

THE POINT

*special large
gauge issue*

letter from the editor

Dear Members and Subscribers,
If you haven't noticed, The Point has undergone some changes recently. This issue is quite a bit larger than any published before; this is a special 'Large Gauge Issue'. (In order to serve those who are not on-line better, we have included a complete member list.)

With the steady growth of piercing as a business, an art form, and a science; techniques and procedures involved are becoming far more concise. The media features piercing on a daily basis to boost ratings, Legislators work towards regulating (or making illegal) body piercing, and the untrained/ unqualified/ unethical sprout out of nowhere, spreading hazards within the industry. This makes the goal of the APP clearer than ever: Health, Safety, and Education: to piercers, health officials, and the public, respectively.

The Point as an open forum will serve as a powerful tool in setting the record straight. Our new columns include: Business Forum- covering issues within the operation of a piercing studio. Chemicals (in the workplace)- explaining the how's and why's of various cleaners, skin-preps, and disinfectants we use everyday

FYI- this section has a wide aspect of characteristics, reexamining the common, as well as the implicit, with the assumption that there is no prior knowledge on the subject.

This is in addition to our regular staple of letters, updates, and legislation; making this publication a balanced diet of Health, Safety, and Education.

Enjoy,
Jeff Martin
Editor

APP
ANNUAL OPEN MEETING

May 25-27th, 1998
Maxim Hotel
Las Vegas, Nevada

**WORKSHOPS
AND SEMINARS**

**Hotel info/
reservations:**
800.634.6987
Ext.4350-Tonya

APP info: Curt Warren
Event Coordinator
801.463.7070

this issue:

business forum: incorporating - 8

FYI: thoughts on biology - 4

thoughts on threading- 6

updates- 2

legislation- 2

letters- 3

in the news- 7

member listing- 9

media buzz- 13

Healthcare professionals- 12

chemicals- 6

bill of rights/basic ten- 12

The Point

The Association Of
Professional Piercers
519 Castro ST BOX 120
San Francisco CA 94114
<http://www.sfo.com/~app/>
app@sfo.com

Editorial phone:

404.378.9100

Editorial e-mail:

bskellie@mindspring.com

A.P.P. toll free information

888.515.4277

Advertising:

404.378.9100

Subscriptions

404.378.9100

[Editorial]

Editor-Jeff Martin

[Layout]

Liz Getschal/Jeff Martin
René Martin/Brian Skellie

[Contributors]

AL. D
Kent Fazekas
Liz Getschal
Pat McCarthy
Brian Skellie
Curt Warren

[Circulation]

Brian Skellie

Fall 1997: Quarterly

Phone Cards

I am writing this letter on behalf of the entire board of directors of the APP. For the past several months, the APP has been selling phone cards as a fund-raiser. The idea was a good one and it did help the APP raise some much-needed money. Unfortunately, the company that sold us the phone cards and provided the telephone service (Destiny Telecomm) has gone bankrupt. Therefore, the telephone/long distance service that came along with the card is no longer good. All and any APP member shops will continue to honor the 10% discount, so hang on to your cards. They can still be useful.

I want to apologize from the bottom of my heart. This is not what the APP wanted to happen by any means. I hope for your understanding.
Kent Fazekas, APP Chair
(Ed.-the final profit was \$323.00 on these cards before recall.)

APP Attended 1997 APHA Conference

The APP provided information regarding body piercing and its relation to public health issues at the 125th Annual Meeting & Exposition of the American Public Health Association, in Indianapolis, Indiana. The meeting was expected to attract more than 10,000 national and international attendants from medical and health related fields. This was the largest public health related conference in the world. The conference was held November 9th through 12th at the Indiana Convention Center, 100 S. Capitol Avenue.

Representing the APP were Derek Lowe, Curt Warren, David Vidra, Al D Sowers, Jeff Martin, Steve Joyner, Brian Skellie, Dr. Jack Ward and Kent Fazekas. For further information, please contact Kent Fazekas at (317) 259-1950

legislation

Bills waiting for approval:

New York State -A6516

"A bill to regulate piercing, includes no-minors (except ear lobes)."

Florida-S606

"Died in Committee on Health Care 5/02/97, carried over until 1998.

