The (w)hole story: Oral piercing 101 for school nurses

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The planners and presenters of this educational activity disclose that there are no conflicts of interest.
Objectives

- Examine a historical perspective on body piercing
- Discuss the “who, what, where, when and hows” of modern-day oral piercing
- Develop a plan of care for patients considering oral piercings, with new oral piercings and with oral piercing complications.
Historical perspective

• Body piercing has been traced to:
  – The bible
  – The middle east and India approximately 4-5000 years ago

• Oral piercing (tongue)
  – Aztecs and Mayans
  – Northwest Native American tribes
    • Seen as way to communicate with the Gods
Historical perspective (cont)

• Lip piercing
  – Rings
    • Dogon tribe of Mali
      – Tradition linked to belief in the origin of the world by ancestor Noomi, who put through through her lips and created speech
    • Nuba of Ethiopia
  – Tongue plates
    • Practiced widely throughout the world
      – Religious significance, beauty (marriage worth), symbol of caste
Piercing in the 21st century

- Body piercing repopularized among the hippies and punk rockers in the 1960s/1970s
Why do people get pierced?

• Rituals
• Religious ceremonies
• Group membership
• Anecdotally:
  – SEX
Why do they do it? 
What do the “kids” say?

• “I’ve had [a tongue piercing] for two years without any complications, love it, even learned some tricks that the girls love... you guys can message me if you want to know”

• “I love kissing guys with their tongue pierced. Try it, and give me a ring so I can test it out”

• “well I wont get my tongue pierced because to me it serves no purpose and I am a ninny when it comes to sticking things through my parts. on the other hand my significant other... SHE got her tongue pierced and it seems just fine. I dont want one but I will never tell anyone else they cant have one. or two or ten. You can never stop people from doing stuff like this if they want to do it they are going to do it.”

• “tongue piercings will eventually be like mini skirts, white paten leather go go boots, and neru shirts. its just a fad. “
How many people get pierced?

- 2006 study looking at prevalence of body art (tattooing and piercing)
- Phone survey > 500 adults age 18 to 50
  - 24% tattoos
  - 14% body piercings
  - Women > men

How many people get pierced (teens)?

• 2003 study of 225 urban adolescents in Illinois
  – Age 12-21 years old
  – 48% body piercing
    • Infection 10%
    • Allergic reaction 1%
    • Bruising 1%
Is it legal for teens to get pierced?

- 34 states: require parental consent for minors
- 16 states do not

  - New York
    - No minimum age
    - No parental consent
    - “sixth and seventh graders” (NY Post, 4/26/12)

  - California
    - Penal code 653
      - Tattooing-Establishes that it is a misdemeanor for any person to tattoo or offer to tattoo anyone under age 18.
      - Body Piercing- Prohibits anyone from performing or offering to perform a piercing upon anyone under age 18 unless the piercing is performed in the presence of a parent or guardian or as directed and notarized by the minor's parent or guardian. Does not apply to emancipated minors and does not include pierces of the ear.
American Association of Piercers (AAP)

“Even if local legislation is more lenient, the following is an appropriate minimum standards policy on piercing minors: a parent or legal guardian must be present to sign a consent form. Under no circumstances is it appropriate to pierce the nipples or genitals of an individual under 18 years of age.”

» www.safepiercing.org
Sites of oral piercings
Types of lip piercings

- Angel Bites
- Canine Bites
- Cyber Bites
- Dahlia Bites
- Dolphin Bites
- Snake Bites
- Spider Bites
- Shark Bites
Tongue piercing
Tongue splitting
How do they do it?
Tongue piercing
Tongue piercing video
Lip piercing
Lip piercing video
Who does it for them?

• Piercer qualifications
  – “Piercing is a hands-on profession that must be learned through practical experience, which generally involves trial and error. Sound instruction ideally involves a lengthy apprenticeship with a qualified mentor (though many piercers are self-taught).” APP
  – Ask:
    • How long piercing? How they learned? How do they keep up to date?
Where do they have it done?

• Tattoo and piercing studios
• Licensure
  – Meet minimum requirements and has passed some sort of inspection
  – possibly only a fee to a city or state agency.
  – To find out whether there are established standards and inspections in your area, call your local health department. A license does not guarantee that the piercer has received training.
Where to get piercings

- Other sites:
  - “so I always wanted a tongue piercing since I was about 7 (im 16 now) because my cuz hot hers done and I thought it was pretty cool. But my mother always sad no when I asked her for 1. so on my first trip to mexico last year I was downtown and I saw a tattoo shop so I went in and asked how much and it was only 35 dollars and I said ok”
  - Self-piercing
What are the risks?

