



Comparing Noise Production of Pediatric Dental Instrumentation Techniques

Elizabeth Mechas DMD • Timothy Hsu, PhD, MS, MA • Christopher Discolo, MD, MSCR • Kamolphob Phasuk, DDS, MS • Angela M. Yepes, DDS, MS, MBA • George Eckert, MS • Allison C. Scully, DDS, MS, FAAPD
Indiana University School of Dentistry • Riley Hospital for Children • Indianapolis, Indiana

BACKGROUND:

- **Sound:** Vibrations that travel through the air or medium that can be heard.
- **Sound Measurements:**
 - **Frequency [Hertz]:** Pitch of sound (1)
 - **Loudness [decibels, dB]:** Magnitude of sound pressure/volume a logarithmic ratio
 - **A-weighted decibel (dBA):** uses A metering which better represents human hearing (1,2).
- **Noise:** Unwanted sound
 - Increasing problem during dental procedures
 - One of the 10 leading causes of work-related diseases or injuries (3).
- The Occupational Safety and Health Administration (OSHA) sets guidelines for noise exposure.
 - Permits exposures of 90 dBA for 8 hours
 - Uses a 5 dBA time intensity tradeoff.
- **Noise above threshold levels is known to cause auditory damage, disturb sleep, disrupt concentration, impair learning, and interfere with communication (4).**
- Noise generated from the dental equipment (highspeed handpieces and isolation/evacuation) produces high frequency sounds. (5)

PURPOSE:

Compare the noise generated by different instruments used in pediatric dentistry:

- 1) **Type of handpiece** (high-speed air driven (AD) and an electric) (EI),
- 2) **Type of isolation system** (rubber dam with a high-volume evacuation (RD + HVE) and Dryshield system) (DS).

METHODS:

- **Sound Data Collection**
 - **Background Noise:** Sound Level Meter (SLM) (Larson Davis Model 831C)
 - **Individual Sound Exposure:** Noise dosimeter (Larson Davis Spartan 730)
- **Noise Production:** Data collected while preparing human molars (mounted in a pediatric typodont) for stainless-steel crowns using a high-speed handpiece and isolation/evacuation for 5 minutes.
- **Statistics:** The effects of the type of handpiece (air, electric) and isolation (rubber dam with high-volume evacuation, Dryshield) on noise level were analyzed using two-way ANOVA.

INSTRUMENTATION/RESULTS:

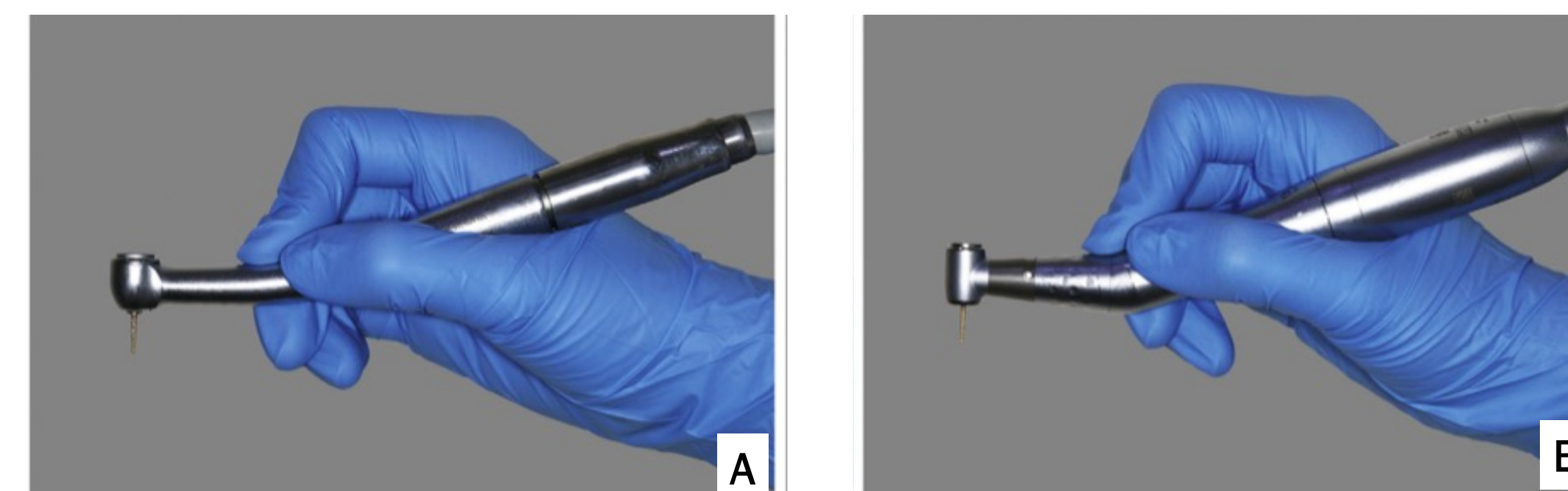


Figure 1A: Air driven handpiece
Figure 1B: Electric handpiece

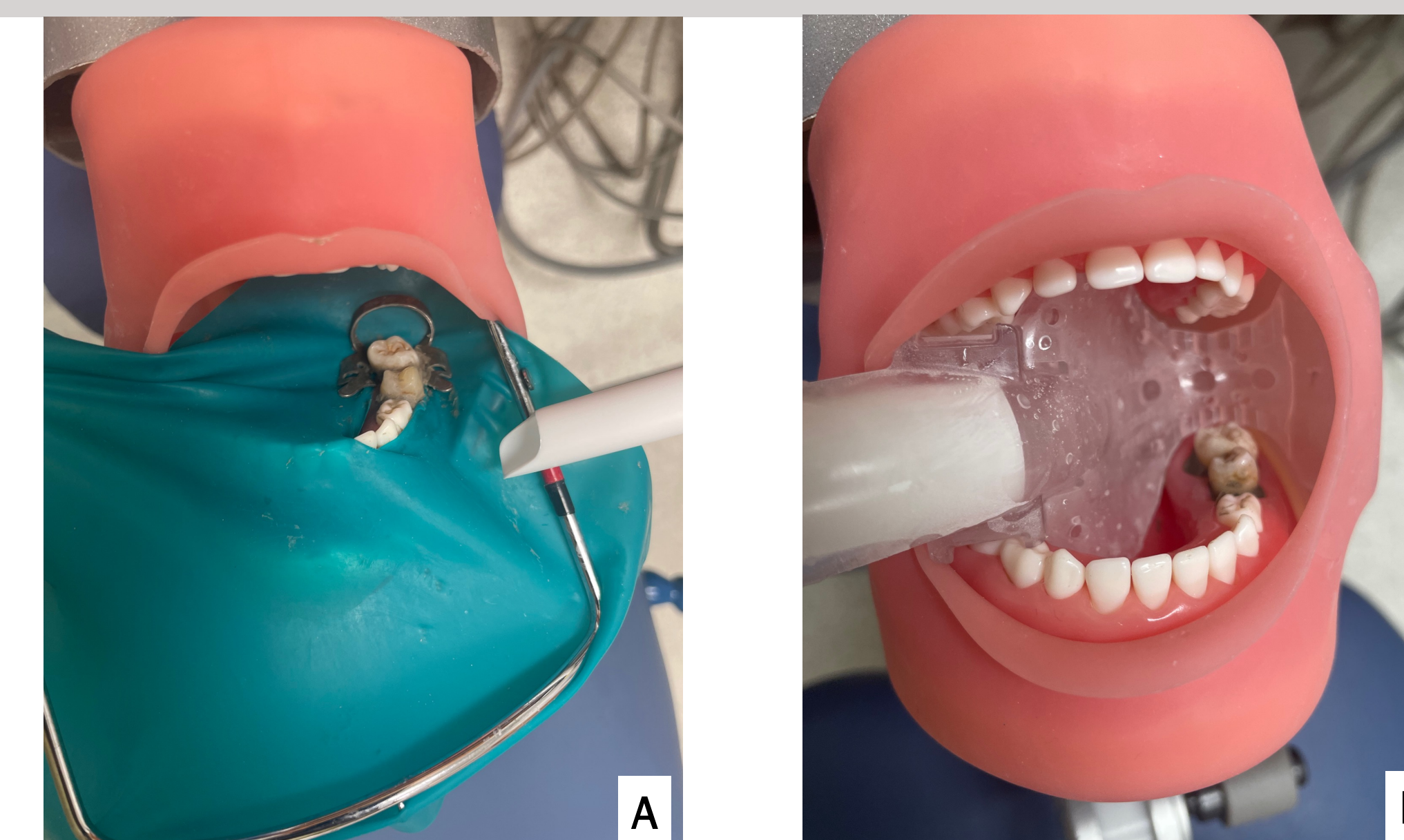


Figure 2A: Molar teeth mounted in typodont with RD/HVE
Figure 2B: Molar teeth mounted in typodont with DS

