

Handpiece Design and Coolant Delivery Affect Aerosol and Droplet Production

Allison JR, Edwards D, Bowes C, Pickering K, Dowson C, Durham J, Jakubovics N, Holliday R

INTRODUCTION

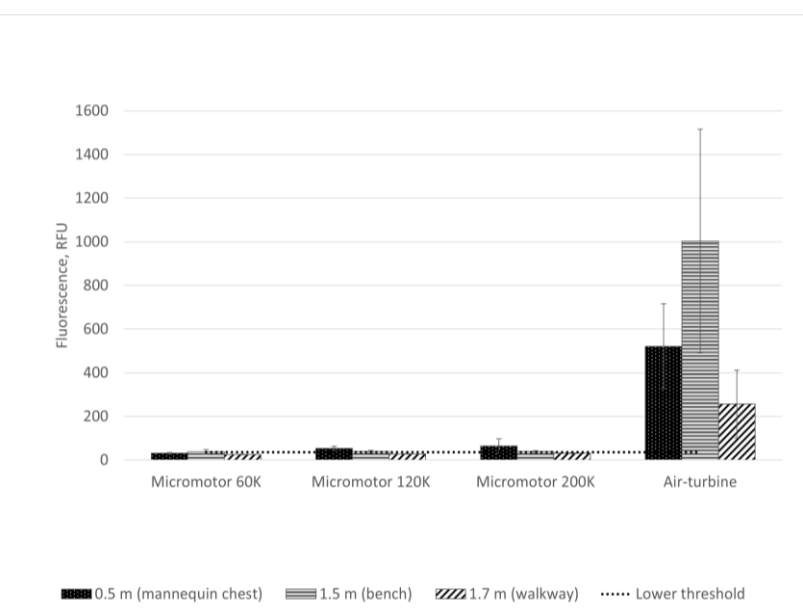
- Dental procedures produce aerosols and droplets contaminated with microorganisms. This may disrupt service provision during infectious disease outbreaks like COVID-19.
- This study aimed to evaluate aerosol and droplet production from an electric micromotor handpiece with water-jet coolant compared to an air-turbine handpiece.

METHODS

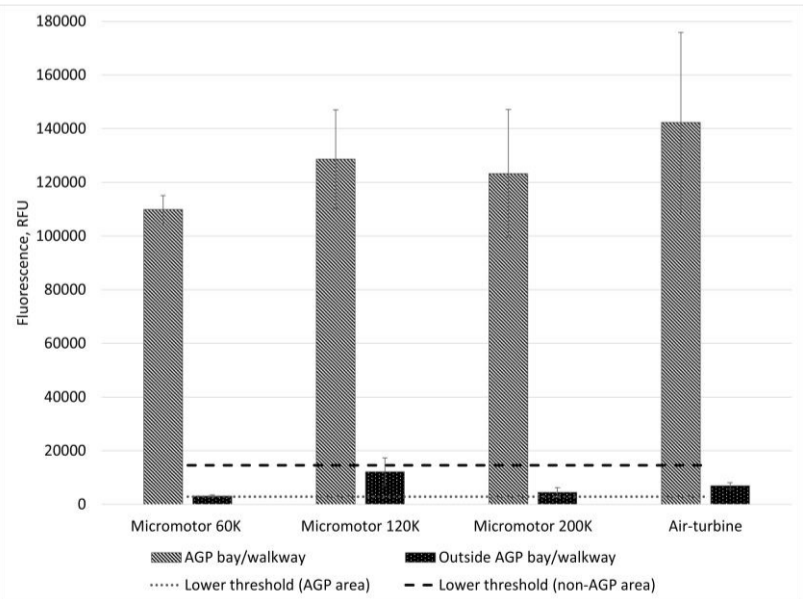
- 10-minute anterior crown preparations conducted in a dental mannequin. Fluorescein tracer (2.65 mmol L⁻¹) added to irrigant.
- Experiments in a 603 m³ open-plan clinic, 3.45 air-changes/h mechanical ventilation.
- 1:5 micromotor handpiece used at 60-, 120-, and 200,000 rpm (Ti-Max Z95L, NSK; Tochigi, Japan). Air-turbine as positive control. All experiments in triplicate.
- Aerosols and droplets captured by:
 - Optical particle counters (at 0.5/ 1.5/ 1.7m)
 - Cyclone air-samplers (at 0.5/ 1.5/ 1.7m)
 - Passive settling onto filter papers placed across the clinic.
- Fluorescein quantified by spectrofluorometry.

