

BREASTS, BELLIES, BELOW, AND BEYOND: BODY PIERCING JEWELRY AND THE TRANSFER TECHNIQUE—WHEN IN DOUBT, DON'T NECESSARILY TAKE IT OUT!

Authors: Scott DeBoer, MSN, RN, CEN, CPEN, CCRN, CFRN, EMT-P,
Michael Seaver, RN, David Vidra, CLPN, WCC, MA, Bill Robinson, and Jennifer Klepacki,
Chicago and Vernon Hills, IL, Dyer, IN, Cleveland, OH, Las Vegas, NV, Southington, CT

body piercing, or implants, have been practiced in
recent years, these practices have become more common
and widespread, moving beyond what we might have pre-
viously considered a curious subculture of practitioners.
The implications on emergency nursing care have also
become more evident as we strive to understand and pro-
vide optimal care for this ever-increasing segment of our
population. This article reviews the transfer technique of
exchanging body piercing jewelry with an intravenous
catheter to maintain piercing patency.

In a recent study of U.S. undergraduate college stu-
dents, 51% had something pierced besides their ears.¹ That
means that in this study,¹ odds were better than a “coin
flip” as to whether a young adult had body piercings
(and 22% had tattoos as well). Although no formal statis-
tics exist regarding the number of body piercings per-
formed each year, it is estimated that at least several
hundred thousand body piercings are performed annually,
and that number is not declining (E. Angel, oral commu-
nication, December 2010).

Scott DeBoer is Flight Nurse, University of Chicago Hospitals, Chicago, IL,
and founder, Reus-R-US Medical Education, Dyer, IN.

Michael Seaver is Senior Healthcare Informatics Consultant, Vernon Hills, IL.
David Vidra is a Body Piercer and President, Health Educators, Inc,
Cleveland, OH.

Bill Robinson is a Body Piercer, Starlight Tattoo, Las Vegas, NV.

Jennifer Klepacki is an Artist and Illustrator, Southington, CT.

For correspondence, write: Scott DeBoer, MSN, RN, CEN, CPEN, CCRN,
CFRN, EMT-P, 9052 Beall St, Dyer, IN 46311; E-mail: scott@peds-r-us.com.
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With the recent “epidemic” of body piercings, it has
become increasingly common to remove body jewelry for
diagnostic imaging (computed tomography/magnetic reso-
nance imaging) or surgical procedures.² However, the ques-
tion of whether removal of the jewelry is indeed necessary,
especially for elective or non-emergency health care, con-
tinues to be debated in the medical literature. For example,
does tongue jewelry need to be removed for emergent intu-
bation? (No; intubate first, then worry about removing the
jewelry later.) Do nipple piercings need to be removed
prior to defibrillation? (No.) Does a piercing need to be
removed if the site is infected? (No, or an abscess can
form.) Does a penile piercing need to be removed prior
to placement of a Foley urinary catheter? (Sometimes,
depending on whether the piercing crosses the urethra.)^{3,4}
For many medical procedures and types of body jewelry,
the jury is still out and the verdict has yet to be decided.

Removal of body jewelry for procedures has raised con-
cerns among patients about maintaining patency of the pier-
cing tract. When experienced body piercers are asked how
long a piercing “hole” stays open once the jewelry has been
removed, the most common answer is simply, “We just don’t
know.” Certainly, piercing tracts that have been in place for
many years have a better chance of staying open for a longer
period when the jewelry is removed, but the truth is we just
don’t know how long any tract will stay open. According to
professional body piercers, the only reliable way to ensure that
the piercing tract remains open is to keep something in it.

In the past, several anesthesia and surgical journal arti-
cles have described the use of various sorts of retainers
(ranging from epidural catheters to intravenous extension
tubing) to attempt to keep the hole open.^{2,5-9} Although
some retainers for body jewelry are commercially available,
the experience of several body piercers is that these devices
can come apart more easily than conventional metal jewelry,
making them potentially less desirable. These retainers have
a shape that is similar body jewelry, but they generally are
non-metallic and either clear or flesh colored. It is important

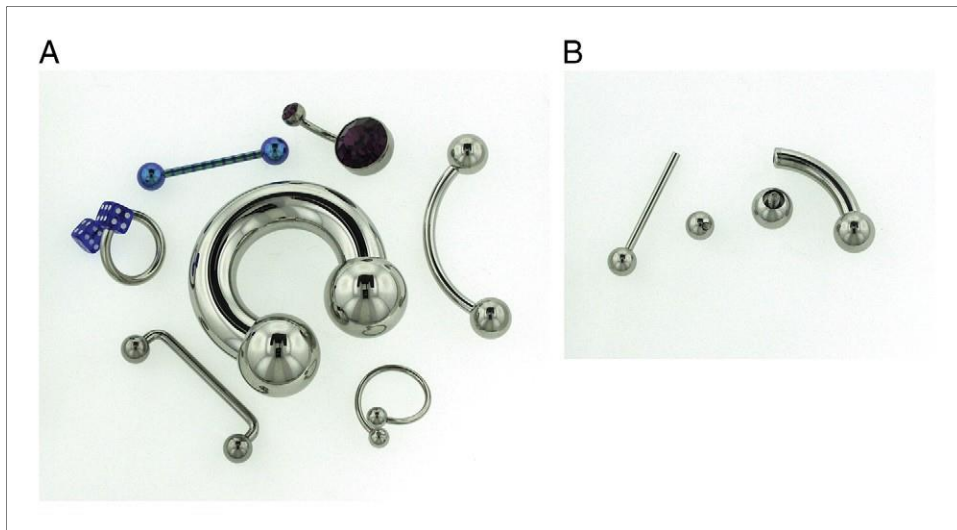


FIGURE 1

Various types of barbell body jewelry: A, closed; B, open. Remove one end of the barbell by twisting counterclockwise and maintaining a grasp on the other end of the jewelry. (Photos courtesy of Anatometal, www.anatometal.com.) This figure can be viewed in color and as a full-page document at www.jenonline.org. Q3

