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Purpose/Goal

To provide the learner with knowledge specific to caring for surgical patients with piercings.

Objectives

1. Discuss the social history of the practice of body piercing.
2. Describe the research about individuals who undergo piercing.
3. Discuss the motivations for body modifications such as piercing.
4. Compare nurses' and patients' perceptions of piercing.
5. Discuss the perioperative nursing care of patients with piercings.

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ABSTRACT

Body piercing, a type of body modification that is practiced in many cultures, creates an unnatural tract through tissue that is then held open by artificial means. Today, professional body piercing is often performed in piercing establishments that are subject to dissimilar forms of regulation. The most frequently reported medical complication of body piercing and similar body modifications, such as dermal implantation, is infection. Patients with piercings who undergo surgery may have additional risks for infection, electrical burns, trauma, or airway obstruction. The published research literature on piercing prevalence, complications, regulations, education, and nursing care is outdated. The purpose of this article is to educate nurses on topics related to nursing care for patients with piercings and similar body modifications, including the history, prevalence, motivations for, and perceptions of body piercings as well as possible complications, devices used, locations, healing times, regulations, patient education, and other health concerns. *AORN J* 103 (June 2016) 584-593. © AORN, Inc, 2016. <http://dx.doi.org/10.1016/j.aorn.2016.04.005>

Key words: *piercing, piercing complications, piercing prevalence, patient perceptions of body art, removal of piercing objects.*

Appropriate care for surgical patients with elective body modifications such as body piercings and dermal implants requires knowledge of health concerns specific to these alterations. A body piercing is the creation of a tract through tissue that is then held open by artificial means, such as an ornamental ring or barbell. A dermal implant is a more permanent modification inserted below the surface of the skin. Infection is the most frequently reported medical complication of such body modifications. Patients with piercings who undergo surgery may have additional risks for infection, electrical burns, trauma, or airway obstruction. They may require special preoperative, perioperative, and postoperative care to mitigate these risks.

In addition, cultural and personal perceptions of elective body modifications may influence the nurse-patient relationship. Nurses should be aware of possible sources of bias concerning modification practices to counteract them and best meet patient needs.

CULTURAL CONTEXT FOR BODY PIERCING

Throughout history and throughout the world, many cultures have embraced body alterations for religious or social reasons, just as other cultures have considered them taboo or abnormal.^{1,2} Although early Western culture rebuked piercing and other body modifications because of the Old Testament's warning to not mark "one's flesh in celebration of other gods,"^{3(p369)} these practices are becoming increasingly more accepted in the West. Other cultures from various geographic locations have long embraced the piercing of specific body sites (Table 1).⁴ The ear is the most preferred site for body piercing, followed by the eyebrow, nose, mouth, tongue, nipple, navel, and genitals.⁵

The reported prevalence of body piercing, or the proportion of pierced individuals in a population, is only an estimate, because reporting by piercing establishments is not required for business licensure. Published studies on piercing prevalence in the United States were conducted between 1998 and 2007;

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Table 1. Common Sites of Piercings and the Geographic Origins of the Practice

Body Site	Geographic Origin
Nose	India, South Asia
Septum	India, Africa, Polynesia, South America
Upper lip	South America, Africa, Kenya
Eyebrow	Europe, North America
Tongue	Mexico and South America (eg, Mayan cultures), Asia
Navel	Europe, United States ^a
Nipple	France, England ^b
Genital (female)	Europe, United States ^a
Genital (male)	Borneo, Indonesia, India

^a Twentieth century.
^b Nineteenth century.

these studies, though outdated, provide the only data currently available on the prevalence of body piercings.^{3,6} The only study to date that provides a national probability sample of pierced respondents is research conducted in 2004 by Laumann and Derick.⁶ They state that

Respondents were equally distributed throughout the age range (median and mean ages, 36 years ...). They were representative of the nation according to race, Hispanic ancestry, marital status, household size, median household income, educational status and religious affiliation.^{6(p416)}

The researchers conducted 500 telephone interviews, and 176 respondents (35%) reported a history of piercing; however, only 76 respondents (15%) reported piercings in locations other than the earlobes.⁶ The median age of respondents at the time of piercing was 24 years, and women underwent piercing more often than men. The study categorized three groups by year of birth: 1953–1963, 1964–1974, and 1975–1986. Laumann and Derick described the demographics of the pierced population with the following statement: “There was an increase in the total number of people with or considering getting body art (tattoos and body piercing) in each successive age group.”^{6(p416-417)} Of people between 20 and 30 years of age, 32% had at least one piercing, compared with 13% of respondents between the ages of 30 and 40 years. The researchers concluded that

