

# Healthy Body Piercing Information

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## **CHOOSING A PIERCER**

Consider first visiting the studio without intending to get pierced so that you are not under pressure or too nervous to be aware of the quality of the services.

The best way to judge a piercer is to look at his/her work. If possible, talk to customers about their experiences. Ask to see a portfolio, specifically photographs of the piercing you are interested in and preferably photos of successfully healed piercings.

While attendance of a piercer training seminar or class should be considered an advantage, it does not guarantee a piercer's level of skill or experience. Ideally, a training seminar serves as a well-rounded introduction to safe and responsible piercing.

The facility should be clean, orderly, and well lit. All Instruments utilized during the procedure should be sterile. Disposable items such as gloves, needle, cork, towels, cotton swabs, and gauze pads should all be new and sterilized if possible.

The piercer should answer any questions before and after the piercing is performed. You should feel comfortable and at ease, not rushed. The piercer should review the piercing procedure and give both oral and written aftercare instructions. S/he should discuss the risks and possible complications associated with the piercing, which may include infection, migration or rejection, scarring, allergy or sensitivity to the jewellery, allergy or sensitivity to the aftercare products, and suggest a course of action in case a problem does occur.

A responsible piercing studio will require that you complete a waiver form which describes the limits of piercer liability as well as what you should expect before, during and after the piercing procedure. The waiver serves to protect both the piercer and customer. It is your responsibility to inform the piercer of any medical conditions which may be exacerbated by the piercing procedure or of conditions which may interfere with the healing process.

The piercer should practice aseptic technique, which includes appropriate sterilization of instruments and jewellery, disinfection of surfaces, and avoiding cross-contamination. Every instrument that comes into contact with your body or with the jewellery should come from sealed sterilization packets with sterilization indicators. The needle and jewellery should remain in sterilisation packets until they are used.

Jewellery, as it is received from the manufacturer, should be assumed to be non-sterile. Ideally, the jewellery should be sterilized in individual autoclave packages that are opened in front of the customer so that there is no question that the jewellery has been sterilized. Jewellery which has been bulk sterilized must be stored and handled responsibly. Jewellery that has been stored in a display case or handled with bare hands should be re-sterilized. Jewellery that has previously been worn should be sterilized.

The piercer should wear new, disposable gloves throughout the procedure and should change gloves when appropriate to avoid cross contamination. Cross contamination occurs when a clean or sterile item comes into contact with a contaminated item. Cross contamination also occurs when a clean or sterile item is handled with contaminated gloves or gloves that have been worn to handle contaminated items. To prevent cross contamination of sterile instruments during the piercing procedure, the piercer should change gloves if s/he touches anything that is non-sterile or unsuitably contaminated (ie. handled with bare hands or used instruments that have not been sterilized). After the piercer completes the piercing procedure, s/he should change gloves before handling items that will not be disposed of or autoclaved.

Because everyone is built differently, not everyone is anatomically suited for every piercing. Certain daily activities and sports can prolong healing or prohibit certain piercings. An experienced piercer will be able to ascertain if the piercing is likely to be successful.

A piercing should not be attempted if there is not enough tissue to support the piercing. Piercings made in flat areas often migrate or reject (grow-out). The optimum area to be pierced is one in which the piercing will be perpendicular to the tissue, like an earlobe piercing.

Wearing jewellery of an appropriate metal, design, and dimensions (gauge and diameter) is important for a successful piercing. The body more easily rejects jewellery that is too thin in gauge. Wearing jewellery that is too thin increases the risk of the piercing being torn if the jewellery gets caught or pulled. Wearing jewellery that is too thick and heavy may cause the piercing to migrate or reject. The jewellery must not be so thick that the strength of the tissue is compromised.

The diameter or length of the jewellery must be chosen carefully. The jewellery should be chosen after the piercing is measured. Some piercings tend to swell during the healing period. Wearing jewellery that is too small in diameter or length will constrict the piercing and cause the piercing to migrate and scar.

## **EAR PIERCING GUN**

The piercing gun or piercing implement was originally intended to be used on earlobes only. Even so, ear-piercing studs are usually of one length and too short to accommodate swelling or earlobes which are thicker than average.

Ear piercing studs are very difficult to clean thoroughly. The butterfly clip backing can become clogged with hair, discharge, dirt, and bacteria. Studs also have a tendency to become wrapped with hair, embedding the hair in the piercing.

The piercing gun procedure causes more tissue trauma than the piercing needle procedure. The studs are considerably duller than a piercing needle and literally tear a hole through the tissue, whereas the needle slices a clean hole the gauge of the jewellery to be installed. A cleanly made hole is especially important in cartilage piercings.

Most importantly, the cleanliness of the piercing gun method is questioned. Ear piercing guns are often made of plastic that cannot be properly sterilized in an autoclave. Simply wiping the gun with a surface disinfectant between clients is not adequate when the piercing gun could have possibly been exposed to blood borne pathogens. Although the piercing studs themselves may be sterile, piercing guns that touch the earlobe before and after the procedure can be easily contaminated with blood. The gun may also be indirectly contaminated if the piercer touches the studs after they are installed and then touches the piercing gun without changing gloves. While some newer piercing guns are designed with sterilised, encapsulated stud cartridges to reduce the risk of contamination of the gun, older models without this safeguard are still used and are readily available for sale.

## **SINGLE-USE DISPOSABLE NEEDLES**

Piercing needles are hollow, lancet-point needles, bevelled and sharpened similarly to the hypodermic needles used by medical professionals. Most are about 2 inches in length. Piercing needles slice a crescent-shaped hole and do not remove tissue. The larger the needle, the more exaggerated the crescent shape of the hole. Most piercers do not perform piercings larger than 10 or 8ga. Many piercers in Europe use cannula needles designed for intravenous drips, which are fitted with a plastic sheath that is used to thread the jewellery into the piercing.

The needle should remain in its sterile autoclave package until the piercer is ready to proceed with the piercing. Needles should be used only once and placed in a medical sharps container, which is disposed of through a medical waste disposal service. Aside from cleanliness concerns, needles are noticeably dulled from a single use.

## **INTRODUCTION TO POPULAR PIERCINGS**

### **ORAL PIERCINGS**

The risks of oral piercings include chipped and cracked teeth and damage to other oral tissues, including irritation or loss of gum tissue and, in extreme cases, bone loss beneath the gums. These risks can be reduced, but not altogether eliminated, by appropriate placement and jewellery selection. Wearing high-quality jewellery and frequently checking that it is secure reduce the risk of swallowing or inhaling jewellery. Swallowed jewellery usually passes within three days but can be potentially very dangerous.

#### **LIP AND LABRET (2 to 4 months healing time)**

The Labret piercing is usually made centrally approximately 3/8" below the coloured edge of the lower lip, through or just above the cleft of the chin. Lip piercings can be made anywhere along the outside of the lips. Because of the delicate nature of the tissue the coloured area of the lips should not be pierced. If a ring is chosen the piercing should be placed so that there is no pressure between the teeth and the ring; pressure will cause the piercing to migrate.

