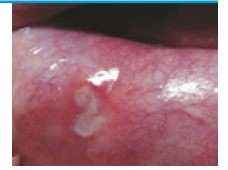




ASK

- How long has the ulcer been present?
- Ascertain if an ulcer has been **persistent for more than 2 weeks and is not painful - See Alert**
- Do you suffer with mouth ulcers regularly?
- Have you traumatised the skin or gum in the mouth by?
 - » Biting or burning yourself
 - » Eating sharp food
 - » Broken or sharp tooth
 - » Broken appliance (denture or orthodontic)
- What provokes and relieves the symptoms?
- Do you have anaemia, gastro-intestinal symptoms or skin conditions or take any medication?



ADVICE

- Reassure - ulcers caused by trauma are usually sore, but will resolve in a week or two
- Other causes include anaemia, gastro-intestinal disorders, iron and vitamin deficiencies, immune conditions, dermatoses, stress and medication
- Oral hygiene advice – tooth brushing twice a day; using mouthwashes (e.g. Chlorhexidine)
- Local pain relief using mouthwashes or topical gels e.g. benzydamine hydrochloride or topical anaesthetic gels
- Avoid precipitating factors e.g. spicy foods
- Avoid smoking



FOLLOW UP

- Recurrent mouth ulcers require dental assessment for possible referral to specialist
- Broken/sharp teeth require dental assessment and treatment
- Patients with systemic symptoms or regular mouth ulcers should be directed to their GP for further investigation
- **ANY non-healing, non-painful ULCER present for 2 weeks or more, that has no obvious repeat trauma to the area requires URGENT Dental Assessment - See Alert**



ALERT

- If the patient feels unwell in themselves or unable to eat or drink, they should seek medical or dental attention
- ANY non-healing and non-painful ULCER present for 2 weeks or more requires URGENT Dental Assessment to exclude oral cancer



PHARMACY PRODUCT

- Topical anaesthetic mouthwashes e.g. benzydamine hydrochloride
- Topical anaesthetic gels
- Chlorhexidine mouthwash
- Paracetamol, ibuprofen (if required for pain relief)