- individuals between the ages of 20 and 30 years are the dominant group, representing the increase in piercing in the United States;

- women favor piercing more than men; and
- infection is a common complication after piercing procedures.⁶

Other prevalence research has been conducted in the college setting. College studies are deemed convenience samples, but when they are examined collectively, similar patterns of occurrence begin to appear.⁶⁻¹¹ The largest study of college students, involving 19 universities, was conducted by Greif et al.³ In this study, 1,700 surveys were distributed and 766 respondents were included in the analysis; among these, 391 students reported having piercings. Of the pierced respondents, 70% were women, and 45% of pierced respondents reported an infection after their piercing procedure.³ Table 2 documents additional college studies with similar findings of a female preference for piercing and evidence of infection after piercing procedures.⁶⁻¹¹ The popularity of piercing is on the rise among individuals between 20 and 30 years of age, predominantly among women. College students contribute to the piercing industry, and infection rates after piercing procedures range from 9% to 35%.⁷⁻¹¹

MOTIVATIONS FOR PIERCING

The popularity of piercing is demonstrated by increasing numbers of both people with pierced skin and providers who supply body modification services. The foundation of a piercing culture has been established among a younger generation, and the shifting cultural acceptance may ultimately dispel current biases surrounding the patient with piercings. Understanding what may have motivated a patient to pierce his or her body increases a nurse’s cultural competence and knowledge of body modification, it and mitigates the potential for provider bias during patient care.

A comprehensive literature review conducted by Wohlrab et al¹² regarding the motivations for tattooing and piercing provides insight into the practice of body modification. The difference between tattoos and piercings is that piercings can be easily removed and tattoos are more permanent. The motivational categories for introducing such modifications include fashion, expression of individuality, expression of personal values, sign of affiliation, sexual expression or stimulation, protest against authority, impulse, and addiction.¹²

Fashion

Objects inserted to maintain a piercing tract can be viewed as jewelry. Diamonds or precious stones (substituted for metal or plastic retainers) could be regarded by the wearer as fashion accessories.¹²

Table 2. Studies of Body Piercing Among US College Students

Reference	Year of Study	Total Students, no.	Pierced Students, no.	Female, %	Male, %	Infection Rate, %
Simplot and Hoffman ¹	1998	522	452	93	7	35
Mayers et al ²	2002	454	229	60	40	9
Armstrong et al ³	2004	450	145	87	13	23
Armstrong et al ⁴	2007	661	650	62	38	9
King and Vidourek ⁵	2007	536	185	83	17	18

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4. Armstrong ML, Koch JR, Saunders JC, Roberts AE, Owen DC. The hole picture: risks, decision making, purpose, regulations, and the future of body piercing. *Clin Dermatol.* 2007;25(4):398-406.
5. King KA, Vidourek RA. University students' involvement in body piercing and adherences to safe piercing practices: do males and females differ? *Am J Health Educ.* 2007;38(6):346-355.

Expression of Individuality

The need to be different is a powerful stimulus that influences personal decisions to alter body image and is the most frequently cited motivation for piercing. A person who has the ability to change his or her appearance may also create a new identity.¹²

Expression of Personal Values

The expression of personal values and experiences can be fulfilled through piercing. Piercing allows people to reclaim the body and promote inner healing. For example, women who have survived abuse “create a new understanding of the injured part of the body and reclaim possession through the deliberate, painful procedure of body modification.”^{12(p90)}

Physical Endurance

Piercing is a painful procedure, and an individual's willingness to accept discomfort is viewed as a measure of physical endurance and personal toughness. Individuals must acknowledge and endure pain to triumph over their perceived adversity.¹²

Sign of Affiliation

Belonging to a group or social circle requires commitment that can be symbolized through piercing. Group members displaying the same type of body ornaments demonstrate a commitment to the group.¹²

Sexual Expression or Stimulation

People may validate individual sexuality by piercing nipples, genitals, or both. The desire to stimulate nipples or genitals may cause some individuals to select such intimate locations for piercing.¹²

Protest Against Authority

Individuals can quietly protest the rules and values of their parents and respective generations by obtaining piercings without permission.¹²

Impulse

Some people may walk by a piercing establishment, look in the window, and impulsively decide to become pierced. After the piercing is completed, these individuals may be unable to explain why they chose a piercing.¹²

