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Oral Piercing: An Overview

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ABSTRACT

Oral piercing has become increasingly popular among young adults in recent years. This is of concern to dental and medical professionals because of the risks and complications to their health. This paper provides an overview of oral piercing and potential complications associated with piercings. Health care professionals are encouraged to educate their patients concerning risk factors, ways to reduce risk factors, and homecare to promote optimal oral health when piercings are present.

INTRODUCTION

Oral piercings have been around for centuries. In our society today, there is a growing popularity for body piercings, especially among young adults between the ages of eighteen and thirty.¹ Oral piercings are mainly seen in teenagers and young adults, and are commonly done for esthetic reasons or to make a personal statement.¹ They are easily reversible, especially when compared to tattooing and other body modification practices.¹ Research studies report women are more likely than men to have piercings.² Almost any part of the oral region may be pierced.³ The most common site is the tongue, followed by the lips. Oral piercings may also be found on the cheeks, uvula, and frenums.³

There are different techniques that may be used during the piercing procedure. Most body modification artists use a technique called the straight piercing technique.¹ The artist assesses the site to be pierced to decide the best positioning of the piercing.¹ After the assessment, the site is marked and the tissue is grabbed with forceps to decrease the feeling around the piercing, as well as hold the site in place.¹ As the needle is pushed through, the jewelry is simultaneously inserted.¹



Figure 1: Stud and Barbell Piercings

The choice of jewelry, along with a safe piercing technique, should be considered to reduce risks and complications.⁴ When the tongue is pierced, the initial piece of jewelry is much larger than a regular-sized piece to allow for swelling.⁴ The jewelry may become embedded if the bar is too small and the body modification artist uses too much pressure.⁴ If the jewelry becomes embedded in the mucosa, it may need to be surgically removed.⁴ Once the swelling subsides, the patient shortens the length of the jewelry to decrease the risk of accidentally biting it and causing trauma to teeth and/or tissues.³ Types of jewelry used in the oral region are studs, rings, barbells, hooks, and plugs.³ Metal is the material most commonly used, but plastic, stone, wood, bone, and ivory may also be used.³ Jewelry should be made of non-toxic metal, preferably 14- or 18-karat gold, titanium, niobium, or surgical stainless steel.³

COMPLICATIONS

Many risks are associated with oral piercings, with some possibly resulting in death.³ The most common side effect is swelling, followed by pain, fractured teeth, infection, hypersalivation, nerve damage, increase in calculus buildup, speech impediments, allergic reactions to the jewelry, scar tissue from tearing of tissues, disease transmission, prolonged bleeding, gingival trauma, and bone loss. Side effects may also include loss of taste, numbness, abrasion, erosion, attrition, cysts, dehiscence, mobility, and difficulty in mastication or swallowing.^{2,3,5,6} These complications largely depend on the site of the piercing, the procedure of piercing, materials used, patient habits, and overall health of patient.³

Reducing risks associated with piercings include choosing correct size and type of jewelry, in addition to correct placement of the piercing.⁷ Patient adherence to post-care guidelines and education in infection control are key elements to reducing complications. The majority of body modification studios do not have adequate infection control standards, which may lead to patients contracting diseases such as hepatitis B, herpes simplex virus, Epstein-Barr virus, and human immunodeficiency virus.⁴ Toxic shock syndrome, blood poisoning, septicemia, endocarditis, syphilis, and other sexually transmitted diseases are other risk factors.⁹ Some research studies claim tetanus and tuberculosis may be transmitted via piercings, although other studies claim no cases have been reported with oral piercings, only ear piercings.^{5,9} Along with poor infection control, there is a lack of proper training for most artists performing piercings.¹ Most body modification artists train via internet videos and books, along with trial and error procedures.¹ Piercers are often unlicensed and have an inadequate amount of clinical and anatomical knowledge, placing patients at higher risk for severe complications, such as nerve damage and disease transmission.^{1,4}