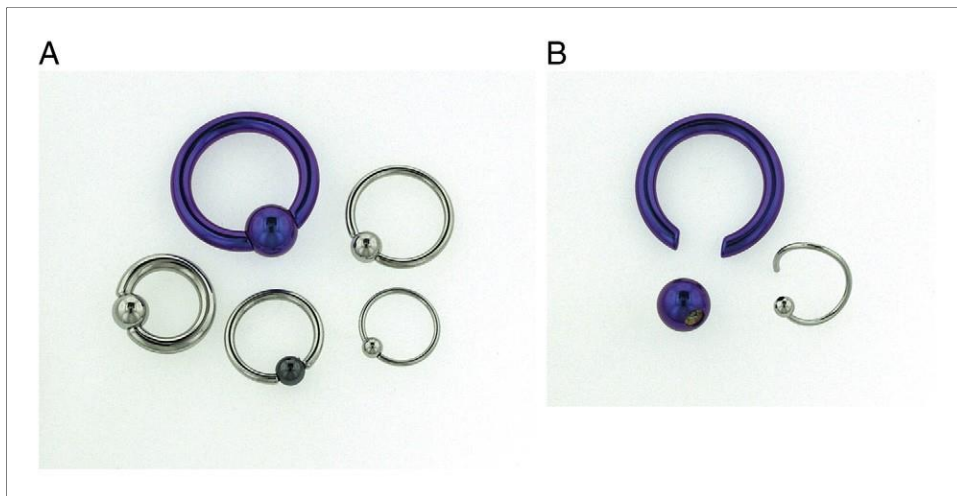


FIGURE 2

Various types of ring body jewelry: A, closed; B, open. Removal is best accomplished with the use of ring-opening pliers. (Photos courtesy of Anatometal, www.anatometal.com.) This figure can be viewed in color and as a full-page document at www.jenonline.org.

to note that many retainer materials have not been specifically approved for medical use.⁷⁻¹⁰

In the emergency department, we suggest using a very cost-effective device—intravenous catheters. Whereas arguments have been published both for and against the routine removal of body jewelry for diagnostic imaging and surgical procedures, the focus of this article is to demonstrate step-by-step transfer techniques that can be used to maintain piercing patency. These techniques work not only in the

navel but for many other areas above, below, and beyond the navel (Figures 1-20, Tables 1 and 2).

In summary, some medical practitioners routinely recommend that all jewelry come out, whereas others believe that a selective approach to the removal of body jewelry is appropriate. If the removal of facial or oral jewelry is to be undertaken, the utmost care should be taken to minimize the risk of jewelry aspiration, which can be done through the use of upright or lateral positioning, gauze

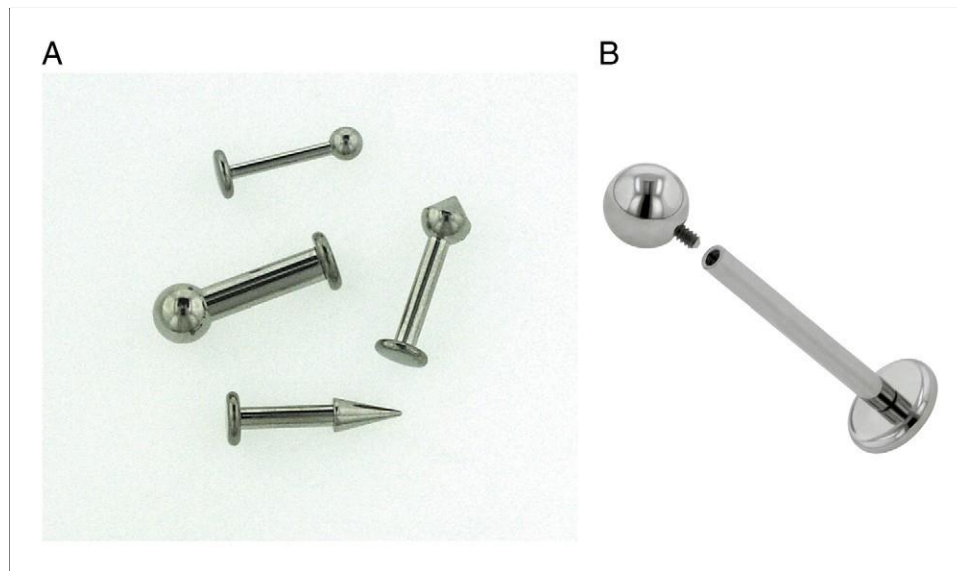


FIGURE 3

Various types of labret body jewelry: A, closed; B, open. Remove one end of the labret by twisting counterclockwise and maintaining a grasp on the other end of the jewelry. (Photos courtesy of Anatometal, www.anatometal.com.) This figure can be viewed in color and as a full-page document at www.jenonline.org.

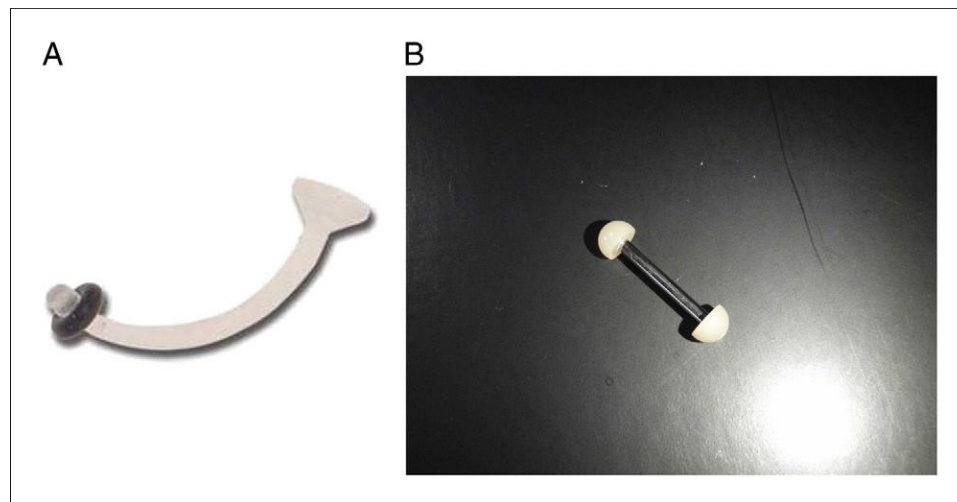


FIGURE 4

Commercially available navel (A) and tongue (B) body piercing jewelry retainers. (Jewelry retainer photos courtesy of Tribalectic, www.tribalectic.com.) This figure can be viewed in color and as a full-page document at www.jenonline.org.