Addiction

Addiction can manifest in many forms. In contrast to most people's apprehension and avoidance of pain and discomfort, if an individual experiences the piercing as emotionally or physically pleasurable, then repeating the process could deliver the same positive feeling. Addictive personalities have been associated with individuals with multiple piercings.¹²

NURSES' AND PATIENTS' PERCEPTIONS OF PIERCINGS

Cultural perceptions are influenced by experiences, core beliefs, and new information. Nursing care depends on the ability to effectively communicate with patients who participate in varying cultural practices, such as body modification, without bias. When the role is reversed and the caregiver is the one who is pierced or tattooed, it may create issues for patients. Most nurses (91%) are female, according to the American Community Survey completed in 2010.¹³ The 2000 United States Census indicates that 11% of the 2.8 million nurses are between 25 and 30 years of age.¹⁴ Nurses in this age

group fit the profile of those who may decide to undergo body piercing, and their piercings may be visible. Nurses with visible piercings should be aware that their piercings may affect patients' perceptions of them and their abilities; depending on the patient, he or she may view the nurse negatively or positively, as part of the patient's peer group.

When providing care, nurses must establish a relationship with their patients but may not recognize the influence of nonverbal first impressions. The desire to be different might blind the RN who has a piercing from considering the patient's perspective. Wittmann-Price and colleagues¹⁵ conducted an informal survey of nurses with body art at their facilities. They asked nurses with body art about their perceptions of exhibiting piercings and tattoos in the clinical environment. The nurses interpreted their body art as a unique method of self-expression that did not make them any less of a professional.¹⁵ The desire for self-expression outweighed the nurses' concerns about its effect on the nurse-patient relationship. The nurses recognized that body art might influence the patient relationship to a slight degree, but they believed that most of the time the nurse-patient relationship is unaffected by the visibility of piercings.¹⁵

The word *professional* is often used to describe the characteristics of an RN, but the term may lack meaning for the patient. Research on patients' perceptions of nurses with body modification has included patient evaluation of colored pictures and surveys and analyses of literature searches. Westerfield et al¹⁶ provided 150 patients with a computer-assisted self-interview based on pictures of male and female nurses in scrubs with and without piercings (not considering earlobe piercings). Patients viewed the pictures and rated the nurses on perceptions such as

- caring,
- confidence,
- reliability,
- attentiveness,
- cooperativeness, and
- efficiency.

According to this study, patients rated nurses with piercings unfavorably compared with nurses without piercings.¹⁶

Thomas and colleagues¹⁷ surveyed a sample of 240 participants, which comprised 65 patients, 64 nurses, 75 students, and 36 professors. The researchers developed a tool to measure participants' perception of nurses' caring, skill, and knowledge. These perceptions were assessed after showing participants

photographs of nurses wearing scrubs while carrying a clipboard and performing skills that included administering IV therapy. Participants also were shown photographs of nurses performing these skills but displaying minimal, moderate, and high levels of body art. The perception of the nurses' caring, skill, and knowledge decreased as the amount of body art increased.¹⁷

Maykut¹⁸ completed a literature search of peer-reviewed journals published between 1990 and 2010. Seven research studies addressed the topic of professional nursing attire and its relationship to body adornment. The individual consequences of a nurse's decision to exhibit body modification in the clinical setting has not been reported in the literature; however, nurses should understand the potential effects of body adornment on patients' perceptions of them. Registered nurses should be aware of the nonverbal communication that may occur as a result of body modification and the potential effect on the provider-patient relationship. Research has not shown definitively that body modification creates difficulties in forming relationships between patients and caregivers; however, nurses should be aware of its potential negative effects on these relationships.

HEALTH CONCERNS FOR PIERCED PATIENTS

Individuals who receive piercings are prone to complications after the piercing procedure, including infections. Although infection after piercing is said to be a common complication, documentation is lacking and indicates a wide range of infection rates after piercing procedures⁷⁻¹¹ because these infections are rarely treated in a physician's office. Individuals with piercing infections may attempt to treat themselves or return to the piercer for care instead of seeking medical attention. Piercing infections that are treated by physicians can often be traced to poor piercing techniques, ineffective or inconsistent state regulation, oversight of piercing establishments and providers,¹⁹ and the fact that the "body piercing industry is poorly regulated, practitioners require no formal qualifications, and there are no formal training programs."^{20(p67)}

When a local infection does not resolve, an individual may develop a life-threatening systemic infection. Additionally, unresolved infections from piercing may be present when a patient with body modification presents for surgery. According to the Centers for Disease Control and Prevention,²¹ the presence of a current infection that is not related to the planned surgery can seed the surgical site and cause a surgical site infection.