Because the mucous membrane tissue on the inside of the lip regenerates quickly and readily, a lip piercing may close if it is left empty, even after the piercing has been healed for several months or even years.

Labret studs tend to cause deterioration of the inside of the lip, a niche usually forms under the disc. Labret jewellery usually causes at least some gum loss where the disc rubs the gums. Labret jewellery can also cause damage to tooth enamel if the jewellery rubs against the teeth. Over the long term, continual pressure can cause gum loss and possibly bone loss beneath the gums. Bone losses can also occur behind the bottom teeth as the jewellery pushes the teeth backwards. Bone loss is sometimes evident by an indentation in the gums below the gum line. Often bone loss can only be detected by x-ray.

L-shaped Fishtail Labrets are designed to reduce gum erosion. The tail is intended to fit into the indentation below the gum line, and the piercing must be placed accordingly. The presence of a large frenulum may impede ideal placement for a fishtail. Some piercers prefer to angle the Labret piercing so that the disc is above the teeth. This placement will avoid gum erosion but may cause the wearer to accidentally bite down on the jewellery.

Initial jewellery: Captive bead rings in 16 to 10 gauge and 3/8" to 1/2" in diameter; the diameter should be 1/8" wider than the thickness of the lip. The ring should not hug the lip. A ring that is too small in diameter will often cause the piercing to migrate or scar. A smaller ring may be worn after the piercing has healed.

Labret studs, barbells with a thin 3 - 5mm disc in place of a ball, in 16 to 10 gauge and 3/8" to 1/2" in length; the stud should be 1/8" longer than the thickness of the lip to allow for swelling during healing; the stud should be shortened after healing to reduce the risk of gum irritation. A labret stud can be made adjustable by wearing a rubber o-ring under the front end. The edges of the disc should be smoothly rounded. Fishtail Labrets in 18 to 10 gauge. Fishtail labrets should be made of a flexible metal so that they can be easily adjusted.

Playing with the jewellery while the piercing is healing can result in scarring or prolonged healing or migration. Labret jewellery will collect plaque, especially in the crevice between Ball and bar. Plaque traps bacteria and can cause the jewellery to have a bad odour. Daily use of an anti-plaque rinse is suggested to prevent plaque build-up. To remove a build-up of plaque remove and soak jewellery in an antibacterial denture cleaner following the package directions.

## **TONGUE** (4 to 8 weeks healing time)

Tongue piercings are most commonly placed in the centre of the tongue. The tongue is comprised of muscles. The risks of nerve and blood vessel damage are minimized when the piercing is placed in the centre. The large blood vessels of the tongue are usually to either side and very visible on the underside. Very occasionally are blood vessels present in the centre. Tongue piercings are not known to affect the sense of taste; the papillae (taste buds) are too numerous. Taste buds that are displaced by the needle will turn white and eventually shed.

Placement should be made with regard to the length of the tongue both in its normal resting position in the mouth as well as when it is extended. Placing the piercing through or just behind the natural bend in the tongue is usually the most comfortable position for speaking and eating. If placed too far forward, the bottom ball will rub against the gums, causing gum irritation or even gum loss. If placed too far back, the piercing will often swell excessively and be uncomfortable and irritate the frenulum, if one is present.

The frenulum is the web of tissue, which runs lengthwise along the underside of the tongue and is usually present in most people to some degree. If a frenulum is present the piercing should be made in front of or to the side of it. Piercing through the frenulum often results in scarring. If the frenulum is large, the jewellery enough to cause scarring may irritate it. Wearing a smaller bottom ball can reduce irritation. If the side or length of the frenulum impedes appropriate placement, the piercee should consider having the frenulum clipped by a dentist or oral surgeon.

The piercing should be as perpendicular to the tongue as possible. An extremely slanted or crooked piercing creates stress on the entrances that can result in prolonged healing and/or scarring. A slanted piercing in which the top entrance is further back than bottom entrance often pushes the bottom ball against the gums, causing gum irritation or even bone loss.

The bottom of the mouth and the lower gums may become irritated from pressure exerted by the bottom barbell ball. Shortening the barbell usually alleviates irritation. If the ball continues to rub against the gums a smaller ball should be worn. Over the long term, continued pressure can cause gum loss and eventually bone loss beneath the gums. Bone loss can also occur in front of

the bottom teeth as the barbell pushes the teeth forward. Bone loss is sometimes evident by an indentation in the gums below the gum line. Usually, bone loss can only be detected by x-ray and/or an examination performed by a dentist.

Chipping and cracking teeth are risks of tongue piercings. The risks are greater if large fillings or caps already structurally weaken the teeth. Wearing smaller balls, in addition to shortening the barbell, is advised if the wearer accidentally bites down on the barbell while eating. Most people play with their barbells between their teeth. Over the long term, metal jewellery will hasten deterioration of tooth enamel as the balls hit and scrape the teeth. Plastic or acrylic balls will reduce the risk of damaging the teeth but can break if bitten hard enough. Acrylic posts should not be worn because of the risk of breakage.

Off-centre tongue piercings using barbells must be carefully placed to avoid severing large blood vessels. The risk of accidentally biting down on the jewellery is greater. If the mouth is narrow, the piercings should be slanted inwards on the bottom to prevent the balls from rubbing against the gums.

Tongue piercings made through the front and side edges of the tongue using rings have been successful for some people, but for most a ring impedes eating and speaking. The risk of accidentally biting down on jewellery is greater. A ring may rub against the gums, resulting in irritation. If such a piercing is desired, the diameter of the ring must be large enough to allow for swelling. A ring, which is too small in diameter, will cause the piercing to migrate or scar. A smaller ring may be worn after the piercing has healed.

Initial jewellery: Straight barbells in 14 to 10 gauge and 3/4" - 1" in length; the barbell should be at least 1/4" longer than the thickness of the tongue to accommodate swelling. During the first 24 to 48 hours the tongue usually swells to almost twice its normal size. Swelling should not impede breathing. If the barbell is too short, the balls may start to nest or embed into the tongue. The barbell may be shortened after the swelling immediately around the piercing has gone down, usually after 2 to 4 weeks. Shortening the barbell usually corrects speech or eating impediment. Many piercers do not use 14ga because of the risk of tearing the piercing with frequent play.

Jewellery that is internally threaded at both ends allows for easy insertion and removal. Externally threaded jewellery can irritate or tear a piercing, even after the piercing has healed. Barbells with one fixed ball should not be used; the bottom ball can adhere to the shaft with plaque making removal difficult or impossible.

A slight depression usually forms under the top ball, particularly if the tongue rests against the roof of the mouth. If the depression covers more than half of the ball or forms a pocket around the ball, the barbell is probably too short to accommodate swelling and / or the piercing is slanted so that the top hole is further back than bottom hole.

