



ELSEVIER

AENJ

www.elsevier.com/locate/aenj

LETTER TO THE EDITOR

Professional piercer on call: It's time has come?

Labrets vs. Lorums. . . Ampallangs vs. Apavadryas. . .
Frenums vs. Fourchettes. . .

As many remember during the initial years of nursing school, learning medical terminology is not unlike learning a foreign language. Interestingly, in the world of healthcare, as the above terms imply, there is now yet another language that those in healthcare have to understand: that of body piercing and modifications. A 2002 study regarding body piercing of undergraduate students published by Mayers et al. illustrated the fact that "if you don't think your patients have piercings, simply you are not looking."¹ In their study at a New York (USA) university, amazingly 51% of students had something pierced "beyond their ears!" With this in mind, perhaps the idea of a professional piercer on call is not such an unbelievable concept. Professional piercers have years of experience not only in the initial placement of body jewelry, but also more importantly are experts in the assessment of post-piercing complications, as well as proper and safe jewelry removal techniques. The common answers of "just have them take it out" (impossible if unconscious) or "we'll just cut the jewelry off" (i.e. with bolt cutters) is not appropriate, feasible, or even safe in many cases, especially with those patients with larger gauge jewelry. A U.K. study of ER physicians showed that in a survey of 28 ER physicians, only 6 were accurately able to describe the proper opening of the three most common types of jewelry.² The U.K. physician author's feelings regarding ER care of piercings was simply "Doctor's have very little idea about how to take

these wretched things off or how to do anything about them unless the doctor has one himself."³ As not only is the terminology and jewelry foreign to most medical staff, who better to ask regarding the proper care and removal of the jewelry, than the piercers themselves. Perhaps the time has come . . .

References

1. Mayers L, Judelson D, Moriarty B, Rundell K. Prevalance of body art (body piercing & tattooing) in university undergraduates & incidence of medical complications. *Mayo Clin Proc* 2002;**77**(1):29–34.
2. Khanna R, Kumar S, Raju B, Kumar A. Body piercing in the accident & emergency department. *J Acc Emerg Med* 1999;**16**(6):418–21.
3. Reaney, P. Body piercing causing trouble for doctors. http://dailynews.yahoo.com/h/nm/19991026/sc/health_bodypiercing_2.html. Available: on-line. Accessed 6/1/05, 1999.

Scott DeBoer, RN, MSN, CEN, CCRN, CFRN*
*University of Chicago Aeromedical Network,
Peds-R-Us Medical Education, P.O. Box 601, Dyer,
IN 46311, USA*

Elayne Angel
*Association of Professional Piercers, Rings of
Desire, New Orleans, LA, USA*

Troy Amundson, EMT-B
Apocalypse Piercing, Seattle, WA, USA

* Corresponding author. Tel.: +1 219 8644 681;
fax: +1 219 865 9271.

E-mail address: Scott@peds-r-us.com (S. DeBoer)

Available online at www.sciencedirect.com

SCIENCE @ DIRECT®