Table 3. Common Organisms That Infect Piercings by Location¹⁻⁴

Location	Organism
All	<ul style="list-style-type: none"> • <i>Streptococcus</i> spp. • <i>Staphylococcus aureus</i>
Ear	<ul style="list-style-type: none"> • <i>Pseudomonas aeruginosa</i> • <i>S aureus</i> • Group A beta-hemolytic <i>Streptococcus</i> sp.
Nose	<ul style="list-style-type: none"> • <i>S aureus</i>
Mouth or tongue	<ul style="list-style-type: none"> • <i>Haemophilus aphrophilus</i> • <i>Neisseria mucosa</i> • <i>S aureus</i> • <i>P aeruginosa</i>
Breast or nipple	<ul style="list-style-type: none"> • Nontubercular bacilli • <i>S aureus</i>
Umbilical	<ul style="list-style-type: none"> • <i>S aureus</i> • Group A <i>Streptococcus</i> spp. • <i>P aeruginosa</i>
Genital	<ul style="list-style-type: none"> • <i>Escherichia coli</i> • <i>Klebsiella pneumonia</i> • <i>Proteus mirabilis</i> • <i>P aeruginosa</i> • <i>S aureus</i> • <i>Enterococcus faecium</i> • <i>Staphylococcus saprophyticus</i>
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4. Ziebolz D, Hornecker E, Mausberg RF. Microbiological findings at tongue piercing sites: implications to oral health. <i>Int J Dent Hyg.</i> 2009;7(4):256-262.	

Infection and Healing

A piercing procedure can result in an infection if microorganisms contaminate the open wound, which, because it is essentially a puncture wound, provides a warm, moist environment for bacterial growth. A listing of infecting bacterial organisms related to common piercing locations is provided in Table 3.²²

Piercings heal by secondary intention, so the wound is left open and infection can occur while it is healing. The time required for epithelialization and tissue contraction around the piercing tract depends on the location of the piercing site

and the width and type of tissue pierced. Piercing location, description, and healing times are provided in Table 4.²³

Oral Piercing Complications

A pierced tongue or lip exposes the individual to additional oral complications from long-term wear. Plessas and Pepelassi²⁴ examined 110 patients with pierced lips or tongues at the School of Dentistry, University of Athens, Greece. "Prevalence of abnormal tooth wear or tooth chipping/cracking was greater for tongue piercing than lip piercing."^{24(p76)} Jewelry in the center of the tongue can strike teeth during talking, eating, biting, or playing with the device, which can lead to decay, periodontal disease, infection, and tooth loss.

Ziebolz and colleagues²⁵ were the first to examine the long-term effects of wearing a barbell in the center of the tongue. They examined 12 patients wearing tongue jewelry for a period of two to eight years in their dental office and collected fluid samples from each of the patient's pierced tongue sites. "The microbiological analysis showed an increased or substantially increased concentration of periodontopathogenic bacteria in all cases"^{25(p256)} in the presence of healed tissue. These investigators concluded that "the pierced site provides a permanent route of entry for microorganisms and may cause a localized or systemic infection any time."^{25(p258)}

REGULATION IN THE UNITED STATES

State governments have begun regulation of piercing establishments as a result of public health concerns regarding infection, transmission of disease, prevention of complications, provider education, and protection of minors.²⁶ Infection and disease transmission are under the direct control of the piercer. Piercing infections are related to

- inadequate disinfection of equipment between customers,
- poor surface cleaning of work surfaces,
- contaminated instruments,
- ineffective sterilization methods,
- absence of aseptic and sterile technique,
- piercer hygiene,
- provider education and training, and
- aftercare instructions provided to patients.^{19,23-25}

State regulation of piercers and piercing businesses is evident in all states, with the exception of Nevada; however, regulations vary among states (Table 5).²⁶ Alabama is the only state with extensive regulations that include health department oversight and business inspections.

