

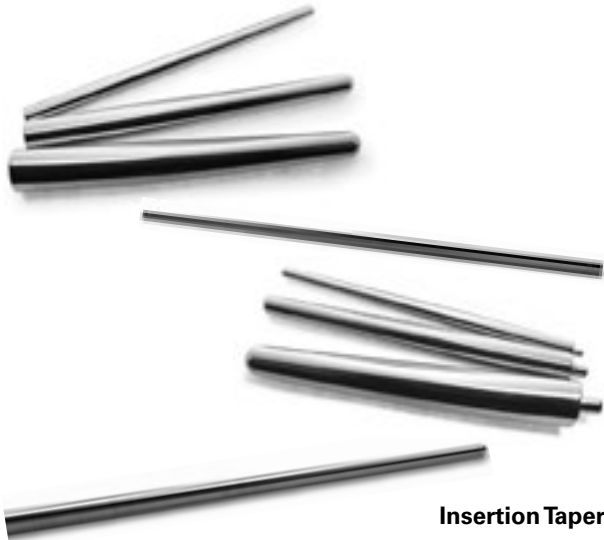
INSERTION TAPERS

If you are unable to wear a retainer and must leave the channel unoccupied, purchase an insertion taper and use it to facilitate jewelry reinsertion as soon as you are able.

They look similar to needles, but there are differences. Tapers are not sharp, though they may be a little pointy in the thinner sizes. Also, they are solid, not hollow like piercing needles. The back end is formed into a concave, convex, threaded, or other shape to fit with specific styles of jewelry. Using the right size and type is key to ensuring the successful transfer of jewelry into a piercing. They come in every standard jewelry gauge and are sized by the measurement at the thicker end. The thinner tip is usually two gauge sizes smaller than the larger end to assure a smooth gradation over two inches or so of length. Tapers are commonly made of implant-grade stainless steel, though other materials are also used.

Internally threaded jewelry uses a pin-coupling taper (the back end is formed into pin that fits into the hole tapped in the jewelry) or a threaded-pin taper (the back end screws into the jewelry). Fixed-bead rings, captive bead rings, and most externally threaded jewelry use a concave taper (the concave back end of the taper fits with the convex end of the jewelry). To avoid an unpleasant surprise, check the fit of your taper with your new jewelry before removing what you're wearing.

If the hole has shrunk a great deal and is very tight, a smaller taper may be needed to open the channel enough to insert thinner jewelry than you had been wearing. Over time you can then stretch the piercing up to its prior size.



Insertion Tapers

Your _____ piercing

is expected to take _____ or longer to heal.

Piercer: _____

Jewelry: _____

Earliest Change/Downsize Date: _____

For any additional information contact your piercer.

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***Disclaimer:** These guidelines are based on a combination of vast professional experience, common sense, research, and extensive clinical practice. This is not to be considered a substitute for medical advice from a doctor. If you suspect an infection, seek medical attention. Be aware that many doctors have not received specific training regarding piercing. Your local piercer may be able to refer you to a piercing-friendly medical professional. For more information, see the APP Brochure *Troubleshooting For You and Your Healthcare Professional*. (2013 version)

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2013 Edition



PREPARING FOR MEDICAL AND DENTAL PROCEDURES

GENERAL INFORMATION

When you undergo medical or dental examinations, treatments, or procedures, you may be asked to remove your body jewelry. However, many piercings (even old ones) shrink or close very quickly and it could be difficult or impossible for you to put jewelry back in once it has been removed. Human bodies vary greatly and nobody can say how long you could leave out jewelry and still reinsert it later. So if your regular jewelry must be taken out, the best course of action is to keep a retainer in the channel at all times to prevent any problems.

That said, it is not always medically necessary to change or remove your jewelry. Your piercer may be able to supply recommendations for piercing-friendly medical or dental caregivers, or help you to educate your own healthcare professional to minimize this issue.

- Discuss your piercing with your healthcare provider prior to scheduling an appointment in which the presence of your jewelry may be an issue.
- Inquire about the feasibility of wearing a nonmetallic replacement when you are asked to remove metal from your body.
- Obtain a retainer before your appointment and if possible get your doctor to approve it so there will be no surprises when you go in for your procedure.
- Arrange with your piercer for an insertion before your appointment if you will require help.
- If you cannot get a retainer in advance, ask your dentist for a sterile floss threader, or a doctor or nurse in the medical office or hospital for a sterile IV catheter or microbore IV tubing.

RADIOLOGY/IMAGING

Studies have shown that removing piercing jewelry is generally not necessary for X-rays, magnetic resonance imaging (MRI), and many other procedures, unless the piercing is *directly in the area of examination or treatment*¹. If you wear metal jewelry, it will be visible on the test results, of course, but this is only a problem when the ornament obscures the area of concern.