Q4

86 packing, and possibly hemostats.⁷ Certainly, for patients in
87 critical condition, life-saving procedures such as defibrilla-
88 tion or airway management should be performed first and
89 jewelry removal issues addressed later. If time and the
90 patient condition permits, consideration should be given
91 to the use of a transfer technique to maintain piercing

patency. Maintaining piercing patency will increase patient
satisfaction and possibly save the patient from the pain and
expense of undergoing replacement body piercing proce-
dures. Cultural sensitivity, which continues to be a focus
in emergency health care, should involve not only race or
religion but body art and body modifications as well.

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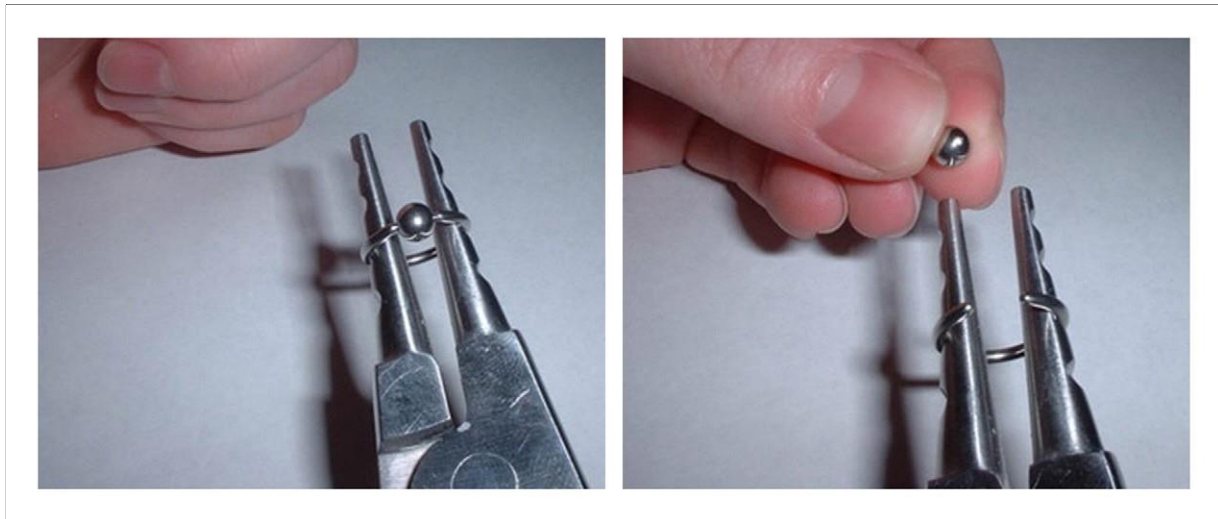


FIGURE 5

Ring-opening pliers, which are needed for safe removal of ring type body jewelry. (Photo courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com], with ring-opening pliers provided by Industrial Strength Needles [www.isneedles.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

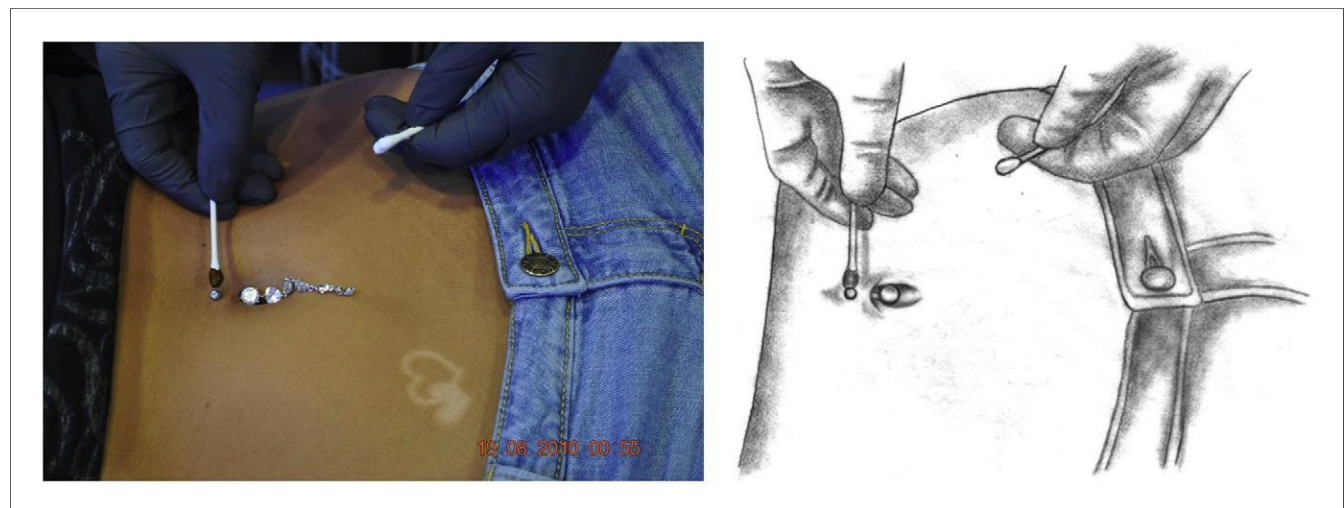


FIGURE 6

Transfer technique—navel jewelry. Step I: While utilizing universal precautions, cleanse the site with antimicrobial agents per hospital policy. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