Requires written consent for minors 16 and up."

Massachusetts-

Presented by Rep. Michael G. Bellotti 1/01/97

New draft presented 5/29/97, house no. 4511

New Jersey- On June 23, 1997 the state assembly passed two bills.

Bill no.2493, and no.2546 (Requires parental consent for piercing of minors.)

Missouri-SB 369

Introduced by Senator John T. Russell February 1997

"A Bill relating to the prohibition of the piercing of minors"

North Carolina-SB 916 May 1997

A bill to regulate body piercing by the Board of Cosmetology.

Florida-S606

Provides for regulation of body piercing by the Health Department.

Died in committee May 1997, revised and carried over to 1998.

If you know of anything new please contact the A.P.P. Legislative Liaison: Al D. at 206.706.0333

<http://www.wolfenet.com/~ald/>
Mail to: ald@wolfenet.com

letters

The A.P.P. receives thousands of letters a year, here are a few selections:

Long term effects of oral

Ten Steps for Writing to Your Legislator:

1. Keep it simple. A single page will suffice.
2. Keep it personal. No form letters or e-mail "Spam".
3. Be concise. Stick with your issue.
4. Be proper. Senators and Representatives are addressed as "The Honorable", "Dear Senator" and "Dear Representative".
5. Be Polite.
6. Be thankful. Always thank your legislator for their time.
7. Always provide documentation to support your issue.
8. When citing existing bills always include the bill number.
9. Ask for a response.
10. Keep a copy of your letter for future reference.

piercing

Tonight (Ed.-Sept. 2?) on the Channel 5 News (Ed.-KPIX news San Francisco) was a story about a woman who developed bone loss resulting from her 18 month old tongue piercing. The barbell was "softly but consistently" tapping away the bone beneath the gums, readily apparent on the x-rays. She now requires reconstructive surgery. On the video, she appeared to be receiving endodontistry (root canals). Her dentist will be publishing a report on her case. He said that he "would feel very comfortable in saying 90% of people that are wearing a Labret or barbell through their tongue will over a course of 2, 3, or 4 years have some evidence of bone loss."

In the last year several dental industry articles questioning the safety of oral piercings have been published in the US and Canada. All of these articles have warned of the risk of infection, damage to teeth and soft tissues and possibly bone loss. The most recent of which appeared in the July issue of the Journal of the American Dental Association (Ed.-JADA July 1997, page 1017 "Body Piercing Involving Oral Sites" by Sheila S. Price, DDS, Ed. D; Maurice W. Lewis, DDS). I was listed as a reference but was never contacted nor interviewed. A reporter from the AP wrote an article on the JADA article and interviewed me (my comments never appeared in print); he also interviewed Derek Lowe of the APP after I introduced the existence of the APP to the AP reporter. JADA made no mention of the APP in their article. I worked for an Endodontist before I began piercing. He would be shaking his head at me about the damage my tongue and Labret jewelry has caused over the last 4 years! Earlier this year I posted about the damage to my inner lower gums (and likely bone) caused by my first tongue piercing. The piercing was far forward to begin with; as it stretched pressure between the barbell and my gums increased. After nearly 3 years, an indentation had been created and the area became tender to pressure. I had my tongue re-pierced further back and wear a very short barbell, which almost eliminates contact. I still have a pronounced indentation in my gums. My most recent dental x-rays, taken in May, appeared fine, although I didn't get that close a look at them. I'll be visiting another dentist soon (for something

unrelated) where I'll have more x-rays. My Labret has caused some gum erosion over the last 3 years as well. In the last 2 years I've seen and read of cases of gum erosion and tooth damage caused by oral jewelry over the long-term. In some cases, changing the dimensions or style of the jewelry or replacing the piercing eliminates problems. Obviously, these risks exist, and I've emphasized these risks in the Piercing FAQ. Unfortunately, bone loss cannot be detected upon visual examination by the piercee or the piercer. Anne Greenblatt, Piercing FAQ Manager for rec.arts.bodyart, <http://www2.ba.best.com/~ardvark>

