


Caring for Surgical Patients With Piercings 2.2 www.aornjournal.org/content/cme

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Purpose/Goal

To provide the learner with knowledge specific to caring for surgical patients with piercings.

Objectives

1. Discuss the social history of the practice of body piercing.
2. Describe the research about individuals who undergo piercing.
3. Discuss the motivations for body modifications such as piercing.
4. Compare nurses' and patients' perceptions of piercing.
5. Discuss the perioperative nursing care of patients with piercings.

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<http://dx.doi.org/10.1016/j.aorn.2016.04.005>

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Francis Duval Smith, MSN, RN, CNOR, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

The behavioral objectives for this program were created by Helen Starbuck Pashley, MA, BSN, CNOR, clinical editor, with consultation from Susan Bakewell, MS, RN-BC, director, Perioperative Education. Ms Starbuck Pashley and Ms Bakewell have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

Sponsorship or Commercial Support

No sponsorship or commercial support was received for this article.

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ABSTRACT

Body piercing, a type of body modification that is practiced in many cultures, creates an unnatural tract through tissue that is then held open by artificial means. Today, professional body piercing is often performed in piercing establishments that are subject to dissimilar forms of regulation. The most frequently reported medical complication of body piercing and similar body modifications, such as dermal implantation, is infection. Patients with piercings who undergo surgery may have additional risks for infection, electrical burns, trauma, or airway obstruction. The published research literature on piercing prevalence, complications, regulations, education, and nursing care is outdated. The purpose of this article is to educate nurses on topics related to nursing care for patients with piercings and similar body modifications, including the history, prevalence, motivations for, and perceptions of body piercings as well as possible complications, devices used, locations, healing times, regulations, patient education, and other health concerns. *AORN J* 103 (June 2016) 584-593. © AORN, Inc, 2016. <http://dx.doi.org/10.1016/j.aorn.2016.04.005>

Key words: *piercing, piercing complications, piercing prevalence, patient perceptions of body art, removal of piercing objects.*

Appropriate care for surgical patients with elective body modifications such as body piercings and dermal implants requires knowledge of health concerns specific to these alterations. A body piercing is the creation of a tract through tissue that is then held open by artificial means, such as an ornamental ring or barbell. A dermal implant is a more permanent modification inserted below the surface of the skin. Infection is the most frequently reported medical complication of such body modifications. Patients with piercings who undergo surgery may have additional risks for infection, electrical burns, trauma, or airway obstruction. They may require special preoperative, perioperative, and postoperative care to mitigate these risks.

In addition, cultural and personal perceptions of elective body modifications may influence the nurse-patient relationship. Nurses should be aware of possible sources of bias concerning modification practices to counteract them and best meet patient needs.

CULTURAL CONTEXT FOR BODY PIERCING

Throughout history and throughout the world, many cultures have embraced body alterations for religious or social reasons, just as other cultures have considered them taboo or abnormal.^{1,2} Although early Western culture rebuked piercing and other body modifications because of the Old Testament's warning to not mark "one's flesh in celebration of other gods,"^{3(p369)} these practices are becoming increasingly more accepted in the West. Other cultures from various geographic locations have long embraced the piercing of specific body sites (Table 1).⁴ The ear is the most preferred site for body piercing, followed by the eyebrow, nose, mouth, tongue, nipple, navel, and genitals.⁵

The reported prevalence of body piercing, or the proportion of pierced individuals in a population, is only an estimate, because reporting by piercing establishments is not required for business licensure. Published studies on piercing prevalence in the United States were conducted between 1998 and 2007;

<http://dx.doi.org/10.1016/j.aorn.2016.04.005>

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