

STERILIZATION AND DISINFECTION IN ORTHODONTICS

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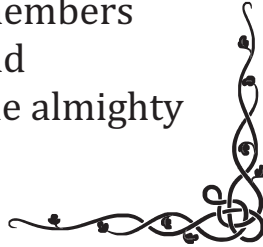
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Our beloved parents,
family members
and
above all the almighty



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CHAPTER-1

INTRODUCTION

On a daily basis, the practicing dentist and his personnel are at risk of being exposed to a wide range of patients with blood borne diseases such as HIV/AIDS, hepatitis B, hepatitis C, and airborne diseases such as Influenza and Tuberculosis (Değer, 2004; Ozer, 2005). Infection can be directly transmitted by oral fluids, blood, contaminated instruments and surfaces or via the respiratory system (Toroglu et al., 2001; Shah et al., 2009). To accomplish infection control accurately and to reduce the risk of cross contamination, all patients have to be treated while practicing universal precautions, the latter including the imperative steps of disinfection and sterilization (Değer, 2004; Akcam and Ozdiler, 1999).

Orthodontists do not perform oral surgery, but come in direct contact with blood and oral fluids of healthy patients or infectious diseases patients when placing or removing fixed appliances (Toroglu et al., 2001). Some orthodontic instruments used regularly have hinges and cutting edges, and this makes disinfection prior to sterilization a sensitive procedure (Holht et al., 1998). Instruments have to be cleaned and dried prior to sterilization in order to minimize damage and corrosion when applicable, and to increase lifespan.

Various dental supplies and instruments that are used every day make specific studies about infection control necessary, as their components and/or their maintenance