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REFERENCES

1. Mayers L, Chiffreller SH. Body art (body piercing and tattooing) among undergraduate university students: "then and now". *J Adolesc Health*. 2008;42(2):201-3.
2. DeBoer S, Fishman D, Chwals W, Straus C, Amundson T. Body piercing/tattooing and trauma diagnostic imaging: medical myths vs. realities. *J Trauma Nurs*. 2007;14(1):35-8.
3. DeBoer S, Seaver M, Angel E, Amundson T. Body piercing jewelry removal: the professional piercer's perspective. *J Emerg Nurs*. 2005;32(2):159-64.
4. DeBoer S, McNeil M, Amundson T. Tubing & tongues: body piercing and airway management. *Pediatr Emerg Care*. 2006;2(10):755-8.
5. Brown D. Anesthetic considerations of a patient with a tongue piercing, and a safe solution. *Anesthesiology*. 2000;93:307-8.

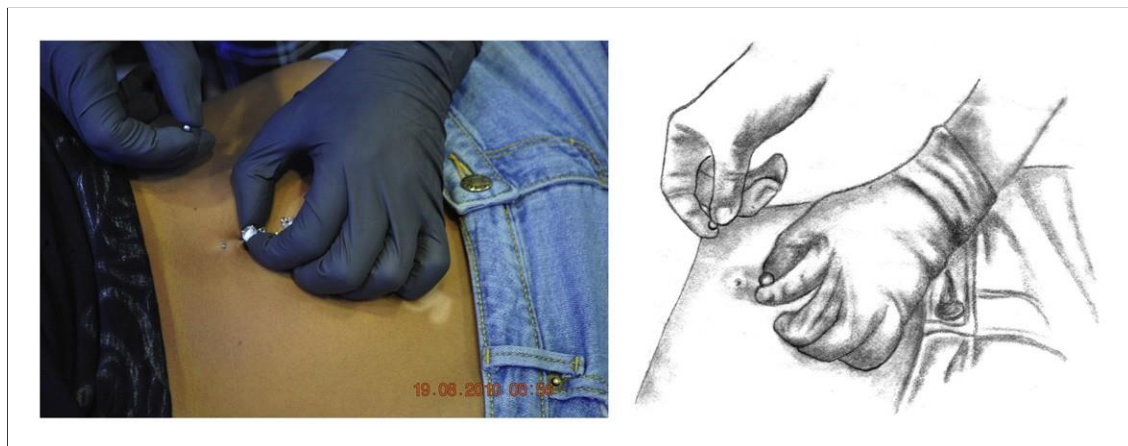


FIGURE 7

Transfer technique—navel jewelry. Step II: Remove one end of the navel jewelry by twisting counterclockwise while maintaining a grasp on the other end of the jewelry. (Photo from the *Body Piercing Removal Photo Guide* courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.



FIGURE 8

Transfer technique—navel jewelry. Step III: Before removing the jewelry, place a 20 g or 22 g intravenous catheter (with no needle) against the open end of the jewelry. (Photo from the *Body Piercing Removal Photo Guide* courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

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| 116 | 6. Cornetta A, Reiter D. Ear piercing for individuals with metal hypersensitivity. <i>Otolaryngol Head Neck Surg</i> . 2001;125(1):93-5. | 8. Mackenzie I. Sleepers for body piercing. <i>Anaesthesia</i> . 2000;55:1143. | 121 |
| 117 | | 9. Muensterer O. Temporary removal of navel piercing jewelry for surgery and imaging studies. <i>Pediatrics</i> . 2004;114:384-6. | 122 |
| 118 | 7. DeBoer S, McNeil M, Amundson T. Body piercing and airway management: photo guide to tongue jewelry removal techniques. <i>AANA J</i> . 2008;76(1):19-23. | 10. Armstrong M, Caliendo C, Roberts A. Pregnancy, lactation, and nipple piercings. <i>AWHONN Lifelines</i> . 2006;10(3):212-7. | 123 |
| 119 | | | 124 |
| 120 | | | 125 |



Q6 FIGURE 9

Transfer technique—navel jewelry. Step IV: Slowly withdraw the navel jewelry while introducing the intravenous catheter into the piercing tract. Once the intravenous catheter has been completely inserted, fully remove the body jewelry. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

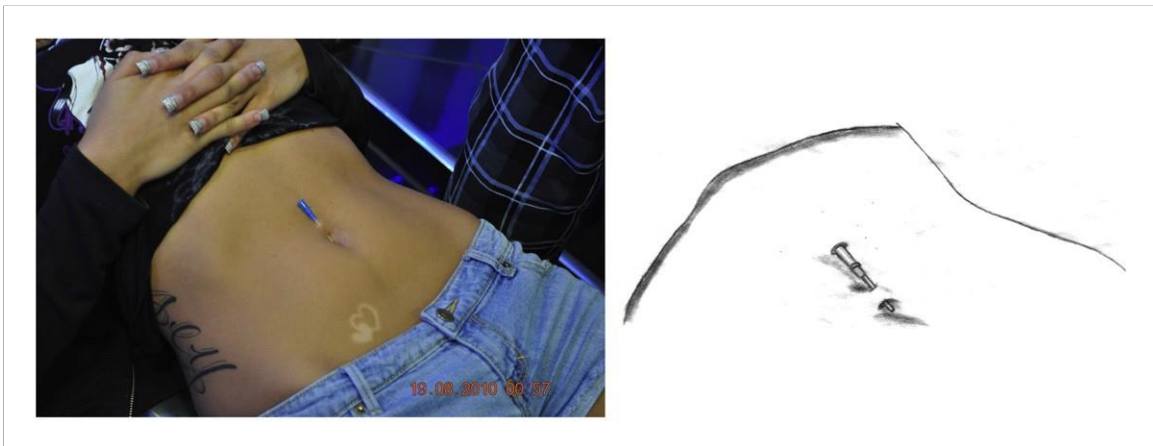


FIGURE 10

Transfer technique—navel jewelry. Step V: Successful removal of jewelry and replacement with catheter. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