Piercers respond

Yes... We know it can be a danger. That's why placement is paramount. Let them ban Smoking and Red Meat and I'll stop Oral Piercings. I always warn my clients about the possible problems. Keith Alexander Modern American BodyArts, Inc. 718/680.9775 <http://www.cybercondo.com/pub/bodyart/keitha2@idt.net>

These recent dental studies certainly have a knack for overstating the obvious negative possibilities of something that scares them. Competent professionals should be fully able to describe such risks when asked. Furthermore, we usually will go into far greater detail about common reactions any body may have to a piercing and jewelry. Brian Skellie Piercing Experience bskellie@mindspring.com (404) 378.9100

More on long term effects of oral piercing in 'Media Buzz'

Editor's note:

Unfortunately, everything we put in our mouths results in changes. From pH, to soft tissue damage, to bone deterioration (if I remember correctly, in the 80's the ADA had a serious grudge against Jawbreaker candy). Long term problems with piercings have only recently been recognized. Where as placement (was the

piercing in question placed at an angle as to come into direct contact with the bottom inside of the gums?), piercee usage (how they talk, eat, etc.), and jewelry selection (what gauge, length, ball diameter. In some cases placement of multiple piercings causes them to push forward on the bottom.) greatly affects the outcome of the piercing. Piercers should provide information to piercees about potential risks, although I do truly doubt that 90% of oral piercings are problematic. I would like to see a study verifying these claims-Jeff

Aftercare ideas

Many people have heard horrible stories about infections occurring in fresh piercings. Sometimes the piercer is blamed. While there is no doubt that the sterility awareness in a large portion of people calling themselves piercers is less than adequate, more often than not, the blame lies with the piercee. Please keep in mind the amount of less-than-clean-surfaces your hands contact each and every day; Money, doorknobs, banisters and railings, bathroom fixtures, pets and other people's hands to name just a few. By paying very close attention to the cleanliness of your hands, one may drastically reduce the possibility of introducing a potentially harmful organism into a fresh piercing.

The only time you should touch your new piercing is when cleaning it. Make sure to use an antibacterial liquid soap to thoroughly clean your hands before cleaning your piercing. Above all, learn to listen to your body. Cultivate an understanding with your physician. Educate yourself. Educate those around you who have genuine concerns about the safety of piercing. The more you understand the phases a piercing goes through, the less you will panic at the initial signs of a possible problem.

Don't be afraid to ask as many questions as you need to ask. There are literally hundreds of subtle variations to individual questions. Other than the obvious areas of training and study, experience is what separates one piercer from another.

Piercing is an ancient and enchanting activity, practiced in practically every culture on this planet. Pagans and Christians, Pre-Industrial to Post-Modern, Young and Old. All find Self-awareness, Sensuality and Excitement

Fall 1997 Newsletter

with a safe and sane approach to Body Piercing and Play.

Keith Alexander

Modern American BodyArts, Inc.

462 87th Street Brooklyn NY 11209

718/680.9775

www.cybercondo.com/pub/bodyart

keitha2@idt.net

More aftercare ideas

A word or two about Iodine based solutions in regard to cleaning fresh Body Piercings. Iodine based products have never been well suited for cleaning fresh piercings. Especially above the neck, where they can cause serious problems in and around the eyes and ears.

Betadine/Triadine™ is intended to be used as a skin prep prior to surgery. Surgeons also use it as a pre-surgery hand cleanser. It is intended for use on Non-Broken skin. The label states "External use only". Of course anyone with an Iodine allergy or sensitivity could not use these products. If an Iodine solution is left in contact with the skin for prolonged periods of time, a sensitivity problem may develop. This is called Contact Dermatitis. Some Iodine solutions also contain Citric acid. "Would you like a little lemon juice for your navel Piercing, Ma'am?" Thought not.

Up until a few years ago Betadine™ was the standard suggested aftercare. Hibiclens™ was also suggested. Hibiclens caused it's own little parade of problems. It seemed as if the optimum ingredient had yet to be invented.

Lately however, full-time Piercers have had great success with the many liquid soaps containing the active ingredient Triclosan. Triclosan seems to be a gentle yet effective way to clean new Piercings. While nothing is perfect for 100 percent of Piercees, this may be the best general method currently available. Of course, Piercers don't all agree, but that's another soap opera.

