

Managing your child's drooling

The information in this leaflet is aimed at supporting the discussions we had with you about your child's treatment when you attended the saliva control clinic. It gives you more information about different methods of managing your child's drooling.

What is saliva control intervention?

Saliva control intervention is the treatment given to your child to control their drooling (loss of saliva from the mouth). There are a variety of treatments available ranging from simply dabbing the mouth to surgery. The most common treatments are introduced below and include considerations and possible disadvantages or side effects for each treatment. Please note, not all options will be appropriate for your child. If you have any questions or concerns please discuss them with us.

Conservative management

Conservative methods of managing drooling are simple, non-invasive adjustments you can try.

- Dabbing rather than wiping your child's mouth and chin to reduce more saliva being produced.
- Encouraging your child to dab their own mouth using sports wristbands to avoid drooling onto clothing.
- Using age-appropriate absorbent neckerchiefs and bandanas where protection of clothing is necessary.
- Trying to prevent your child from putting their fingers or objects in their mouth on a regular basis, to reduce the stimulation of saliva production.
- Avoiding sweets and fizzy drinks where possible.
- Using low-foaming toothpaste (ask a healthcare professional if unsure which ones these are).

Considerations

Conservative methods should always be considered before medical treatment or surgical procedures.

Oral-motor programme

The oral-motor programme is designed to help your child learn how to improve their swallowing technique in order to avoid drooling. Sometimes the exercises are carried out alongside medication to help reduce saliva production. As your child becomes aware of what it feels like to have a dry chin, and the swallowing pattern changes, the medication can be reduced.

Considerations

- Your child needs to be able to imitate lip and tongue movements (this will have been assessed in clinic).
- Your child needs to be aware of drooling, and be motivated to control their saliva.

- Parents need to be able to allocate time to help their child with the exercises, and reward them for sticking to the programme.
- The exercises need to be carried out a minimum of three times per week, preferably more often.
- Exercises need to become a part of the daily routine, for example:
 - on coming home from school, before watching TV
 - just before the evening meal
 - as part of the bedtime routine, before cleaning their teeth.

Possible disadvantages

Possible disadvantages of the oral motor programme include frustration (if the programme proves too difficult), loss of confidence, and boredom.

Anticholinergics

Some medicines can be useful in reducing the amount of saliva produced. The medicines that do this are called anticholinergics. The choice of use and a full list of possible side effects will be discussed with you and explained clearly by the doctor in clinic.

Glycopyrronium bromide is licensed for use in paediatrics in certain conditions. Others are not specifically for saliva control but can be helpful in managing drooling. These are the most common ones used in clinical practice, in line with recommendations in the NICE guidelines NG62.

- Ipratropium bromide – inhaled (breathed in) – can be useful particularly in mild cases.
- Hyoscine – skin patches. This medicine tends to be good for short-term use but loses its effect if used continually and has a number of side effects.
- Glycopyrronium bromide – taken by mouth or through a feeding tube.
- Trihexyphenidyl – taken by mouth or through a feeding tube. This medicine can also aid smooth body movements.

Considerations

The doctor will talk with you about which medicine to try. This is generally based on how severe your child's drooling is and also if your child has a movement disorder (particularly where their body moves even if they don't want it to).

We sometimes use inhaled medicines to target the mouth. This means any possible side effects are reduced, however, they are generally less effective. They are given by a nebuliser or an inhaler, which are devices that produce a fine mist for your child to breathe in. A spacer (plastic cylinder) is attached to the nebuliser and inhaler and mask that goes over the nose and mouth. The spacer holds the mist allowing more time to breathe it in.

