are maintaining a good oral hygiene routine at home.

Some cancer patients find the chemotherapy causes a sore throat, difficulty in swallowing and in some cases partial or complete loss of taste.

Q Should I tell my dentist if I am allergic to anything?

A Yes. You will be asked at your first dental check up if you have any allergies to certain medication, foods or materials. If you have a penicillin allergy it is very important to tell your dentist in case you ever need a prescription of antibiotics. In this case, there are several alternative antibiotics that will be safer for you.

Patients and dental staff can be allergic to the dentist's gloves, which are usually made of latex. Dental materials and drugs used in routine treatment can sometimes produce skin reactions. This can usually be overcome by the dentist using a low-allergy brand of gloves or alternative materials.

It is important to tell your dentist if you have had a reaction at a previous appointment. This can then be avoided at your next appointment and marked on your notes for future reference.

Q Will epilepsy interfere with my dental treatment?

A It is important to tell your dentist if you have epilepsy, or have ever had any sort of fit in the past. This is to make sure the dental team are fully prepared if you do fall ill during treatment and can have drugs on hand if necessary.

Epileptic patients may find they are more likely to have fits when they are anxious. Tell your dentist if you have any concerns before or during your treatment. The dental team will make sure the surgery is safe for you and there is no risk of harm to you.

Q Will diabetes affect my teeth and gums?

A People who suffer from diabetes can have severe gum disease if their condition is uncontrolled. Therefore it is important to follow a thorough oral care routine at home and to visit your dentist at least once a year. You may also find that you heal more slowly after surgery and you should discuss this with your dentist before you have any treatment.

Q How can my dentist help if I have diabetes?

A Book your appointments at a time when the dentist is least likely you keep you waiting, such as first thing in the morning. Try to avoid lunchtime in case you have to miss a meal.

Q What if my diabetes needs hospital treatment?

A Many hospitals nowadays have a diabetic team who will give you advice on managing your condition. Diabetes could cause you to be less resistant to infection and increase the risk of your having heart disease. Therefore you may need antibiotics for certain dental treatments.

If you are having a general anaesthetic you will not be able to eat or drink for about four hours before treatment, and this could prove a problem with your diabetes. In this situation, the hospital should make every attempt to book you first on the list to avoid you having to wait for long periods.

Q Will I need to tell my dentist if I am pregnant?

A It is important to tell your dentist as soon as you find out you are pregnant. If you need dental treatment, it may have to wait until after the birth of your baby. In most situations x-rays should be avoided, particularly during the first three months of pregnancy.

Some pregnant women find their gums bleed during pregnancy and need closer attention. You may be referred to the dental hygienist, if the practice has one, for regular cleaning and advice on how to maintain a good oral hygiene routine at home.

Remember to take your maternity certificate to your check up appointment, as you will be entitled to free NHS routine dental treatment while you are pregnant and until your baby's first birthday. (For more information please see our leaflet 'Tell me about mother and baby'.)

Current guidelines suggest that old amalgam fillings should not be removed during pregnancy, but nor should new ones be put in. Speak to your dentist about alternative materials if you are unsure.