

# Body piercing: a growing problem for clinicians

*Umo I Esen*

***Until recently body piercing was mainly confined to the ears and/or nose. In the last few years there has been a significant increase in the prevalence of body piercing which, in some instances, has had serious health consequences. This industry has the potential to significantly damage or interfere with health care. Urgent legislation is needed to remedy this situation.***

**B**ody piercing these days is characterized by multiple piercing of the same or different anatomical parts, with virtually no parts of the human anatomy immune from piercing. Doctors are increasingly seeing more patients with complications of body piercing, and deaths have occurred as a result of complications following body piercing (Taylor, 2000). The pregnant population has also been caught up in this increase in body piercing and it is not unusual to have 40–50% of women at the antenatal booking clinic having undergone body piercing other than piercing of the ear lobes. In the UK, body piercing by celebrities has helped to fuel the craze for body piercing (Davies, 1998).

Oral and navel piercing are perhaps the most popular, although genital piercing is also gaining in popularity. Body piercing carries the risk of transmission of infections, of which human immunodeficiency virus (HIV) and hepatitis carry grave consequences for mother and baby. There is the risk of significant bleeding leading to shock and collapse (Hardee et al, 2000). The jewellery incorporated into the piercing may interfere with investigative techniques like scans and X-rays, making their performance and interpretation difficult. The metals and alloys used in the jewellery may lead to sensitization and the development of metal allergy. Other complications include bleeding, migration of jewellery, scar formation, and keloid formation in dark-skinned people.

Patients with underlying medical problems may also run unrecognized health risks by undergoing body piercing, e.g. people with congenital heart defects may develop endocarditis as antibiotic prophylaxis is not given for body piercing (Ochsenfahrt et al, 2001). There is a risk of burns occurring where electrosurgical instruments are used if jewellery is not removed before surgery.

## **FACIAL PIERCING**

Piercing of the face commonly involves the lips, tongue, nostrils and eyebrows. Oral piercings (lips, uvula, cheek and tongue) tend to be associated with the retention of plaque and subsequent infections including lingual abscesses. There is also the risk of gingival trauma and recession (O'Dwyer and Holmes, 2002). Oral piercing can interfere with the administration of general anaesthesia especially when large jewellery has been fitted (Kuczkowski and Benumof, 2002).

In emergency situations time may be lost in trying to remove this jewellery, and for the pregnant patient this may mean significant morbidity or mortality; more so as there are reports that a number of doctors are not familiar with the release mechanisms of body jewellery (Khanna et al, 1999). Where jewellery has been in place for some time corrosion may affect the release mechanism making removal difficult. It is therefore advisable that these are removed in early pregnancy.

## **NIPPLE PIERCING**

The nipple is usually pierced horizontally or vertically, but whichever way it is pierced, it leads invariably to the damage of lactiferous ducts. This may result in their blockage with the risk of mastitis and abscess formation, more so in the pregnant or lactating woman (Trupiano et al, 2001). Wearing nipple rings may also lead to constant nipple stimulation resulting in inappropriate hormone production and lactation even in the non-pregnant woman (Modest and Fangman, 2002). If unrecognized this could confuse fertility investigations and treatment, raise undue health concerns and may lead to inappropriate treatment.

There are no studies of breastfeeding following nipple piercing. All nipple jewellery should be removed before breastfeeding is attempted,

**Mr Umo I Esen** is Consultant Obstetrician and Gynaecologist in the Department of Obstetrics and Gynaecology, South Tyneside Healthcare Trust, South Shields, Tyne and Wear NE34 0PL

otherwise there is the risk of the baby's mouth, tongue and gums being damaged by the nipple jewellery as well as the baby choking on the jewellery. There is also a risk of jewellery becoming detached during breastfeeding, and being aspirated or swallowed by the baby.

### NAVEL PIERCING

This often interferes with the 20-week anomaly scan by obstructing ultrasound impulses and is best removed not later than 20 weeks. Commonly with the distending pregnant abdomen the piercing flattens and the jewellery may become embedded and thus difficult to remove. In early pregnancy or in the non-pregnant female undergoing laparoscopy, navel jewellery should be removed. It may be necessary to use a modified technique for insertion of the laparoscope to avoid the piercing, or to agree preoperatively about laparoscopic entry through or near the piercing, to avoid complaints later. Small bowel adhesion to the umbilicus as a result of navel piercing has been reported and hence the risk of bowel injury at laparoscopy in women with pierced navels may be increased (Ventolini and Kleeman, 2003).

### GENITAL PIERCING

This commonly involves the labia and/or clitoris or fourchette, and has been likened to female genital mutilation (Hibbs, 1999), although genital piercing is usually performed on consenting adult women. Genital piercing carries the risk of transmission of sexually transmitted infections while healing is occurring and safe sex should be practised during healing. However, genital jewellery could tear condoms with implications for safe sex and birth control. The jewellery may also interfere with pelvic examinations and treatments and is best removed before treatment.

Genital jewellery is also best removed before childbirth whether by normal delivery or assisted vaginal delivery because of the significant risk of tearing of the vulva which distends as the baby delivers. Such jewellery is best removed in early pregnancy as attempts at removal in emergency situations add to the likelihood of injuries being sustained and may lead to lost time.

### REGULATION OF BODY PIERCING

In the UK, body piercing (other than ear piercing) is not subject to legislative control. The Local Government (Miscellaneous Provisions) Act (1982) allows local councils to adopt and enforce bylaws in the regulation of acupuncture, tattooing, electrolysis and ear piercing but not piercing of other body parts. There is hence no licensing body and no national guidelines for body piercing

practitioners, and this has undoubtedly led to some of the complications and problems already discussed. Some local authorities have tried to remedy the situation by running voluntary registration schemes, but more needs to be done.

### CONCLUSION

An ever-increasing number of women are undergoing body piercing which may expose them to unrecognized health risks and also interfere with investigation and treatment. Jewellery in piercings is best removed in early pregnancy or electively in the preoperative period as many doctors are not conversant with the release mechanisms of these devices, making removal in emergency situations difficult and time consuming.

Women need to be educated about the potential for serious problems with these devices and advised accordingly. The prevalence of body piercing is likely to continue to increase in the foreseeable future. Urgent education and regulation is needed to avert a public health crisis. **HM**

*Conflict of interest: none.*

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### KEY POINTS

- An increasing number of women, pregnant and non-pregnant, are undergoing body piercing, with significant but commonly unappreciated health risks.
- Jewellery in body piercing can interfere with investigations and treatment and are best removed in early pregnancy or before procedures.
- There is evidence that health-care personnel are unfamiliar with the variety of jewellery incorporated in body piercing, and difficulties may be encountered at removal especially in emergency situations.
- Body piercing is largely unregulated, and this has contributed to the complication rate and deaths which have occurred following body piercing.
- There is a need for public education about the possible complications and health risks associated with body piercing, and legislation is urgently needed to regulate this industry.