Possible side effects

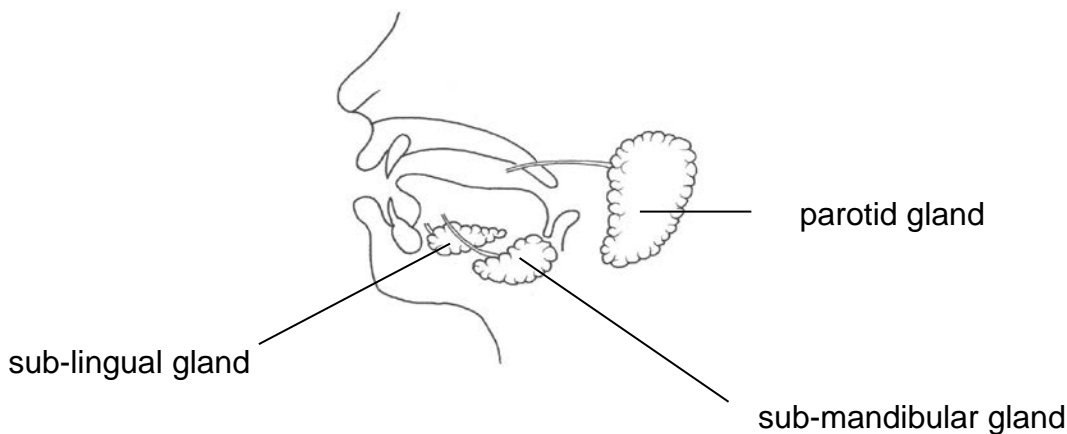
- Constipation.
- Increasing the capacity of the bladder before you feel the need to pass urine, which may lead to passing urine less frequently but in a higher volume.
- Rarely seen effects:
 - difficulty in settling to sleep
 - blurring of eyesight
 - irritability.

Botulinum toxin type A

Botulinum toxin type A is an injection used in medical practice to stop messages going from the nerves to glands or muscles. It is not specifically for saliva control but it can help to stop the production and release of excessive saliva. The effects may last for around 6-12 months before repeat injections are required.

A very small amount is injected directly into some of the saliva glands (typically both submandibular glands and one parotid) – see diagram below. Ultrasound is used to help guide the position of the injection.

Diagram to show the salivary glands



Considerations

Botulinum toxin type A injections are given to your child using local anaesthetic (a medicine that temporarily numbs a particular area of the body) and they are usually well-tolerated if your child is sedated first (relaxed with medicine).

The injections are done on the day care unit. Your child will be admitted and a local anaesthetic cream will be used to numb the skin over the saliva glands. About an hour later your child will be given a sedative medicine (orally or via gastrostomy) that will help them relax. Sometimes a general anaesthetic (a medicine that sends your child to sleep temporarily) will be necessary for children who find it hard to keep still, or dislike touch around the face.

Possible side effects

- Slight loss of strength in chewing.
- Bruising around the place of injection.
- Rare thickening of secretions.
- Swallowing difficulties (we have not seen this in our several hundred children/young people).

Unlicensed medicines

As mentioned above, anticholinergics and botulinum toxin type A are not licensed specifically for saliva control. They have, however, been used widely for this purpose, and there are clear internationally accepted guidelines for their use. We have many years of experience of using both anticholinergics and botulinum toxin type A in this way, with good outcomes. The leaflet **Unlicensed medicines – a guide for patients**, has more information about unlicensed medicines (medicines used outside of the manufacturer's recommendations). If you would like a copy, please ask your doctor, nurse or pharmacist. Alternatively, you can call the Evelina London Medicines Helpline – contact details are at the end of this leaflet.

Surgery

There are three main types of surgery used to control drooling:

- redirecting the ducts from the saliva glands (towards the back of the mouth)
- tying off the ducts from the saliva glands
- removal of salivary glands.

Should surgery be appropriate for your child, you will be referred to our ear, nose and throat (ENT) surgeons who will discuss them with you in detail.

Considerations

- Surgical intervention is reserved for older children (11-16 years) with mature mouth development.
- Salivary duct redirection is not recommended in children who have swallowing problems as too much saliva arriving at the back of the mouth could enter the lungs and cause chest infections.

Possible disadvantages

- Surgery in a young child is thought to lead to a high chance of drooling coming back and reduced long-term benefit.
- Dry mouth has been seen on occasions.

Recommendations for your child

This section is to be filled in by your consultant or therapist.

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Signed..... **Dated**.....

Print name.....

Name of consultant or therapist.....

Contact us

If you have any questions or concerns about the information in this leaflet, please contact the consultant, **t:** 020 7188 4003 (secretary), or one of the speech and language therapists, **t:** 020 7188 3992 or 020 7188 6232 (Monday to Friday, 9am-5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline.

t: 020 7188 3003, Monday to Friday, 10am-5pm **e:** letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk
t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.

w: www.nhs.uk

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Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.

t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

Was this leaflet useful?

We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, **w:** www.guysandstthomas.nhs.uk/leaflets, or **e:** patientinformationteam@gstt.nhs.uk

Leaflet number: 4205/VER2

Date published: February 2019

Review date: February 2022

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A list of sources is available on request