Oral piercings are at risk for infection due to the high number of bacteria and other micro-organisms found in the oral cavity.³ Patients must properly care for piercing following the procedure to minimize complications. Healing times vary between people and types of piercings.⁶ Without complications, the tongue heals within four to six weeks and the lip within six to eight weeks.⁶ The piercing site heals from outside in, so individuals may believe the piercing site is healed prior to complete healing, which may increase the chance of poor after-care.⁷ During the initial healing phase, it is normal for a yellow liquid to secrete from the piercing site, which is plasma, lymph, and dead cells.⁶ Patients should minimize bacteria in the mouth that may cause infection, such as placing dirty objects in mouth (i.e. hands, pens) and sharing eating utensils. Sucking on ice, ingesting cold food and drink, and taking ibuprofen may decrease the swelling of the piercing.⁶ Patients might also use warm salt water rinses, refrain from talking, and avoid smoking, alcohol and spicy food to aid in the healing process.¹⁰

POST-CARE INSTRUCTION

When adjusting to tongue piercing, the patient should use a clean finger or utensil to place the food on the back molars, starting with small bites and chewing slowly to avoid biting the jewelry.⁶ Tongue piercings may be removed while eating after the piercing has healed to reduce risk of biting on jewelry.¹⁰ Once the piercing site heals, the patient should replace the longer bar with a shorter bar that has acrylic ends to reduce the risk of trauma to teeth and supporting structures.⁶ With a lip or cheek piercing, the patient should avoid opening too wide because the jewelry may cause trauma to teeth or gingiva as tissues are stretched and tightened.⁶ Patients should use a new toothbrush following piercing to limit bacteria in mouth from the old toothbrush.⁷ It is recommended to lightly brush jewelry and area around piercing site during healing. As the piercing heals, brush jewelry and piercing site as normal.⁶ Ideally, jewelry should be cleaned after every meal.¹⁰

Research shows it is increasingly common for health professionals to be asked questions about oral piercings, as most people choosing to have piercings are unaware of dangers during and after the procedure.⁴ Piercings in the oral cavity should be evaluated during the dental or medical exam, and health professionals should suggest the removal of oral jewelry for optimal oral health.¹ Dental professionals should remember each piercing is case dependent and may find it necessary to restore function and esthetics to teeth damaged because of oral piercings.¹

Medical and dental professionals should check the balls of the piercing for tightness, clean the piercing with the air/water syringe, in addition to advising patient to brush balls and bar of piercing regularly.⁶ During a procedure that requires jewelry to be

removed, patients should be informed there is a chance the piercing site will close if jewelry is not replaced soon after treatment.³ The American Dental Association (ADA) website includes a one-page printout about piercings that is an excellent resource for patients who either have a piercing or are considering getting one.³

Health care professionals should be knowledgeable about oral piercings to ensure they are well educated to answer patient questions as accurately as possible. Jewelry may be taken out prior to eating and/or sleeping and may be recommended to limit trauma produced during chewing or parafunctional habits while the patient is sleeping, but piercings may close fairly quickly in the oral cavity. Signs of infection are also apparent in the oral cavity. Redness, swelling, heat, pain, and unusual discharge may be signs of infection.^{11,12} The piercing site may become infected for a variety of reasons. The most common reasons include touching site with unsanitary hands, consumption of unsanitary liquid or food, normal bacteria found in oral cavity, and contact with foreign materials.^{11,12} If an infection is suspected, it is recommended the patient contact his or her doctor if he or she has swelling of lymph nodes, high temperature, or a spread in heat and redness beyond the piercing site.^{11,12}

CONCLUSION

It is apparent that oral piercings are becoming much more prevalent in today's society. Because of the increase in oral piercings, it is important for medical and dental professionals to have knowledge about piercings, as they have become primary educators for their patients in regard to oral piercings. Health care professionals should be able to educate their patients concerning risk factors, ways to reduce risk factors, and optimal homecare for oral piercings.

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