It seems that every soap manufacturer produces a product containing Triclosan. Even Palmolive™ dish washing liquid is available with this ingredient (not suggested for Piercings). In fact Triclosan is so common, some health care professionals we've spoken to fear the time when bacteria become resistant due to the overuse of this ingredient.

Dial, Neutrogena, Almay, Johnson's & Johnson's, SoftSoap and Lever 2000

Liquid Anti Bacterial soaps™ are all good, thorough cleansers when used regularly and correctly. They also have the important advantage of being readily and widely available. If the colors and fragrances unfortunately included in most of these soaps causes a rash, try another one with a different list of ingredients.

There are a few alternative products that are less readily available but may be just as (if not more) effective than the products mentioned previously. Clearly Natural™ is a soap that contains a small amount of Iodine and Provon™ is a liquid soap with the active ingredient Chloroxylenol 0.3%. For Ear, Nostril, Septum and the outside of Lip and Cheek Piercings the active ingredient you are looking for is Benzethonium Chloride 0.13%, commonly found in solutions like Sensitive Ears™.

Many Piercees concoct home brews containing various mixtures of Chamomile, Goldenseal and other herbs. Do some serious research if this is the route you choose.

After removal of all dried matter secreted to the jewelry (using hot water), the liquid soap should be gently worked into the Piercing by rotating the jewelry carefully. Leave the soap in contact for only one minute and then rinse for a minute more. Keep it simple. Also, Alcohol is an inflammatory. Inflaming a Piercing is not good. Don't use Alcohol. Please. And anyone who thinks Anti Bacterial ointments are appropriate for use on Body Piercings, please read the product label at least once. "Not for use on puncture wounds". Piercing. Puncture. Different words, same idea. And saline is just not strong enough, but often provides great relief to affected Piercings when used as a hot soak. Make sure to rinse the salt water out of the piercing with clean, warm water. There is a big difference between Infected and Affected. In this case, Affected means slightly red and/or swollen.

Hot compress' help speed up your blood circulation and bring healing co-factors to the afflicted area. A hot compress a few times a day has nursed a great many angry piercings to a happy ending. Remember, you are not trying to kill anything, you are just trying to give your body a helping hand, so to speak. Listen to your body and watch the results you are getting. Don't jump from method to method and product to product. Give your chosen method some time to

become effective. Try to clean the Piercings at the same times each day. If your Piercing is truly infected, a trip to the doctor may be the only responsible choice. However, try to speak to a Doctor who is familiar with Piercing. If you have or find an MD who understands the Piercing urge, please ask for his or her permission to forward their names to your local Piercer, The APP and us, for inclusion in a resource list

By the way... Bactine™ is intended for scraped knees, not nipple piercings.

Keith Alexander

Modern American BodyArts, Inc.

462 87th Street Brooklyn NY 11209

718/680.9775

www.cybercondo.com/pub/bodyart

keitha2@idt.net

FYI

by Liz Getschal

When I returned to school to work on my science degree, I learned a lot that related to piercing. After taking Biology II, I have become familiar with a variety of basic concepts and words that I urge anyone practicing body piercing to become comfortable and familiar with. Having begun my own apprenticeship with a minimal amount of knowledge about human anatomy, tissue structure, physiology, blood composition, and other related topics, a lot of answers that I thought I had were challenged in an entirely new context. Briefly, there is a lot of misinformation floating around about the scientific points related to piercing. It seems to me that this comes from piercers making educated guesses about what they see. I want to share my opinion in the hopes of shedding some light on how important it is for us all as an industry to work towards gaining credibility in this department. We have all had experiences of sharing specific information with clients, and seeing right away that you've had defied a stereotype in their mind. Proving yourself knowledgeable reinforces the trust between client and piercer and bit by bit leads to change of public perception. In turn, this shift can also help legislation efforts

