Dysphagia and nil by mouth

What is it? (signs)
Dysphagia is the medial term for swallowing difficulties.
Nil by mouth means the person is not allowed to have any form of food, drink or medications by mouth.

What does it look like/what I might feel (symptoms)
Individuals with dysphagia experience difficulty chewing and swallowing. People with dysphagia are at increased risk of:
• food and drink pooling in the mouth
• inhaling food/drink/saliva in to the lungs when swallowing (known as aspiration)

Dysphagia also poses a greater risk of poor oral hygiene and poor mouth health. Aspiration of harmful bacteria that develops in an unclean mouth can lead to life threatening respiratory difficulties and chest infections known as aspiration pneumonia.

Possible treatment
Your dental team, speech and language therapist (SLT), dietician and GP will be able to provide information about possible treatments tailored to your needs.
If the person requires assistance to provide oral care you should:

• People who are not fed orally and/or suffer from dysphagia might suffer from dry mouth (Xerostomia) and can develop a dislike to having their teeth and gums brushed. It’s important to encourage regular toothbrushing by being patient, understanding and caring. If the person trusts you and there’s a good rapport between you it’s likely to be a success!
• Stand or sit beside them because it helps to support their head and means your hands are in the most appropriate position to brush their teeth
• Gently tilt the persons head forward slightly to reduce their risk of aspirating/choking on the toothpaste and debris brushed from their teeth
• If the person is unable to sit upright, lay them on their side with their head resting on a towel covered pillow
• Do not wet the toothbrush
• The toothbrush should be used at a 45 degree angle to the teeth so the tooth and gums are cleaned. Remember to clean the outside, the inside and the biting surface of the tooth.
• Gently brush the tongue to freshen the breath and cleanse the mouth
• Do not rinse after spitting the toothpaste out
• It may be necessary to use an oral suction to removed excess foam/debris from the mouth
What can I do myself to help?
Research shows that helping to keep your mouth clean and healthy is one of the best ways of preventing chest infections.

Oral care

- Should be performed last thing at night and at another time during the day.
- Use a pea sized amount of toothpaste on a dry, small headed, soft to medium bristled toothbrush.
- Toothpaste should contain at least 1350ppm F (parts per million fluoride). Ask your dental team to show where this is printed on your tube of toothpaste.
- It may be best to provide oral after meals – to remove any food debris from the teeth and mouth.
- Consider using a toothpaste low in sodium lauryl sulfate (SLS) which is the ingredient responsible for the foaming action. Such as Oranurse, Biotene or Sensodyne (Pronamel) Sensodyne Essential Care toothpastes (avoid Sensodyne Deep Clean and Sensodyne True White toothpaste). Your dental team will be able to provide assistance with your choice of product.
- Ask your GP to ensure that any liquid medication or dietary supplements are sugar free or low sugar versions.

If you wear dentures see the associated leaflet ‘dentures’ to find out more information about how to care for your mouth and your dentures.
If you suffer from dry mouth (Xerostomia) see the associated leaflet ‘dry mouth/xerostomia’ to find out more information about how to manage your condition.

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