

# Oral Piercing

## Suggestions for Safty and Minimizing Risks

From time to time sensationalized, derogatory reports about unacceptable risks of oral piercing are presented to the public. Unfortunately many pertinent facts are not being reported. The Association of Professional Piercers would like to present a number of facts in order that consumers, health care workers, and other concerned parties may properly educate themselves about oral piercing before making any decisions or judgments. A well-informed and discerning consumer is subject to far fewer dangers than one with incomplete or inaccurate information.

When properly performed, the procedure itself takes only a few seconds, and involves minimal discomfort and often no blood. Healing is ordinarily rapid and is commonly uneventful.

*Most of the concerns about oral piercings center on one of three areas:*

- Fear of an unsafe procedure
- Potential for damage to teeth and oral structures
- Risk of infection

These potential hazards of oral piercing are quite easily controlled when certain actions are taken.

### PIERCER

*To reduce risks of an unsafe procedure, you must first select the right piercer.*

- Has appropriate training; is skilled, experienced, clean and professional
- Practices safe piercing technique and cross-contamination control
- Works in a hygienic environment that conforms to relevant local and/or state regulations
- Follows OSHA Bloodborne Pathogens standards
- Has obtained all applicable licenses and permits
- Spore tests autoclave (sterilizer) regularly and can provide documentation
- Uses appropriate sterile instruments and jewelry, and sterile disposable needles
- Takes the time to verbally instruct in proper care guidelines and provides written instructions
- Is available for follow-up and questions post-piercing, so any developing problems are resolved before damage occurs

*(See the APP's Picking Your Piercer brochure for additional details and information.)*

### JEWELRY

*The potential for structural damage from tongue and oral piercing can be dramatically reduced by wearing appropriate jewelry. Complications may result if the jewelry is*

*inappropriately sized, improperly placed, or poorly manufactured.*

- Correct style of jewelry for the particular anatomy and piercing placement
- Accurately sized to the area (The initial, longer jewelry that allows for usual swelling should be replaced with a shorter piece after swelling has dissipated as this has less chance of negatively impacting the teeth and other oral structures.)
- Surgical implant grade jewelry (See the accepted APP Minimum Jewelry Standards for detailed jewelry material and design specifications.)
- Balls made of acrylic can be worn on tongue barbells to further minimize the risk of damage to the teeth
- Check that threaded ends are on securely; tighten them each day to insure jewelry stays in place
- A smaller ball can be worn on the underside of the tongue to reduce contact with the sublingual portion of the oral cavity
- Piercees should be cautioned that playing with the jewelry excessively is frequently the cause of reported tooth and gum damage and should be avoided

### PLACEMENT

*Also absolutely critical to the health and comfort of the piercee is proper placement of the piercing. Traditional placement for a tongue piercing:*

- Along the midline of the tongue, essentially in the center of the mouth
- Often approximately 3/42 or so back from the tip of the tongue
- Commonly placed with the top a little further back than the bottom (This allows the top of the jewelry to lean slightly back, away from the teeth, and towards the higher part of the upper palate where there is more room in the mouth.)
- Usually placed just in front of the attachment of the lingual frenulum (web under the tongue)

*Traditional placement for lip or cheek piercings:*

- Should be relatively perpendicular to the area to avoid having the jewelry rest at a sharp angle
- Position should be chosen so that the jewelry rests in a neutral spot within the mouth
- Post should be shortened to fit snugly once healing is done to minimize contact of jewelry with the gums or teeth
- Place cheek piercing no further away from the mouth than the first molars to avoid parotid gland and ducts
- A strong light can be used to check the selected placement for vascularity and enervation (blood vessels and nerves)

### AFTERCARE

*(See the APP Aftercare Guidelines for Oral Piercings brochure for detailed care information.)*

*The risk of exposure to infection can be controlled during the piercing procedure by the use of sterile tools, jewelry and needle, and a*

*thorough understanding and implementation of aseptic technique. Entirely vital for avoiding infection during healing is the cooperation of the piercee in caring for the piercing properly.*

