



## Risk of Fashion Implications for the School Nurse

by Rita Bowen, BA, RN, C

A student comes to your office excited about the prospect of getting her tongue pierced. "Isn't it cool?" The popular trend of body piercing is on the rise. It is our job as nurses and health promoters to alert students to the facts. Students must be informed about the risks involved so they can make suitable decisions about their bodies. Piercing may be more than an assertion of individuality. This article describes body piercing health risks and treatment methods, and how school nurses can advise students on the risks and care of body piercing.

Although body piercing has been known to many cultures for religious, ritualistic and adornment purposes, and has a long history, there has been a recent resurgence of the practice. Piercing is now done on earlobes, high ear cartilage, eyebrows, tongue, lips, nose, navel, nipples, scapula and genitalia, including the scrotum, foreskin, penis, clitoris and labia. "Jewelry" may include a wide range of unusual and even unique selections.

The motive for piercing may be aesthetics, sexual enhancement, assertion of individuality or rebellion, or just to follow popular fashion. Multiple sites may be pierced to create a shock response from others. This craze for piercing is not limited to a certain age group or life style.

The procedure of piercing is done quickly, without anesthesia, at piercing salons, tattoo parlors, and at home. Students may self-pierce or have a friend do it (especially if they are under-age, or due to parental resistance). A skin punch, gun, or large-gauge needle is used to make the desired opening.

Students may not think past the excitement and enthusiasm of a new look. The risk appears no greater than that of a hairstyle, a change of hair color, or sculpted nails. School nurses have heard it all. "My friend did it, no problem; my parents worry too much, they don't understand; I know someone who pierces, she's really good at it." Evidence shows there are more serious risks involved, however. The healing process takes from 6 months to 2 years depending on the area pierced. The first phase of healing takes three days; the second phase is 6 to 10 months, and the third, from 1 to 2 years (Armstrong, 1998). As you can see, body

piercing can be more of a commitment than a passing fad; the care required post-piercing could be quite lengthy.

The most common complication of body piercing is infection (Anonymous, 2001). Postpiercing instructions for skin care should be given and must be followed, or infection is quite likely to occur. Armstrong (1998) states that wearers should not touch the pierced site unnecessarily, to avoid possible infection; and if infection does occur, wearers should be instructed not to remove jewelry, which may lead to abscess, but begin a more vigorous cleaning program. Organisms contributing to infection are staphylococcus, streptococcus, and pseudomonas. The complications of piercing do not end there. Pseudomonas infection in the ear cartilage is an emergency (Cronin, as cited in Donohue, 2000). Candidal infections are also commonly seen, and cause poor healing and discharge from the navel (Donohue, 2000). Skin tears, keloids, endotoxic shock, "cauliflower ear," airway obstruction, swelling, broken teeth, gum and mouth injury, nerve damage, and contact dermatitis are also possible complications (Abbasi, 2001). An allergic reaction to nickel can cause a simple red rash that subsides after the jewelry is removed, or may result in swollen blisters (Anonymous, 1999). Armstrong (1998) recommends that wearers use only surgical stainless steel, 14-karat gold, niobium or titanium to prevent allergic reactions. Patients with congenital heart disease may be prone to endocarditis after piercing, and should consult with their physician about antibiotic prophylaxis prior to the procedure (Murphy & Risser, 1999). Donohue (2000) also points out that patients who are diabetic or prone to keloid formation should be discouraged from getting piercing altogether. The risk of

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blood-borne diseases such as hepatitis B, hepatitis C, and HIV is also present (Weir, 2001).

Abbasi (2001) tells us that body piercing is barely regulated. Very few states use guidelines, or monitor body piercers. Armstrong (1998) reports that the American and Canadian Red Cross will not accept blood donations from those who have had piercing within the last year. Only a trained person should perform the piercing procedure, and aseptic technique should be used for all sites. Armstrong (1998) recommends that the pierced site should be cleaned twice a day, with a mild antibacterial soap, for at least 6 months. Jewelry should be left in during the initial healing, because reinsertion of jewelry can be difficult and cause irritation. A waterproof bandage should be worn during swimming in public facilities, as a health precaution. At the first sign of redness, drainage, swelling, rash, pain, fever or unusual symptoms or discomfort, medical attention should be sought.

Another aspect to be considered is the psychological and psychosocial effect body piercing may have on the student. Feelings of remorse and self-loathing may occur if the piercing is not well received by peers, or if the wearer is unhappy with the results. The student should be informed that the jewelry may be removed and the opening will close (with the possibility of scarring, however).

When discussing genital piercing, the student should be advised to refrain from sexual activity until the initial healing occurs. Also be mindful that jewelry can puncture or tear condoms. Pregnancy may pose a problem for those with navel piercing; advice from a physician or midwife must be followed.

While counseling your students, the following information will prove helpful: It is advisable that wearers remove or fully tape the jewelry piece to avoid trauma to themselves or others while playing sports. It is a good idea for health offices to have a policy in place to protect students against injury from body piercing. Trauma caused by fighting or companionable bodily contact, may be exacerbated by body jewelry.

Students should be able to see, after careful review of the information provided, that the trend of body piercing is more than a fashion statement. And it is evident that there are health risks involved that must be acknowledged and considered before such an undertaking. Donohue (2000) states that the American Academy of Dermatology strongly discourages the practice of body piercing. School nurses, however, should not discourage students, but provide a supportive atmosphere. They should evince a caring, nonjudgmental attitude to allow the student to feel comfortable about discussing these matters. By relaying accurate and up-to-date information, nurses empower students to make informed decisions about their bodies and their health. You open the doors for discussion, not only in this matter, but prove to be accessible for future

concerns. Body piercing is more than merely “fashionable,” and students must be helped to think critically about this issue by understanding information presented, applying this material to their personal objectives and evaluating the outcome. 🐦

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