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CLINICAL PRACTICE UPDATE

Inquiring minds want to know . . . Body piercing and modifications: Suggested resources for emergency professionals

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Summary No matter where you work, you will likely be faced with a patient who has body modifications. Body modifications have been practiced by various cultures for thousands of years and are on the increase. Emergency professionals should have the necessary tools and training for emergency jewellery removal. This article provides emergency professionals with resources for caring for patients with body modifications.

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Whether you work in a rural emergency center or a metropolitan emergency department you will be faced, at one time or another, with a patient who requires your expert emergency care and has a body modification. Many emergency care providers have never heard of, or seen, a body modification.

Body modifications, whether they are piercings, tattooing, or other forms, have been practiced by cultures across the world for thousands of years. Several recent studies have demonstrated that these practices are unquestionably on

the rise, not just with teens, but people of all ages.^{1–3} The recent 'epidemic' of body modifications means that emergency professionals will be caring for pierced patients, and therefore, should have the necessary tools and training for emergency jewellery removal. Ring expanding pliers are an essential item for every emergency department's tool kit (see Fig. 1).

The *Journal of Emergency Nursing* published an article in 2006 which details the different types of body jewellery and suggested removal techniques.⁴ The aim of this current article is to provide emergency professionals with additional resources surrounding the topical issue of body modifications. Table 1 provides a concise list of body piercing sites and information on related emergency procedures and whether, or not, removal is necessary, while Table 2 lists useful health care articles which provide further information on body piercings.

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Table 1 Summary of body modifications

Type of modification	Where the jewellery is placed anatomically?	Approximate healing times	Common types of jewellery placed	Emergency care implications
Abdominal: navel	Usually above, but not through the umbilicus (bellybutton)	4–12 months	Barbell or ring	FAST emergency ultrasound examination can be performed without removal of jewellery
Cervical: madison (mid-neck)	Superior to the jugular notch (front of the neck) near the insertion of the sternocleidomastoid muscles	6–12 months	Surface barbell or Tygon	Removal required if surgical airway to be performed
Cervical: nape (back of neck)	Between the external occipital protuberance and the spinous process of the vertebrae (back of the neck)	6–12 months	Surface barbell	Cervical collar application can be attended without the removal of jewellery
Chest: nipple	Between the nipple and the areola (vertically or horizontally)	2–3 months	Barbell or ring	Cardiac defibrillation can be performed without removal of jewellery
Ear: ear (cartilage)	Commonly refers to the helix of the ear. Conch, daith, rook and tragus are all cartilage piercings	2–6 months	Barbell or ring	None
Ear: ear (conch)	The concha (shell of the ear) may be pierced in many different directions	2–6 months	Barbell, ring, plug, or eyelet	None
Ear: ear (head)	Juncture of the ear and head in the cartilage	2–3 months	Barbell or ring	None
Ear: ear (lobe)	Lobule (traditional) or transverse lobe piercing	4–8 weeks	Barbell or ring	None
Ear (rook)	Crura of antihelix, opposite of the crus of the helix—through the antihelix ("upper" ridge of cartilage in the ear)	2–3 months	Barbell or ring	None
Ear: ear (tragus)	Through the prominence of cartilage in front of the opening of the ear canal	2–3 months	Barbell or ring	None
Extremity: hand (web)	Self explanatory—between the fingers	6–9 months	Barbell or ring	None
Facial: earl (mid brow)	Below the glabella and above the nasal bone (middle of an eyebrow)	2–3 months	Barbell	Bag-mask ventilation can be performed without removal of jewellery
Facial: eyebrow	Through the soft tissue, behind the eyebrow ridge	6–8 weeks	Barbell or ring	Bag-mask ventilation can be performed without removal of jewellery
Facial: labret	Through the inferior part of the orbicularis oris muscle (below the lower lip and above the chin)	6–8 weeks	Disc back barbell or fishtail	Removal of jewellery is not required prior to emergency intubation if it is secure
Facial: lip (side)	Just above or below the tubercle of the lip (side of the lip)	6–8 weeks	Barbell or ring	Removal of jewellery is not required prior to emergency intubation if it is secure
Genital: ampallang	Horizontally through the glans (spongy head of the penis) & ± through the urethra	4–6 months	Barbell	Sometimes this is placed transurethral & may need to be removed prior to Foley catheter insertion