MAGNETIC RESONANCE IMAGING (MRI)

Most high-quality metal body jewelry is non-ferromagnetic (nonmagnetic), so it will not react to the MRI equipment. Beware, however, that cheap body jewelry may indeed be a very dangerous problem when getting an MRI. The jewelry can be tested with a strong hand-held magnet prior to entering the MRI suite to determine if it is magnetic or not, and a "scout scan" can be performed by the MRI technician to determine the amount of blurring or artifact from the jewelry.

COMPUTED TOMOGRAPHY (CAT OR CT) SCAN

These do become blurred if metal is present, so all metal jewelry in the region of the examination does need to be removed for this type of analysis.

¹Scott DeBoer et al., "Body Piercing/Tattooing and Trauma Diagnostic Imaging: Medical Myths vs. Realities," *Journal of Trauma Nursing* 14, no. 1 (January–March 2007): 35–38.

ORAL PIERCINGS

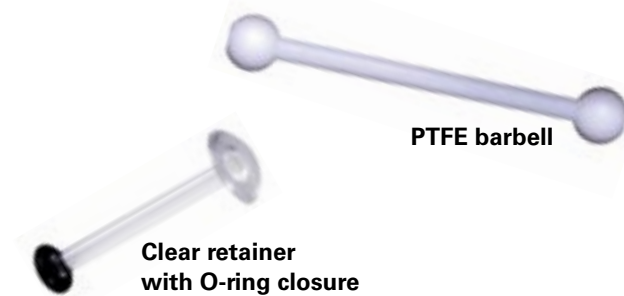
Dental professionals are often particularly disapproving of tongue and other oral piercings. There is justification for their negative attitudes: poorly fitted jewelry and excessive play do cause substantial damage to the teeth and oral structures. But there is never an excuse for a healthcare provider to mistreat you.

RETAINERS

Many studios offer a selection of retainers in non-metallic materials. Some are specific to a particular type of piercing, while others can be used in a variety of placements. Retainers can be worn to keep piercings open when ordinary jewelry must be removed, or for concealment.

Retainers made of glass and inert plastics are common. They may have a ball, dome, or disc on one end and an O-ring closure on the other. Unfortunately, the O-ring is fairly easy to dislodge, especially in oral piercings, so using double O-rings may help. The best of these retainers has a groove in the post to help hold the small O-ring in place, but it can still fall out or worse: the O-ring can become embedded in your tissue. Use caution with glass and acrylic jewelry in small gauges as it can be rather fragile. Flexible inert plastics may be safer, though any lack of secure closure is still a drawback. One style is made of monofilament nylon of the sort used for sutures. The ends are slightly bigger than the piercing and the piece must be forced through your tissue. This may be difficult to get in and out of a snug piercing, or it might easily fall out of one that is looser.

Depending on how long your usual jewelry must be out and what will take place during that time, nonmetallic barbells of PTFE or other inert plastic may be superior because they stay in much more securely. The hook-shaped eyebrow retainer and any other design that is held in by gravity are apt to come out during sleep or physical activity.



REFERENCES

<http://www.peds-r-us.com/Articles/Breasts,%20Bellies,%20Below%20&%20Beyond.pdf>

"Breasts, bellies, below, and beyond: body piercing jewelry and the transfer technique--when in doubt, don't necessarily take it out!" DeBoer S, Seaver M, Vidra D, Robinson B, Klepacki J. *J Emerg Nurs*. 2011, Nov;37(6):541-53.

The Piercing Bible--The Definitive Guide to Safe Body Piercing (Random House, 2009), Elaine Angel

SURFACE ANCHORS

Below is a section you can share with your healthcare professional if necessary:

Dear Healthcare Professional;

Your patient has a type of piercing called a "surface anchor." This is a style of piercing where there is no "front" and "back" to the jewelry; rather, half of the jewelry is seated entirely under the skin.

The jewelry is inserted by piercing the tissue with a standard piercing needle, and manipulating the base of the jewelry into the puncture that has been made. The skin then heals around it and holds the base in place. The exterior portion of the jewelry should sit flush against the surface of the skin.

Because of this, the base of the surface anchor cannot easily be taken in and out like other common styles of body jewelry. It stays in place until the wearer chooses to have it removed by a piercer. At that point, the jewelry may be massaged out; or, a piercing needle may be used again to make a small puncture in the skin against the post of the jewelry. This allows the opening in the tissue to be enlarged just enough to pull the base out. The puncture made to insert or remove the jewelry is on average 2mm in diameter—as small as most common body piercings (or smaller), and no deeper.

This means that surface anchors can be removed only once, and seldom can be reinserted after being taken out. They are made from implant grade materials and are designed to be entirely safe for permanent wear in the body, much like a medical implant. Therefore, removal of this jewelry is not only impractical, but unnecessary for most medical tests and procedures. They will react the same way any medical implant would in radiological examinations such as X-rays, MRIs, CT scans, and surgical procedures.

For more information contact the Association of Professional Piercers, at info@safepiercing.org, or call toll-free (888) 888-1APP or visit www.safepiercing.org.



Surface Anchors