

## Control of microbial growth

### Introduction

- Microorganisms are agents of contamination, infection and decay
- Therefore; it is necessary to remove them from materials and the operating areas
- In early civilisation, people practised salting, pickling, smoking and exposure to sunlight
- In the mid of 1800 a British surgeon developed an aseptic technique to prevent contamination of surgical wounds after nosocomial infections (a disease originating in a hospital) caused death in 10% of surgeries.
- In addition, 25% of mothers delivering in hospitals died due to infection

### Sterilisation

The process of destruction or removal of all microorganisms including their spores  
It should

- Completely remove all kinds of microbes (bacteria, mycobacteria, viruses and fungi) by physical or chemical methods
- Be effective to kill bacterial spores



**Sterilant:** material or method that usually used to remove or kill all microbes

**Cleaning:** a process which removes visible contamination but does not mean to destroy all microorganisms. This cleaning is necessary to effective disinfection or sterilisation

**Asepsis:** A term used to describe methods, which prevent contamination of wounds and other sites by ensuring that only sterile object and fluids come into contact with them

**Antisepsis:** a procedure or application of an antiseptic solution or an agent which inhibit the growth of microorganisms, while remaining in contact with them

**Disinfection:** a process that **reduces** the number of viable microorganisms to an acceptable level, however; it may not be able to inactivate some viruses and bacterial spores

**Sanitization:** a process that reduces microbial population on an object to a safe level

**Decontamination:** a process that removes the pathogenic microorganisms from an object to make it safe to handle

To achieve a proper sterilisation of any instrument:

- Pre-sterilisation cleaning
- Sterilisation process
- Aseptic storage

### Pre-sterilisation cleaning

- Removal of the organic materials, blood and saliva, which provide protective barrier for microorganisms and prevent its destruction
- This can be achieved by: **manual**, **ultrasonic** and **mechanical washing**

## Manual cleaning

- Simplest and cheapest method but it is time consuming and difficult to achieve
- Heavy duty gloves and glasses must be worn to protect from needle prick and to protect eyes
- Soaps and detergents are usually used

## Ultrasonic cleaning

- It is conversion of electrical energy into vibratory sound waves, which pass through a soap solution containing the instruments
- Used mainly for burs, bone files, bone cutter, artery forceps and saw... etc

## Mechanical washing

- High pressure jets of water with or without a detergent which remove debris from the small instruments such as burs

## Methods of control

- Physical and chemical
- Physical includes heat, irradiation, filtration and mechanical removal
- Chemical control involves the use of antimicrobial chemicals

## Factors influence the effectiveness of antimicrobial treatment

**1- Number of microbes:** the more the microbes present the more time it takes to eliminate population

**2- Types of microbes:** endospores are very difficult to be destroyed. Vegetative pathogens vary in susceptibility to different methods of microbial control

**3- Environmental influences:** presence of organic material such as blood, saliva etc. tend to inhibit antimicrobials

**4- Time of exposure:** is more effective at longer time. In heat treatment, the longer exposure compensates for lower temperature.

## Factors affecting efficacy

**Nature of site:** stability, porosity and chemical nature

**Microorganism:** degree of resistance, spores, viral envelope, protozoan cysts

**Environmental conditions:** acidity (pH), temperature, presence of organic material

## Physical methods of microbial control

### Heat

- Kills microorganisms by degenerating their enzymes and other proteins.
- Heat resistance varies widely among microbes
- Fast, reliable and inexpensive
- Does not produce potential toxic substances

### Types of heat control:

- Moist heat
- Dry heat
- Pasteurization

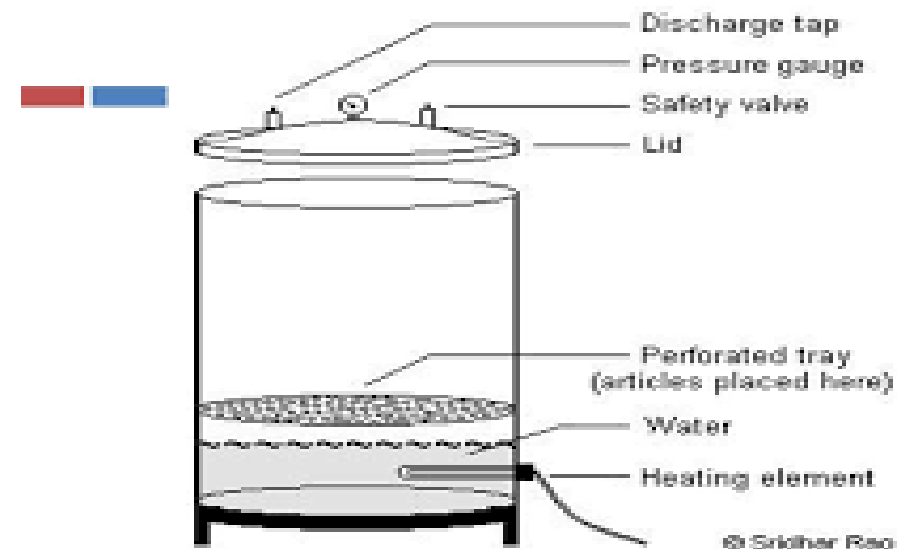
**Moist heat:** kills microorganisms by coagulating their proteins

