

# Body Modification:

## Body Piercing Issues in the Doctor's Office



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Body piercing is becoming more common; navels, noses, eyebrows and all manner of other body parts are being proudly displayed with metal and plastic adornments. Physicians are now frequently dealing with the complications of body piercing, including:

- scarring,
- infections and
- potential airway complications.

Understanding the nomenclature and healing times of various body piercing sites is background information that physicians should be comfortable with.

Body piercing has been practiced for thousands of years. Roman Centurions were said to have hung their capes from pierced nipples (this is almost certainly apocryphal) and Egyptian art shows royalty displaying navel piercing. More recently, reports cite numbers as high as 42% of men and 60% of women sporting a body piercing, not including earlobes.

*Physicians are now frequently dealing with the complications of body piercing.*

### Hardware

Familiarity with piercing hardware is of benefit to physicians and nurses. If a piece of hardware needs removal, often patients are unwilling or unable to remove it by themselves. Barbell-type hardware is removed by unscrewing the internally-threaded bead from the shaft of the

barbell. Labret studs are a variant of regular barbells. Captive bead rings are more difficult to remove due to the tension of the ring that holds the bead or portion of ring in place. Eyelets have one removable silicone or latex ring which allows for removal of the piece without stretching the hole in which the eyelet resides (Figure 1).

Ears are by far the most common piercing site. Other than earlobes, the tragus, anti-tragus and helix are often pierced, either alone or in combination. Ear piercing typically heals in two to six weeks, although cartilage piercing, such as a tragus, can take six to 12 months to fully heal.

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Nasal alar piercings heal in six to 16 weeks, but the less common septum piercing can take up to eight months to fully heal. Lip piercings are referred to as "labrets" and are usually placed in the midline of the lip, below the vermilion border. Labrets may also be placed laterally on either top or lower lip and a single stud through the lateral top lip is often referred to as a "Madonna," referring to the "beauty spot" piercing sported by the popular singer. It is also known as a "Monroe" or a "Crawford." A labret piercing typically heals quickly, within six to 12 weeks.

Genital piercing of various anatomical parts have longer healing times in general (Table 1).



Figure 1. Various types of hardware used in body piercing. Images 1 to 4: barbell with internally-threaded bead, captive bead ring with bead in place, simple nose stud for nasal alar piercing and eyelet with one silicone ring removed.

## *Healing*

Healing time is crucial because patients must continue to regularly wash and care for their piercing until it is fully healed. Proper aftercare includes:

- no swimming or immersion in hot tubs,
- avoiding excessive touching of the hardware and
- for genital piercings, avoidance of sexual activity.

The pierced skin can react by hypertrophic or keloid scarring, which can be difficult to manage and often requires referral to a Plastic Surgeon. If there is any skin sensitivity, then there can be local skin reaction to the piercing. This is more likely to occur if the hardware placed is of lower quality or made with nickel or other allergenic metals. The solution to this is to remove or replace the hardware. Another

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possible skin reaction to piercing is erosion of the piercing through the skin. This is more likely to occur if there is tension on the piercing or if the hardware is too short or too thick for the anatomy pierced.

Complications of lip and tongue piercing include:

- chipped teeth,
- erosion of the gums,
- infection and
- possible complications with the airway if the hardware becomes dislodged.

Many patients refuse to have their oral hardware removed during surgical procedures because of the perception that the hole will close in the several hours during and after their surgery. While this is unlikely, one way to mitigate their concern is to remove the hardware, but place a narrow Penrose drain or some other small surgical device through the hole to keep it patent. This can be removed and the hardware replaced once the patient is awake and airway management is no longer a concern.

**Table 1**  
**Healing time guidelines**

Name	Site	Healing time
Ear lobe	Various	4-8 weeks
Ear cartilage	Various	8-12 weeks
Tragus	Various	6-12 months
Eyebrow	Usually lateral third	4-8 weeks
Lip/labret	Midline or lateral	4-6 weeks
Nostril	Supraalar crease	6-16 weeks
Septum	Anterior	6 weeks-3 months
Tongue	Midline, anterior third	8-12 weeks (plus 5-7 days of acute swelling)
Female nipple	Vertical or horizontal	6 weeks-6 months
Male nipple	Vertical or horizontal	6 weeks-6 months
Navel	Usually vertical, superior	3 months-1 year
Clitoral hood	Superior to clitoris	6-12 weeks
Labia minora	Various sites	4-10 weeks
Labia majora	Various sites	4-6 weeks
Triangle	Horizontally at the base of the clitoral hood where it meets the labia minora, inferior to the clitoris	8-12 weeks
Ampallang	Horizontally through the glans	2-8 months (plus several days of bleeding)
Apadravya	Vertically through the glans	2-8 months (plus several days of bleeding)
Dydoe	Through the ridge of the glans, usually dorsal surface	8-16 weeks
Prince Albert	In through urethra, out through frenulum	4-6 months (plus several days of bleeding)
Lorum (low frenum)	Horizontally, underside of base of penis	12-16 weeks
Surface piercings	Various sites, tunneling under the skin as opposed to through an anatomical site	Tend to be rejected or take years to heal

## Complications

Infection arising at pierced sites is very common. These are usually due to common microbes, such as *Staphylococcal* and *Streptococcal* bacteria. Treatment of these infections does not always require immediate removal of the hardware. Treatment with frequent warm

saline or warm water soaks, oral or parenteral antibiotics and frequent reassessment of the wound are often sufficient to treat complicating infections. If the hardware is removed prematurely, it is possible that the piercing will partially heal, causing an abscess. This risk, along with the patient's reluctance to lose the hole that they paid to get, makes a trial of treatment without

removing the hardware a good starting point. If the patient is unable or unwilling to invest the effort in treating the infection with the hardware in place, then delayed wound healing and other complications are more likely to occur.

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As with tattooing, the risk of HIV and Hepatitis transmission during body piercing is directly related to the sterility of the procedure. Although piercing guns are often used for ear-lobe piercing, they must not be used for any other body parts due to the potential for crush injury and the difficulty in sterilizing these instruments properly.

## *Conclusion*

Body modification is a growing trend. We can educate our patients on the care of their body art and help deal with problems should they arise. With proper precautions in choosing a reputable piercer, adequate hygiene and appropriate medical care of any complications, our patients should be able to enjoy their body modification for many years.

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