

“LOCALIZED PIERCING PIMPLE”

A single pustule occurs adjacent a piercing—often in a recurrent cycle

SYMPTOMS:

- Small, slightly elevated pustule
- Red and inflamed, but contained locally
- May be tender, itch, or burn, though some are painless
- Secretes pus and/or blood when drained or popped

TREATMENT:

- Treat as a minor localized infection
- Over-the-counter antihistamines can diminish itching and inflammation
- Warm saline soaks or hot compresses several times daily; these should be continued daily for two weeks after the problem seems resolved
- Light localized massage may help break up the pocket and prevent it from refilling
- If recurrences continue, a culture may be needed to identify the invading microorganism so you can prescribe medication to target the problem

HYPERGRANULATION TISSUE

Excess granulation tissue is most common on piercings of navels, nostrils, outer labia, and the mucosal surface of lips—though it may also occur on other piercings

TREATMENT:

- The same treatments used on infants’ umbilical granulomas may be used for piercing-related hypergranulation tissue: silver nitrate, electrocautery, or liquid nitrogen; a ligature technique can be used if the lesion is pedunculated
- Some affected piercings do heal successfully, but if the problem proves intractable after treatment, the piercing should be abandoned

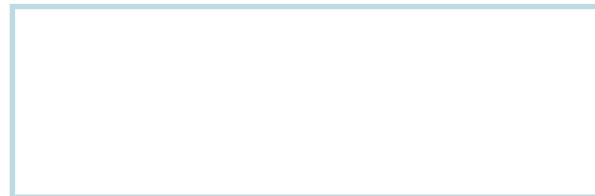
COMPOUNDED PROBLEMS

Any one of the above problems can make additional or secondary problems more likely; i.e. an allergic reaction to a particular jewelry material or care product can make a piercee more vulnerable to secondary infection. Multiple causes are sometimes responsible for complications; i.e. ill-fitting jewelry and poor aftercare. In addition, overall health and stress levels can impact the healing process and should be evaluated and dealt with as a potential cause for piercing complications.

PIERCINGS AND X-RAYS, MRIs, AND CAT SCANS

- Metal body jewelry will result in an opaque density on MRI and x-ray, but will not otherwise affect visibility on film
 - Metal body jewelry causes visible interference and should be removed for CAT scans if in the area of examination
 - Nipple piercings are unlikely to obstruct visibility of pathology on thoracic x-rays if both AP (or PA) and lateral views are taken
 - Appropriate body jewelry is non-magnetic, and as such does not need to be removed for MRI procedures unless it is located in the region being examined (use a strong hand-magnet to test)
 - Even momentary removal of jewelry from a piercing can result in amazingly rapid closure of the channel, and make reinsertion difficult or impossible
 - Non-metallic retainers can often be used to safeguard the patency of a piercing; sterile tubing from a catheter needle can be used as an emergency retainer
- * Please refer to the APP brochures: *Aftercare Guidelines for Body Piercings* (or *Oral Piercings*) for detailed information on the suggested care of healing piercings.

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Disclaimer: The suggestions contained in this brochure are not to be considered a substitute for medical advice from a doctor; they are simply intended to assist you and your healthcare provider in troubleshooting problematic piercings. The information is based on a combination of vast professional experience, common sense, research, and extensive clinical practice, along with input from piercing-friendly medical professionals. Your local piercer may be able to refer you to a piercing-friendly medical professional if necessary.

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BODY PIERCING TROUBLESHOOTING FOR YOU AND YOUR HEALTHCARE PROFESSIONAL



FOR THE PIERCEE: CHOOSING A MEDICAL PROFESSIONAL

Medical personnel have tremendous knowledge of the human body but often do not have specific training about this unique form of body art. As a piercee, you may have more information about the suggested care and maintenance of piercings than they do. It is up to you to make certain that your chosen medical professional has access to facts that will facilitate your treatment.

To save yourself from a bad experience, ask the following questions before settling on a doctor or other practitioner. Is this healthcare professional:

- Accepting of body piercings?
- Experienced in treating problem piercings?
- Willing to consult with a trusted expert body piercer, or seek other resources for information about piercing?

FOR THE PIERCEE: WHEN TO SEE A DOCTOR

If you experience a problem that is beyond the scope of your piercer, the following facts can assist you and your healthcare provider in decision-making about the best care and treatment.

