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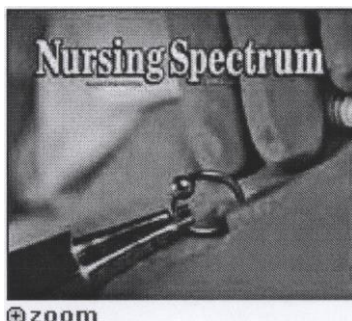
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Learn How and When to Remove Jewelry From Pierced Patients

Robin Huiras

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(Photo by Andrew Campbell.)

Tucked into the pastoral hills of northeastern Ohio, the rural community of Bryan, population 8,389, isn't the sort of place most people envision when they think about body piercing.

The largely blue-collar residents of the William County seat take pride in its small-town atmosphere, characteristic of farming communities throughout the nation's heartland.

Despite Bryan's modest size and relative isolation from urban areas ----50 miles separates it from Toledo, Ohio, and 55 miles

separates it from Fort Wayne, Ind. ----the community is the sort of place its residents should imagine when they picture navel rings, tongue barbells, and Prince Alberts, a type of male genital piercing.

"Every community is [a place with pierced people]," says Barbara Rash, BSN, assistant director of nursing for the emergency department at the Community Hospital and Wellness Center of William County in Bryan. "We are a small community but we still have a piercing parlor. I think every community has people for whom piercing seems to be a real identifying thing."

In 2005 alone, upwards of 800,000 piercings were done nationally, according to figures gathered during the 2005 Annual Association of Professional Piercers Conference and Exposition.

It's a figure that comes as no surprise to Rash. Within the past few years, more nurses and doctors at the 76-bed hospital have found themselves treating pierced patients and asking questions about the necessity of and technique behind removing the jewelry.

"We are here to serve everyone and part of that is keeping up with those lifestyles so we can take care of them adequately," Rash says. "And that means being able to remove their piercings if they have an

infection, if they need surgery, or if they need a CT scan."

Up until last year, when emergency room nurses at Newton Medical Center, an 83-bed facility in Newton, Kan., needed to remove a patient's body piercing they consulted a small box of tools containing screwdrivers, pliers, and various other devices, says Mitch Jewett, RN, CEN, director of the emergency room.

"We literally got the tools and if that didn't work, we would call maintenance and ask if they had a thingamajig that might stretch this or pull that," Jewett says. "And, on the one hand, we laugh because there are farm boys from Kansas working in the emergency room willing to do anything with a screwdriver, a ball peen hammer, and duct tape ---- but that's not professional.

"If it's my family member who comes in with something pierced and it needs to come out, I hope the nurse has the right knowledge base and the right tools. And if a person has the ability to use the proper tools, it just makes common sense to do so," Jewett says.

Needed into action

Until two years ago, however, proper equipment was nonexistent, leaving nurses with only innovation and household tools to get jewelry out of patients needing intubation, catheterization, emergency cesarean sections, and other procedures.

"The big issue is that nowadays piercing is becoming more and more commonplace," says Scott DeBoer, RN, MSN, CEN, CCRN, CFRN, flight nurse for University of Chicago Hospitals. "Twenty years ago, people would stop in their tracks when they saw something as shocking as a guy with his ear pierced. In 2002 there was a study that really opened my eyes done at a New York City college campus that showed 51% of the undergraduate student population had piercings other than on ears.

"But if you looked at medical journals, there is no conformity on what healthcare providers should and shouldn't do with piercings. It's clear that most of the authors never talked to body piercers," says DeBoer.

To DeBoer, who was designing a lecture outlining the medical myths and research realities of body piercings, it was glaringly obvious that his industry was not meeting the needs of a growing majority.

So the Dyer, Ind., resident set out to talk to body piercers. Not only was he interested in learning about how best to remove the different kinds of piercings ---- there are upwards of 50 varieties ---- but also in gaining piercers' perspectives on the appropriateness of removing the jewelry in medical settings.

His search led him to Seattle resident Troy Amundson, a professional body piercer for seven years and a certified emergency medical technician.

"We came up with this idea that we needed to create something for the hospital setting to show people how to safely remove this stuff and also to give them some medical aspects of when these things really do need to come out," DeBoer explains.

That idea turned into a business venture called MedPierce, Inc., which supplies removal kits to medical facilities and educational agencies across the nation. The kits contain appropriate removal tools, samples of common jewelry, an illustrated handbook with step-by-step removal instructions, and instructional DVDs.

"It's our intent to provide more than a product. Our goal is to establish

a credible resource for healthcare and public health officials about body piercing," says Amundson, who lobbies for body piercing legislation and advises Seattle's public health department on revisions to its municipal code regulating piercing establishments.

A sticky education

Contrary to what the majority of providers believe about removing jewelry ---- that jewelry should almost always be taken out when tests or procedures involve the pierced area---- medical research indicates that in the majority of cases piercings don't have to be removed, DeBoer says.