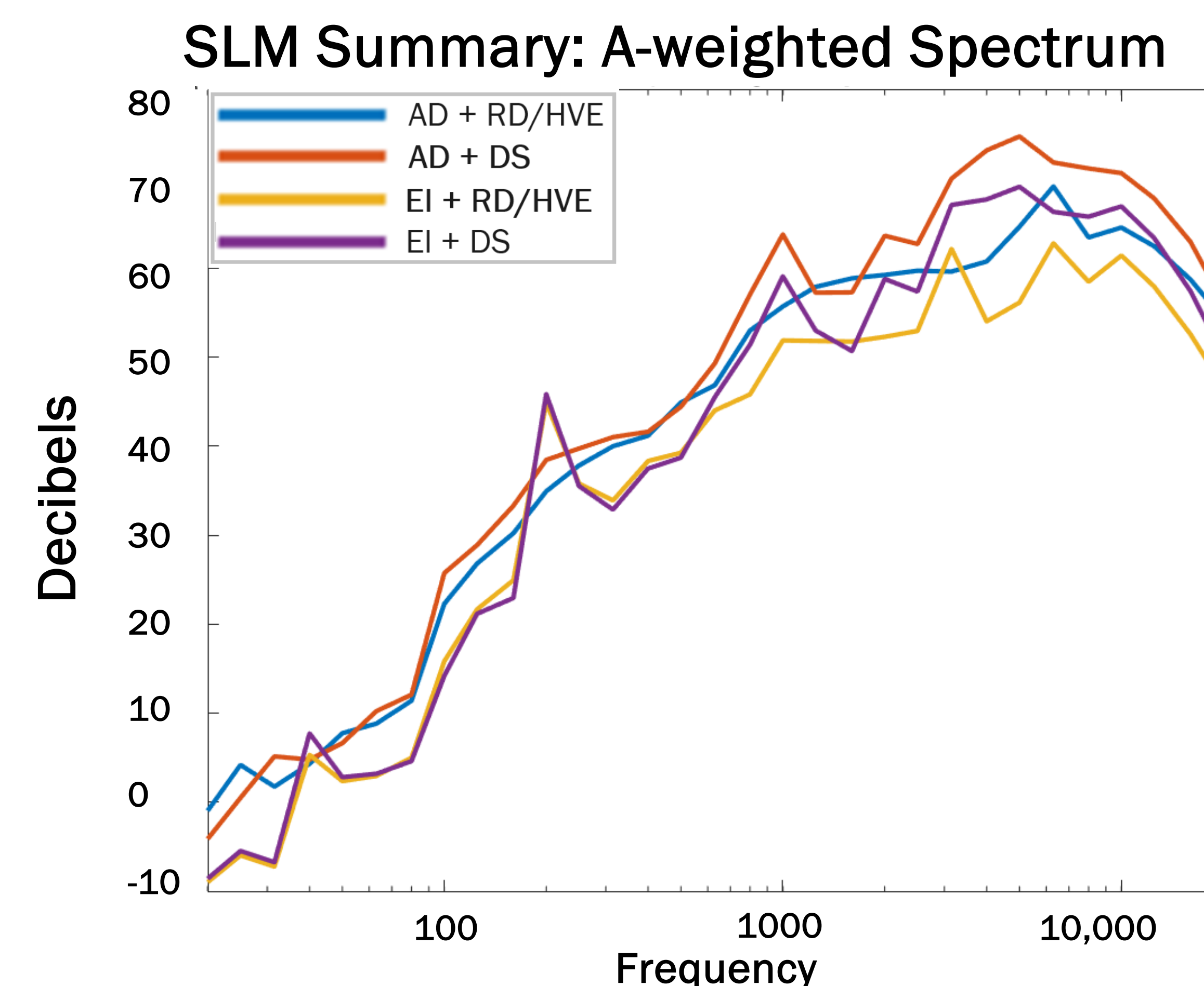


Figure 3: AD + DS and EI + DS generally louder for high frequency content when compared with AD + RD/HVE and EI + RD/HVE