Visit a doctor *immediately* if you have problems with your piercing and you:

- Experience severe redness, swelling, or pain from the piercing
- Have a large amount of discharge that is thick, green, yellow, or gray and smells bad
- Have red streaks coming from from the piercing site
- Take steroids or have a chronic illness or other health condition
- Have symptoms that last for a week or get worse
- Experience fever, chills, nausea, vomiting, dizziness, or disorientation

FOR THE PIERCEE AND THE MEDICAL PROFESSIONAL: IMPORTANT PIERCING FACTS

- When piercings are properly performed and cared for, complications such as irritation or allergy are far more common than infection.
- Even momentary removal of jewelry from a piercing can result in rapid closure of the channel, and make reinsertion difficult or impossible.
- Simply taking out the jewelry may not resolve the problem, and if an infection is present, removal can lead to a more serious problem—the formation of an abscess.
- Most piercing complications can be handled without the piercing being lost.
- Changing aftercare and/or jewelry size, style, or material often resolves problems.

INAPPROPRIATE AFTERCARE IS ONE OF THE MOST COMMON CAUSES OF A DISTRESSED PIERCING:

- Alcohol, hydrogen peroxide, Betadine, Hibiclens, harsh soaps, and/or ointment(s) are **not appropriate** products for the care of a healing ear or body piercing.
- Over-cleaning and using strong products can irritate piercings and delay healing.
- Mild, non-iodized sea-salt or normal saline soaks and/or cleaning with a liquid anti-microbial or germicidal soap once or twice a day is suggested for body piercings.*
- Rinsing with mild non-iodized sea salt and/or antimicrobial or antibacterial alcohol-free mouthwash, 4-5 times a day is suggested for oral piercings.*

NORMAL HEALING PIERCINGS MAY HAVE THE FOLLOWING CHARACTERISTICS:

- Discoloration: reddish, brownish, pinkish, or purplish; can remain for many months on navel, surface, and other piercings.
- Swelling/Induration: localized; may be significant with oral piercings such as the lip or tongue, and usually lasts for several days following the initial piercing.
- Excretion: exudate of interstitial fluid, dead cells, etc. that forms a small amount of crystalline-appearing crust at the openings of the piercing; should not be copious, malodorous, or green.

OINTMENTS ARE NOT PREFERRED FOR TOPICAL TREATMENT OF PIERCINGS:

- They are occlusive and limit oxygen circulation to the area, which can delay healing of this type of wound.
- They leave a sticky residue that makes cleaning the healing tissue more difficult.
- If necessary, gels, creams, or other water-soluble products are preferred for topical application.

MIGRATION/REJECTION

If the jewelry moves closer to the surface or the tissue gets narrower between the openings of a piercing, this is termed "migration." If the piercing migrates past a point of remaining viable or comes all the way to the surface, this is termed "rejection." For safety and longevity, a piercing should have at least 5/16" inch (almost 8 mm) of tissue between the entrance and exit holes.

A body piercing should be abandoned if the tissue between the entry and exit progressively gets smaller or thinner over time plus any of the following:

- The skin between the openings is flaking or peeling, red or inflamed, and/or hard and calloused-looking
- There is 1/4" of tissue or less between the openings
- Just a thin filament of nearly transparent tissue is left, and the jewelry can be seen through the skin

FOR THE MEDICAL PROFESSIONAL: TROUBLESHOOTING PIERCING PROBLEMS

A piercing is a unique type of wound because it is intentional, and healing must take place around a foreign object. This information is intended to familiarize you with piercing complications you might encounter, and the treatments found to be most efficacious.

IN THE EVENT THAT YOU DIAGNOSE A LOCALIZED PIERCING INFECTION:

- **Important:** *removing jewelry in the presence of an infection may result in an abscess.* Quality body jewelry or a retainer of an appropriate size, style, and material should be left in place so the infection can drain
- Isotonic saline soaks and/or hot compresses can encourage drainage
- Bactroban (Mupirocin) cream or gel (not ointment) has been found to be effective for topical treatment of bacterial infections



CONTACT DERMATITIS — METAL ALLERGY OR PRODUCT SENSITIVITY

A skin sensitivity or allergy can be induced by a cleaning product or inferior jewelry that contains too much nickel or other irritating alloy

SYMPTOMS:

- Red, itchy rash surrounds the piercing or covers a large area (up to several inches away)
- The opening to the piercing may appear significantly larger than the size of the jewelry
- Tenderness, though sometimes there is no discomfort
- Skin eruptions below the piercing (where soap suds run during bathing) clearly demonstrate contact dermatitis caused by a cleaning product

TREATMENT:

- Topical or oral benadryl or other antihistamine
- Advise a change to a different jewelry material such as titanium, if nickel sensitivity is suspected, or an approved inert plastic. See the APP brochure: *Jewelry for Initial Piercings.*
- Discontinue current care regimen in favor of a milder cleaning product