We tread in largely unlegislated territory as we work with the way epidermal

tissues behave; get exposed to blood, other body fluids, and a host of pathogens; and deal constantly with a clientele of healing piercings. Body piercing is certainly not medical in nature, yet it is more involved in most ways than any other non-medical cosmetic procedure. We know too well that almost anybody with a sharp object can call themselves a piercer with virtually no repercussions for the damage they do and no obligation for any formal training. (Although happily this is changing in many places!) We also know that even hairdressers and manicurists are required to do rigorous apprenticeships, many classroom hours of formal instruction, and pass science material to qualify for licensure. However, their practices entail far less risk of disease transmission and none of the risks and responsibility involved with subcutaneous procedures. With risk comes responsibility! Our industry is lucky to have as many people as we do who are committed to formal apprenticeships and continuing education. Even still, all of us could benefit from having a full spectrum of solid scientific knowledge under our belts. As much as I'd like to suggest just picking up a Biology textbook at your local college bookstore, having taken this course I cannot imagine it without the resources that accompany taking the class itself. The lectures, labs, and access to consultation with a teacher are indispensable. Although it's a challenging class, the complexity is greatly offset by having a continuing practical application for the information. My suggestion is to find a way to take (at least!) Biology or Human Anatomy and Physiology.

At this past Orlando meeting, there were two wonderful presentations made by doctor/piercers on a variety of beneficial topics. They touched on anatomy, physiology, etc. and used a slew of big medical words. Many of us admitted to being intimidated and overwhelmed by the terminology. Being able to follow a presentation of this kind is really only a small part of the overall importance, though. While we don't need to familiarize ourselves with all scientific jargon, a great deal of it is not only necessary, but also extremely useful. We need to be able to talk the talk when speaking with health and safety officials when we get involved in negotiating and

hammering out the details of legislation in our respective areas. Factual knowledge is one of our most powerful resources when it comes to effecting change in legislature and public opinion. How can we expect to be taken seriously if we don't know what we're talking about when it gets down to the nitty gritty? But perhaps the biggest reason to get this kind of education for yourself is to contribute to providing clients with a community of truly safe, responsible, committed professionals. The few facts presented from this course and text are far from the limit of what's applicable and important in relation to piercing. I also do not mean to imply that after a single Biology class one would necessarily be done with their piercing-related education. They are simply a few examples of interest, a little something to get you started thinking about looking into it on your own. Enjoy them- and did I happen to mention it's fun?!

- Cartilaginous tissue contains no blood vessels at all. Chondrocytes (cartilage cells) receive nutrients and oxygen via diffusion from surrounding cells.
- Acclimation is a response to repeated stimulus that the brain eventually perceives as being unthreatening and thereby unimportant. This is why some medical practitioners apply firm pressure to an injection site with their finger for about tens seconds prior to giving a shot. If there is only a short amount of time between the finger being pulled away and the injection, the patient often feels less of a sensation. The same principle may apply to a piercing.
- Your urine is not sterile to your own body. However, it is non-pathogenic as long as the individual does not have a urinary tract or bladder infection or other health condition that would interfere.
- Arteries and arterioles carry blood away from the heart and veins and venules carry blood to the heart. The full circuit of vessels that the blood passes through starting and ending with

the heart is the aorta, arteries, arterioles, capillaries, venules, veins, and vena cava.

- The sensing of stimuli that arise from within the body is known as interoception. Interoceptors detect internal stimuli related to muscle length and tension, limb position, pain, blood chemistry, blood pressure, and body temperature.
- Homeostasis is the maintenance of a relatively stable internal physiological environment in an organism and involves different forms of feedback self-regulation.
- The skin contains two different forms of thermoreceptors, which detect and respond to changes in temperature. One response to too much heat is vasodilation of the blood vessels in the area, which increases the amount of blood flow in the area. Hot compress anyone?
- A stimulus that causes or is about to cause tissue damage is perceived as pain. Such stimuli elicit changes in heartbeat and blood pressure, as well as reflexive withdrawal of body segments when the stimuli arise from external sources. The receptors that produce these effects are called nociceptors. They are located throughout the body, especially near surfaces where damage is likely to occur and the thresholds of these sensory cells vary.
- Macrophages, neutrophils, and natural killer cells act together with natural barriers on the body surfaces (skin, digestive tract, and respiratory tract) to provide a first line of defense against invading microbes.
- If an invader gains entry to the body, a second line of defense comes into play. Within the body, circulating cells function as roaming patrols, killing foreign cells by means of a battery of nonspecific defenses, including chemicals.
- The skin is the largest organ of the vertebrate body, accounting

Fall 1997 Newsletter

for 15% of an adult human's total weight. Packed among the skin cells are many other kinds of cells: one square centimeter contains 10 hairs and muscles, 100 sweat glands, 15 oil glands, 3 blood vessels, and 200 nerve endings, including 25 pressure sensors, 12 heat sensors, and 2 cold sensors.