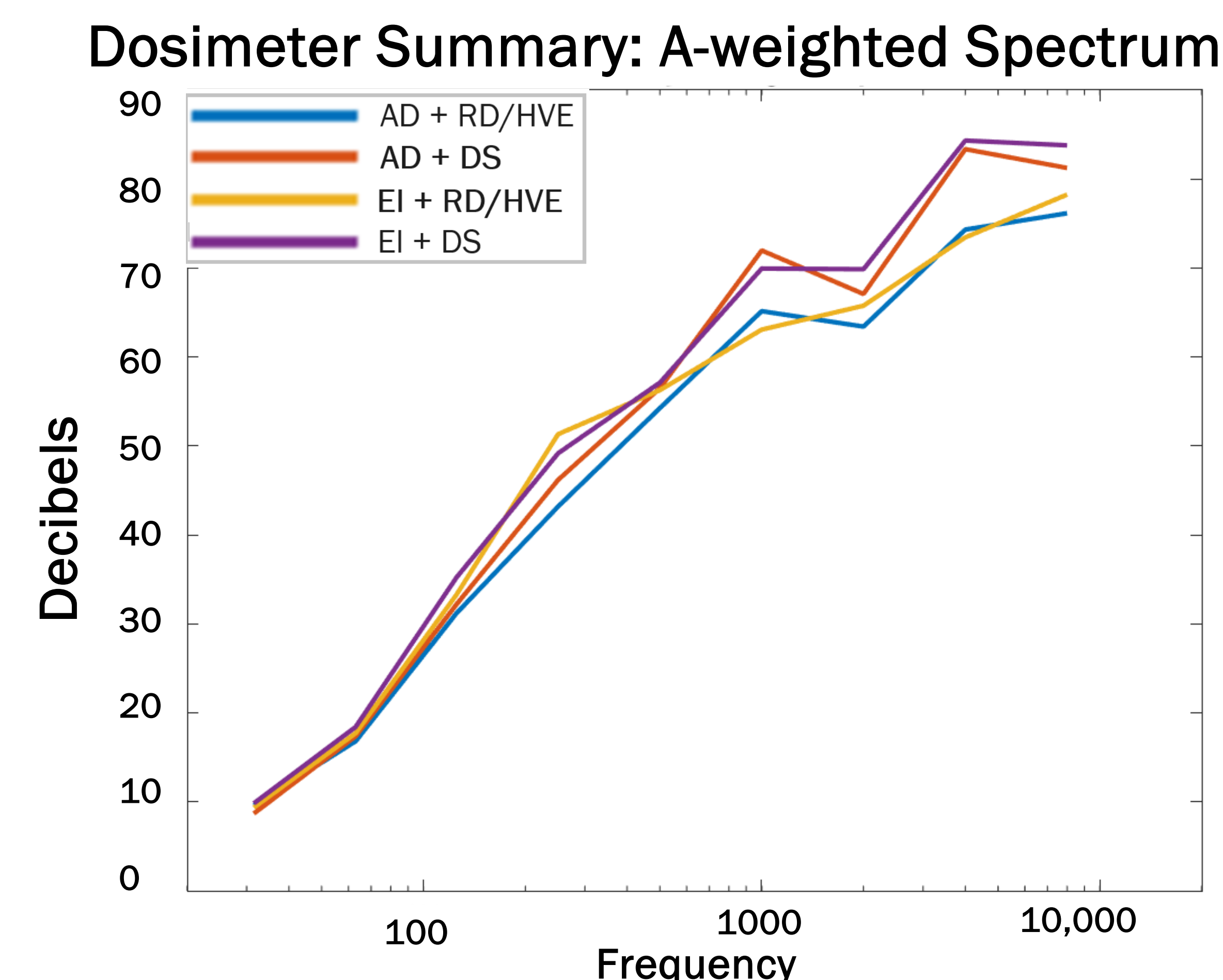


Figure 4: In general, AD + DS and EI + DS both have more high frequency energy than AD + RD/HVE and EI + RD/HVE

- There were no differences in peak sound levels between any of the groups ($P > 0.05$).

