

The Need for Standardization of Practice Among Tongue Piercers

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A few years ago in the course of a discussion on art, a question was raised that I had never really thought about before: What *is* art and who are we to try to define it? For me, the answer was surprisingly simple and clear. Art is an expression of the contents of the very depths of the soul of mankind; it is a tangible monument to the sacred place in one's being that no other mortal can traverse.

Until the moment when I articulated that definition and finally comprehended its implications, I had never been troubled by the question of the "evolving face of art."

As an age-old *ritualistic* practice in ancient civilizations, tongue piercing symbolized status.^{1,2} The practice has recently become popular in Western culture as a form of *body art*. Despite well-documented risks associated with the practice of piercing^{3,4} and the warnings of health professionals, its popularity continues to grow.^{5,6}

As a follow-up to a *Journal* article I wrote on tongue piercing in Edmonton, Alb.,⁶ I resolved to investigate the standards of practice of tongue piercers in the city. What I found surprised even me.

Training and Legislation

Training for the practice of tongue piercing is completely unregulated. Tongue piercers apprentice anywhere from a week to a year. There are no formal guidelines or licensing requirements for tongue piercers in Alberta, or indeed in the rest of Canada. However, each *registered* piercing studio in Alberta is required to follow the health standards and guidelines for body and ear piercing as well as the general health standards and guidelines set by the regional health authority. There are no laws prohibiting untrained and unregistered persons from practising in unregulated and potentially unhygienic environments. Many of the piercers I talked to favoured legislation to help standardize training and to make unauthorized practice illegal.

Age Limits and Consent

All persons under 18 years of age require parental consent prior to a piercing. Two piercers reported that they would not pierce the tongue of minors under the age of 15 even with

parental consent except in very special cases, and then only after "individual assessment of adequate facial development."

Screening of Patients

All clients are required to complete and sign a waiver which serves as a consent form, medical screening document and notes form. The waivers themselves are not standardized and fail to provide information on the potential contraindications of performing surgical procedures on patients with heart murmurs, prosthetic valves or transplant organs; on anyone taking drugs such as coumadin, which may cause prolonged bleeding; or on otherwise medically compromised patients (i.e. possibility of lowered resistance to infection, delayed healing and bleeding risks for clients with hepatitis B or C, advanced HIV/AIDS or liver dysfunction).

Pre- and Post-Operative Counselling

All piercers provide standard pre-operative counselling. However, I found a wide discrepancy regarding types of mouth rinses prescribed post-operatively (from alcohol-based Listerine, non-alcohol-based Oral B, biotin, butadiene or Amosan, to "any type of rinse"), which raises the question of whether piercers are well informed about the contents and effects of mouth rinses.

Piercers provided standard patient education on such major topics as the possibility of chipped teeth. However, only one piercer went on to say that in recognition of this problem, he strongly advised clients to downsize barbells.

Documentation of Procedures

Although documentation is kept by all piercers, it is not as meticulously kept as medical or dental documentation. For one thing, documentation is limited to the information supplied on the waiver — probably not enough in case of an infection, a future piercing or a medico-legal matter.

Protocol for Infection Control

This is the most standardized practice of registered piercing establishments, which is not surprising considering it is the only aspect of piercing that is regulated in any way (i.e., by a

health board). All instruments and needles are autoclaved and disposed of appropriately in sharps bins.

Spore tests are done every month and site inspections are routinely carried out.

If piercings become infected, the majority of piercers do not refer the client to a dentist or physician. One piercer reported that he had never seen an infection as a result of tongue piercing, and others admitted that when a piercing becomes infected, the client tends to visit another piercer. Contrary to dentists' advice, most piercers advise against removing the barbell if infection occurs.

Recommendations

While registered tongue piercers appear dedicated and skilled in their art, there is still much work to be done to ensure the health and safety of their clients. Tongue piercers need to consider the following:

1. Redesign and standardize patient screening procedures for medical and other potential complications and, if concerns are identified, have their clients consult a physician.
2. Consult medical or dental personnel to obtain information or help in case of post-operative complications. Tongue piercers need to be educated as to the importance of encouraging their clients to use this service.
3. Lobby for standardized training and ensure appropriate legislation is drawn up in the interest of public safety.

Public health is the concern of all health professionals. By working with tongue piercers we can contribute to their continued education and help maintain a high standard of health for all Canadians. ♦

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The views expressed are those of the author and do not necessarily reflect the policies or opinions of the Canadian Dental Association.

References

1. Armstrong ML, Elkmark E, Brooks B. Body piercing: promoting informed decision making. *J Sch Nurs* 1995; 11(2):20-5.
2. Boardman R, Smith RA. Dental implications of oral piercing. *Oral Health* 1997; 87(10):23:31.
3. Wright J. Modifying the body: piercing and tattoos. *Nurs Stand* 1995; 10(11):27-30.
4. Reichl RB, Dailey JC. Intraoral body-piercing: a case report. *Gen Dent* 1996; 44(4):346-7.
5. Scully C, Chen M. Tongue piercing (oral body art). *Br J Oral Maxillofac Surg* 1994; 32(1):37-8.
6. Botchway C, Kuc I. Tongue piercing and associated tooth fracture. *J Can Dent Assoc* 1998; 64(11):803-5.
7. Shteyer A, Howell RM. Tissue reactions to chronic irritation of the tongue in germ-free and conventional rats. *J Oral Surg* 1970; 28(2):109-12.

What You Should Tell Your Patients

If your patients enquire about tongue piercing, remind them to:

- consider any health problem or related medications that may adversely affect piercing (epilepsy, immunocompromised status, bleeding tendencies);
- review the real dangers (some potentially life-threatening) associated with this practice before making a decision;
- never use an unregistered piercer;
- enquire about a piercer's training and experience;
- insist on being shown the facilities, equipment sterilization procedures, evidence of spore testing, the health board's seal of approval, etc.;
- request pre-operative and post-operative counselling and information;
- make sure gloves are worn;
- ensure ear piercing guns are not used (they are prohibited);
- use only 14K gold, titanium or niobium jewelry (no plastics);
- see a dentist or physician if infection occurs;
- downsize barbell once swelling subsides to avoid tooth fracture and irritation of lumen;
- check for loose barbell (to avoid aspiration) and make sure there is no calculus build-up (to avoid welding of barbell);
- follow oral hygiene regimen and watch for chronic irritation or poor healing (literature⁷ suggests true healing of lumen doesn't occur, hence inflammation may put patient at high risk of cross-infection after 4-week healing period);
- practice safe sex and avoid high-risk sexual behaviour beyond the healing period.