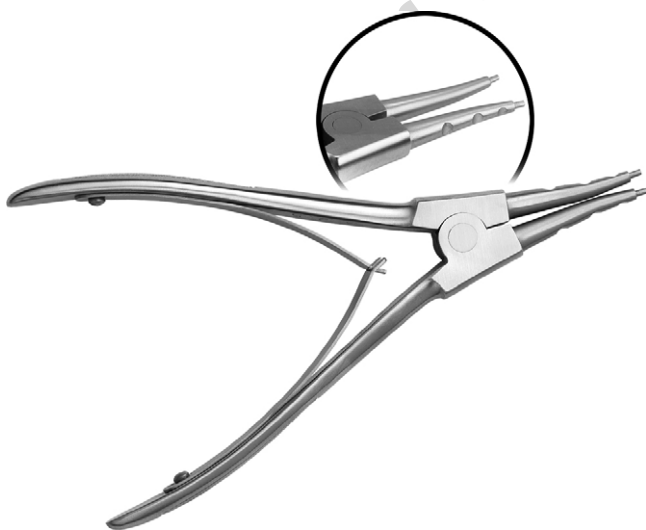
Table 1 (Continued)

Type of modification	Where the jewellery is placed anatomically?	Approximate healing times	Common types of jewellery placed	Emergency care implications
Genital: 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”	4–6 months	Barbell	Always transurethral & requires removal prior to Foley catheter placement
Genital: christina	Vertically just below the mons pubis, superior to the anterior commissure of labia majora (on the pubic mound and above the vagina)	6–8 months	Barbell	Foley catheter can be placed without removal of jewellery ± removal for childbirth
Genital: clitoral hood (vertical)	Vertically through the prepuce (thin bit of tissue) above the clitoris (not through the clitoris itself)	4–6 weeks	Barbell or ring	Foley catheter can be placed without removal of jewellery ± removal for childbirth
Genital: dydoe	Top and sides “rim” of glans (spongy head of penis) through the coronal ridge (commonly done in pairs)	2–3 months	Barbell	Foley catheter can be placed without removal of jewellery
Genital: foreskin	Self explanatory	6–8 weeks	Barbell or ring	Foley catheter can be placed without removal of jewellery
Genital: fourchette	Vertical perineum piercing from the vestibular fossa to the posterior commissure of the labia majora (“Female Guiche”)	4–6 weeks	Barbell	Foley catheter can be placed without removal of jewellery ± removal for childbirth
Genital: 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”	2–3 months	Barbell, rows of jewellery, or a large ring that fits snugly around the erect head of the penis (once fully healed)	Foley catheter can be placed without removal of jewellery
Genital: guiche	In the urogenital triangle, behind the pubic symphysis near the prostate (“Inseam” of flesh between the scrotum and anus)	2–3 months	Barbell or ring	Foley catheter can be placed without removal of jewellery
Genital: hafada	Anywhere on the scrotum, typically near the top and in pairs	2–3 months	Barbell or ring	Foley catheter can be placed without removal of jewellery
Genital: labia (inner)	Labia minor	4–6 weeks	Ring	Foley catheter can be placed without removal of jewellery ± removal for childbirth