Table 4. Piercing Location and Healing Time¹

Location	Description of location	Healing time
Ear	Lobes or cartilage	4-6 wk
	Tragus	6-12 mo
Nose	Base of nostril	6-8 wk
	Septum	4-6 wk
Eyebrow	Length of eyebrow and outer edges	6-8 wk
Tongue	Center, 1 inch from tip	4-6 wk
Lip	Upper and lower	6-8 wk
Navel	Any part	9-12 mo
Nipple	Base or areolae	6-8 wk
Genital female	Labia, clitoris, clitoral hood	6-8 wk
Genital male	Foreskin	6-8 wk
Genital male	Glans edge	6-8 wk
Penis	Head of penis, vertical,	6-12 mo
	horizontal	
	Urethral opening where glans meet shaft	4-6 wk
	Frenum, center of underside, where glans and shaft meet	6-8 wk
	Between penis and scrotum, underside penis	6-8 wk
Scrotum, between scrotum and anus	Perineum	6-8 wk

Reference
 1. *Body Piercing Healing Times - Topic Overview*. WebMD. <http://www.webmd.com/skin-problems-and-treatments/tc/body-piercing-healing-times-topic-overview>. Accessed February 2, 2016.

IDENTIFICATION OF PIERCING JEWELRY

Understanding the basic types of body jewelry may help nurses identify and understand how to question the patient if he or she does not volunteer information related to his or her body piercings. This knowledge may also help nurses safely remove the jewelry before surgery. Less familiar basic appliances consist of barbells, labrets, captive beads, and nose studs or nose screws. Body piercing jewelry is usually made of metal and may be gold, niobium, titanium, or stainless steel or other alloys. Table 6 provides a description of jewelry types and their common locations.²⁷ Each type of jewelry has distinctive

features that play a role in keeping the object in place and also aid in its removal.

Barbells

Barbells are straight, curved, or circular rods with a bead or ball closure known as a *bell*. One or both ends of the bar have an outside (ie, male) thread like that of a metal screw. The bell has an inside (ie, female) thread like that of a metal nut.²⁷

Captive Beads

A captive-bead ring is a semicircular piece of metal shaped into an incomplete circle coupled with a dimpled bead that is held captive in the gap in the ring. The tension of the metal ring seizes the ball and keeps it from moving. The mechanism is similar to that of a circular metal ring worn on the finger with a gap cut into it, in which there is a small ball.²⁷

Labrets

Labrets are similar to barbells except one end is a flat disc and the other end is a ball.²⁷

Nose Studs and Screws

Nose studs are straight lengths of metal with a decorative piece on one end and a small bump on the other end. The small bump at the end of the straight shaft keeps the appliance in position. Nose screws have a distal curvature similar to the end of a corkscrew.²⁷

REMOVAL OF PIERCING JEWELRY

Nurses who are not familiar with the specific features of piercing jewelry should also learn how the device can be removed. Patients have invested time and money in their piercings and do not wish to see the jewelry damaged. Perioperative nurses should be prepared to help patients remove jewelry with the proper technique and tools that do not harm the patient or damage their investment.²⁸ Some piercing jewelry can be removed with only gloved hands, but occasionally special tools such as inverse pliers or ring-closing pliers may be necessary.²⁸ Normal pliers that are common in hardware stores have jaws that close when the handles are squeezed. Inverse pliers work in reverse (ie, the jaws open when the handles are squeezed). Inverse pliers look like needle-nose pliers except they have dimples or U-shaped depressions on the outside. Ring-closing pliers resemble regular pliers except for the hollow depression inside each jaw. Inverse pliers and ring-closing pliers are usually made of stainless steel and can be purchased on the Internet.

Table 5. State Regulations for Piercers and Piercing Establishments

Unregulated	Protection of Minors	License Required	Health Department Oversight	Inspection	Evidence of Education or Training
<ul style="list-style-type: none"> • Nevada • Washington, DC 	<ul style="list-style-type: none"> • All states except New Mexico 	<ul style="list-style-type: none"> • All states except Nevada; Washington, DC; and Wyoming 	<ul style="list-style-type: none"> • Alabama • California • Georgia • Iowa • Kentucky • Louisiana • Maryland • Massachusetts • Michigan • Mississippi 	<ul style="list-style-type: none"> • Alabama • California • Nevada • Tennessee 	<ul style="list-style-type: none"> • Alabama • Hawaii • Kansas • Maine • Massachusetts • New Jersey • Oregon • Tennessee • Vermont

Barbells

For barbell piercings, removing the bell from the bar is similar to removing a nut from a screw. The mnemonic “right tight, left loose” is helpful when removing or reinserting screwed-on accessories: turn the object on the end of the appliance left to loosen it and right to tighten. When removing a barbell through the tongue, the nurse should ask the patient to stick out his or her tongue and, using gloved hands, grasp the bar and the bell with a 2- by 2-inch gauze. Hold the bar steady with one hand and the bell with the other hand. Remove the bell by turning it to the left until the threads are clear of the bar. Then, remove the appliance from the tongue. The sequence for removing barbells is the same as that for any piercing jewelry that can be disassembled by hand.