"Certainly if you're undergoing surgery and it's in the way, that's a no-brainer," he explains. "A navel piercing would need to come out if you're doing an emergency, stem-to-stern cesarean section. And if you have to insert a urinary catheter and the patient has a Prince Albert through the urethra, it'll have to be removed."

Tongue rings in patients needing intubation can remain or can be removed, depending on the urgency of the situation.

"The concern is that it's going to come undone and roll down the throat, but that's a hypothetical concern ---- it has never been documented in journals," DeBoer says.

Mouth exams, ear exams, and genital exams, among others, can all be done with piercings in place.

And jewelry made of non-magnetic, implant-grade stainless steel and titanium, the same materials used in joint replacement, would not have to be removed for an MRI, Amundson says.

"I really hope (the kit) encourages anyone in medicine to consider what the real problems are with piercing," says Amundson, who took over MedPierce, Inc. six months ago. "When they provide a procedure, if the jewelry has to be removed, fine, but I would hope the professionals would ask themselves why: 'Am I removing it to get it out of the way for a medical reason, or am I removing it because I am uncomfortable with it?'"

Piercing misconceptions

With 25 years of nursing and 20 years of piercing experience, David Vidra, a certified licensed practical nurse, has encountered his share of falsehoods about piercing, or body modification, in medical facilities.

Not only does he have multiple piercings and tattoos, but as president and founder of Cleveland, Ohio-based Health Educators, he specializes in teaching healthcare providers, health department personnel, and piercers about bloodborne pathogens, infection control, sterilization, wound care, and other body modification-specific topics.

The 50-something expects and is eager to correct untruths about the body modification community in his professional outreach, but he says he cannot stand the misinformed beliefs he inevitably encounters when he's treated by healthcare providers.

Lack of understanding, much like lack of proper tools, hinders healthcare professionals from providing patients the best care possible, says Vidra, adding that the information in the kit, which he purchased for use in his educational workshops, is just as valuable as the tools.

Healing influence

In places like Bryan, Ohio, and Newton, Kan., the kit has increased the quality of care for pierced patients. Just last month, says Jewett, a patient with an infected lip piercing visited Newton's emergency room.

"I grabbed the kit, took it into the room, looked at the kind of lip labret she had, opened it up to the picture, had the sample jewelry for the doctor, and told him, 'This is what we're dealing with. This is how it comes apart.' (Then] basically we took it right out," he explains.

But the resource does so much more than equip nurses with the proper piercing removal training and tools.

"Our mission is to excel in health care by understanding and responding to the individual needs of those we serve, and it doesn't matter if the patient happens to have a piercing or not," Jewett says.

For more information on MedPierce, Inc. visit <http://medpierce.com>.

Robin Huiras is a freelance writer.

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10 most common piercings

- * Ear Cartilage or Industrials: Barbells, curved barbells and rings go through the helix, or outer edge of ear; tragus, which is the area in front of the canal opening; conch, or inner shell of ear; and crux helix, innermost ridge surrounding conch.
- * Ear lobes: Rings or transverse barbells pierce the lobule in this traditional piercing.
- * Eyebrow: The soft tissue covering the eyebrow ridge is pierced with barbells or rings.
- * Lip: Piercing includes rings encircling the lower lip; flat-backed barbells through the labret, which is the area between the lower lip and chin; and the Monroe, in which a labret is placed in the upper lip and is named after Marilyn Monroe.
- * Navel: Curved or circular barbells and rings pierce the upper ridge of the umbilicus.
- * Nipples: Barbells, circular barbells, and rings are placed through the tissue between the tip and the areola.
- * Nostril: Nostril screws, nose bones, or rings pierce the nose's sidewall, or alar cartilage.
- * Prince Albert: Captive rings, circular barbells, or curved barbells go in through the underside of the glans and out through the urethra in this male genital piercing.
- * Tongue: Vertical barbell piercing goes through the middle of the tongue, tip of tongue, and sometimes through the sides of the tongue, which is called "snakebites."
- * Vertical Hood: In this female genital piercing, curved barbells or rings vertically pierce the skin directly above the clitoris.

Sources: David Vidra and Troy Amundson

Removing the jewelry

- * Captive Ring: Place the pliers, which resemble needle-nose pliers, inside the ring and gently squeeze to enlarge the metal, which will release the ball fixture. If needed, apply surgical lubricant to the metal and slide the piercing out.
- * Vertical Barbell: Usually both, but always one end of the barbell will unscrew. Using gauze, grasp one end and gently unscrew the other. If required, lubricate the metal post to more easily slide the jewelry from the skin.
- * Circular Barbell: Like its curved counterpart, usually both but always one end unscrews. Removal is similar to that of a vertical barbell.

*** Curved Barbell: Unlike vertical and circular barbells, only one end is removable. Using gauze, grasp the fixed end and gently unscrew the other.**

Sources: David Vidra and Troy Amundson

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