RESULTS

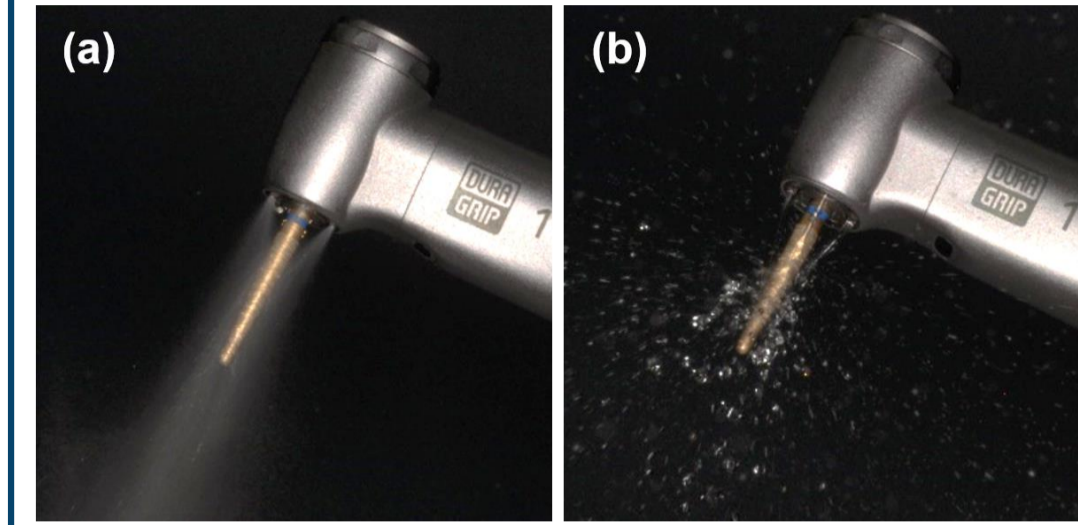
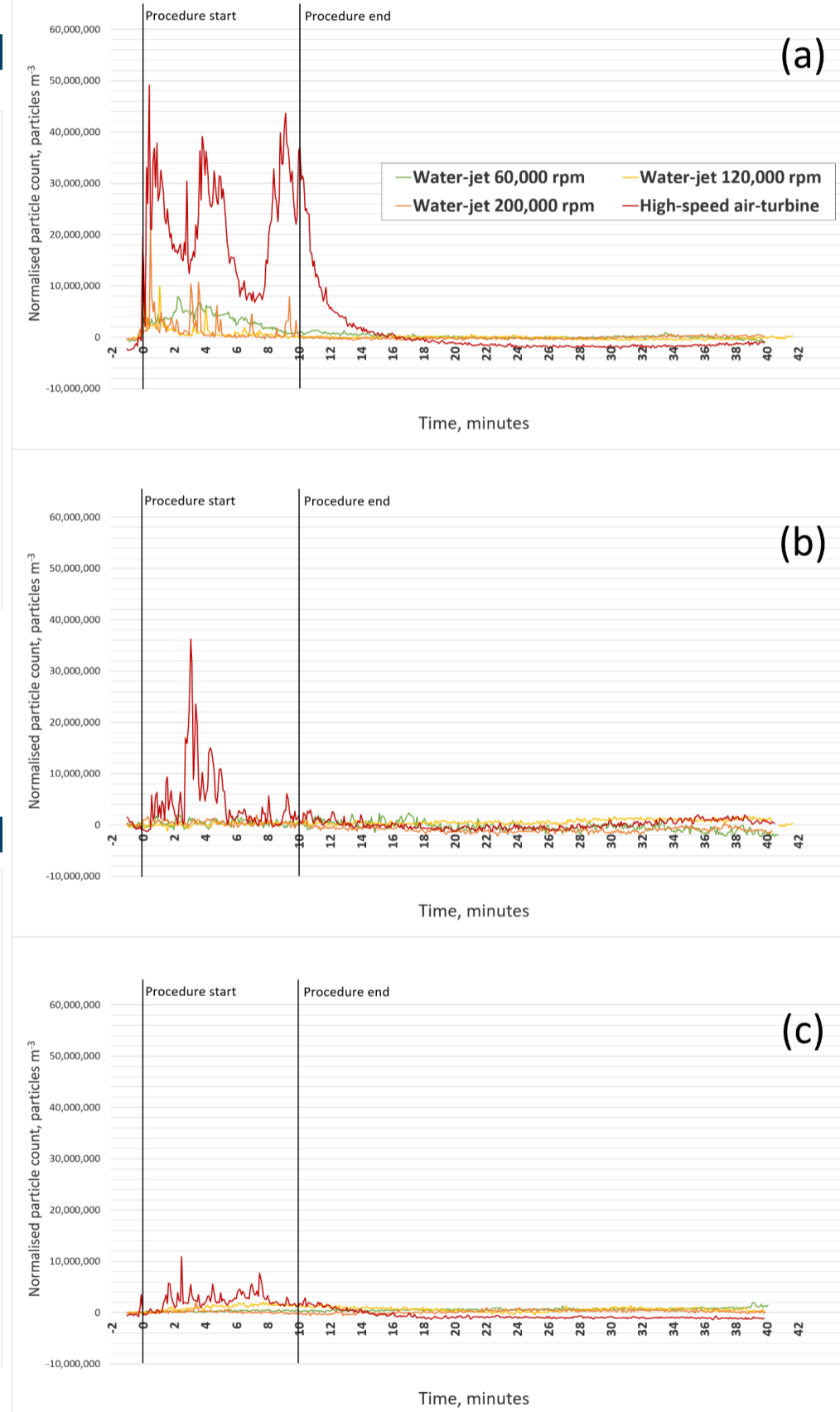
Aerosols by air-sampler



Droplets by settling



Aerosols by optical particle counter



Micromotor handpiece irrigation. (a) Standard air/water mist irrigation. (b) water-jet irrigation (no air)

CONCLUSION

- Electric micromotor water-jet handpieces produce less contamination than air-turbine handpieces.
- Localised droplet contamination is similar with both handpieces, the micromotor produces much less aerosol contamination.
- No aerosol is seen with the micromotor handpiece beyond the immediate treatment area (1.5 m)
- At higher bur speeds (>120k), aerosols are produced in the vicinity of the procedure (<1.5 m), and respiratory protection may be required in infectious disease outbreaks.