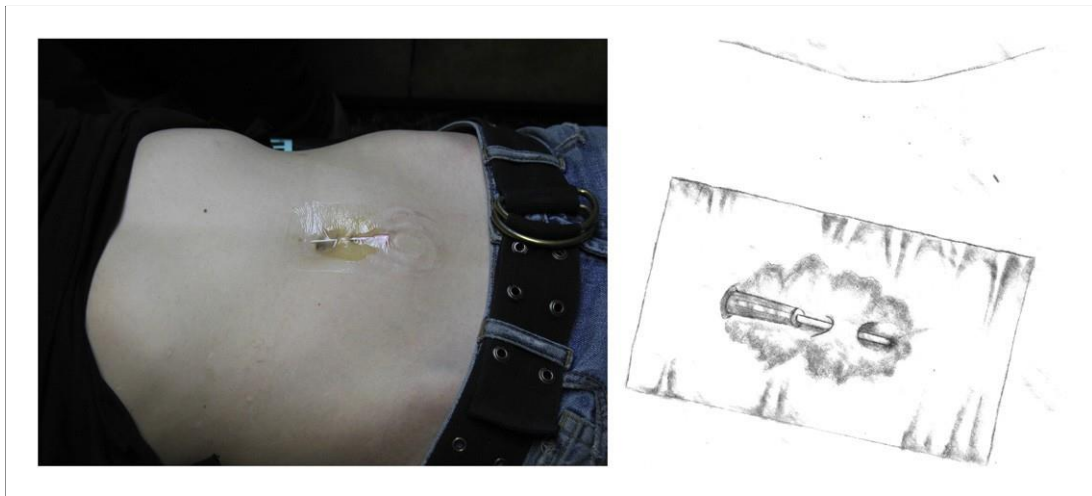


FIGURE 11

Transfer technique—navel jewelry. Step VI: After the successful transfer, cover the site with a clear, bio-occlusive dressing such as a Tegaderm or Opsite. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

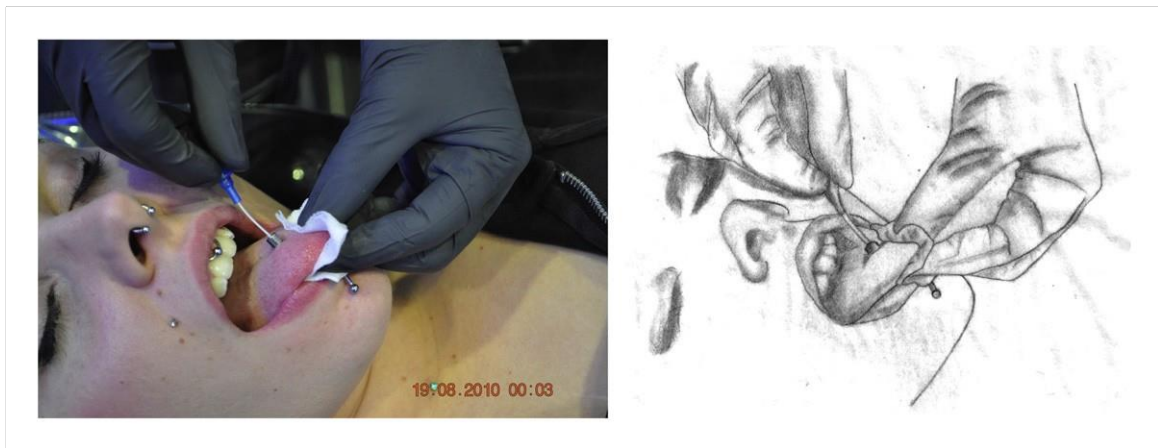


FIGURE 12

Transfer technique—tongue jewelry. Step I: While utilizing universal precautions, remove one end of the jewelry by twisting counterclockwise and maintaining a grasp on the other end of the jewelry. Then place a 20 g or 22 g intravenous catheter (with no needle) against the open end of the jewelry. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

