



## Comment on “Measurement of particulate matter 2.5 in surgical smoke and its health hazards”

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Editor,

We would like to share our views on the publication, “Measurement of particulate matter 2.5 in surgical smoke and its health hazards [1].” Okoshi et al. concluded that “*Surgical smoke poses potential health risks to operating room personnel by contaminating their breathing zone with high concentrations of particulate matter 2.5. A local exhaust ventilation system is needed to reduce exposure.* [1].” We agree that particulate matter 2.5 in surgical smoke is a risk but details are lacking. The authors of the study describe the existence of particulate matter 2.5 in the operation room; however, the exact source of the matter may or may not be related to the surgical procedure. Particulate matter 2.5 might already exist in the background environment. Conducting chronological monitoring of particulate matter 2.5 in the operation room in the pre-, intra- and post-surgery periods could provide interesting data. We agree with the authors’ recommendation for a good ventilation system, but more discussion is needed about the requirements of a ventilation system that does not allow the entry of unwanted contaminants from outside into the operation room. Finally, the recommendation of using an appropriate facemask to protect the wear from direct exposure to particulate matter 2.5 should also be mentioned [2].

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**Consent for publication** Not applicable.

### References

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2. Shakya KM, Noyes A, Kallin R, Peltier RE. Evaluating the efficacy of cloth facemasks in reducing particulate matter exposure. *J Expo Sci Env Epidemiol*. 2017;27(3):352–7.

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