

Ask the Expert

Body Piercing: Issues in Adolescent Health

Theresa E. Gunter and Betsy M. McDowell

Column Editor: Betsy M. McDowell

Ask the Expert provides research-based answers to practice questions submitted by JSPN readers.

Question: I have noticed that body piercing is on the rise among teens, but I have been unable to find this topic addressed in nursing textbooks. What do I need to know about care of body-piercing sites to provide appropriate care for these clients?

Theresa E. Gunter and Betsy M. McDowell respond: Piercing is a form of body art that is becoming increasingly popular in mainstream culture. Body piercing can be defined as "the penetration of jewelry into openings made in such body areas as eyebrows, lips, tongues, nares, navels, nipples, or genitals" (Armstrong, Ekmark, & Brooks, 1995, p. 20). Although body piercing has been performed since historic times, this trend is rapidly rising in the adolescent population.

Body piercing often is portrayed in the media as a symbol of style. Many role models that teens admire have various body piercings. For example, female pop star Britney Spears has her navel pierced, while rock musician Lenny Kravitz sports a nose piercing. Information regarding body piercing is readily available in the popular press and on the Internet for adolescents to review. Teens also exchange information about body piercing with their peers. Most of the information easily accessed by adolescents does not discuss the health issues and risks associated with body piercing, but instead portrays the practice as a carefree rite of passage. Often the decision to have a body piercing is made on an impulse. The responsibility for promoting informed decision making about body piercing falls on healthcare providers such as pediatric nurses. Despite the large amount of information available in the popular press concerning body piercing, there is limited nursing or medical literature on the topic as well as a significant lack of information in nursing textbooks regarding piercing and other forms of body art.

The ears are the most common location for body piercing, with the lobes, cartilage, and tragus as preferred sites for piercings. Piercing sites in the earlobe heal

in approximately 6 weeks, while cartilage and tragus piercings can take up to 1 year to heal (Body Rites, 2000). The cartilage is often associated with an increased risk of localized infection because of constant contact with the hair as well as a lack of blood flow to the area, which is required for promotion of healing (Armstrong, 1998; Peate, 2000). Teens with new ear piercings should be encouraged to clean the area once each day with antiseptic solution, and to turn the earrings several times throughout the day. However, they should be discouraged from touching the jewelry or the ears unnecessarily because this may result in an increase in the incidence of infection (Body Rites).

Tongue and lip piercings are also becoming increasingly popular with adolescents. Tongue piercings heal in approximately 1 month, and pierced lips have a healing time of 2 to 3 months (Body Rites, 2000). Many risks are associated with oral piercings, including speech changes, changes in mastication, dental fractures, permanent nerve damage, and airway obstruction related to edema (Armstrong, 1998; Peate, 2000). Adolescents should be counseled to avoid smoking or drinking alcoholic beverages and to refrain from deep kissing if they have an oral piercing. The use of condoms and/or dental dams during oral sex also is encouraged to minimize the chance of transmission of sexually transmitted infections (STIs) (Body Rites).

Other popular facial sites for piercing are the nose and eyebrows. Due to the variable degree of blood supply, healing times for these sites are similar to the times for ear piercings, up to 12 months for the nose and 6 to 12 weeks for the eyebrows (Body Rites, 2000). The risks associated with piercings at these sites include trauma secondary to violent removal, airway obstruction, and meningitis secondary to sinusitis (Tweeten & Rickman, 1998).

Navel piercings also are popular with teens. This site is frequently chosen by young people because it is easier to hide than a piercing on the face. Navel piercings can take anywhere from 6 to 9 months to heal (Body Rites, 2000). The healing time for these piercings is prolonged because of disturbance of the site by restrictive clothing

Ask the Expert

such as tight waistbands. The navel is often the site for self-piercing by adolescents. This increases the risk of complications, such as infection or the rejection of jewelry not situated deep enough (Armstrong, 1998). As with piercings at other sites, new navel piercings should be cleaned daily with antiseptic solution and should not be touched unnecessarily (Body Rites). Additionally, since pregnancy is prevalent among the adolescent population, the possibility of intrauterine growth retardation with navel piercings during pregnancy must be considered (Armstrong, Masten, & Martin, 2000).

Nipple and genital piercings, though somewhat less popular with the adolescent population, also are seen. The nipple piercing site in males is the nipple-areolar junction, while in females the actual nipple is pierced (Armstrong, 1998). Nipple piercings in both locations take approximately 2 to 4 months to heal (Body Rites, 2000), but healing times can vary depending on the type of clothing worn to cover the pierced site (Armstrong). The most common risk associated with nipple piercing is in violent removal. Another issue with nipple piercing in female clients is the need to remove the piercing during breastfeeding. The infant, while nursing on a breast with a piercing in place, could dislodge and possibly aspirate or swallow the jewelry (Peate, 2000).

Genital piercings can be performed on both males and females and take from 3 to 6 weeks to heal (Body Rites, 2000). Males may have the glans head of the penis, the scrotum, or the perineum pierced. Sites for female genital piercings include the clitoris and the labia. The risk of highest concern in adolescents with genital piercings is infection. There is an increased risk of transmission of an STI for all clients with genital piercings. Individuals should be encouraged to use condoms and dental dams to prevent the spread of STIs if either they or their sexual partners have a genital piercing. There is some concern about tissue destruction in female partners of clients with penile piercings, but no definite link has been established. Abstinence, including oral sex and masturbation, should be advised while the site is healing (Peate, 2000).