- The piercer must thoroughly instruct the piercee in appropriate aftercare protocol, including providing written and verbal guidelines detailing the use of antimicrobial alcohol-free mouth rinses and sea salt rinses
- Don't share plates, eating utensils, cups, and such
- Replace your toothbrush and make sure to keep it extra clean during healing
- Keep dirty fingers, pencils, sunglasses, and other foreign objects away from the mouth and face
- Avoid excessive talking, playing with the jewelry, and all oral sexual contact during healing

### WHAT ABOUT SWELLING?

*Most piercees report little or no bleeding and a minimum of swelling for a few days when the piercing is performed properly and approved care guidelines are followed.*

- Gently suck on chipped or shaved ice to diminish swelling during initial healing
- Elevation of the head above the heart while sleeping (use several pillows) may minimize initial overnight swelling
- The use of over-the-counter nonsteroidal anti-inflammatory such as Ibuprofen taken according to package instructions may limit the extent of initial swelling

### ISN'T THE MOUTH DIRTY?

*The extremely short healing time of the average oral piercing provides a much smaller window of opportunity for exposure to external infection than do many other common piercings (For instance, a tongue piercing usually heals in 4 to 6 weeks, compared to 6 to 9 months or longer for a navel.)*

As the main entry portal for any material entering the body, the oral cavity is exposed to a variety of toxins, bacteria, and other noxious substances on a near-constant basis. Drinking or eating anything contaminated with disease causing microbes can potentially cause illness and infection. Breathing air that contains airborne pathogens may lead to other types of systemic disease. Why then are we relatively healthy despite this continual microbial assault? The answer lies in the design of the oral cavity and its defensive strategies.

For example, saliva contains numerous antimicrobial factors that directly attack and deactivate harmful microbes. Among them:

- Lysozyme
- Lactoferrin
- Salivary peroxidase
- Myeloperoxidase
- Agglutinins
- Immunoglobulins ((antibodies))

Because saliva is only produced within the

oral cavity, the mouth is at a distinct advantage over other parts of the body when it comes to warding off infection.

Oral mucous has an extremely high turnover rate which makes it one of the fastest healing sites in the body. This fast turnover rate allows oral mucous to maintain its structural integrity by a system of continuous cell renewal in which cells are produced by cell division, migrate to the surface of the tissue, and replace those cells which are shed. Cellular turnover rates for oral mucous of the cheek is 25 days compared to 52-75 days for skin.

Because the head and neck region houses a highly concentrated system of veins, arteries and lymph vessels allowing for rapid transportation of these anti-infective agents, infectious agents can be attacked and dealt with in a swift manner.

When a piercing is performed in the oral cavity, infection rates can be negligible if sterile equipment and proper aseptic protocol is followed.

Appropriate jewelry selection and implementation of a suitable aftercare program also greatly diminishes the opportunity for the piercee to develop infection secondary to an oral piercing.

#### INFORMATION IS THE KEY

Unsafe, unethical, and uneducated piercers thrive in areas where complete, accurate information is not made available to both the general public and those who seek to pro-

tect them. Additionally, making oral piercings illegal forces consumers who still seek them to patronize unregulated, underground establishments. Only by supporting the dissemination of accurate information and the efforts of conscientious professionals can the risks of piercing truly be controlled.

To disparage the efforts of our dedicated colleagues and those of a burgeoning profession without full and appropriate information is not an accurate or helpful response. Since many individuals still desire oral piercings and intend to get them, it is far more constructive to provide accurate information and specific guidelines on safe piercing procedure and how to choose a practitioner.

The APP is a non-profit organization dedicated to health, education and safety of piercers and the public. We are a group of committed professionals who uphold an extremely high standard of safety and hygiene. We support the development of appropriate regulations and standards to ensure the improvement of our art form and the continued safety of our clientele.

*For more information please contact the Association of Professional Piercers (APP):*

[www.safepiercing.org](http://www.safepiercing.org)

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"The mission of the Association of Professional Piercers is to circulate vital health, safety, and education information to the professional piercing industry, health care providers and the general public."