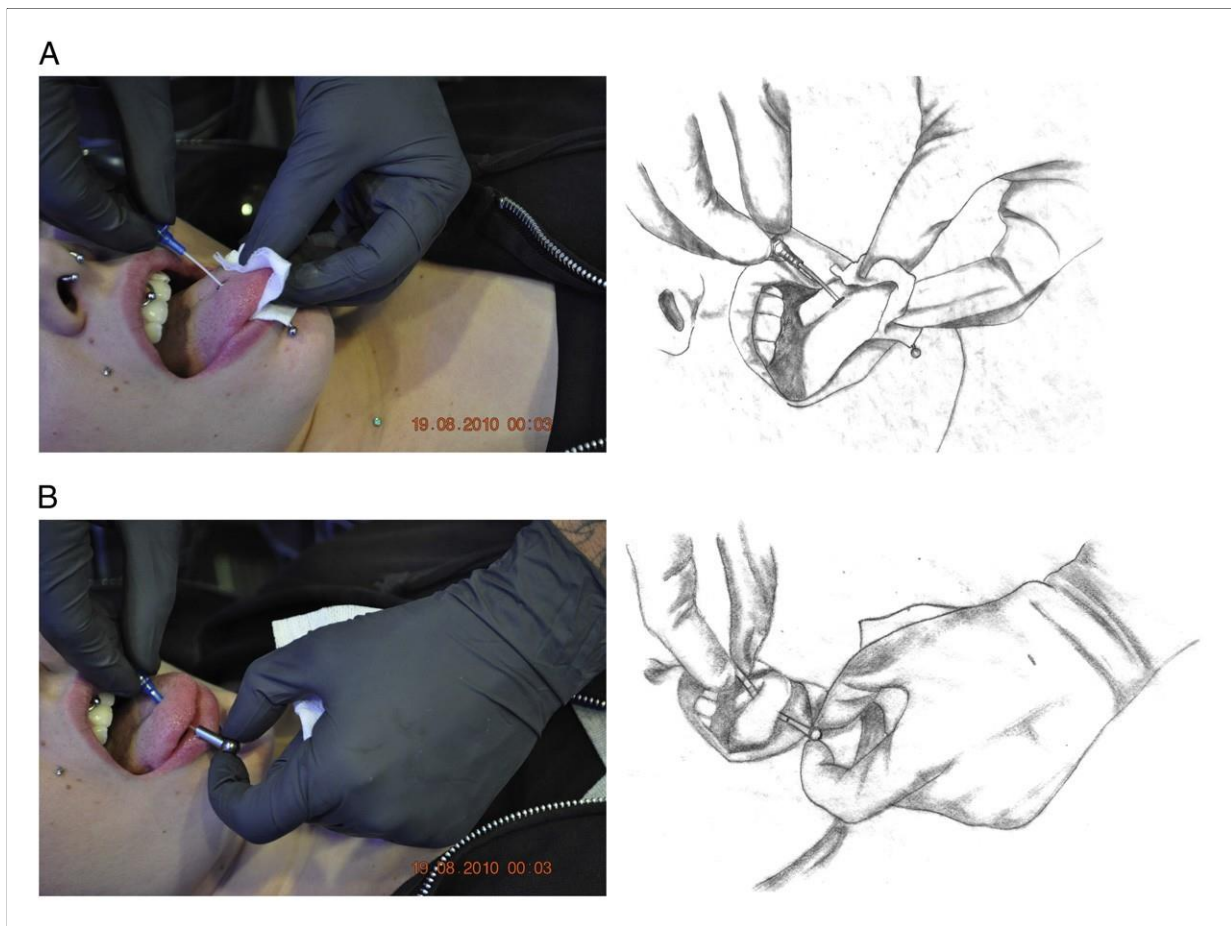


FIGURE 13

Transfer technique—tongue jewelry. Steps IIa (A) and IIb (B): Slowly withdraw the tongue jewelry while introducing the IV catheter into the piercing tract. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

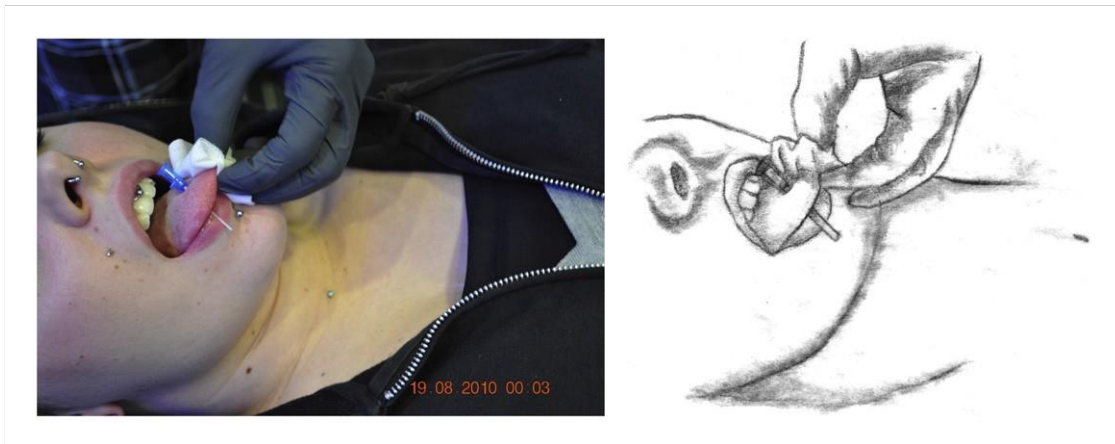


FIGURE 14

Transfer technique—tongue jewelry. Step III: Once the intravenous catheter has been completely inserted, fully remove the body jewelry. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

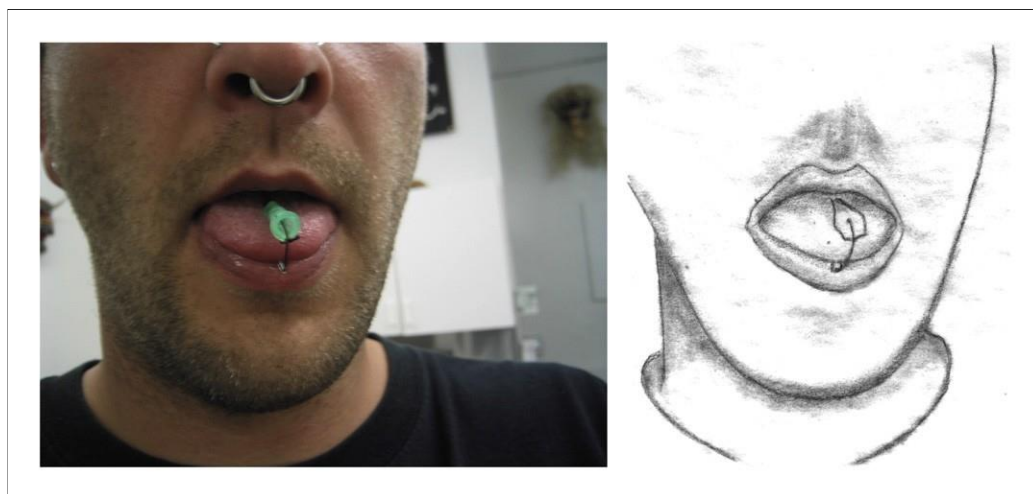


FIGURE 15

Transfer technique—tongue jewelry. Step IV: 20 g intravenous catheter secured with size 0 suture. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com]. Medical illustration courtesy of Jennifer Klepacki [www.theconjured.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.



