maxill®

DOVE®
Disposable Valves

DOVE (Disposable Oral Valve Evacuation) Dental high volume evacuation and saliva ejector valve devices are simple to install and provide outstanding performance with every use. Unlike metal valves, there is no need for repeated sterilization or autoclaving. Optimize your infection control while saving time and money!

DOVE® HVE Valve

HVE Valve - 150 Pack . . . . . #53089
(150 valves per bag)
$425.99 PER BAG = $2.84 PER VALVE

HVE Valve - 25 Pack . . . . . #53088
(25 valves per bag)
$74.75 PER BAG = $2.99 PER VALVE

One-way flap inside the valve prevents backflow.

DOVE® SE Backflow Prevention Valve

SE Valve - 150 Pack . . . . . #53087
(150 valves per bag)
$373.49 PER BAG = $2.49 PER VALVE

SE Valve - 25 Pack . . . . . #53086
(25 valves per bag)
$64.75 PER BAG = $2.59 PER VALVE

Save Time & Money

Disposable HVE and SE valves are significantly more efficient to use than metal valves. DOVE disposable valves take only seconds to remove, dispose of, and replace. Traditional metal valves can take over ten minutes to change when proper infection control protocols are followed. Another consideration is the additional labour costs of replacing degraded parts (especially O-rings) and the resulting inconsistent performance of metal valves combined with the time and cost of heat sterilization.

Optimize Infection Control

The Centers for Disease Control and Prevention (CDC) recommends that vacuum tubing be flushed regularly and suction valves be autoclaved in between patients. Research has proven that more than 75 percent of dental practices do not adhere to this guidance, and widespread inconsistency in infection control protocols exist.[1] When patient safety is the priority, disposable HVE and SE valves provide optimal infection control. With the disposable DOVE valve, the valve is replaced after each patient, reducing the risk of cross-contamination.

maxill®

DOVE®
Disposable Valves

Why Choose Disposable HVE and SE Valves?

In a side by side comparison of a DOVE valve and a traditional metal valve, the DOVE valve clearly stands out as being the cleanest, however both are ready to be used on the next patient based on the existing office infection control procedures. The exterior of the metal valve is wiped off between patients, but there is no evidence of flushing or sterilization. The blue plastic DOVE valves are disposed of after each patient, resulting in a clean, new valve for every patient.

A new, unused metal saliva ejector valve.

A used metal SE valve, rubber cup and SE tailpiece connected to the suction line

The connection between the SE tailpiece and the SE suction tubing

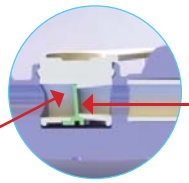
Some Things are Not Meant to be Shared!

Studies indicate that reverse pressure backflow, caused by greater negative pressure in the patient's mouth than in the evacuator tubing, occurs in approximately 1 in 5 patients who close their lips around the SE tip.[2] Backflow can potentially cause cross-contamination with blood-borne pathogenic viruses and bacteria.

When reverse pressure backflow occurs, due to greater negative pressure in the patient's mouth than in the evacuator tubing, detritus from the mouth of a previous patient might remain in the vacuum line of the SE and be aspirated into the mouth of the next patient.

Backflow also can occur with an open or a closed mouth due to gravity, which pulls liquid back into a patient's mouth.

The **DOVE Backflow Prevention Valve** is a one-way valve that prevents backflow and eliminates cross contamination between patients. The DOVE system adapts to a wide range of single use tips, and includes tailcaps to reduce noise and also bacterial aerosols between DOVE valve replacements.



[1] RDH Magazine: www.rdhmag.com/articles/print/volume-16/issue-1/columns/infection-control/back-flow-in-low-volume-suction-lines-may-lead-to-potential-cross-contamination.html
[2] rdhmagazine.com, Volume 16, Issue 1, Back flow in low volume suction lines may lead to potential cross contamination; Chris Miller, PhD. Original source: Possibility of cross-contamination between dental patients by means of the saliva ejector, Watson CM, Whitehouse RL, J Am Dent Assoc. 1993 Apr;124(4):77-80.