

Treating Mouth Sores During Orthodontic Treatment

Many people find that, especially during the early stages, wearing orthodontic appliances can cause irritation of the lips and cheeks. For most patients this is only temporary, but others find that they are more susceptible to these sores, even before and after orthodontic treatment. A few helpful hints to prevent or treat mouth ulcerations:

1. Avoid acidic foods and beverages that are irritating to the oral mucosa such as carbonated, caffeinated or alcoholic drinks, strawberries, tomatoes, and citrus fruits like oranges and pineapples.
2. Spicy foods can disrupt the lining of the mucosa and are often acidic.
3. Sodium Lauryl Sulfate (SLS) is the chemical in toothpaste (and many other household products) that produces foaming. Many patients are sensitive to this and do better with a non-SLS paste. Just be sure that it still contains fluoride!
4. Chocolate contains obromide, which can cause an allergic reaction/irritation.
5. Some patients have an allergy to dairy products like milk, cheese and yogurt.
6. Foods with sharp or hard edges (potato chips, pretzles) can scratch the cheeks and cause a sore.
7. Make sure you're eating a balanced diet, getting enough sleep and exercising. Deficiencies in zinc, B12, iron or folate can cause ulcers, as can lack of sleep and high stress levels.
8. Many females experience increased ulcerations associated with fluctuating hormone cycles.
9. Some find the use of NSAIDS (non-steroidal anti-inflammatory drugs) like ibuprofen (Advil, Motrin) to be a trigger. Try using acetaminophen (Tylenol) for discomfort instead.
10. Wear a mouthguard or lip-bumpers during sports or anytime you feel or expect irritation.
11. Topical over-the-counter analgesics like Orajel or Kanka are helpful if you only have a few sores, especially for numbing the areas before eating.
12. For more widespread discomfort you can try making your own medicated mouthwash with one of the following recipes:

"Saltwater Mouthrinse"

- 8 oz water
- 1 tsp table salt
- 2 tsp baking soda

-Stir ingredients well. Swish/gargle with 5-10mL, then spit, every 4-6 hours. Wait 30 mins before eating or drinking.

"Magic Mouthwash"

Combine equal parts:

- liquid diphenhydramine hydrochloride (Benadryl)
- aluminum hydroxide/magnesium hydroxide (Maalox; do NOT use Kaopectate)

Shake/combine well and swish/gargle with 5-10mL, then spit, every 4-6 hours. Wait 30 mins before eating or drinking. Refrigerate for the best taste and a cooling sensation.

13. For patients who still struggle with recurrent mouth lesions despite these recommendations, a visit with your physician may be indicated as this can be a symptom of other systemic issues. If any underlying cause can be diagnosed and treated, the mouth sores may improve. If no cause can be identified, chronic mouth sores may be best treated with a daily prescription mouthrinse that can be obtained from your family dentist.