

# A 'Hole' New World

Healthcare professionals need to be on the lookout for patients with piercings **BY JULIE YOUNG**

**S**COTT DeBOER, MSN, RN, CEN, CCRN, CFRN, a flight nurse for the University of Chicago Hospitals and a medical consultant for the Association of Professional Piercers, said if nurses think their patients aren't pierced, they are simply not looking hard enough. He noted a recent poll at an undergraduate college campus showed 51 percent of the students had some kind of body piercing; therefore, it is time nurses become more knowledgeable about them.

## Increase in Numbers

In 2005, the Association of Professional Piercers had their annual meeting with about 800 attendees who claim to perform on average 1,000 piercings per year. DeBoer said this number is low when you figure in the amount of piercers not affiliated with the national organization.

"It is becoming more prevalent than people think," he said. "There is a whole lot of this going on out there."

Because piercing is a phenomenon that isn't going away any time soon, DeBoer said it is important nurses in EDs, surgery centers and other areas of patient care learn about the types of piercings, risks and care to better serve their patients.

"Any time you insert a needle into someone's body, you are at risk for potential problems," he said. "While there are many reputable piercers who use sterile techniques and take pride in their work, people don't realize it can take months to heal from a piercing."

While infections and deaths have been reported as a result from piercing, he said the number of reported complications to the millions of piercings is relatively low, but if people care for their piercings properly, there is no reason it is not perfectly safe. After all, he noted, piercings go back thousands of years to some of the most ancient tribal and cultural rituals.

## Should They Be Removed?

When a patient presents to the nursing staff preop or in the ED, one of the first things many nurses want to do is remove the piercing. DeBoer said it is important the staff ask themselves why they are removing the jewelry. Are they removing for medical reasons or is



the staff simply uncomfortable by the look of it? Does the piece need to come off because of a scheduled procedure?

"Some say yes and some say no," he said. "If it is not directly in the way of what you are doing, why does it need to come off? We throw tape around a wedding ring, why can't we do the same for a body piercing?"

He said there are some anesthesiologists uncomfortable with leaving in a lip or tongue ring when a breathing tube is inserted in the patient because they don't want the jewelry to become dislodged and cause problems; however, if a patient refuses, the staff may have to respect their wishes and leave it in.

## Piercings 101

When it comes to piercings, there are three common types: barbell, ring and labret. A barbell can be straight, twisted or shaped like a horseshoe. To remove a barbell, one or both of the ends unscrew and the staff of the piece slides out from the tissue.

A labret is similar to a barbell but the term is exclusively used for jewelry inserted into the cheek or the chin. The process for removal is the same.

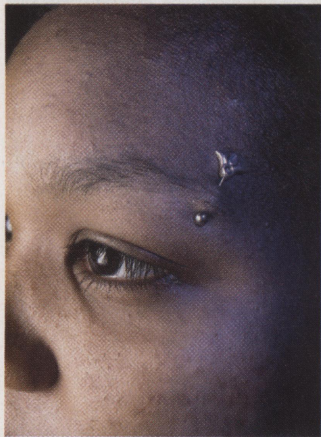
Rings can be elaborate or plain and show up on a host of dif- ➤



ferent body parts. They may have a ball in the middle or look very plain, but in the end, they are all the same thing. A ring is best removed by gently plying the metal open with ring removal pliers. When squeezed, these tools expand the jewelry until it can be removed safely from the piercing.

DeBoer said some hospitals have been known to use bolt cutters to remove the ring. But that actually causes more of a risk of infection thanks to unsterilized equipment and jagged edges left by the cut that now have to pass through the skin.

“From the patient’s perspective, they don’t like to see bolt cutters coming at their bodies either,” he said.



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— Scott DeBoer, MSN, RN, CEN, CCRN, CFRN

Because the issue of piercing has become so common in Europe, DeBoer said some hospitals are considering having a professional piercer on call to deal with these situations while other hospitals are bringing in professional piercers as part of an in-service to educate nurses on the various types of piercings and what they can expect. Nurses also can take a tour of a piercing salon if they want to become better educated on piercing procedures.

“You have better than flip-of-a-coin odds that [a patient has] something pierced,” he said. “If they are able to take it out, it is probably better for them to do so; they probably know more about it than you do. However, if you work in the ED, OR or critical care, you may have to do it.”

### The Ins & Outs

If a piercing does need to be removed due to a procedure, there is a chance the hole can close without something in it. While this is largely a case-by-case situation, DeBoer said there are relatively easy ways to insure the piercing is kept intact.

One system, popular with pregnant women who have to forgo their belly button rings, is

the insertion of sterile fishing line, which helps maintain the hole until she is able to reinsert the ring post-delivery. Hospital staff members who have had to remove piercings for surgery also have discovered they can insert sterile IV catheter line and do a reversal process when the procedure is over to replace the jewelry.

In his article, *Temporary Removal of Navel Piercing Jewelry for Surgery and Imaging Studies*, Oliver J. Muensterer, MD, said patients do need to remove their jewelry before procedures due in part to electrical burns that can occur during electrocauterization and the ability to create artifacts during MRI.

“Despite the increased prevalence of piercings, healthcare professionals remain surpris-

ingly ignorant regarding their periprocedural management. In one survey, only six out of 28 ED physicians were familiar with the opening mechanisms of piercing jewelry.”

He agreed with using catheter line as a spacer for piercings since, in some cases, the tract will not remain open more than a few minutes.

“Even well-healed piercings can shrink or close in minutes after having been there for years. In such cases, reintroduction of the piercing jewelry can be a difficult or time-consuming task,” he stated.

DeBoer lectures about 40 times a year on the medical issues surrounding piercing and eventually developed a piercing jewelry kit for medical centers including a how-to video, demonstrations and the tools needed to remove body jewelry.

“You have to have the training and the tools at your disposal,” he said. “The pliers are only about \$40, made from surgical stainless steel and are autoclavable. Every unit should have a set and know how to use them.” ■

*Julie Young is a frequent contributor to ADVANCE.*

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recipients of the nursing scholarships. Merit will be shown through measures such as GPA, class rank, and academic and extracurricular activities.

### Licensing Process

Another part of the new bill includes streamlining the nurse-licensing process.

“To attract nurses from other states and around the world, we need to make it easier to get a nursing license in Illinois,” Martinez said. “By July of this year, nurses will be able to get their license in 4 weeks.”

While the time it takes to process paper applications for a nurse license will be reduced from 8 weeks to 4 weeks, online applications will continue to be processed within 2 weeks.

To encourage more online applications, the department will add a Web feature to allow applicants to track their licensing process.

“The idea came from a nursing student,” Martinez said. “We’re listening and trying to make Illinois a more attractive place for nurses to work.”

Martinez reported paper applications will not go away, but there will be a significant change in their appearance. He said the new application will resemble a postcard. Martinez’s department will turn to nursing groups throughout the state to help inform nurses about the change, so the new forms will not be overlooked.

He also noted the e-Batch License Renewal system, which enables nurses to renew their licenses through their places of employment, will remain unchanged due to positive feedback.

### Just the Beginning

While members of the ICNR expressed excitement about the new legislation, they also raised several other important issues and ideas to address the nursing shortage in Illinois. They asked about increasing nurse educator salaries, increasing the number of minority nurses and workplace retention.

Martinez said that, from his department’s perspective, this is just the beginning. He is asking nursing groups throughout the state to work with the new coordinators of the Center for Nursing, evaluate the new legislation and come up with more solutions that can be implemented in Illinois. ■

*Kodi Khadivar is regional editor at ADVANCE.*