Genital: labia (outer)	In the pudendal cleft, behind the labia major	2–3 months	Barbell or ring	Foley catheter can be placed without removal of jewellery ± removal for childbirth
Genital: lorum	Like a frenum, but “lower-um” (juncture of penile shaft and scrotum in the center)	2–3 months	Barbell or ring	Foley catheter can be placed without removal of jewellery
Genital: prince albert	In the underside of the glans (spongy head of penis) and out through urethra	4–6 weeks	Barbell or ring	Remove jewellery prior to Foley catheter placement
Genital: princess albertina (female prince albert)	Through the lower portion of external urethral orifice, resting within the vagina (<i>very rare</i>)	4–8 weeks	Barbell or ring	Remove jewellery prior to Foley catheter placement
Genital: pubic (male)	Placed in the natural juncture where the pubic mound and the shaft of the penis meet	2–3 months	Ring	Foley catheter can be placed without removal of jewellery
Genital: reverse prince albert	In the top of the glans (spongy head of penis) near the center and out through the urethra	4–6 months	Barbell or ring	Remove jewellery prior to Foley catheter placement
Genital: triangle	Horizontal piercing behind the nerve bundle of the clitoris at the base of the hood tissue where it forms from the body	2–3 months	Barbell or ring	Foley catheter can be placed without removal of jewellery
Oral: 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	4–6 weeks	Barbell	Jewellery removal suggested prior to emergency oral intubation (jewellery aspiration risk)
Oral: tongue (tip)	Vertically through the apex (tip) of the tongue	4–6 weeks	Barbell or ring	Jewellery removal suggested for emergency oral intubation (jewellery aspiration risk)
Oral: uvula	“Thing hanging down in the back of the throat” (<i>very rare</i>)	6–8 weeks	Barbell or ring	Consider removal after careful oral intubation (jewellery aspiration risk)
Skin: implants	Facial, sternal, arms, & genitals	4+ weeks	Titanium, Teflon, silicone, pearl, stainless steel implants (shapes, horns, etc)	Defibrillation can be performed without removal of jewellery
Skin: surface	You name it, something can go under it—also see implants	6–12 months	Surface barbell or Tygon	Defibrillation can be performed without removal of jewellery
Skin: tattoos	You name it, its been inked	2–3 weeks	N/A	None

Table 2 Suggested medical articles for additional information

Author(s)	Year	Title	Journal
Anderson, W. Summerton, D. Sharma, D. Holmes, S.	2003	The urologist's guide to genital piercing	<i>British Journal of Urology</i> 91(3) 245–251
DeBoer, S Angel, E. Amunson, T.	2005	Managing body jewelry in emergency situations: misconceptions, patient care, and removal techniques	<i>Journal of Emergency Nursing</i> 32(2) 159–164
Ferguson, H.	1999	Body piercing	<i>British Medical Journal</i> 319 1627–1629
Hadfield-Law, L.	2001	Body piercing: issues for A&E nurses	<i>Accident & Emergency Nursing</i> 9 14–19
Larkin, B.	2004	The ins and out's of body piercing	<i>AORN Journal</i> 79 333–342
Long, G. Rickman, L.	1994	Infectious complications of tattoos	<i>Clinical Infectious Diseases</i> 18 610–619
Mayers, L. Judelson, D. Moriarty, B. Rundell, K.	2002	Prevalance of body art (body piercing and tattooing) in university undergraduates and incidence of medical complications	<i>Mayo Clinic Proceedings</i> 77(1) 29–34
Millner, V. Eichold, B.	2001	Body piercing and tattooing perspectives	<i>Clinical Nursing Research</i> 10(4) 424–441
Norton, L. Norton, G.	2005	Body art: tattoos and piercings information for pharmacists	<i>U.S. Pharmacist</i> 5 39–50
Smith, R. Wang, J. Sidal, T.	2002	Complications and implications of body piercing in the head and neck	<i>Current Opinion in Otolaryngology & Head and Neck Surgery</i> 10 199–205
Stewart, C.	2000	Body piercing: dangerous decoration?	<i>Emergency Medicine</i> 32(2) 92–96
Stirn, A.	2003	Body piercing: medical consequences and psychological motivations	<i>Lancet</i> 361 1205–1215
Thiem, L.	2005	Body piercing: clinical considerations	<i>Clinician Reviews</i> 15(1) 30–35
Tweeten, S. Rickman, L.	1998	Infectious complications of body piercing	<i>Clinical Infectious Diseases</i> 26 735–740

**Figure 1** Ring expanding pliers.

Suggested audiovisual material and websites for additional information

- a. Professional organisations:
 - i. Association of Professional Piercers—<http://www.safepiercing.org>
 - ii. Association of Professional Tattooists—<http://www.safe-tattoos.com>
- b. Visual galleries detailing body modifications:
 - i. BMEzine—<http://www.bmezine.com>
 - ii. Rings of Desire—<http://www.ringsofdesire.com>
 - iii. Infinite Body—<http://www.infinitebody.com>
- c. Body jewellery removal tools and handbook/video training
 - i. Emergency Body Jewellery Removal Kit
 - ii. Peds-R-Us Medical Education—<http://www.Peds-R-Us.com>

Conclusion

The emergency professional must remember to look at the 'the patient, not the piercings' paired together with the knowledge of where to obtain additional information.

This is the key to providing emergency care incorporating best practice principles, by confidently and professionally managing patients with body modifications.

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