

Changes in Dental Practice After COVID-19

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In recent months, we have experienced a situation of social isolation around the world due to a virus in the coronavirus family, SARS-CoV-2 the virus that causes COVID-19 [1,2] that originated in Wuhan, China.

How has this virus affected us? First, in the dental area the patient has a fear of being infected inside the office, either by contact with other patients or by interacting with the staff who work there. In addition, the dental instruments that produce microdroplets may be contaminated with the combination saliva from patients. The professional also has a fear that the patient he treats may carry the virus and have a probability to infect the staff. When the N1H1 influenza virus emerged protective measures were reinforced, such as, the physical and biological protection barriers that were already implemented in dental care and with the frequent sanitation of the place by chemicals means such as disinfectants (sodium hypochlorite) to clean the office surfaces between patient and patient. In these difficult times, it is necessary to strictly increase the protection measures as they are carried out for an operation in the operating room, in addition to minimizing the risk of the aerosol caused by the instrumentation used in the office with some bactericide and viricide that can be in the water. The latest research suggests that each patient rinse their mouth with 1% or 2% hydrogen peroxide before any dental procedure, [3] including surgical and orthodontic procedures to disinfect the oral cavity. In the waiting room, create the healthy distance between patients, have gel alcohol, eliminate the magazines, these measures will allow more security for the dentist and his patients [4].

In the teaching of dentistry, the same measures must be taken, in addition to implementing greater distance between student and student in the clinic, classroom and continue to use protection barriers in each patient served.

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