PATIENT EDUCATION

Sialorrhea (drooling) & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this condition?

Sialorrhea means too much saliva leaves the mouth - from extra saliva, a swallow problem, or both. It is common in some neurologic conditions (for example, after a stroke, in ALS, or in Parkinson disease) and in some children with developmental conditions. First steps are speech-swallow therapy, positioning, and medicines. Radiation to the salivary glands is a later option for selected people when drooling still harms skin, sleep, or dignity.

What you may notice

- Clothes that are always damp; skin breakdown around the mouth or chin
- Choking or extra chest infections if saliva goes the wrong way
- Medicines that helped only partly or caused too much dry mouth
- A swallow study already done - bring it

Usual care

A swallow therapist and the neurology or pediatric team should lead. Anticholinergic medicines and botulinum injections to the glands are common before radiation. Surgery on the ducts is used in some centers.

Where CureRays may fit. CureRays may deliver low-dose radiation to selected salivary glands after that pathway, with the goal of less drooling - knowing the trade-off is dryness. We will not treat drooling that has not had a swallow and medicine review. Confirm who follows the neurologic condition.

What treatment usually involves

- Review of swallow notes and prior injections or medicines
- Simulation that maps the parotid and/or submandibular glands
- A short low-dose course
- A written dry-mouth care plan (see that handout)

Immobilization — why it matters

A mask or simple head rest keeps the glands in the field. Sessions are brief. You go home each day.

Side effects you should know about

Low-dose or superficial courses use much less dose than most cancer plans. Effects are usually local. Confirm your list with your clinician — this is not a consent form.

- **Dry mouth** - the intended trade-off; dental care still matters.
- **Taste change or thick saliva** for a time.
- **Rare / serious.** Fever, a rapidly worse swallow, or an infection in the mouth.

What this means for you at CureRays

Success is fewer clothing changes and safer swallow - not a bone-dry mouth. We will set a follow-up time to judge that.

Questions to ask

- Have therapy and medicines been optimized?
- Which glands will you treat, and what dryness should I expect?
- Who is my swallow therapist after the course?
- What dental plan do we need if dryness lasts?

How to schedule or learn more

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