FIGURE 16

Transfer technique for ear piercing with 22 g intravenous catheter. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

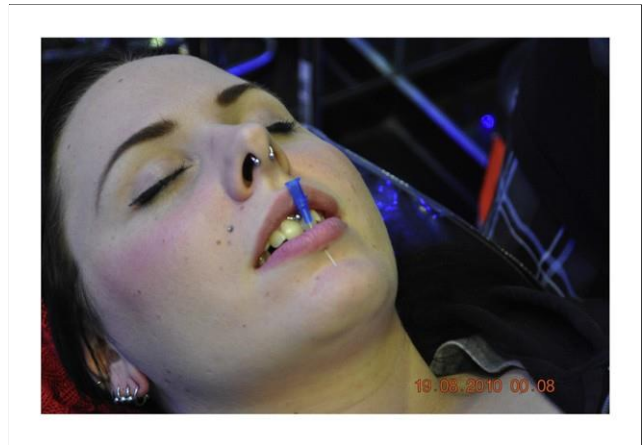
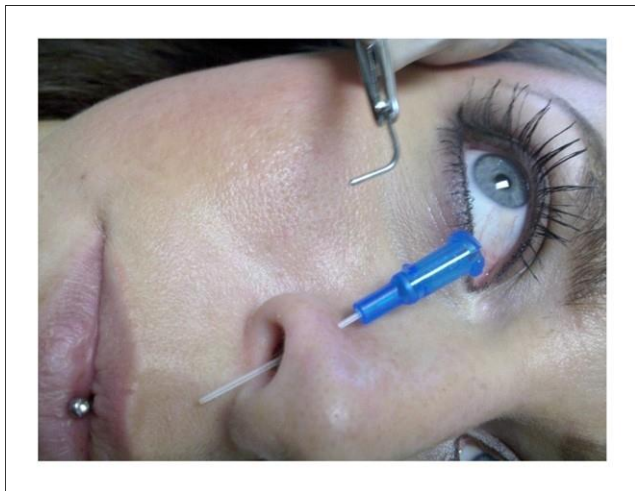


FIGURE 18

Transfer technique for lip piercing with 22 g intravenous catheter. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.



Q5 FIGURE 17

Transfer technique for nostril piercing with 22 g intravenous catheter. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

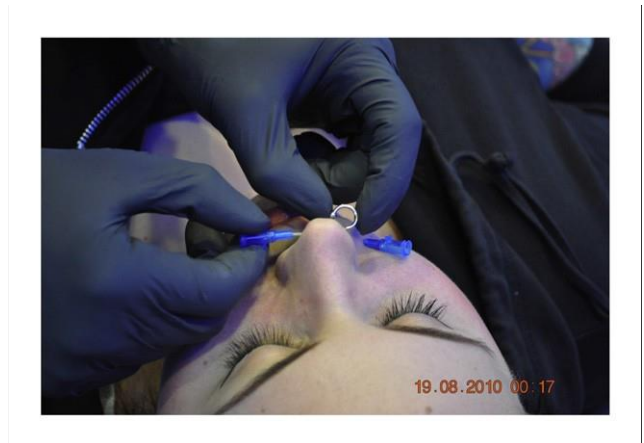


FIGURE 19

Transfer technique for nasal septal piercing with 22 g intravenous catheter. (Photo from the Body Piercing Removal Photo Guide courtesy of Peds-R-Us Medical Education [www.Peds-R-Us.com].) This figure can be viewed in color and as a full-page document at www.jenonline.org.

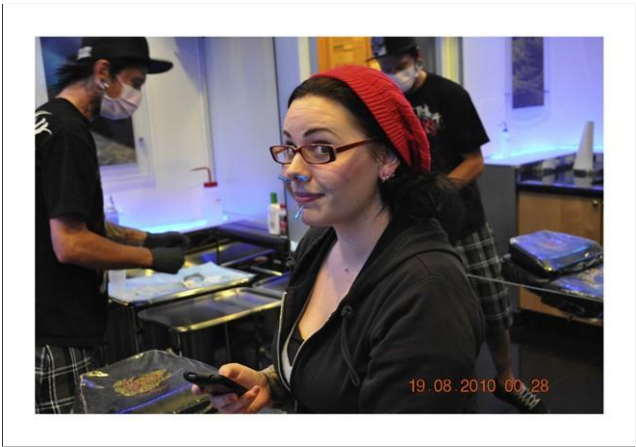


FIGURE 20
A piercing transfer technique model demonstrating septum, cheek, and lip intravenous catheter retainers. This figure can be viewed in color and as a full-page document at www.jenonline.org.

TABLE 1	t1.1
Body parts for which transfer techniques have been	t0.2
used successfully	t0.3
· Ear	t0.4
· Eyebrow	t0.5
· Nostril	t0.6
· Septum	t0.7
· Cheek	t0.8
· Tongue	t0.9
· Lip	t0.10
· Nipples	t0.11
· Navel	t0.12
· Male and female intimate areas	t0.13

