

Myasthenia Gravis Association



A Guide to Dentistry for Patients with Myasthenia Gravis, LEMS and Congenital Myasthenias

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DENTISTRY AND THE MYASTHENIAS

As explained below, taking good care of your teeth and preparing yourself for dentistry may save you a lot of trouble.

Excellent home care habits are crucial however difficult they may be. They should include **regular** brushing, daily flossing, cleaning between teeth, and oral cleanliness; also regular dental visits and cleaning to keep your teeth free of plaque.

Prevention is vital to avoid dental emergencies; they are most stressful and could aggravate your Myasthenia.

Your gums are liable to infections you may not always be aware of. If severe, they can have knock-on effects on your Myasthenia and or lower your resistance, so proper care is vital. With immuno-suppressants infections are more likely and healing may take longer than expected. Finally, weakness of jaw muscles can affect the closing of your teeth. That, in turn, can create extra stresses or even pain.

If your Myasthenia is under good control, there is no reason why you can't have normal dental care. Excellent communication between you and your dentist is vital, so that you know exactly what is going to be done. The dentist needs to know what your limitations are, and to be prepared for them. That should help you to relax and co-operate more fully. It is vital that the dentist consults with your Neurologist at the planning stage if surgery is necessary and this may also help even for normal care.

It helps to book appointments for the morning or whenever your strength is greatest, and to keep them short. If you have difficulties in opening and closing your mouth, in holding your head up, or in swallowing, *the dentist needs to know* so as to prevent problems. A mouth prop may help for keeping your mouth open, thorough suction (perhaps controlled by you) helps to avoid drooling or choking problems.

Even root canal work need not be traumatic. A rubber dam is needed to prevent worries about choking. If you can't close off your throat, or tend to regurgitate fluids into your nose, you may prefer to sit more upright in the dental chair.

If you have to have an anaesthetic, local anaesthetics are preferable to general. General anaesthesia should **never** be used outside the hospital setting.

THE INFORMATION PACK

The Board of Trustees of the Myasthenia Gravis Association has approved the following publications, for supply, free of charge, to sufferers of Myasthenia Gravis and to the medical practitioners and professionals who look after them. Copies may be obtained from the MGA Headquarters at Keynes House. The pack comprises six volumes:

Volume 1 - A Medical Guide for Patients with MG

Medical Information on Myasthenia Gravis for those people who have been diagnosed with the condition.

Volume 2 - A Medical Guide for Patients with LEMS or Congenital Myasthenia

Medical Information on LEMS and Congenital Myasthenia for those people who have been diagnosed with these conditions.

Volume 3 - Additional Information for Myasthenic Patients

Information on complementary treatments.

Volume 4 - General Information for Myasthenic Patients

Information of general assistance to people with Myasthenia, including Driving and the DLA, the DSS, prescription charges, insurance and other helpful organizations and Charities.

Volume 5 - Medical Information (Medical Professionals)

Information for people working in the medical profession. Details of Myasthenia Gravis, LEMS and Congenital Myasthenia with a greater emphasis on the neurological effects and drug information.

Volume 6 - Medical Articles

Extracts from medical articles published in the MGA Newsletters.

The Association does its best to ensure that the information contained in these publications is complete and up to date at the time of publication, but cannot accept any legal liability whether for any inaccuracy or otherwise.

Copies may be obtained from the MGA at the address overleaf



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ACKNOWLEDGEMENTS

Our thanks to Dr Fredrick S Cohn and the MG Foundation of Vancouver for the original text and to Professor John Newsom-Davis, Professor Nick Willcox and Dr David Hilton-Jones for bringing it up to date in 2003.

Whilst the MGA is unable to endorse any product or company, it is grateful to ICN Pharmaceuticals for sponsorship of this leaflet. We are also grateful to our authors who write impartially, give their services totally free and do not receive any funding from ICN, or other pharmaceutical companies.