

# ON THE cutting edge

## LET'S TALK SUCTION

Judy Zack Bendit, RDH, BS

I have never met a hygienist who was not willing to share a good idea. *The Journal of Practical Hygiene* is the ideal journal to have a column that shares these ideas. In each issue, this column will address one question about instruments, explore that question, and examine some of the available options. If you have any ideas or questions, please contact me so they can be presented.

### TO SUCK OR NOT TO SUCK — THAT IS THE QUESTION

**The problem:** The use of the cuspidor has been challenged in recent years. Space limitations as well as infection control issues have prompted many offices to eliminate the cuspidor bowl in newer construction, leaving the clinician to ponder how to remove all the excess fluid from the mouth.

**The solution:** Many have added the “oral cup” with a paper lining that attaches to the high-speed suction. Others have gone to the old standby of “just close your lips around the straw” (Figure 1). I would like to examine the question of “to suck or not to suck” when utilizing a slow-speed suction tip for fluid evacuation.



**Figure 1.** Some clinicians instruct their patients to close their lips around the suction tube. This could pull microorganisms back through the tube.

I cringe when my children’s hygienist and many of my colleagues ask their patients to “suck on Mr. Thirsty.” I had read many years ago that there was a potential for microorganisms to be pulled back up through the tube into the mouth when a seal was formed around the suction tip. Infection control guidelines now tell us to flush each unit every morning, following each patient, as well as replacing the filters routinely. But how many of us do that? Research has been conducted here in the United States as well as in Canada beginning in 1993. It has been documented that trace amounts of biofilm are being pulled back into the tip and potentially into the mouth. The American Dental Association has made a statement regarding saliva ejectors, which can be found on its website dated September 8, 1999 (<http://www.ada.org/prac/position/ejectors.html>). It states that there are no adverse health effects from sucking on the tip, but it recommends asking the patient not to close his or her lips around the tip during the procedure.



**Figure 2.** The potential for microorganisms to be pulled back up through the tube into the mouth is decreased if patients close only their teeth around the suction tube.

The oral cup concept is a good one; however, the material is porous and tends to stain very quickly, especially from disclosing solutions. Even with the paper lining, the cups need to be replaced routinely. Patients do not seem to mind spitting into the cup. They usually find it easier to use, especially if they have difficulty twisting and bending to get to a cuspidor. Most clinicians also find it more acceptable from an infection control standpoint.

### SUMMARY

Let's face it, figuring out what to do with our patient's saliva is not a very clean subject. There are not a lot of options, but those we have are workable. If you choose the cuspidor, be sure to use a heavy utility glove to clean it after each use and use a recognized disinfectant. Oral cups work well when you keep them sterilized as recommended by the manufacturer and when you replace them routinely. And lastly, if you choose to use the suck method of saliva removal, instruct patients not to close their lips. Instead, ask them to close their teeth around the tip (Figure 2).

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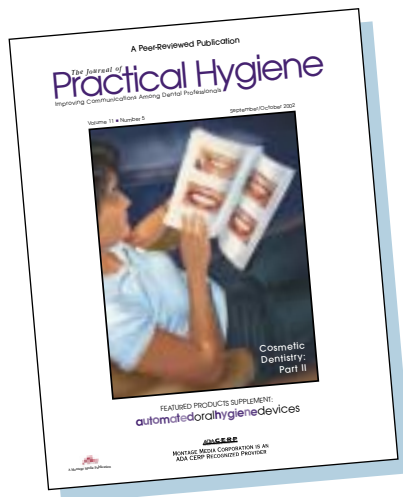
**Judy Zack Bendit, RDH, BS**

*Judy Zack Bendit, RDH, BS, travels extensively as a national speaker on instrument design, function, and care. Ms. Bendit is on the faculty of The University of Pennsylvania Department of Dental Care Systems, on the advisory board for Harcum College, a board lecturer for Dentrek.com, and a part-time clinical hygienist. She can be reached at JZBeducate@aol.com.*



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