Q7

TABLE 2

	Type of piercing	Anatomical location of the jewelry	Common types of jewelry placed
t0.2			
t0.3	Ampallang	Horizontally through the glans (spongy head of the penis) and through the urethra	Barbell
t0.4	Apadravya	Vertically through the glans (spongy head of the penis) and urethra and out on the head in front of the coronal ridge (you get a free Prince Albert with every apadravya)	Barbell
t0.5	Branding	You name it, it's been branded	N/A
t0.6	Cheek	Through the buccinator muscle, between the facial artery and vein	Barbell with a disc back on the inside
t0.7	Chest (surface)	Usually between the jugular notch and superior to the xiphoid process (front of the chest)	Surface barbell
t0.8	Christina	Vertically just below the mons pubis, superior to the anterior commissure of labia majora (on the pubic mound and above the vagina)	Barbell
t0.9	Clitoral hood	Vertically through the prepuce (thin bit of tissue) above the clitoris (not through the clitoris itself)	Bent barbell or ring
t0.10	(vertical)		
t0.11	Clitoris	Self explanatory; very rare	Ring
t0.12	Cutting	Through the epidermis and dermis into the subcutaneous tissue	N/A
t0.13	Dermal anchors	Just about anywhere on the skin	Dermal anchors
t0.14	(also known as		
t0.15	microdermals)		
t0.16	Dydoe	Top and sides rim of glans (spongy head of penis) through the coronal ridge (commonly done in pairs)	Curved barbell
t0.17	Ear (daith)	Through the crux helix or innermost ridge of cartilage above the tragus (cartilage in front of the ear canal opening)	Ring
t0.18	Ear (cartilage)	Commonly refers to the helix of the ear; conch, daith, rook, and tragus are all cartilage piercings	Barbell, ring, or circular barbell
t0.19	Ear (conch)	The concha (shell of the ear) may be pierced in many different directions	Barbell, ring, circular barbell, plug, or eyelet
t0.20	Ear (head)	Juncture of the ear and head in the cartilage	Ring, barbell, or mini-barbell
t0.21	Ear (lobe)	Lobule (traditional) or transverse lobe piercing	Transverse barbell or ring
t0.22	Ear (rook)	Crura of antihelix, opposite of the crus of the helix—through the antihelix (upper ridge of cartilage in the ear)	Barbell or ring
t0.23	Ear (tragus)	Through the prominence of cartilage in front of the opening of the ear canal	Barbell or ring
t0.24	Earl (mid brow)	Below the glabella and above the nasal bone (middle of an eyebrow)	Barbell
t0.25	Etching	Anywhere on the skin	N/A
t0.26	Eyebrow	Through the soft tissue, behind the eyebrow ridge	Barbell or ring
t0.27	Foreskin	Self-explanatory	Barbell or ring
t0.28	Fourchette	Vertical perineum piercing from the vestibular fossa to the posterior commissure of the labia majora (female Guichet)	Bent barbell

Table 2
Continued

	Type of piercing	Anatomical location of the jewelry	Common types of jewelry placed
t0.29			
t0.30	Frenum	Loose piece of flesh between the head and shaft of the penis—not through the shaft itself—anywhere on the shaft where it is possible to pinch up the tissue—your imagination and “pinchability factor” of the tissue are the main limitations	Barbell, rows of jewelry, or a large ring that fits snugly around the erect head of the penis (once fully healed)
t0.31	Guichet	In the urogenital triangle, behind the pubic symphysis near the prostate (inseam of flesh between the scrotum and anus)	Ring or curved barbell
t0.32	Hafada	Anywhere on the scrotum, typically near the top and in pairs	Barbell or ring
t0.33	Hand (web)	Between the fingers	Barbell or ring
t0.34	Implants	Facial, sternal, arms, and genitals	Titanium, Teflon, silicone, pearl, stainless steel implants (eg, shapes and horns)
t0.35	Labia (inner)	Labia minora	Rings
t0.36	Labia (outer)	In the pudendal cleft, behind the labia majora	Captive rings, bead rings, or circular barbells
t0.37	Labret	Through the inferior part of the orbicularis oris muscle (below the lower lip and above the chin)	Disc back barbell or fishtail
t0.38	Lingual frenulum	Laterally, through the frenulum (web under the tongue)	Barbell or ring
t0.39	Lip (side)	Just above or below the tubercle of the lip (side of the lip)	Ring or circular barbell
t0.40	Lorum	Like a frenum, but lower-um (juncture of penile shaft and scrotum in the center)	Ring or barbell
t0.41	Madison (mid neck)	Superior to the jugular notch (front of the neck) near the insertion of the sternocleidomastoid muscles	Surface barbell or Tygon
t0.42	Nape (back of neck)	Between the external occipital protuberance and the spinous process of the vertebrae (back of the neck)	Surface barbell
t0.43	Nasal septum	Between the major alar cartilage and the nasal septal cartilage (in the middle of the nose)	Barbell, circular barbell, ring, plug, septum spike or tusk
t0.44	Navel	Usually above but not through the umbilicus (belly button)	Curved barbell, circular barbell, or ring
t0.45	Nipple	Between the nipple and the areola (vertically or horizontally)	Barbell, circular barbell, or ring
t0.46	Nostril	Between the greater and lesser alar cartilage (outside of the nose)	Nostril screw, nose bone, or ring
t0.47	Prince Albert	In the underside of the glans (spongy head of penis) and out through urethra	Captive ring, circular barbell, or curved barbell
t0.48	Princess Albertina	Through the lower portion of external urethral orifice,	Barbell or ring
t0.49	(female Prince Albert)	resting within the vagina	
t0.50	Pubic (male)	Placed in the natural juncture where the pubic mound and the shaft of the penis meet	Ring
t0.51	Reverse Prince Albert	In the top of the glans (spongy head of penis) near the center and out through the urethra	Ring or circular barbell
t0.52	Surface	You name it, something can go under it; also see implants	Surface barbell or Tygon
t0.53	Tattoos	You name it, it's been inked	N/A
t0.54	Tongue	Vertically through the midline groove and lateral fold of the tongue, although some get venoms or snake bites through the sides of the tongue	Barbell

(continued on next page)

Table 2
Continued

	Type of piercing	Anatomical location of the jewelry	Common types of jewelry placed
t0.55	Tongue (tip)	Vertically through the apex (tip) of the tongue	Ring or barbell
t0.56	Triangle	Horizontal piercing behind the nerve bundle of the clitoris at the base of the hood tissue where it forms from the body	Circular barbell, barbells, bent bars, or rings
t0.57			
t0.58	Uvula	Self-explanatory	Barbell or rings

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Q6	Most of the figures and tables were set after References section. Please confirm layout if accepted.	

Q7	Please provide caption for Table 2.	
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Many thanks for your assistance

*In case artwork needs revision, guidance can be found at <http://authors.elsevier.com/artwork>.