**Text: P.H. Raven and J.B. Johnson.
1996. BIOLOGY, 4TH EDITION.
Wm. C. Brown Communications,
Inc., Dubuque, Iowa.**

thoughts on threading

Threading --- one of those touchy issues for piercers and piercees alike. Seems to me that, like so many other topics relating to piercing, everyone has a very strong opinion about where they like their threads. It's been my experience, having used both in most possible situations, that each has its own unique advantages and disadvantages. I think there is very little dispute over the fact that an externally threaded piece of jewelry is generally VERY strong and secure, once in place, perhaps sometimes more so than an internally-threaded piece (this can especially be said of the thinner gauges). However, getting that external thread through the piercing can be the most difficult part of the procedure for you, and is often more painful than the piercing, from the piercee's perspective. I like to follow my needles with jewelry of the same thickness (I feel confident about the majority of my transfers, I don't like to be bled upon any more than necessary, and I don't feel that a thicker needle makes the piercing heal any more rapidly). Apart from the discomfort of installing threads through the fresh piercing, it seems to me that the threads tearing the inside of the newly-cut hole defeats the purpose of the very precise, VERY sharp needle. Isn't the result of this somewhat like what occurs with a blunt piercing tool (i.e. an ear-gun, or even a used needle)? For piercers who prefer to use a thicker needle, or in the case of threads which "couple" to the needle being used, the transfer may not feel any different to the piercee, although the bleeding and extra trauma associated

with the former are, I think, often unnecessary.

Another reason that I tend to lean toward internal threads is the "seating" of the barbell inside the countersunk ball. I think often this technique, when applied correctly to jewelry, tends to create a smoother transition between bar and ball, thus rendering the piece more suitable for body wear in a fresh hole. For every rule, there must be an exception or two. Many of my clients choose to have 18-gauge jewelry installed in nostrils, eyebrows, and ear cartilage (they are made aware that often slightly thicker jewelry has a better chance of healing for many people, but some DO opt for the thinner). As an example, in the case of an 18-gauge circular barbell installation in a helix piercing, where the threads are external, I will use a very slightly larger needle, so that the threads are not put through the freshly cut hole. I feel that this is a valid option.

Okay, well, I tried to be as fair as possible, but I'm obviously partial to one side. With a couple of exceptions, from my experiences moving through actual procedures with this type of stuff, I almost always choose to use internally threaded jewelry. This is my school of thought but I'm always open to convincing. I'd like to hear more from jewelry designers and manufacturers, piercers and piercees alike.

Adam Schufman
Skin & Bones
Dallas, TX

getpoked@onramp.net

χημικαλο

Understanding the hazards of handling and mixing chemicals is essential to safe use. Many of us came to the industry and took up the common uses of customary chemicals in practice, accepting them without much further study. The view that someone else has laid for us our foundation, and a practitioner could simply begin from there is common, but naive. A published record of research and testing by piercers is far too scant. We find a great part of our sources in health and clinical sciences with parallel goals. Applied research provides us with more safety through our broader understanding of how what we choose to use can accomplish a task. There is plenty of motivation to learn firsthand working knowledge of how all the substances we deal with function on the biochemical level. This indicates a need for the dissemination of timely research on the chemicals and combinations that have been used in practice piercing. Getting from point A to point B with the least amount of trouble can be streamlined and simple when we make our decisions based on current and valid research, as opposed to opinions.

Upon first glance, the practical applications of detergent, antiseptic, and disinfectant chemicals appear as straightforward as reading the labels. In the process of learning about what has been commonly used in piercing practice, surprising data relating to a few of these substances indicated a need for further study. Most of us remember that Betadine and Hibiclens may have seemed safe enough for piercing care depending on how you read the bottles. Serious concerns of conscience among piercers who had used those chemicals, and finding safer substitutes with varied degrees of success, changed a great deal about our common practice.