RESULTS:

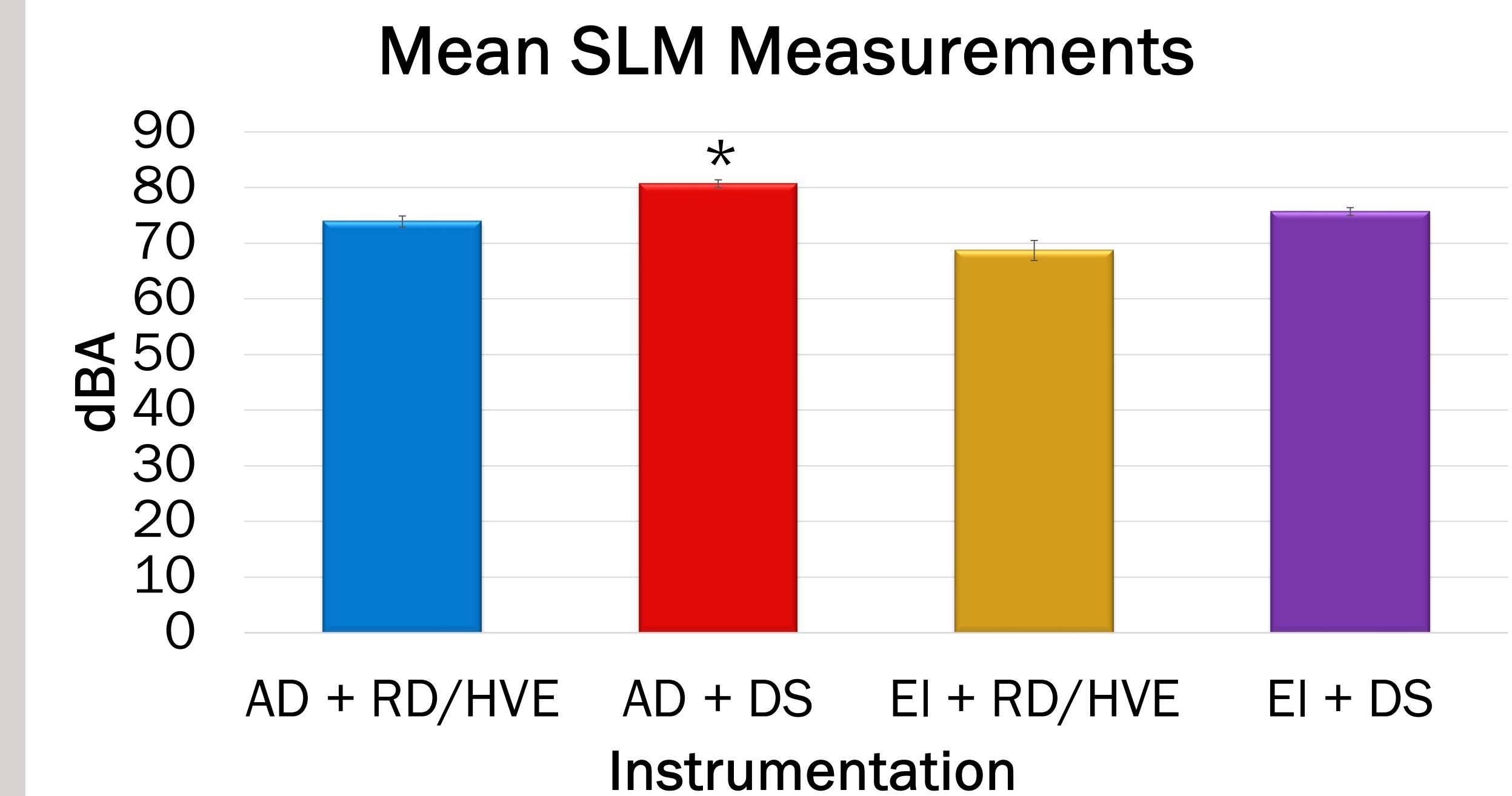


Figure 5: SLM data showed the air driven handpiece with Dryshield was statistically the loudest, generating an equivalent continuous sound pressure level of 80.7 dB LAeq ($p < 0.001$).