Tongue piercings stretch easily, particularly if the wearer plays with his/her barbell. Frequently playing with the barbell by pulling the barbell forward will cause the piercing to stretch forward and may change the angle of the piercing.

Occasionally a piercing will develop excess granulation tissue, a condition described as hypergranulation, during healing. Excess granulation tissue is red or dark pink and often forms a raw-looking, visibly layered bump that appears to erupt from the entrance(s). Capillaries will grow into the tissue, and hence the tissue will often bleed when disturbed. This condition is usually not painful. Hypergranulation can result from:

- Stress caused by playing with the barbell while the piercing is healing
- Stress caused by excessive length of the barbell if the barbell leans when the mouth is closed
- Stress caused by the piercing being placed at an inappropriate angle; the piercing should be perpendicular to the tongue and not slanted
- Chemical irritation caused by the alcohol in many mouthwashes or overusing mouthwash or disinfectant, smoking, certain foods

The excess tissue sometimes recedes into the piercing once the source(s) of irritation has been eliminated. Continue cleaning the piercing as suggested by your piercer for the remainder of the healing period.

Because granulation tissue is very delicate, it can sometimes be removed by wiping with a cotton swab or gauze sponge. A dentist or oral surgeon may also excise excess tissue. If hypergranulation is persistent, the piercing may have to be abandoned.

Excess white or pale pink scar tissue can also form towards the end of the healing process for the same reasons. Around the bottom entrance, scar tissue may appear as a raised ring around the entrance. Around the top entrance, scar tissue will often take the form of a hard bump beneath the surface of the tongue. Scar tissue that forms after the piercing has healed is usually the result of injury to the piercing or an accumulation of plaque. Some people have successfully treated hypergranulation and excess scar tissue on oral piercings using an aspirin and water paste. This method is not suggested; aspirin can easily damage delicate oral tissues.

Tongue barbells will collect plaque, usually on the bottom ball, especially in the crevice between the ball and bar. Plaque traps bacteria and can cause the jewellery to have a bad odour. A large accumulation of plaque can irritate a healed piercing and result in scar tissue. Daily use of an anti-plaque rinse is suggested to prevent plaque build-up. To remove a build-up of plaque, remove and soak jewellery in an antibacterial denture cleaner following the package directions.

Check the tightness of barbell balls daily to prevent losing, swallowing, or inhaling the jewellery. Ask your piercer if your barbell is internally or externally threaded and if your barbell is threaded at one or both ends. Ideally the threads should have least three rotations and should fit securely.

### **EYEBROW** (2 to 4 months healing time)

The eyebrow piercing is usually placed perpendicular to the eyebrow. Piercings placed vertically usually cause the ring to protrude. Piercings that are slanted inwards (\ /) tend to make the ring lay flat.

The depth of the piercing should be determined with regards to how much tissue is available to support the piercing. Most eyebrow piercings are usually between 1/4" and 3/8" wide. To avoid damaging the nerves beneath the eyebrow the piercing should not be made much deeper. Placing the piercing through the outermost half of the brow will avoid damaging the Supraorbital nerve.

Because the brow is usually relatively flat, eyebrow piercings have a greater tendency than other piercings to migrate or reject. If the brow is completely flat and cannot be easily pinched, the tension of the skin creates pressure on the jewellery that may cause the piercing to migrate or even reject completely. In some cases the piercing will shift or migrate slightly while healing but will eventually settle. The piercing should not be made excessively deep on the assumption that it will migrate into place.

Jewellery that is too thin is more easily rejected by the body and more likely to tear the piercing if the jewellery is accidentally pulled. Jewellery that is too heavy for the amount of tissue available can cause the piercing to migrate or reject. Prolonged healing, scarring and migration often result if the wearer sleeps on his/her piercings.

Initial jewellery: Captive bead rings in 18 to 14 gauge and 3/8" to 7/16" in diameter; the diameter should be at least 1/8" wider than width of the piercing. No more than 1/4 of the ring should be through the piercing. A ring that is too small in diameter will often cause the piercing to migrate or scar.

Straight or curved barbells in 18 to 14 gauge and 5/16" to 7/16" in length; the barbell should be at least 1/16" longer than the width of the piercing. Straight barbells should not be used if the brow is very flat. The balls will create pressure against the skin behind them which often causes the piercing to migrate forward. A curved barbell will eliminate pressure between the barbell balls and the skin.

Eye brow retainers should not be worn in new piercings because they are not secure. Eye brow piercings often swell or bruise slightly during the first 24 to 48 hours.

### **SEPTUM** (4 to 8 weeks healing time)

The septum piercing is made through the thin layer of tissue between the alar cartilage (outer) and the quadrangular cartilage (separating the nostrils). This space of tissue is usually largest towards the tip of the nose. The jewellery should be no thicker than what the space can comfortably accommodate. Jewellery that is too thick can painfully pinch the cartilage. If the space is small but the wearer desires a thicker gauge, the piercing should be performed at a thinner gauge and later stretched. Septum piercings can easily be stretched after healing.

If the piercee anticipates wearing spikes and tusks the piercing should be made low enough to allow the jewellery to fit comfortably below the nostrils.

Initial jewellery: Captive bead rings, circular barbells in 18 to 10 gauge and 3/8" to 5/8" in diameter.

U-shaped septum retainers are available for those who need to hide the piercing. The spread of the shanks should be adjusted so that the retainer may be comfortably flipped up into the nose but snug enough to prevent losing the retainer.

An alternative to buying two pieces of jewelry (ring and retainer) is to wear a small circular barbell in which the gap between the balls is wide enough that it can be flipped up into the nose. Wearing a circular barbell as a retainer is limited by the size of the nose.

### **NAVEL PIERCINGS** (4 to 8 months healing time)

The shape of the navel varies from person to person. Not all navels can be successfully pierced. An "innie" navel with a prominent lip or rim is most likely to be successfully pierced. Navels lacking a distinct lip often cannot support a piercing and the piercing migrates or rejects. The upper lip is usually more prominent than the lower lip. Often, there is a natural indentation or slight wrinkle about the navel at the appropriate location of the top entrance of the piercing. The entrances of the piercing should be placed equidistant from the edge of the lip to make the piercing as close to perpendicular to the tissue as possible.

The shape of one's navel, not one's overall bodyweight, determines whether or not a navel piercing is likely to be successful. Some larger women do possess well-suited navels with a distinct lip. Placement of the piercing should be determined after examining the navel when the piercee is in different body positions. The dimensions of the jewellery should be chosen after measuring the width of the piercing. The navel lip will often stretch and flatten when the piercee reclines.

Navel piercings are usually placed vertically and centrally. However, an asymmetrical navel should be pierced according to its shape. If the top lip is more prominent and the inside of the lip forms a wrinkle, the piercing must be placed within the wrinkle. If the bottom of the navel forms a wrinkle, the piercing should be centred above the wrinkle, as the jewellery will tend to lay in the wrinkle. In some cases the most prominent lip is situated diagonally, requiring a diagonal or angled piercing.