Substances do not always perform as expected or believed in living situations. In most cases, one learns about a thing through scientifically testing its limitations. Many studies demonstrated that BAK (benzalkonium chloride) and BZK (benzethonium chloride) could be ineffective as antiseptics for piercing and care. This presented possibilities for uses or failures that were not apparent in literature provided with the products. Their mildness may be their downfall. The conclusion maintained foremost was

**Why haven't we
heard from you
lately?
All submissions
are welcome.**

that BAK and BZK, as cationic surface active agents, can be neutralized by the alkali or base substances that exist in nearly every kind of soap or shampoo and naturally occur in some skin. The chemical residue may also be irritating, contribute to lumps forming, and accelerate or enable metal dermatitis.

This presents pitfalls when used to clean or prepare skin for piercing, or for aftercare. The long chains of fatty acid molecules that make up surfactants, like BAK and BZK, ideally bond with alkaline substances so that particulate matter on the skin can be rinsed away with water. Most people wash their bodies with some form of sudsy detergent shampoo or soap that changes their skin to a more base or alkaline pH. This renders BAK and BZK inactivated and incapable of providing the antiseptic qualities necessary to adequately degerm skin prior to piercing. Degreasing skin with alcohol does not significantly enable any antiseptic properties, and it makes contact dermatitis more likely. Therefore, their use may be hazardous considering that the surface does not get as clean, and may be more irritated than expected.

The same inactivation occurs when skin is prepared with iodine based antiseptic wiped away with BAK or BZK. Whether done before or after the piercing, it sacrifices the desired protection the skin needs from harmful biological material during and immediately after the procedure. They neutralize each other, leaving PVP-iodine rendered useless as an antiseptic. Without the necessary eight minutes of exposure time prior to breaking the skin, it is less clean than it should be.

If BAK or BZK are used after piercing, any residual antiseptic effect (useful for protection for the short period of time until the piercing seals) is lost, and an irritant coacervate forms. This is an excess of the chemical, bonded to both inorganic and organic material in the coagulum (crust) in the piercing wound site. Contact dermatitis mimicking metal allergy was found as a common result of this buildup. A person could cause thicker, darker colored scars at the site of his or her piercing by following aftercare faithfully using BAK or BZK. If it is the only thing they think is an option often piercees keep on using a chemical, ignoring any reaction unless it hurt them until later stages of hyperplasia set in, and a lump appeared. The

microbiological effect of this coacervate, which cannot kill most common germs and even provides nutrition for their breeding, can lead to rapid infection of the wound. Bathing presents other problems. The necessity to rinse thoroughly enough to remove the majority of the detergent residue increases the possibility of infection from *Pseudomonas* and other organisms (e.g., mold, yeast and fungus) in ordinary tap water because of chemical tissue irritation.

Further study indicates questionable efficacy against a broad enough amount of common germs to be used successfully as antiseptic or anti-infective. This presents dangerous prospects for cross contamination and allergic reaction in the home during aftercare and in practice at the studio if used as a pre-piercing skin preparation. This can lead to infections and reactions, otherwise avoidable.

The simplest practical solution is substitution of a more thorough antiseptic that will not be neutralized in normal use. Sensitive skin preparation as well as aftercare can be effectively achieved by the antiseptic PCMX (parachloro-meta-xylene) in three tenths of a percent strength (0.3%, i.e., Provon medicated lotion soap (Gojo) available for personal and professional use). Three percent forms of PCMX (3.0%, i.e., TechniCare (CareTech Laboratories) for professional use) are very effective at the job of skin preparation, but may sting slightly or be irritating to some people with sensitive skin if used for aftercare. Moreover, noting on aftercare instructions for piercees to look for changes in their own skin color or texture at the site will allow them to see the signs protect themselves against contact dermatitis from any cleanser used.

Note: One very inexpensive replacement for both BAK and BZK is sterilized distilled on swabs or gauze to wipe away residue of skin preparative antiseptic. Moistened with distilled water and pre-sterilized by autoclave in sealed nyclave plastic tubing, they can be stored for individual use or included inside instrument packs.