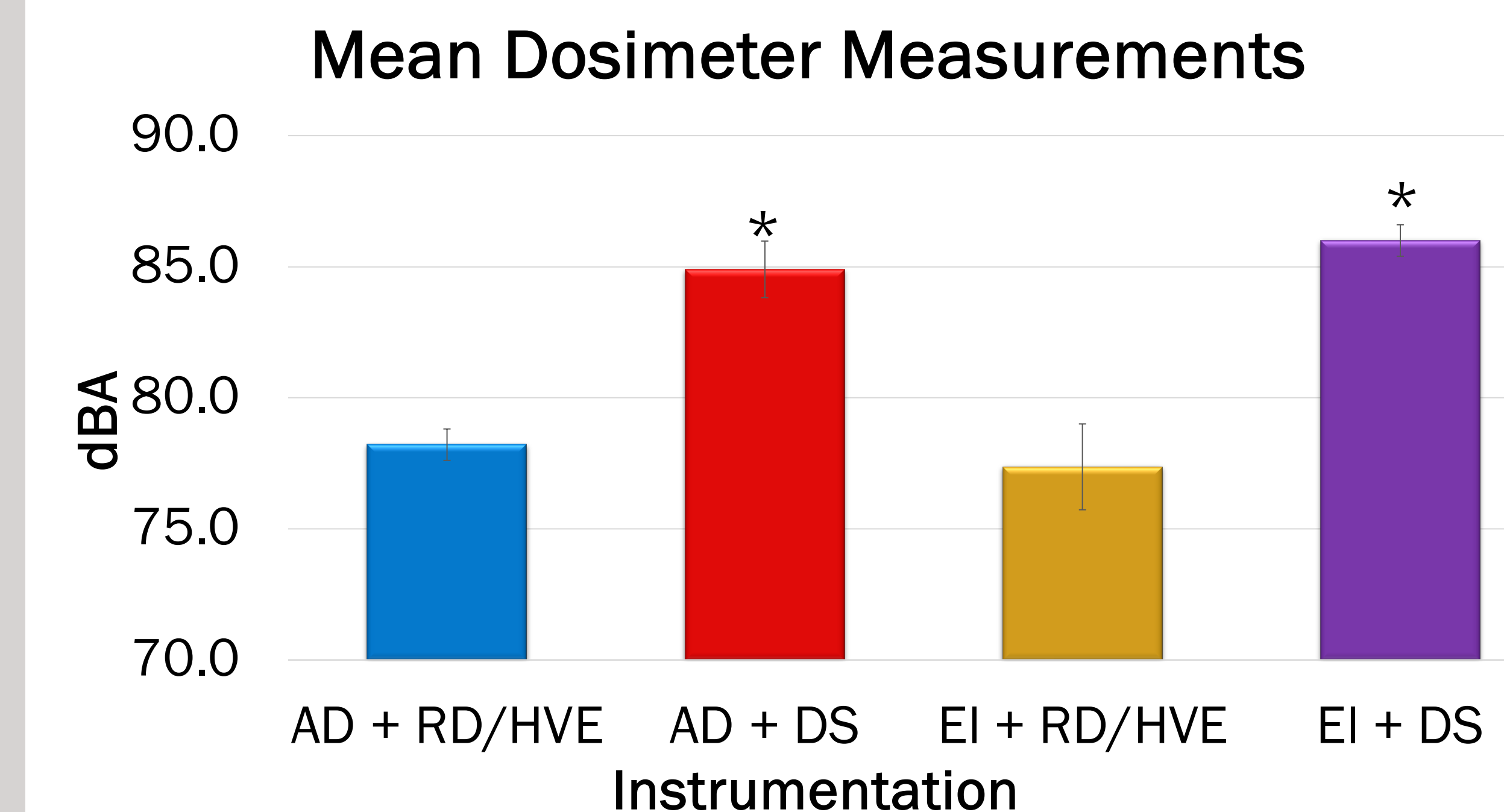


Figure 6: Dosimeter data showed that both the handpieces with Dryshield were statistically the loudest, 84.9 dB LAeq and 86 dB LAeq respectively, (both $p < 0.001$).

LAeq is reported in units of A-weighted decibels.

CONCLUSION:

- None of the pediatric dental instrument combinations studied reached the $LA_{eq} = 90$ dBA limitation for 8 hours set by OSHA.
- Although the noise levels were not above regulatory recommendations to prevent long term hearing loss, practitioners should still consider hearing protection based on individual exposure.



REFERENCES