A curved barbell is more appropriate than a ring if the piercee's waist folds at the navel when he/she is sitting - a ring would be pushed to one side, causing the piercing to be uncomfortable, heal crookedly, and scar. If the waist folds so much that the navel disappears when the piercee is seated, the piercing will be uncomfortable and unlikely to heal well, and it may reject completely. In this case, piercing should be discouraged. A curved barbell is more appropriate than a ring if the lip is not distinct or if it inverts when the piercee reclines. If the lip is not distinct, the width of the piercing often exceeds 1/2", requiring a ring of an uncomfortably large diameter.

Wearing waistbands over the piercing must be avoided while the piercing is healing, regardless of the style of jewellery worn. Wearing waistbands over the piercing will prolong healing and can cause the piercing to scar, migrate, or reject completely. If a ring is worn, the waistband will push it to one side, causing the piercing to be uncomfortable, heal crookedly, and scar. After the piercing has healed, it can be irritated if tight waistbands are worn over the piercing.

Initial jewellery: Curved barbells in 14 to 10 gauge and 3/8" to 1/2" in length; the barbell should be 1/8" wider than the width of the piercing when the piercee reclines. A barbell that is too short will constrict the piercing and restrict blood circulation. Captive bead rings in 14 to 10 gauge and 3/8" to 1/2" in diameter. No more than 1/3 of the ring should be through the piercing. A ring that is too small in diameter will constrict the piercing and cause the piercing to scar or migrate. Teardrop and oval-shaped rings designed specifically for navel piercings may be worn when a less obtrusive ring is desired, but they do not provide the same benefits as curved barbells.

### **"OUTIE" NAVELS**

An "outie" navel is a herniated umbilicus, or remnant of the umbilical cord, which did not heal correctly and retract inwards after birth. Some "innie" navels contain a herniated umbilicus, which can easily be felt under the skin and usually causes the navel to be extremely asymmetrical. The dormant blood vessels of the umbilicus remain connected to the interior of the abdomen. An untreated infection could potentially travel via the umbilicus to the liver.

## **Navel Piercings and Scars from Laparoscopic Surgery**

In some cases the scar does not heal correctly and is a potential passageway for bacteria or untreated infection to travel into the abdominal cavity. Piercings should not be made through or around the scar.

## **Navel Piercings and Pregnancy**

During pregnancy the length of the piercing will stretch and flatten; the gauge will not stretch. Some women with healed piercings have successfully worn jewellery throughout their pregnancies. In other cases the ridge of the navel expands and flattens so much as to make the jewellery uncomfortable. Monofilament nylon or Teflon can be more comfortable than metal jewellery because it is softer and more flexible.

After delivery the navel will return to its original shape but the skin will very loose and the piercing may sag. If the piercing is still healing it is unlikely that the piercing can be maintained; as the stomach enlarges the pressure could easily cause the piercing to reject. Infection must be avoided; a serious infection could travel to the interior of the abdomen and possibly affect the pregnancy or the baby. In the interest of maintaining good health and reducing risks that could affect your pregnancy, abandoning the piercing may be the best option.

Women who have had children usually do not have a risk of the piercing migrating or rejecting because the skin has been stretched.

## **NIPPLE PIERCINGS (4 to 8 months healing time)**

Nipple piercings can be positioned horizontally or vertically. Rings are usually chosen as the initial jewellery in horizontal piercings because they can be cleaned more easily than barbells. The diameter of the ring should be at least 1/4" wider than the piercing. No more than 1/4 of the ring should be through the piercing. The ring should comfortably flip up and down. A ring that is too small in diameter will constrict the piercing and cause the piercing to migrate and scar. The nipple will swell when newly pierced. Often, the nipple enlarges permanently as a result of piercing. The ring must be wide enough to accommodate swelling and potential enlargement of the nipple. After the piercing has completely healed a smaller diameter ring can be worn.

Straight and curved barbells are used for vertical piercings. Barbells may be more appropriate than rings for horizontal piercings if the wearer engages in contact sports or daily physical activities that involve lifting and carrying. The barbell should be 1/8" longer than the width of the piercing to accommodate swelling and potential enlargement of the nipple. The barbell balls should be small enough in diameter so that they do not create pressure against the areola, which can cause the piercing to migrate.

Jewellery that is too thin is more easily rejected by the body and more likely to tear the piercing with strenuous play. For most people 14 or 12 gauge is appropriate. Larger gauge piercings can comfortably withstand strenuous play. Sensation and stimulation usually increase when larger gauges are worn.

Multiple piercings can be made perpendicular (alternating horizontal and vertical piercings) or parallel to one another. Multiple piercings should be made separately to prevent scarring and migration; the first piercing should be allowed to completely heal before a second piercing is made. At least 1/8" of tissue should separate the piercings to prevent pressure from the innermost piercing from causing the outermost piercing to migrate out.

## **FEMALE NIPPLE PIERCINGS**

Female nipple piercings should be made at the base of the nipple where it meets areola. The piercing should not be made through the areola unless the nipple is inverted.

Bleeding, if there is any, should stop within 12 hours. Wearing halved panty-liners or nursing pads on the inside of the bra cups will keep the piercing and the bra clean. Bras exert pressure on the piercing, particularly if the bra is very tight or if the wearer has large breasts. Too much pressure often prolongs healing and can cause the piercing to migrate or scar. The bra often pulls the ring downwards, creating leverage against the piercing. Wearing the ring flipped up when wearing a bra often reduces pressure. Bras with seams across the nipple easily irritate the piercing. Most women find wearing an athletic bra more comfortable. Wearing open nursing bras or cutting out the centre of the bra cups will eliminate pressure on the piercing while providing support.

Many women with large breasts have found barbells to be much more comfortable than rings during healing. Many women who have experienced prolonged or difficult healing while wearing rings have successfully healed their piercings after switching to barbells. The barbell balls should be small enough in diameter so that they do not create pressure against the areola, which can cause the piercing to migrate.

Piercings made through flat or inverted nipples are more likely to migrate or reject if the nipple continues to flatten or invert with the jewellery in place. In some cases the piercing will shift or migrate slightly while healing but will eventually settle. If the nipple is more easily pinched vertically, a vertical piercing is more likely to be successful. In some cases, the nipple is more easily pinched at a diagonal, or perpendicular to the long axis of the nipple. The piercing should not be made excessively deep on the assumption that it will migrate into place. 12 and 10 gauge piercings usually resist migration. Piercings in inverted nipples are sometimes more successful when curved barbells are worn. A curved barbell will eliminate pressure between the barbell balls and the areola.

The menstrual cycle may cause piercings to become irritated or more sensitive. The swelling and water retention usually associated with menses may cause the nerves in the nipple to become pinched against the jewellery. It is not uncommon for the discharge released during healing to seep from the front of the nipple via the penetrated milk ducts.

