

Body Piercing Troubleshooting



for You and Your
Healthcare Professional
with jewelry removal tips

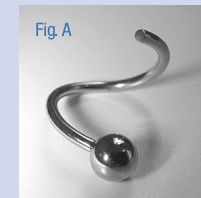
TO THE PIERCEE

If you are having problems with your piercing:

- Check with your piercer. A competent and ethical piercer* is willing to admit when a condition appears beyond the scope of their expertise and will advise you to seek medical attention.
- Seek medical attention if and when you are unable to reach your piercer in a timely manner OR are experiencing: severe swelling, bleeding, or signs of serious infection.

Jewelry Removal

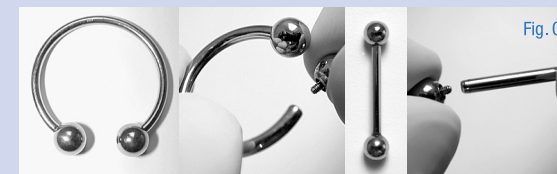
There are three basic styles of body jewelry and many variations on those styles. The three styles are a bead ring, (fig. A) captive bead (fig. B) and circular barbell/barbell (fig. C).



There is never any need to cut body jewelry for removal. On a bead ring, the bead is attached to one side of the ring. To open the ring for removal, simply twist the ring open. Grasp the ring on each side of the bead, pull gently and one end will pop out of the bead. By pushing one end away from you and pulling the other end toward you to open the ring like a spiral.

On a captive bead ring, the bead is held in by the tension of the ring. Grasp the ring with one hand and with the other hand grasp the bead. Gently pull the ring and bead in opposite directions and the bead should snap out of the ring. Twist the ring a little (as in opening a bead ring) and rotate the jewelry to remove the ring. Ring Expanding Pliers or External Snap Ring Pliers can be used to spread a ring open enough to pop a bead in or out. Place the head of the pliers inside of the ring and gently squeeze on the handle to spread the jaws outward, opening the ring just enough to pop the ball out. Barbells and circular barbells have threaded ends which can be unscrewed. Like most threaded objects, they tighten to the right and loosen to the left. On this type of jewelry one or both of the ends will come unscrewed.

Small press-fit barbells are now used in ear and facial piercings. A small pin attached to one end fits down into a hole in the post. To remove, firmly grasp each end by hand, or in small hemostats and pull outwards. One end will come off. (No "unscrewing" is necessary.)



- Solution/Treatment: Change to an appropriate bio-compatible jewelry such as Titanium, or a dense, low-porosity plastic such as Tygon or PTFE
 - Problem: Product Sensitivity
 - Cause: Aftercare products are inappropriate, or the piercee has a product allergy or sensitivity
 - Indications:
 - a) Delayed healing, localized irritation
 - b) Tissue surrounding (up to several inches away) the piercing is red, seeping, or contact dermatitis is present
 - c) Expansion of the piercing channel
 - Treatment: Discontinue current care regimen in favor of milder products and/or less care
 - ▶ Compounded problems: Any one of the above problems can make additional or secondary problems more likely; i.e. an allergic reaction to an inappropriate metal can make a piercee more vulnerable to infection or a reaction to cleaning products. One should be aware when trying to evaluate a troubled piercing, that multiple causes may be affecting it. In addition, overall health and stress level can be crucial to the healing process and should be evaluated and treated as a potential cause for complications with a healing piercing.
- * Check the APP website: for information on locating an APP piercing member near you; Aftercare suggestions/guidelines; FAQs; and more.

THIS BROCHURE IS COURTESY OF THE APP AND



Association of Professional Piercers

www.safepiercing.org
(888) 888-1APP

Disclaimer: These guidelines are based on a combination of vast professional experience, common sense, research, and extensive clinical practice. This is not to be considered a substitute for medical advice from a doctor. Because many medical professionals have no specific training or experience regarding piercing we have created this to provide specialized piercing-related information so they may best assist you.