Another major risk, and possibly the most serious, associated with any type of body piercing is the transmis-

sion of communicable diseases such as hepatitis and HIV during the piercing process. Cases of transmission of hepatitis B, hepatitis C, hepatitis D, and HIV have been documented in relation to body piercing (Armstrong, 1996, 1998; Tweeten & Rickman, 1998). The transmission of these diseases occurs when the instrument (needle) used to puncture the skin is not sufficiently sterilized. The best way to prevent the spread of such communicable diseases during body piercing is proper needle disposal after use and use of a new needle for each new client. Piercing guns are not recommended due to damage to the tissues caused by the pressure of the injection and because they are difficult to resterilize after use. The risk of infection is increased when adolescents attempt to pierce themselves and/or their peers without properly sterilizing the equipment. Teens should be educated about the risk of disease transmission and should be strongly discouraged from performing self-piercing. Anyone considering getting a body piercing must be knowledgeable of the licensing regulations and inspection requirements of individual states and local jurisdictions prior to selecting a piercer. A reputable piercer will be receptive to questions and/or prepiercing visits from potential customers. Parental consent for piercing of minors is required in some states.

Appropriate aftercare is of the utmost importance in the successful healing of a new body piercing. Although it is the responsibility of the piercer to instruct the client on how to care for the new body piercing, questions or complications may arise after the fact and should be addressed promptly. One very important issue that is often overlooked is the handling of the piercing. The teen should thoroughly wash his or her hands before touching the piercing and should avoid unnecessary touching of the site (Armstrong, 1996, 1998; Body Rites, 2000). The site should be cleaned once every day with an antibacterial product, preferably Provon[®] (Body Rites). Alcohol and alcohol-based products are not recommended because alcohol has a tendency to overdry the skin (Armstrong et al., 1995). The jewelry should not be removed or changed during the initial healing period to maintain the integrity of a pierced site (Body Rites). Plastic retainers and other

appliances can be purchased as a way to maintain the patency of the pierced site if jewelry must be removed. The need to retain the jewelry in the site is particularly true in the case of a developing infection, because removing the jewelry before the infection is resolved can lead to the formation of an abscess. In a situation in which a body piercing has become infected, the adolescent should be instructed to increase the frequency of cleanings with an antibacterial product and to avoid touching the site unnecessarily (Armstrong, 1998). If jewelry must be removed, it is usually best to ask the client to remove the jewelry, because he/she will be more familiar with the proper technique. Ring cutters should never be used to aid in the removal of body jewelry because the appliance will shred the stainless steel jewelry, leading to soft tissue injury when the jewelry is removed.

Because a body piercing is in reality a puncture wound, additional measures to promote wound healing usually are recommended. Eating nutrient-rich meals that are high in vitamin C and zinc, as well as drinking extra water during the healing periods, are recommended to support wound healing. Not using alcohol and antibacterial creams on pierced sites will help prevent the formation of abscesses.

Pediatric nurses are in an excellent position to address the issue of body piercing with the adolescent population. Anticipatory guidance is needed to help teens make informed decisions about body piercing. They need information on both positive and negative effects of body piercing as well as the associated health issues. Teens need to be educated about how to minimize the risks involved by being instructed about choosing a piercing practitioner, proper aseptic technique and infection control, and good piercing aftercare (Cartwright, 2000; Peate, 2000). Young people who already have chosen to get a body piercing should be instructed about proper aftercare techniques and the prevention of future complications (see box for listing of Web sites available for teen reference). Above all, nurses must be nonjudgmental about their teen clients with body piercings (Millner & Eichold, 2001). Being open allows adolescents to ask

questions and seek out information without fear of rejection, and will result in well-informed decision making.

Theresa E. Gunter, BSN, RN

Graduate Student, Clemson University, Clemson, SC
Staff Nurse, 4 West

Self Regional Medical Center, Greenwood, SC

Betsy M. McDowell, PhD, RN, CCRN

Associate Professor of Nursing
Lander University, Greenwood, SC

Author contact: tegunter@yahoo.com, with a copy to the Editor: roxie.foster@uchsc.edu

References

- Armstrong, M.L. (1996). Primary care approaches: You pierced what? *Pediatric Nursing*, 22, 236–238.
- Armstrong, M.L. (1998). A clinical look at body piercing. *RN*, 61(9), 26–30.
- Armstrong, M.L., Ekmark, E., & Brooks, B. (1995). Body piercing: Promoting informed decision-making. *Journal of School Nursing*, 11(2), 20–25.
- Armstrong, M.L., Masten, Y., & Martin, R. (2000). Adolescent pregnancy, tattooing, and risk taking. *MCN: American Journal of Maternal/Child Nursing*, 25, 258–261.
- Body Rites. (2000). *Aftercare for piercings*. Retrieved July 25, 2001, from www.bodyrites.com.
- Cartwright, M. (2000). Body piercing: What nurse practitioners need to know. *Journal of the American Academy of Nurse Practitioners*, 12, 171–174.
- Millner, V.S., & Eichold, B.H. (2001). Body piercings and tattooing perspectives. *Clinical Nursing Research*, 10, 424–441.
- Peate, I. (2000). Body piercing: Could you answer your patient's queries? *British Journal of Nursing*, 9, 2163–2168.
- Tweeten, S. M., & Rickman, L. S. (1998). Infectious complications of body piercing. *Clinical Infectious Diseases*, 26, 735–740.

Search terms: *Adolescence, body piercing*

Selected Web Sites

Association of Professional Piercers	www.safepiercing.org
Body Rites	www.bodyrites.com
Centers for Disease Control and Prevention	www.cdc.gov
Tribalectic Home Page	www.tribalectic.com