**Boiling:** heat to 100°C or more will kill vegetative forms of bacterial pathogens.

- Most pathogens can be killed within 10 minutes or less
- Endospores and viruses cannot be killed that quickly
- In general: moist heat is much more effective than dry heat

**Autoclave:** is a chamber which filled with hot steam under pressure. It is a preferred method of a sterilisation, unless a material is going to be damaged by heat, moisture or high pressure.

- The steam temperature reaches 121°C at a twice atmospheric pressure
- All organisms and endospores are killed within 15 minutes



## Dry heat

- Direct flaming: used to sterilise inoculating loops and needles. They should be heated until it has a red glow
  - **Incineration**: effective way to sterilise disposable items (paper cups, dressing) and biological waste
  - **Hot air sterilisation**: place in the oven, which required 2 hours at 160-170°C for sterilisation
  - However; moist heat is more effective than dry heat
- Killing is due to dehydration, oxidation of microorganisms and protein denaturation

## Irradiation

Used for sterilisation, by killing or inactivate microorganisms, it is two types

**1- Ionizing radiation** such as X-rays, gamma rays and high speed electrons

**2- Non-ionising radiation** such as ultraviolet light and infrared light

### 1-Ionising radiation

- X-rays, gamma rays and cosmic rays are highly lethal to DNA and other vital constituents
- They have high penetration power
- There is no considerable increase in temperature
- Therefore; it is referred to as cold sterilisation
- Commercial factories use gamma radiation for sterilising plastics, syringes, swabs and catheters



## Non-ionising radiation

There are two types

**A- Ultraviolet (UV):** is considered as germicidal at a wavelength of 2537 Angstroms. UV destroy microorganism's DNA

Used mainly for air and water purification in the hospitals

**B- Infrared:** is most commonly used to purify air, such as in the operating room. It is effective, although has no penetrating ability

## Chemical methods

- There is no available chemical solution to sterilise instruments through immersed them in it
- There is a risk of producing tissue damage if some residual solution is carried over into the wound, while it is being used

## Mechanism of action of chemical disinfectants

- 1- Cell membrane injury
- 2- Coagulation and denaturation
- 3- Interactions with functional groups of proteins

## 1- Aldehyde compounds

**A. Formaldehyde:** a broad-spectrum antimicrobial agent, used for disinfection, has limited sporicidal activity. It is hazardous substance, inflammable and irritant to the eye, skin and respiratory tract

**B. Glutaraldehyde:** It is solution of 2% glutaraldehyde, required immersion of 20 mins for disinfection and 6-10 hours of immersion for sterilisation

- It is a high level disinfectant

## 2- Alcohols

- Act as denaturing bacterial proteins
- Solutions of 70% ethanol which are more effective than higher concentrations. The presence of water can speed up the process of protein denaturation

## 3- Iodophor compounds

- Many studies have shown that iodophor compounds are the most effective antiseptics.
- These compounds are effective against most bacteria, spores, viruses and fungi
- Most commonly used as surface disinfectants along with hypochlorite

#### 4- Biguanide

The most commonly used biguanide compound is **chlorhexidine**

- Powerful non-irritating antiseptic that disrupts bacterial cell membrane
- It persists on skin for long period of time and that is why it is extensively used for surgical scrubbing, neonatal bath, mouth wash and general skin anti-septic

#### 5- Hydrogen peroxide

- Oxidizing properties allow it to destroy wide range of pathogens
- Biggest advantage is short cycle time
- Used in 35% to 90% concentration

#### References

- Clinical Periodontology and Implant Dentistry By Jan Lindhe
- Colour Atlas of Dental Medicine and Periodontology