- ▶ Infected Piercing
 - Problem: Piercing has been contaminated by pathogenic microorganism(s)
 - Causes:
 - a) Most Common: Piercee has touched piercing with dirty hands or otherwise contaminated piercing (exposure to bodily fluids, dirty water, etc.)
 - b) Piercing done with inappropriately sterilized tools, needles, jewelry
 - c) Piercing done with unclean, ungloved, and/or contaminated gloved hands
 - Indicators:
 - a) Piercing exudes thick, green, malodorous pus
 - b) Piercing and surrounding area is warm/hot to the touch (more so than other skin)
 - c) Piercing site is swollen, red, and painful
 - Treatment:
 - a) Increased mild sea salt soaks (for minor infections)
 - b) Oral/topical antibiotics, as prescribed by a physician
 - c) Removal of jewelry in the presence of an infection may result in an abscess. In the event there is a localized, draining infection, quality jewelry should be left in place to allow for passage of matter to the surface
 - Complications:
 - a) Abscesses are usually site specific. An exception is the chest where the duct system can result in the abscess being formed inches away from the piercing site
- ▶ Allergic Reactions:
 - Problem: Metal Allergy
 - Cause: Inferior Jewelry used (contains too much nickel or other irritating alloy)
 - Indications:
 - a) Tissue appears to "retreat" from the offending metal
 - b) Patient may present with complaints of itching, burning and/or tenderness
 - c) S/he may feel virtually no discomfort, even though the piercing seems highly inflamed
 - d) In addition to localized dermatitis, the opening to the piercing may appear significantly larger than the size of the jewelry
 - e) Redness where the jewelry rests on the surface of the skin
 - f) Granulation tissue will be visible

Choosing a Medical Professional:

Medical personnel have tremendous knowledge and experience about issues relating to the human body, but may not have specific training about this unique form of body art.

- ▶ “Care, Maintenance, and Troubleshooting for Body Piercing” is not yet a course of study for most medical professionals. As a piercee, you may have more specific information about piercing than they do.
- ▶ It is up to you to make certain that your chosen medical professional has access to accurate information that will assist them in treating you.
- ▶ Ask these questions before settling on a doctor or other practitioner:
 - Do they approve or disapprove of body piercing?
 - Does this doctor have prior experience treating piercings?
 - Do they have a trusted expert body piercer to consult with, or other resources for facts and information about piercing?
 - If the doctor has any questions would they be willing to call your piercer to discuss it?

Facts about body piercing and body jewelry to share with your Medical Professional are included in this publication. Providing them with this basic information may help communication between you and her/him.

BASIC TROUBLESHOOTING INFORMATION FOR THE MEDICAL PROFESSIONAL:

What is normal

- ▶ Discoloration
 - Can be reddish, brownish, pinkish, or purplish
 - Can remain for many months with certain piercings, such as navels
- ▶ Swelling/Induration
 - Localized
 - May be significant with oral piercings such as the lip or tongue, and may last several days immediately following the initial piercing
- ▶ Excretion
 - Exudate of plasma, dead cells, etc.
 - Should not be copious in quantity, malodorous, or green
 - Will form a small amount of crystalline-appearing crust on the jewelry at the openings of the piercing

Things to consider when treating a troubled piercing or considering jewelry removal from a piercing:

- ▶ The majority of troublesome piercings can be resolved without the piercing being lost.
 - Advice to simply “take it out” is likely to be met with resistance from the piercee, and if infected can lead to the formation of an abscess (see below)
 - Changes in aftercare and/or jewelry size, style or material may resolve the problems for the piercee/patient
 - Inappropriate placement can also be the cause of problems. In this case removal is often required, and if done timely will prevent further problems
 - Even momentary removal of jewelry from a healing piercing can result in amazingly rapid closure of the piercing, and make reinsertion difficult or impossible
- ▶ Ointments used for topical treatment are not preferred for body piercings:
 - They are occlusive and can limit oxygen circulation to the area, tending to delay healing of this type of wound
 - They leave a sticky residue that makes cleaning the healing tissue more difficult
 - If necessary, gels, creams, or other water soluble products are preferred for topical application
 - Signs of accumulative allergic reaction to ointments are papules and redness of surrounding tissue
- ▶ Inappropriate aftercare is one of the most common causes of a distressed piercing:
 - Alcohol, hydrogen peroxide, Betadine, Hibiclens and/or ointment(s) are all inappropriate products for body piercing aftercare
 - Over-cleaning can irritate piercings and delay healing
 - Daily mild, non-iodized sea-salt or normal saline soaks and/or cleaning with a liquid anti-microbial or germicidal soap once or twice a day is suggested for body piercings*
 - Daily mild non-iodized sea-salt or normal saline rinses and/or antimicrobial or antibacterial alcohol-free mouth rinses, 4-5 times a day is suggested for oral piercings*
- ▶ Jewelry: Materials
 - Acceptable materials for wear in body piercings include:
 - a) High quality surgical implant grade stainless steel (specifically 316LVM ASTM F-138)
 - b) Niobium

