



Background and Purpose

How can patients with piercings and body modifications receive appropriate care from healthcare providers during their hospitalization?

No formal education for health care providers exists on body piercings/body modifications. The knowledge gap is compounded by a lack of medical research on the topic. In an age where piercings and body modifications are commonplace, nurses need to know proper patient care.

- 24% of Americans between the ages of 18 to 50 are tattooed
- 1:7 individuals has a piercing in an area other than the ear lobe
- Increased prevalence → Increased volume of pierced/tattooed individuals requiring medical care

Body piercing jewelry

Barbell (from left to right: straight, curved, circular)	
Labret	
Captive bead ring	

Review of Literature

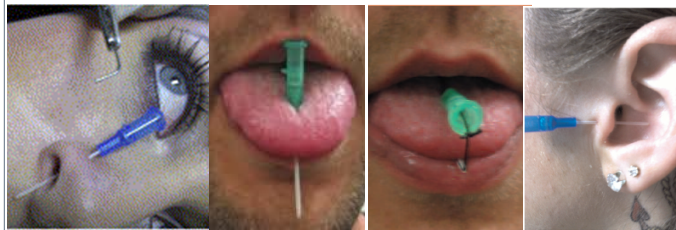
A literature search was conducted within CINAHL, PubMed, Uptodate and Embase.

- Search terms: *body modifications, body art, body piercing, tattoo, healthcare, and nursing.*
- Inclusion criteria: English-language and human adult and adolescent participants.
- 38 articles examined. 23 excluded due to unrelated content.
- Final sample of 15 publications.

Removal of Body Jewelry

The biggest concern of a patient required to remove jewelry is maintaining patency, i.e. preventing the piercing site from closing.

- Only reliable way → keep something in it.
- Recommendation: plastic intravenous catheters (IVs).
 1. Place the appropriate sized IV catheter against the open end of the jewelry.
 2. Slowly withdraw the jewelry while introducing the catheter into piercing tract.
 3. Cover the site with a clear dressing.
- If the gauge of the jewelry/size of the piercing site is too large, use surgical grade tubing/ red rubber catheters.



Diagnostic Imaging/Surgical procedures

Monitor and assess tattoo sites both before and after diagnostic tests for any changes.

MRI:

- Tattoo ink, especially darker colors, may contain iron oxide which can conduct electrical heat (magnetic hysteresis).
 - At risk for second-degree burns
- Metal jewelry or implants can be heated or pulled by the magnetic field
 - May result in a soft tissue tear to the surrounding pierced tissue
 - May block the visual diagnostic field
 - Stop the MRI immediately if the patient complains of burning or pain
 - A strong hand-held magnet can be used to determine the magnetic status of the jewelry

General:

- Surgery: As long as the tip and the cord of the electrocautery device does not touch the jewelry, it can safely be utilized without removal of the body jewelry
- However, manufactures recommend removal as precautionary
- Scarification can reduce skin accessibility for catheter insertions and/or a surgical incision
 - May lead to additional surgery time
- Subdermal implants are generally composed of silicone or Teflon but may be metal.
 - Surgical removal of the implant may be necessary
- Removal of jewelry may not be necessary for elective or non-emergency healthcare.

Emergency Situations

Piercing/implants can often be left in place during an emergency. A patient may be:

- Intubated with a tongue piercing
- Defibrillated with nipple piercings
- Treated for infection with the piercing in place
- Catheterized with some genital piercings

Implications for Advancing Practice

Provides best practice recommendation

- Enhancing knowledge of body piercing/modifications provides the patient with care that is appropriate and sensitive
- Research needed on nursing knowledge of body modifications/body piercings
- Formalized education
- Investment in tools necessary to remove body jewelry, including reverse pliers (see below)



A. Reverse pliers- Captive ring is placed around the tip.



B. When handles are compressed, the point of the pliers spreads apart, releasing the ball from the tension of the ring.



References

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