Initial jewellery: Captive bead rings in 14 to 10 gauge and 5/8" to 1" in diameter; the diameter of the ring should be at least 1/4" wider than the width of the piercing.

### **MALE NIPPLE PIERCINGS**

Because most men have very small or flat nipples, the piercing is usually made behind the actual nipple and through the areola. Most piercings are between 3/8" and 7/16" wide. Nipples, which are pronounced and wider than 1/4", can be safely pierced through the base of the nipple.

If the nipple is completely flat and cannot be easily pinched, the tension of the skin creates pressure on the jewelry which may cause the piercing to migrate or even reject completely. Often, the nipple is more easily pinched vertically, in which case a vertical piercing is more likely to be successful. In some cases, the nipple is more easily pinched at a diagonal, or perpendicular to the long axis of the nipple. In some cases the piercing will shift or migrate slightly while healing but will eventually settle. The piercing should not be made excessively deep on the assumption that it will migrate into place.

Initial jewellery: Captive bead rings in 14 to 10 gauge and 1/2" to 3/4" in diameter; the diameter of the ring should be at least 1/4" wider than the width of the piercing.

### **NIPPLE PIERCINGS AND BREASTFEEDING**

Most piercers maintain that nipple piercings are unlikely to interfere with breastfeeding later in life, provided that the piercings have completely healed with minimal scarring. However, no studies regarding nipple piercings and breastfeeding have been conducted.

The nipple contains 15 to 20 milk ducts. Nipple piercings intersect the nipple and the milk ducts perpendicularly. The piercing would block at least a few ducts. There is a risk that the blocked ducts could become infected if the milk collects in the blocked ducts and cannot be expressed. Women who have recently finished breastfeeding should wait until they have completely finished lactating before getting pierced. Piercing the nipple will not induce lactation but may prolong lactation if the woman has recently breastfed.

For some women, the jewellery becomes extremely uncomfortable during the final tri-mester when the breasts and nipples enlarge and become more sensitive. Larger diameter rings may be required to allow for enlargement.

Breastfeeding can be quite painful at first for many women. Removing the jewellery for frequent breastfeeding may become tiresome and painful. The piercing may shrink while the jewellery is out, necessitating an insertion taper to reinsert the jewellery. Internally threaded barbells are easier than rings to remove and replace.

The jewellery can damage the baby's delicate palate and prevent the baby from forming the tight seal around the areola necessary for breast-feeding.

## **JEWELLERY**

Jewellery designed for ear piercings is not appropriate for wear in body piercings. Ear jewellery is designed to fit the thickness of the average earlobe; most body piercings are wider than the thickness of the earlobe. Ear jewellery is too thin to be safely worn in body piercings. Rings and

Hoops designed for ear piercings often have hinges, hooked ends or overlapping hollow tubes with rough edges which easily irritate the piercing. Ear piercing studs are difficult to clean. The butterfly clip backing can become clogged with discharge, dirt, and bacteria. Ear jewellery is usually made of silver or of a lesser grade of steel or is plated, all unsuitable materials for wear in body piercings.

## **METALS**

The metals used for body jewellery are chosen for their biocompatibility, or "body friendly" quality. However, some metals are more biocompatible than others due to their specific compositions.

### **TITANIUM**

Titanium is an extremely lightweight, elemental metal. "Titanium is the most bio-compatible of all metals due to its total resistance to attack by body fluids." (1) Titanium is often used in permanent surgical implants where the tissue is encouraged to assimilate the implant; the pores in the metal allow for the tissue to attach. When titanium is used for body jewellery it should be highly polished to minimize porosity.

### **SURGICAL STAINLESS STEEL**

The term "surgical stainless steel" is not a technical term. It is a term that was originally coined by knife and cookware manufactures. It brought more marketable value to the material that they used. "Surgical stainless steel" is a generic term for a variety of different grades of steel and is not commonly found in any medical or metallurgical reports. There are no standards set for this type of metal.

## **Implant Grade Stainless Steel**

"Implant grade stainless steel" is a more accurate term for the steel used in body jewellery. There are standards set for what materials can be called implant grade. There are currently only two different types of stainless steel that commonly match these standards: 316L and 316LVM. These materials have been employed successfully in human implants that are in contact with soft tissue and bone for more than a decade.

## **Stainless Steel**

Of the many stainless steels available, only 316L and 316LVM are appropriate for use as body jewellery. When it arrives from the mill the jewellery should be polished to a reflective shine (mirror finish), free from rough edges, tool marks, and wiredrawing lines and pitting which are present in the surface of the steel.

## **SILVER/ STERLING SILVER**

Silver jewellery can often be safely worn in healed piercings, but should never be worn in a new or unhealed piercing or in a piercing that is located in a moist area of the body such as the mouth. Silver is very soft and is easily scratched. Scratches in the jewellery surface can easily irritate even a healed piercing and trap bacteria, encouraging infection.

## **GOLD**

Only solid gold of at least 14 karat (58.3% gold) is appropriate for body jewellery. Gold-filled and gold-plated or jewellery is not appropriate.

## **NIOBIUM**

Niobium is an elemental metal and is strong yet flexible and is slightly heavier than 316L stainless steel. Niobium is chemically non-reactive. Few people are sensitive to niobium.

## **PLATINUM**

Platinum and metals in the platinum group such as palladium are completely inert, making them excellent choices for body jewellery. However, platinum is economically impractical for most manufacturers and consumers.

## **CARE OF NEW PIERCINGS**

Piercings are susceptible to infection during the healing period. Appropriate aftercare is crucial to promote healing and prevent infection. An appropriate aftercare regimen includes cleansing the piercing and jewellery regularly, usually two to three times daily. Cleansing is accomplished by using a skin cleanser that is safe and appropriate for use on broken skin. Cleansers intended for use on intact skin can damage dermal cells and impede healing.

The skin is comprised of two main layers, the epidermis and the dermis. The epidermis is the outermost layer and is comprised largely of dead cells. The dermis is comprised of delicate living cells. The epidermis protects the dermis from outside organisms and chemicals.

Micro organisms, or microbes, include bacteria, viruses, and fungi. If the skin is compromised, or broken, micro organisms may enter and cause an infection.

A product or ingredient described as "ant microbial" is effective against bacteria, viruses, and/or fungi. A product or ingredient described as "antibacterial" is effective against bacteria only.

Because the process of healing a piercing is unlike that of healing a typical wound, no products have been designed specifically for piercing aftercare. As a result, piercing enthusiasts have had to rely on products, which are not ideal for piercing aftercare. Povidone iodine and Chlorhexidine gluconate cleansers were frequently recommended for aftercare during the 1970's and 1980's because more appropriate products were not available at that time. At present, most piercers favor mild antimicrobial skin cleansers. While wound cleansers are more appropriate for aftercare, they are not widely available.

## **AFTERCARE FOR FACIAL PIERCINGS**

Wash your hands thoroughly with antibacterial soap before touching your piercing or jewellery.

