Updated Dental Infection Control Guidelines for Dentists

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Infection control has been at the forefront of our minds, especially over the past year given the occurrence of SARS and the bird flu. Although the guidelines discussed in this article are voluntary, dentists in the US regard them as standard. Some states even adopt them as a legal standard among the laws pertaining to running a dental practice.

On December 18, 2003, the United States Centers for Disease Control and Prevention (CDC) published updated guidelines for infection control in dental health-care settings in the Morbidity and Mortality Weekly Report. These guidelines culminate over two years of work by CDC experts in infection control to revise and update recommendations that were first published in 1986 and revised in 1995. In addition to updating topics addressed in earlier guidelines, the new recommendations synthesize guidance from other CDC publications on a wide range of relevant topics. While compliance with these federal

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Initiated by Dr Adrian Skinner, a plastic surgery registrar at Middlemore Hospital, Auckland, the study will assess the diverse outcomes for children who had the operation ten years ago. Among the checks will be a speech language assessment, a hearing test, orthodontics checks and X-rays of the head. According to Dr Skinner, children in different countries were operated on at different ages and this resulted in varied outcomes, although the same corrective technique was being applied throughout the world. New Zealand children, for example, receive the final stage of the surgery when they are 2–9 months old, giving them an advantage in terms of hearing and speech but making their faces sometimes appear flattened. In Canada, the common practice is to wait to allow the bones to grow more. Surgery is generally done on children as old as two years, running the risk of hearing and speech impairments. Dr John Meara, director of the Department of Plastic and Maxillofacial Surgery at Melbourne’s Royal Children’s Hospital, supports the research: “Some good quality outcome studies might dramatically change the way we treat cleft lip and palate. I think the money spent in assessing will translate into decreased unnecessary surgery, better outcomes, better health care quality and a better quality of life.” Care for children with cleft lip and palate goes on for years and involves a number of specialists from orthodontists to psychologists and speech language therapists.

The Sooner the Better?

New Zealand doctors head international study on best age for corrective surgery on children with cleft lip and palate