- c) Titanium (specifically Ti6A4V ELI, ASTM F-136)
- d) Solid 14k or 18k white or yellow gold
- e) Solid platinum
- f) Dense, low-porosity plastic such as Tygon or PTFE
- Appropriate jewelry has no nicks, scratches, burrs or irregular surfaces that might endanger the tissue
- Safety pins and other household objects are never put into piercings by professional body piercers
- Some piercers use inferior jewelry that contains too much nickel or other irritating alloy resulting in a “metal allergy” (see Allergic Reactions)
- Sutures are not an appropriate size or material for wear in body piercings
- ▶ Jewelry: Size/Style
 - Jewelry in a healing piercing should be of appropriate length or diameter. Too tight/small jewelry will not allow for air and blood circulation, some movement during cleaning, and for the expulsion of normal exudate from the wound. It may imbed, and can increase the possibility of swelling and other complications
 - Jewelry in a healing piercing should be of an appropriate gauge (thickness). Too thin of a gauge, and the jewelry may be perceived by the body as a splinter, worked towards the surface and eventually ejected
- ▶ Jewelry: Xrays, MRIs, and CT Scans
 - Metal body jewelry will result in an opaque density on x-rays, but will not otherwise affect visibility on film
 - Nipple piercings are unlikely to obstruct visibility of any pathology on thoracic x-rays if both frontal and lateral views are taken
 - Appropriate body jewelry is non-magnetic, and as such does not need to be removed for MRI procedures* unless it is located in the region being examined
 - Gold jewelry is much more thermal-conductive than steel
 - There is no need to cut body jewelry for removal – see Jewelry Removal Tips
 - Even momentary removal of jewelry from a healing piercing can result in amazingly rapid closure of the piercing, and make reinsertion difficult or impossible

- ▶ Placement:
 - Problem: Piercing is placed too shallow or the jewelry is too small (gauge/thickness)
 - Cause:
 - a) Result of poor initial piercing placement
 - b) Inappropriate jewelry selection (length/diameter)
 - Result: Body will work the jewelry towards the surface and eventually be ejected
 - Indications:
 - a) Jewelry can be seen through the tissue
 - b) Jewelry encompasses less than 1/4-5/16” of tissue
 - c) Tissue is red and indurated across the entirety of the piercing and its placement very superficial
 - Treatment: Removal of jewelry prior to ejection is preferable. If jewelry is removed the holes close up and scarring is minimized. If the jewelry is allowed to come through the surface by itself a split scar may remain
- Problem: Piercing is placed too deep or the jewelry is too small (length/diameter)
- Cause:
 - a) Result of poor initial piercing placement (most common)
 - b) Delayed complication of swelling
 - c) Poor/inappropriate aftercare
 - d) Inappropriate jewelry selection (length/diameter)
- Result: (includes but is not limited to):
 - a) Prolonged healing time
 - b) Impossible to heal
 - c) Unnecessary/unusual scarring
- Indicators: (with Ring)
 - a) Ring is unable to lay flat comfortably
 - b) The tissue takes up more than 1/3 of the ring's circumference
- Indicators: (with Barbell):
 - a) Barpost can't seen at either end of the piercing
 - b) Beads/Ends of the jewelry pinch or actually imbed in the tissue
- Treatment: Replacing of small jewelry for appropriately sized jewelry. Removal of jewelry to allow healing of too-deep piercing. Can be repierced at a later date