The piercing should be cleaned twice a day while it is healing. Over-cleaning can irritate the piercing; do not clean more often unless the piercing has been exposed to dirt, sweat, or bodily fluids. Saline solution may be used to remove dried discharge between cleanings.

Antiseptic solutions containing benzalkonium or benzethonium chloride are often suggested for cleaning ear and facial piercings. Remove dried discharge using a cotton swab and hot water or the antiseptic solution before rotating the jewellery; do not use your fingernails. The disinfectant should be applied liberally to both entrances using a cotton swab while rotating the jewellery. Rinsing the piercing under running water is suggested to remove bacteria and antiseptic residues. If the skin around the piercing becomes red, dry and chapped discontinue use.

Most piercers suggest liquid antimicrobial skin cleansers and antibacterial soaps. The shower provides the best place to adequately lather and rinse piercings. Remove any dried discharge from the jewellery using a cotton swab and hot water before rotating the jewellery; do not use your fingernails. Apply the soap around the piercing and work it into a lather while rotating the jewellery for at least 15 seconds. Rinse the piercing, jewellery and the surrounding area thoroughly under running water. While rinsing rotate the jewellery several times.

Use a clean cotton swab each time you apply soap to prevent contaminating the bottle. Do not use a washcloth or sponge to clean your piercing. Cloths and sponges trap and collect bacteria and mildew. Dry the piercing using a tissue or cotton swabs. Rinse your piercing and jewellery thoroughly with water after showering or bathing to remove soap residues.

Soaking the piercing in warm salt water or using a warm salt water compress helps remove dried discharge and lymph secretions, relieve itching, and increase circulation to the piercing. Use 1/4-teaspoon sea salt or table salt per 8 ounces of water. Table salt and sea salt are both sodium

chloride and essentially the same; table salt simply contains ingredients to alter the taste and improve flow in cooking. Epsom salt is hydrated magnesium sulphate and should not be used. Soaking 10 to 15 minutes once or twice a day is suggested. The tub or container used for soaking should be disinfected using a household disinfectant or bleach solution. If more than one piercing requires soaking, disposable cups should be used. There is no need to clean your piercing after soaking in salt water; however, soaking should not replace cleaning.

Do not allow your piercing to come in contact with cosmetics, lotions, and perfumes, which can cause extreme irritation. When using hair spray cover your piercings with your hand or a tissue.

The most frequent causes of infection are touching the piercing or the jewellery with unwashed hands or contact with unclean items such as clothing, bedding or hair. Do not wear hatbands or bandannas

over ear and eyebrow piercings. In the case of ear piercings use the opposite ear for telephones or place a clean tissue between the ear and the receiver.

Do not allow your piercing to come into contact with saliva (of others and your own) or another person's bodily fluids. Swimming in public pools, spas and hot-tubs may risk infection as one can never be sure of the quality of sanitation and the risk of exposure to bacteria is too great. Although some people have experienced no ill effects from swimming in natural bodies of water, exposure to dirt, bacteria or other micro organisms could adversely affect the piercing or cause an infection.

Laundry detergents containing stain-fighting enzymes should not be used to wash clothing that is in direct contact with the piercing. The enzymes can impede healing. After the healing process is complete you should continue to clean your piercing once a day as part of your bathing or showering routine to prevent accumulation of dirt and dead skin cells.

## **AFTERCARE FOR ORAL PIERCINGS**

Wash your hands thoroughly with antibacterial soap before touching your piercing or jewellery.

Most piercers suggest rinsing with an antiseptic mouthwash after eating, drinking anything other than water and smoking.

Mouthwashes are not intended to be used as often as is typically required for oral piercing aftercare. Mouthwashes with a high alcohol content such as Listerine quickly dry out the tongue's protective mucous layer. Alcohol-free and reduced alcohol mouthwashes such are suggested. If you use an alcohol-based mouthwash dilute 50% with bottled water, preferably distilled. After using any mouthwash rinse with water to reduce mouthwash residues and dryness.

A white discoloration of the tongue indicates that the mouthwash is being over used. When over used the mouthwash dries out the mucous layer of the tongue, upsets the pH and depletes the healthy and necessary bacteria of the mouth. Depletion of healthy bacteria can result in thrush (*Candida albicans*), a fungal infection indicated by a white carpet-like layer on the tongue. Medications for treating thrush are only available with a doctor's prescription. In some cases the condition of the mouth can be restored if frequency of use is reduced. Some people have successfully treated minor thrush by rinsing with warm salt water containing a few drops of Tea Tree oil, which is said to be fungicidal. Oral cleansing antiseptics containing peroxide or carbamide peroxide may be detrimental towards healing when used for a prolonged period. Use of these products in addition to an antiseptic mouthwash is probably unnecessary.

During the first 24 to 48 hours the tongue usually swells to almost twice its normal size. Swelling should not impede breathing. Apply ice and drink ice water to minimize swelling and tenderness. Some people use over the counter anti-inflammatory pain medications to reduce swelling and discomfort. Do not take Aspirin because it thins the blood. Swelling and discomfort should steadily recede during the next 3 to 5 days. The area immediately around the piercing will be swollen for an additional 2 to 4 weeks. The lymph nodes in the neck and under the jaw can respond to the piercing by becoming swollen and tender for a few days. After the swelling has receded, warm salt-water rinses may be used to remove discharge and lymph secretions. 1/4 teaspoon sea salt or table salt to 8 ounces of distilled water is suggested.

Bleeding usually stops immediately with application of ice. The piercing may bleed very intermittently during the next few hours. If the piercing does not clot or bleeds after 48 hours the piercing may have nicked a blood vessel and may require medical attention. Using a needle thicker than the jewellery often results in heavy bleeding. If the piercing bleeds while you sleep or upon waking the piercing may have become dry during the night causing the clot to adhere to the jewellery and reopen the piercing when the barbell is moved.

Tongue piercings produce a discharge just as any other piercing. This discharge is sticky and white to off-white. A dark yellow or green discharge indicates an infection.

The inside entrance of lip, labret, cheek piercings should be treated as described for tongue piercings. The outside piercing should be cleaned following the instructions for facial piercings.

Do not allow your piercings to come into contact with another person's bodily fluids.

Avoid spicy or hot foods. Avoid consuming alcoholic beverages during the first week; alcohol is a chemical irritant and thins the blood, which can cause excessive bleeding and swelling.

While smoking may be irritating but not necessarily damaging to a new piercing the use of chewed tobacco products is highly discouraged in the case of any oral piercing as the use of chewed tobacco has been attributed to oral cancers and lesions.

Get a new toothbrush. Do not chew on pens or other items or share eating utensils or glasses.

Oral jewellery will collect plaque, especially in the crevice between the ball or disc and the bar. Plaque traps bacteria and can cause the jewellery to have a bad odour. Daily use of an anti-plaque rinse will prevent plaque build-up. To remove a build-up of plaque, remove and soak jewellery in an antibacterial denture cleaner following the package directions.