- http://www.ada.org/3090.aspx?channelId=de5ec7fe0a8347e199f8e0bf7a49f1c3&channelListId&mediaId=3bc6d0683e9b49f0b02e353ceb484ff6
What are the risks?
State of the science

• All oral piercings:
  – Altered eating habits, speech
  – Interference with xrays
  – Tooth fracture or chipping
  – Gingival recession
  – ? infection

• Lip:
  – swelling
  – Gingival trauma and recession

DeMoor et al (2005). British Dental Journal, 199(8);
Meltzer (2005). American Family Physician, 72(10)
Risks: state of the science

• **Tongue:**
  - Swelling and pain
  - Changes of speech, swallowing and mastication
  - Infection (local or systemic– endocarditis, ludwig’s angina, brain abscess)
  - Hemorrhage
  - Airway compromise d/t swelling or jewelry aspiration
  - Traumatic injury to teeth, gingiva or tongue
  - Persistent difficulties in oral functions
  - HIV, Hepatitis B, C, tetanus

De Moor et al (2005); Meltzer (2005)
How common are complications?

- Most literature case studies
- 2005 study in Israel (N=400)
  - Prevalence of oral piercings (20.3%)
  - No serious acute complications
    - 51.9% reported swelling after piercing
    - 45.7% reported bleeding after piercing
  - Intra-oral exam:
    - 13.9% had tooth fractures
    - 26.6% gingival recession

Other studies...

• Conflicting data

• Vieira et al. (2011). J Oral Maxillofacial Surgery
  – 29 cases in Brazil
  – Bleeding 69%; pain 52.3%
  – High incidence of persistent pain, swelling and lacerations
How do we approach our patients?
Harm reduction: meeting our patients where they are

• “Hey so ive wanted this piercing for quite sometime. So i asked my parents when i was 12. Of course they said nooo... so about 3 weeks after being 13 i said im gonna do it myself. So i went to wal mart bought sum listerine, a of yarner needles, a stainless steel tong ring. Got home gargled with mouthwash, put oraljel on my tongue and stuck the needle through with out hesitation. when i saw the needle through my tong i was so happy. so i pulled the needle all the way through and hurried to insert the ring. IT was perfect.”
  – “tribaletic” chat room, 9/2007
Harm reduction model of care

• Public health policy
• Developed by substance abuse/HIV world/Europe
• designed to reduce the harmful consequences associated with recreational drug use and other high risk activities
• Accepts that abstinence may not happen, although it is the goal
• Examples:
  – Needle exchange program
  – Safe sex education
  – Legalized prostitution/marijuana
Harm reduction

• “The most important thing that, should anything be gone differently from what you’ve been told in piercing saloon – turn for professional doctor’s advice.”

• “I disagree...doctors know crap about piercings, and should not be consulted unless an infection is suspected.”

  – Tribaletic body piercing message boards, 5/18/2012
Case #1: confronting our biases
Do you feel differently about her?
What about him?
Case #2: Lauren

- Lauren is a 14 year old high school sophomore. She has well controlled asthma, but comes to you fairly regularly for an albuterol treatment before track practice.
Case #2: Lauren (considering a piercing)

• During one of your appointments, she tells you that she is planning on getting her tongue pierced with a group of friends on her birthday next month.

• What do you say?
Case #3: Toby (newly pierced)
What should you say?

- How long does it take to heal?
- How long will swelling and pain last?
- What can be/should be done to promote healing and prevent infection?
- Is it safe to eat? Kiss?
What the kids are saying....

“a lot of body piercings really don't take well to constant changes, and occasionally it comes down to -- do I want to eat? or do I want to keep my piercings?

however, there are things you can try. Overall, the healthier you and your skin are, the better they'll be able to tolerate irritation. this means sleep, nutrition, not smoking, keeping hydrated, etc. For your piercings, you will want to treat them like new and do lots of soothing soaks. Also, use lube when changing your jewelry, such as emu oil, and be gentle and clean so as not to introduce bacteria into skin already irritated from changing.”
Case #4: Jean Claude
(? complication)

• Jean Claude, 16, got his tongue pierced over the weekend. He comes to see you on Monday morning after his teacher noticed he was “speaking differently” and didn’t want to eat.

• How swollen is WNL?
• How long will it be swollen?
• What should he be doing?
Case #5: Samantha

- Samantha got her lip pierced almost two weeks ago. Immediately afterwards, she noticed her lip was “more swollen than expected” and quite erythematous. When she noticed pus draining from the site, she took out the piercing. What else should she be doing?
Case #6: Suki

- Suki, 15, comes to see you complaining of oral/tooth pain. She has a labret piercing. When you examine her, you see this:
Case #7: Marko

- Marko is one of the school’s best and brightest students, and is a varsity athlete. While playing frisbee one day with some friends, he “hurts his tooth.” What is going on here?
Take home messages

• Oral piercings may or may not be here to stay
• Rising popularity mandates that nurses:
  – Understand the possible risks
  – Are able to counsel students non-judgmentally
  – Clearly explain after-care instructions
  – Recognize complications
• Harm reduction model may help nurses promote adolescent health
Thank you.