

## MOUTHCARE AFTER A STROKE

### Daily routine with natural teeth

- Use a small headed toothbrush which allows you to reach all tooth surfaces and gum margins easily and comfortably
- The daily use of fluoride toothpaste is very effective in strengthening the enamel against tooth decay
- Brush all tooth surfaces thoroughly twice a day using a gentle scrub technique
- Use a mirror to check how well you have cleaned your teeth and gums

### Daily routine with dentures

- Brush the dentures daily with a toothbrush, denture paste or unperfumed household soap and water.
- Clean the dentures over a sink or bowl filled with cold water. The water will cushion the fall if you drop them.
- Dentures should not be stored overnight in effervescent cleaning solutions, as this can lead to bleaching of the denture. Store dentures overnight in cold water.



### Note for denture wearers

Cleaning dentures is just as important as cleaning natural teeth. Careful mouth and denture hygiene can help prevent infection, discoloration and bad breath. It is important that people without their natural teeth still visit the dentist from time to time so that dentures can be adjusted and replaced as necessary. The dentist will also check to make sure your mouth is healthy and free from infections.

If you would like to speak to one of our nurses in confidence, please call the Chest, Heart and Stroke Scotland Advice Line  
Monday - Friday 9.30am - 12.30 and 1.30pm - 4.30pm

**0845 077 6000**

FACTSHEET

### Why is a healthy mouth important?

A healthy mouth and comfortable dentures will improve the quality of your life. This is particularly important after a stroke. Healthy teeth and gums, and well-fitting dentures will help you to look and feel better, eat better and help your confidence if your speech has been affected.

### There are three basic guides to good oral health:

- **Eating well**

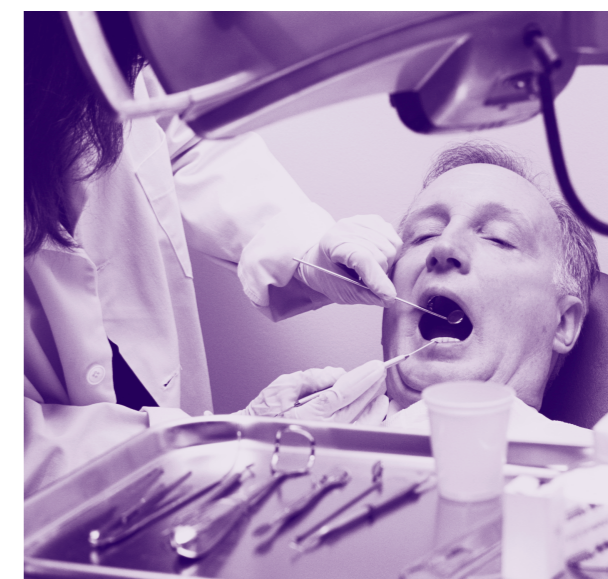
A well-balanced diet is important to everyone. After a stroke, the dietician can give you specific advice about your diet. Everyone with his or her own teeth should try to keep sugary foods and drinks to mealtimes.

- **Cleaning well**

Brushing teeth and gums every day with a fluoride toothpaste not only helps to prevent tooth decay, but also reduces gum disease by removing the build up of plaque on the teeth which causes gum disease.

- **Seeing a dentist regularly**

Your dentist can give advice and treatment to help prevent dental problems. If you are unable to go to your dentist because of problems with access, distance to the surgery or transport problems, your dentist may be able to provide a home visit. If this is not possible, contact your local Community Dental Clinic.



### How can a stroke affect my mouth?

Just like the muscles in your arms and legs, a stroke can cause weakness and numbness in your face, cheek, tongue or throat, which can lead to problems:

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FACTSHEET

**Swallowing**

After a stroke some people have difficulty in swallowing. Fortunately this often returns to normal within a short time. The speech and language therapist will assess and offer specific advice if problems continue.

**Controlling saliva**

One of the problems you may experience is difficulty in swallowing saliva, so that it overflows from the corners of your mouth. This can make the corners of your mouth or chin sore. Improving your posture so that you can sit up properly may help prevent this. In some cases medication can be used to reduce the amount of saliva produced.

**Dry Mouth**

After a stroke, some people may experience a dry mouth. Some people may have an increased tendency to breathe through the mouth rather than through the nose, which dries the mouth and increases the risk of tooth decay and gum disease:

- take frequent sips of water or use a small atomiser and spray around your mouth regularly
- keep your lips moist by applying a lip salve
- always take your dentures out at night to give your mouth a rest

**Difficulty controlling your dentures**

Loss of sensation and loss of muscle control can affect wearing dentures in different ways, mainly, putting dentures in and controlling loose dentures.

**Putting dentures in**

If the loss of sensation on one side of your mouth makes it difficult to put your dentures in, try the following:

- use a mirror
- put the denture into your mouth towards your affected side
- turn the denture around towards your unaffected side
- slide the denture back into position

**Controlling loose dentures**

After a stroke you may notice that your dentures are loose.

- The loss of muscle tone and difficulty controlling the facial muscles following a stroke can make it difficult to control your dentures.
- If your dentures were already old and rather worn the problem could be made worse. Loose dentures can rub parts of the mouth causing mouth ulcers, making eating and speaking more difficult.
- Denture fixative may be useful in the short period after your stroke, but continued use can hide more serious problems. It is not a permanent solution for loose dentures. If your dentist continues to be loose after a few weeks, please seek help from a dentist.

**How can a stroke affect your brushing technique?**

Using a toothbrush with a weakened grip or using a different hand to brush your teeth can make it more difficult to brush your teeth.

- choose a toothbrush with a thicker textured handle
- make the toothbrush handle even thicker using a piece of foam tubing
- try using a wall mounted toothpaste dispenser
- let an electric toothbrush do the moving for you
- speak to your occupational therapist for advice.

**Tips for carers**

As a carer you may have to help someone to maintain a healthy mouth. It can be quite hard to brush someone else's teeth.

- stand to the side or behind the person
- support their jaw with your free hand
- hold the toothbrush as normal and brush the teeth and gums gently, working your way around the mouth in a methodical manner, making sure all surfaces are cleaned
- allow the person to spit out excess toothpaste without rinsing. If you are unable to access the bathroom easily, a bowl can be used.