Captive Bead

Removal of captive beads requires both inverted and ring-closing pliers. Using gloved hands, the nurse should grasp the bead with ring-closing pliers. The tip of the inverted pliers

should be inserted inside the ring until the ring contacts the pliers’ depressed dimples. Slowly squeeze the pliers, spreading the jaws outward, pushing the metal edges of the ring apart until the bead is free. Remove the appliance.

Labrets

Labrets have only one spherical ball that sits outside the lip and a flat disc inside the lip opposite the gum line. With gloved hands, the nurse should grasp the flat surface just behind the lip while holding the ball in front of the lip. Hold the ball in front of the lip and turn it to the left to detach the ball. Remove the labret.

Nose Studs and Screws

With gloved hands, the nurse should grasp the top of the nose stud and pull it straight out. Nose screws have a distal curvature similar to the end of a corkscrew and can be removed by grasping the top and twisting it out of the track.

DERMAL IMPLANTS

Body piercing is not considered permanent when jewelry can be disassembled and removed from the piercing tract, but the introduction of dermal appliances has affected the ability to keep patients safe during surgery.²⁹ Dermal implants cannot be removed using common techniques because this type of body modification does not involve a perforating tunnel through the tissue site. Multiple names, such as subdermal, transdermal, and microdermal, are used to describe dermal implants, but the location of each is underneath the surface layer of the skin.³⁰ If a device is placed under the skin and remains there for 30 days, the US Food and Drug Administration considers it to be an implant.³⁰ Subdermal implants are decorative molds made of silicone, Teflon, or metal that are placed in a pocket under the skin and that

Table 6. Jewelry Types and Locations¹

Barbell	Ear, Eyebrow, Lip, Tongue, Nostril, Navel, Genitals
Captive bead	Ear, eyebrow, lip, nostril, navel, genitalia
Dermal	Any flat skin surface
Labret	Lip
Stud or screw	Nose
Reference	1. Delaisse J, Varada S, Au SC, Pope A, Manders E, Ramirez-Fort MK. Peri-operative management of the patient with body piercings. <i>J Dermatolog Clin Res.</i> 2014;2(1):1-4.

result in a silhouette on the skin's surface. Transdermal or microdermal implants consist of a footplate and a post in the shape of the letter L. The footplate is under the skin and the post protrudes from the skin's surface. The surrounding tissue grows into the dermal implant, and removal of the apparatus requires an incision followed by removal by hand.

PRESURGICAL REMOVAL OF PIERCING JEWELRY

AORN's position on piercing states that "Patient jewelry and body piercing accessories should be removed before positioning or transferring to the procedure bed if it will cause potential injury or interfere with the surgical site."^{31(p654)} Patients are at risk for surgical site infections, electrical burns, airway obstruction, and tissue trauma if a piercing is not removed before surgery. Companies manufacturing electrosurgical generators are cognizant of potential burns related to patient jewelry. Instructions for newer generators state, "Patient safety is the highest concern, and one is not well served when jewelry is present in the patient undergoing surgery when electrosurgical generators are used."^{32(p40)} In addition, if jewelry is not removed, the risks associated with its presence "must be assumed by the patient and the hospital."^{32(p40)} Improved sensing functions of newer generators will not completely safeguard a pierced patient from a secondary burn.

Barbell jewelry in the tongue places the patient at risk for electrosurgical burns, airway obstruction, and tissue trauma. Removal of jewelry before surgery is persuasively supported in the literature, but health care providers have also suggested that tongue jewelry can be safely managed in place. "Some practitioners feel that if people can eat, drink, talk, and sleep with the jewelry in place, they probably can be intubated safely without removing it."^{33(p19)} Safeguards for leaving jewelry in place include placing a gauze throat pack in the back of the throat to prevent the object from falling into the lungs if displaced, and replacing the jewelry with a plastic barbell, epidural catheter, or thick suture to keep the tract open.³³ Patients whose tongue barbells remain in place during intubation are at risk for bleeding, increased secretions, an edematous tongue, damaged tissue at the piercing site, and laryngospasm. DeBoer and McNeill offer the following caution:

When airway management in the presence of oral jewelry is indicated, trauma to highly vascular oral tissue, edema, bleeding, and aspiration of loose hardware, airway obstruction and difficult intubation should be anticipated.^{34(p756)}

Expediting Jewelry Removal

The day of surgery is not the ideal time to manage the removal of piercing jewelry. The surgeon should inform patients in his or her office about the need for removal of piercing jewelry. The nurse conducting the preoperative phone interview should ask the patient about the existence of a piercing, review the removal policy, and ask that the patient remove the jewelry before arriving for surgery.³⁵ The nurse should document any piercings identified during the interview, noting the type of device, location, and the date obtained. On admission, the nurse conducting the preoperative assessment should also ask the patient whether he or she has any piercings and document the response. All forms of piercing (with the possible exception of a dermal implant) can be removed before surgery, and the easiest method to remove a piercing is to ask the patient to remove it. Patients may state, "My jewelry can't be removed," because they may be unable to remove the piercing without assistance, may not have the money (\$5 to \$10) to pay for the removal by the piercer, or may fear the track will close without the appliance. If the patient cannot remove the jewelry, the surgeon may decide to cancel the surgery until a time at which it can be removed. Before surgery, nurses can swab the site with alcohol before removing the device, and they can provide mouthwash after removal of tongue barbells. Nurses should document and call the surgical team's attention to the presence of an unhealed piercing site. Unhealed piercing sites may contain surface bacteria that increase the risk of a surgical site infection. The patient also may deny having a piercing during preoperative assessment and it may be discovered in the OR. Because of this possibility, nurses, anesthesia professionals, and surgeons should be familiar with the tools and techniques for removing piercings and know how to clean the area if needed.

Dermal piercings are considered implants, and their removal should not be attempted by the patient. The nurse conducting the preoperative telephone interview should advise patients with dermal implants to return to their piercer, primary care physician, or surgeon for removal. If the patient refuses removal, the surgeon may decide to cancel the surgery. Occasionally, a surgeon may agree to remove the dermal implant during the scheduled surgery.

PATIENT EDUCATION

Piercing education should ideally occur before the decision to pierce. This sequence is out of the control of the perioperative nurse in the clinical setting, but if education is provided preoperatively, it may reduce additional complications from piercings. Patient education information should be readily

Resources

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available, up-to-date, low or no cost, and easily accessible. The Association of Professional Piercers is the best source for patient education and is dedicated to providing information to the public, health professionals, and consumers. Patients with piercings can be provided with a downloadable mobile phone app or the web link (www.safepiercing.org) as part of their discharge instructions.

CONCLUSION

Despite the popularity of piercing, the practice places the patient at risk for surgical site infection, electrical burns, trauma, and airway obstruction when undergoing surgery. Nurses must understand the various types of piercings and the accompanying jewelry and be prepared to assist patients with removal of piercing jewelry to reduce risk and safely manage their care. ●

Editor's note: *Teflon is a trademark of the Chemours Company, Wilmington, DE.*

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Continuing Education: Caring for Surgical Patients With Piercings 2.2 www.aornjournal.org/content/cme

PURPOSE/GOAL

To provide the learner with knowledge specific to caring for surgical patients with piercings.

OBJECTIVES

1. Discuss the social history of piercing.
2. Describe the research about individuals who undergo piercing.
3. Discuss the motivations for piercing.
4. Compare nurses' and patients' perceptions of piercing.
5. Discuss the perioperative nursing care of patients with piercings.

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QUESTIONS

1. Many cultures have embraced body alterations for religious or cultural reasons, just as other cultures have considered them taboo or abnormal.
 - a. true
 - b. false
2. Laumann and Derick's 2004 research reported that pierced respondents
 1. were equally distributed throughout the age range.
 2. were predominantly blue-collar workers.
 3. had a median and mean age of 36 years.
 - a. 1 and 2
 - b. 1 and 3
 - c. 2 and 3
 - d. 1, 2, and 3
3. Laumann and Derick also concluded that
 1. infection is a common complication after piercing procedures.
 2. individuals between the ages of 20 and 30 years are the dominant group who undergo piercing.
 3. individuals who undergo piercing are demonstrating aberrant behavior.
 4. more women than men receive piercings.
 - a. 1 and 3
 - b. 2 and 4
 - c. 1, 2, and 4
 - d. 1, 2, 3, and 4
4. One study showed that of 766 respondents, _____ of pierced respondents were women and _____ of all respondents reported an infection after a piercing procedure.
 - a. 70%/45%
 - b. 40%/80%
 - c. 80%/45%
 - d. 70%/40%
5. The reported rates of infections after piercing procedures range from 8% to 50%.
 - a. true
 - b. false
6. Some of the motivations for individuals to undergo piercing fall into the category of
 1. fashion.
 2. expression of individuality.
 3. expression of personal values.
 4. sign of affiliation.
 5. sexual expression.
 6. impulse.
 - a. 1, 3, and 5
 - b. 2, 4, and 6
 - c. 2, 3, 5, and 6
 - d. 1, 2, 3, 4, 5, and 6
7. Nurses who had piercings that were visible in the clinical setting
 1. believed they would be viewed positively by patients.