## **AFTERCARE FOR BODY PIERCINGS**

Wash your hands thoroughly with antibacterial soap before touching your piercing or jewellery.

The piercing should be cleaned twice a day while it is healing. Over-cleaning can irritate the piercing; do not clean more often unless the piercing has been exposed to dirt, sweat, or bodily fluids. Saline solution may be used to remove dried discharge between cleanings.

Most piercers suggest liquid antimicrobial skin cleansers and antibacterial soaps. The shower provides the best place to adequately lather and rinse piercings. Remove any dried discharge from the jewellery using a cotton swab and hot water before rotating the jewellery; do not use your fingernails. Apply the soap around the piercing and work it into a lather while rotating the jewellery for at least 15 seconds. Rinse the piercing, jewellery and the surrounding area thoroughly under running water. While rinsing rotate the jewellery several times.

Use a clean cotton swab each time you apply soap to prevent contaminating the bottle. Do not use a washcloth or sponge to clean your piercing. Cloths and sponges trap and collect bacteria and mildew. Dry the piercing using a tissue or cotton swabs. The inside of the navel should be dried thoroughly using a cotton swab. Rinse your piercing and jewellery thoroughly with water after showering or bathing to remove soap residues.

Soaking the piercing in warm salt water or using a warm salt water compress helps remove dried discharge and lymph secretions, relieve itching, and increase circulation to the piercing. Use 1/4-teaspoon sea salt or table salt per 8 ounces of water. Table salt and sea salt are both sodium

Chloride and essentially the same; table salt simply contains ingredients to alter the taste and improve flow in cooking. Epsom salt is hydrated magnesium sulphate and should not be used. Soaking 10 to 15 minutes once or twice a day is suggested. The tub or container used for soaking should be disinfected using a household disinfectant or bleach solution. If more than one piercing requires soaking, disposable cups should be used. There is no need to clean your piercing after soaking in salt water; however, soaking should not replace cleaning.

Do not use bath additives or bubble baths while the piercing is healing.

Do not allow your piercings to come into contact with another person's bodily fluids.

The most frequent causes of infection are touching the piercing or the jewellery with unwashed hands or contact with unclean items such as clothing and bedding. Swimming in public pools, spas and hot tubs may risk infection as one can never be sure of the quality of sanitation and the risk of exposure to bacteria is too great. Although some people have experienced no ill effects from swimming in natural bodies of water, exposure to dirt, bacteria, parasites, or other micro organisms could adversely affect the piercing or cause an infection. Several brands of waterproof bandages can be safely worn over new piercings; the bandage should not put uncomfortable pressure on the jewellery.

Laundry detergents containing stain-fighting enzymes should not be used to wash clothing, which is in direct contact with the piercing. The enzymes can impede healing.

After the healing process is complete you should continue to clean your piercing once a day as part of your bathing or showering routine to prevent accumulation of dirt and dead skin cells.

## **THE HEALING PROCESS**

Finding a piercing-knowledgeable doctor is more difficult than finding a doctor that is piercing-friendly. While a doctor may have the best intentions, s/he may not be knowledgeable enough about piercings to identify problems caused by inappropriate jewellery, inappropriate placement, or a metal sensitivity. Doctors often assume that every problematic piercing is infected when the problem can be attributed to other factors.

Some people are apprehensive to visit a doctor in case of a problem because they think the doctor may disapprove. Your doctor should be professional and should not be morally judgmental or express personal disapproval about your piercings.

## **THE HEALING PROCESS**

### **General Wound Healing Process**

The wound healing process is comprised of three overlapping phases: inflammation, proliferation, and maturation.

During the inflammatory phase, blood vessels contract and red blood cells clot the wound while white blood cells collect in the wound to fight infection.

During the proliferative phase, special skin cells migrate into the wound beneath the crust (scab) and grow. Granulation tissue fills the wound and new capillaries form, giving the tissue its red colour and granular texture. The wound begins to contract and the granulation tissue is soon covered with a layer of epithelial tissue (new skin cells).

During the maturation phase, also known as the remodelling phase, new collagen is formed to create a scar. The wound slowly regains strength as the scar reaches its final size and shape. Scar maturation usually takes at least a year. A scar is only about 80% as strong as the original skin.

### **Piercing Healing Process**

During the inflammatory phase, the area surrounding the piercing will be slightly red, swollen, and may feel warm to the touch. These symptoms should not worsen and should last no longer than a week. Unlike a wound such as a scratch or cut, a piercing cannot heal across tissue layers. A piercing can be thought of as a tunnel whose entire inner surface must heal. If the body is unable to reject a foreign object, in this case the jewellery, it begins the healing process in order to create a barrier against the foreign object.

Because the environment within the piercing is moist, the piercing cannot form a crust. The piercing will produce an exudate (discharge) of lymph and dead cells. The discharge is white to off-white in

colour and dries to a yellow crusty formation around the openings of the piercing and on the jewellery.

As the epithelial layer forms the piercing may constrict around the jewellery. The epithelial layer can easily be torn or dislodged; do not force the jewellery to rotate. The piercing may need to be soaked in warm water to allow the skin to expand so that the jewellery can be rotated.

Once the final layers of skin cells form within the piercing, they must toughen and strengthen. This process often requires 6 months to a year. As the piercing becomes more cohesive the entrances will round inwards, like a donut hole, and the piercing will become more flexible and relaxed around the jewellery. The tissue surrounding the piercing will soften.

If you plan to keep your piercing do not remove your jewellery for any length of time while it is healing. If changing the jewellery is necessary the change must be continuous to prevent the piercing from shrinking or closing.

Most body piercings require at least 6 months to a year before the jewellery can be removed for any length of time without the risk of the piercing growing closed. After the piercing has toughened it will not close but will often shrink, in which case the piercing must be stretched using an insertion taper to reinsert the jewellery.

## **ABANDONING A PIERCING**

Whether or not the piercing completely closes depends on the age of the piercing and the gauge of the piercing. Older piercings, particularly those that have been stretched, will shrink but usually will not close.

If the piercing does not close it will collect dead skin cells and dirt. To prevent accumulations insert a thin taper or jewellery through the Piercing periodically to facilitate cleaning the piercing.

If the piercing has not yet healed and is still producing a discharge it will close quickly if the jewellery is removed. Scarring is usually minimal. Continue to clean your piercing until it closes. Soaking the piercing is beneficial in drawing-out discharge.

If the piercing has only recently healed the interior will probably close. If the entrances of the piercing have started to round inwards, permanent dimple-like scars often result. The interior of the piercing may be felt as a knot or raised line under the skin, which usually shrinks and softens over time.

## **HEALING PROBLEMS**

### **DRY SKIN**

Over-cleaning the piercing, failure to thoroughly rinse the piercing after using a skin cleanser or soap, or using a skin cleanser or soap that is too drying can cause the openings of the piercing to become red, overly dry or cracked. Most piercings do not require cleaning more often than 2 or 3 times a day. A light, greaseless moisturizer or aloe Vera gel may be applied to the skin surrounding the piercing, but should not be allowed into the piercing.