2. interpreted their body art as a unique method of self-expression.
 3. did not believe their piercings made them less of a professional.
 4. believed self-expression outweighed the concern for the effect on the nurse-patient relationship.
 5. recognized that body art might influence the nurse-patient relationship.
 - a. 4 and 5
 - b. 1, 2, and 3
 - c. 2, 3, 4, and 5
 - d. 1, 2, 3, 4, and 5
8. Studies have shown that patients tend to view nurses with piercings
1. favorably compared with nurses without piercings.
 2. unfavorably compared with nurses without piercings.
 3. as being less caring, skilled, or knowledgeable as the amount of body art increased.
 4. as being more caring, skilled, and knowledgeable as the amount of body art decreased.
 - a. 1 and 2
 - b. 1 and 4
 - c. 2 and 3
 - d. 1, 2, and 3
9. Nurses who are not familiar with the specific features of piercing jewelry must
1. learn how devices can be removed.
 2. be prepared to help patients remove jewelry.
 3. use techniques and tools that do not harm the patient or the jewelry.
 - a. 1 and 2
 - b. 1 and 3
 - c. 2 and 3
 - d. 1, 2, and 3
10. Perioperative nursing care of patients with piercings includes
1. removing dermal implants.
 2. replacing the jewelry with a plastic barbell, epidural catheter, or thick suture to keep the tract open.
 3. asking the patient to remove piercing jewelry before arriving for surgery.
 4. documenting the type, location, and the date obtained of any piercings.
 5. swabbing external piercing sites with alcohol before removing the jewelry.
 6. documenting the presence of any unhealed piercing sites.
 - a. 1, 3, and 5
 - b. 2, 4, and 6
 - c. 2, 3, 4, 5, and 6
 - d. 1, 2, 3, 4, 5, and 6

Continuing Education: Caring for Surgical Patients With Piercings 2.2 www.aornjournal.org/content/cme

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OBJECTIVES

To what extent were the following objectives of this continuing education program achieved?

1. Discuss the social history of the practice of body piercing.
Low 1. 2. 3. 4. 5. High
2. Describe the research about individuals who undergo piercing.
Low 1. 2. 3. 4. 5. High
3. Discuss the motivations for body modifications such as piercing.
Low 1. 2. 3. 4. 5. High
4. Compare nurses' and patients' perceptions of piercing.
Low 1. 2. 3. 4. 5. High
5. Discuss the perioperative nursing care of patients with piercings.
Low 1. 2. 3. 4. 5. High

CONTENT

6. To what extent did this article increase your knowledge of the subject matter?
Low 1. 2. 3. 4. 5. High

7. To what extent were your individual objectives met?
Low 1. 2. 3. 4. 5. High
8. Will you be able to use the information from this article in your work setting?
1. Yes 2. No
9. Will you change your practice as a result of reading this article? (If yes, answer question #9A. If no, answer question #9B.)
- 9A. How will you change your practice? (*Select all that apply.*)
 1. I will provide education to my team regarding why change is needed.
 2. I will work with management to change/implement a policy and procedure.
 3. I will plan an informational meeting with physicians to seek their input and acceptance of the need for change.
 4. I will implement change and evaluate the effect of the change at regular intervals until the change is incorporated as best practice.
 5. Other: _____
- 9B. If you will not change your practice as a result of reading this article, why? (*Select all that apply.*)
 1. The content of the article is not relevant to my practice.
 2. I do not have enough time to teach others about the purpose of the needed change.
 3. I do not have management support to make a change.
 4. Other: _____
10. Our accrediting body requires that we verify the time you needed to complete the 2.2 continuing education contact hour (132-minute) program: _____