Sensitivity to the aftercare product is usually indicated by extreme itching and burning upon application of the product and may cause a rash of small bumps around the piercing. If you suspect that you are allergic to a particular product, discontinue its use, thoroughly irrigate the piercing, and rinse the affected area with water. If the condition persists contact a physician.

Some people have noticed that the condition of their piercings deteriorates or that the healing process is slowed when they move to an area with harder water. The body usually adjusts to the change. If the irritation continues, use bottled or distilled water until the piercing has healed.

Laundry detergents containing stain-fighting enzymes should not be used to wash clothing, which is in direct contact with the piercing.

## **PROLONGED HEALING**

Prolonged healing is indicated by failure of the piercing to complete the final stages of healing. The epithelial layer may be weak and easily dislodged and the entrances of the piercing often remain ragged. If severely irritated, the area surrounding the piercing may be red and swollen.

The most frequent causes of prolonged healing include:

- Placing the piercing at an inappropriate depth or angle to the tissue
- Piercing in an area that changes shape with body movements
- Wearing jewellery of inappropriate design or dimensions (gauge, width, length)
- Wearing jewellery that is scratched or under polished
- Friction or pressure against clothing / other body parts / other jewellery
- Injury to the piercing
- Chemical irritation or using an inappropriate aftercare product

A darkening of the skin between the entrances indicates that the jewellery constricts the piercing. The jewellery may be too small in diameter or length or too thick in gauge, or the piercing was placed too deeply or at an inappropriate angle to the tissue.

Prolonged healing may indicate migration or rejection or a metal sensitivity

## **INFECTIONS**

The most frequent causes of infection is touching the piercing or the jewellery with unwashed hands or contact with unclean items such as clothing, bedding and hair.

Any infection should be treated seriously. Symptoms of infection may include a discharge of yellow or green pus, pain, redness, swelling, and the area will feel hot to the touch. Infected piercings often bleed.

If the piercing is draining pus, do not remove the jewellery. If the jewellery is removed, the openings of the piercing will close and the infection will not be able to drain, which can result in an abscess. An abscess is an infection that is trapped under the skin. A darkening and hardening of the surrounding tissue, swelling, and pain indicate an abscess. Cartilage piercings are particularly prone to abscesses because of the different layers of tissue involved. Occasionally an abscess will form even if the jewellery is left in place, particularly if the piercing is extremely swollen and constricting around the jewellery. In this case switching to thinner gauge jewellery may allow the piercing to drain. An abscess usually requires treatment with oral antibiotics and may require excision (surgical removal).

An infection may cause nearby lymph nodes to swell and become tender. A doctor should see an infection that does not clear within two to three days or an abscess. Hot compresses or soaking the piercing in hot salt water will encourage the infection to drain and increase blood circulation to the piercing. Use ¼ teaspoon sea salt or table salt to 8 ounces of water. Epsom salt (hydrated magnesium sulphate) is not the same chemical composition as sea salt or table salt (sodium chloride) and should not be used.

The tub or container used for soaking should be disinfected using a household disinfectant or bleach solution. If more than one piercing requires soaking, disposable cups should be used to prevent spreading an infection from one piercing to another. The cloth used as a compress should be disposable or washed in a bleach solution between uses. Compresses should be made of clean disposable materials such as cotton balls or gauze sponges; compresses can be reheated in a microwave oven.

Some people use over-the-counter antibiotic ointments to treat mild infections. However, these products are not intended for puncture wounds, prolonged use, or existing infections.

If untreated, a localized infection can quickly develop into cellulites or a systemic infection. Symptoms of cellulites include red streaks on the skin, swollen lymph nodes, fever and chills. The area surrounding the piercing will be extremely red, inflamed, swollen, and painful, and the skin may develop an orange peel-like texture.

A systemic infection occurs when bacteria and toxins are spread throughout the body by the bloodstream. Symptoms of a systemic infection include fever, chills, joint aches, and an overall feeling of weakness. A systemic infection can be life-threatening if not properly treated. Treatment usually requires oral and intravenous antibiotics.

## **PIERCING MIGRATION AND REJECTION**

Occasionally a piercing migrates towards the surface of the skin or rejects (grows-out). The piercing indicates migration and rejection becoming narrower and shallower, and the jewellery may become visible through the skin. A scar or a dimple often forms where the piercing was originally placed. A piercing, which is quickly rejecting will form scabs where the piercing was originally placed. Healing will be prolonged; the entrances of the piercing will remain red and ragged.

Frequent causes of migration and rejection include:

- Attempting a piercing where not enough tissue is available to support the piercing
- Placing the piercing at an inappropriate depth or angle to the tissue
- Wearing jewellery of inappropriate design or dimensions (gauge, width, length, weight)
- Friction or pressure against clothing, other body parts, or other jewellery
- Injury to the piercing

A piercing should not be attempted if not enough tissue is available to support the piercing. Because everyone is built differently, not everyone is anatomically suited for every piercing. Piercings made in flat areas and areas, which change shape during body movements often, reject. The optimum area to be pierced is one in which the piercing will be perpendicular to the tissue, like an earlobe. The more a piercing deviates from perpendicular, the greater the tension between the jewellery and the tissue. A piercing should not be made excessively deep on the assumption that it will "migrate into place."

Wearing jewellery of inappropriate design or dimensions often results in migration or rejection. A ring that is too small in diameter will constrict the piercing and cause the entrances of the piercing to migrate to Relieve pressure and conform to the curvature of the ring. If a straight barbell is used through a flat area the balls will create pressure against the skin behind them, causing the piercing to migrate forward. A curved barbell will eliminate pressure between the barbell balls and the skin.

Jewellery that is too thin in gauge is more easily rejected. Wearing jewellery, which is too thin, increases the risk of the piercing being torn if the jewellery is suddenly pulled. However, the gauge must not be so thick that the strength of the tissue is compromised.

Injury to the piercing can result in tearing or detachment of the epithelial layer lining the interior of the piercing. The epithelial layer can be torn if the jewellery is sharply pulled or if the jewellery is

forced to rotate when the piercing has constricted around it. Often the piercing must be soaked in warm water to allow the tissue to expand before the jewellery can be rotated. If the epithelial layer is dislodged completely the piercing must form a new layer. If the epithelial layer frequently tears, the jewellery should be examined for rough, under polished areas or scratches. Jewellery that is under polished or scratched will easily adhere to the epithelial layer.

A rejected piercing may be re-pierced after the scar tissue has matured and softened, a process, which may take a year or more. However, since the Skin will never be as strong as it was originally, re piercing behind scar tissue will not insure a successful piercing. The second piercing is usually made behind the scar tissue from the initial piercing; piercing through the scar tissue can be difficult and in some cases very painful.