Further information will become available in the near future as research on biochemistry continues.

in the news

Television

American Journal aired an interesting show covering the dangers of body piercing (August 20th), at first I thought that it was going to be another bad press-day, on the contrary. The program showed the most despicable form of mutilation, (using ear-piercing guns on tongues, nipples, navels etc.) while exposing the general public to the virtues of the A.P.P.

Michaela Grey spoke briefly on Sterilization, cross contamination control, and the risks taken when blindly going into anywhere to be pierced.

Good job Michaela!
(Ed.-I can't speak for all shops, but our studios had quite a few clients asking for proof that we were members of the "Association of Professional Piercers".)

The Web

New Member sites:

Body Accents <http://www.e-com3.com/bodyaccents/> (Stop by and see Kent, Myra, and Darrell.)

Cold Steel

<http://www.users.dircon.co.uk/~c-steel/index.htm> (Under Construction - can't wait to see it!)

URBAN ABORIGINALS

<http://www.wolfenet.com/~ald/> (Informative, clean and simple.)

Barbarella <http://barbarella.se> (Check out the morphing jewelry-cool.)

Body Work Productions

<http://www.bodyworkprod.com> (Check out the photo gallery. When Dave takes pictures, he does it right.)

KOI body piercing

<http://www.digitalpla.net/~koi> (Under Construction-nice logo, charming photo gallery.)

TSD <http://users.why.net/cenobite/>

(Allen Falkner's Artistic Body Suspensions-up and running again)

Perforations

<http://access.digex.net/~perforat> (D.C. based member site)

Piercology <http://www.piercology.com>

(Simple well presented site)

Skin and Bones

http://www.hotweird.com/~skin-n_bones/ (Under construction...)

Fall 1997 Newsletter

Steve's Tattoo & body piercing

<http://www.inxpress.net/~piercer> (Still working on the site, looks great so far....)

Newspapers/Magazines

The San Francisco Chronicle

Saturday, August 30, 1997 · Page A20
Printed in the Sacramento in Review section,

"Body Piercing -- Would require parental permission to pierce most body parts of teenagers; AB99; Runner, R-Lancaster; 25-4; to the Assembly for a vote on Senate amendments."

The San Francisco Bay Guardian

July 16, 1997

Katharine Mieszkowski wrote:

"...But the irony of the ever widening range of people who will pay to have a piece of metal stuck in them -- housewives, bank tellers, grandmas! -- is that it is at once a great boon and a threat to the integrity of the inherently fringy piercing industry. With new demand for holes of all types, shady hacks looking to earn a fast buck are making some unkind cuts, or so says the Association of Piercing Professionals, an alliance of piercers that circulates health and safety information in the unregulated piercing world. Since there are currently no laws about piercing in California and almost all other states, any idiot with a sharp object can put out a signboard and open for business. Increased demand brings out the charlatans, according to the APP, as well as many well-meaning but ill-trained practitioners who simply don't know what they're doing...."

"...Most APP members wouldn't deign to use an ear-piercing gun on any part of the body. Since the gun's moving parts rely on speed to make the hole, blood and flesh can get trapped inside. It's impossible to disinfect the gun with high levels of heat and pressure, the sterilizing method health-conscious piercers prefer, because the gun would melt. Can you say hepatitis? Even worse, these guns are now being used on other parts of the body, like navels and eyebrows, which even piercing-gun manufacturers caution against...."

"Hemispheres" Aug-97 (summary of an article that appeared in the United Airlines in flight magazine)

Article: Generation Xcess
Writer: Michael K Meyerhoff., Ed. D.
Executive Director of The Epicenter Inc.,
The education for parenthood information center, Lindenhurst Ill.

Dr. Meyerhoff states that, " every new group of clueless old fogies looks with dismay upon the weird styles of its teenage children. The challenge for today's parents is determining whether their kids are indulging in bad behavior or just bad taste.

If intergenerational skirmishes are becoming open warfare between you and your child, pick your battles wisely. Doing whatever is necessary to enforce parental authority may lead your child to do whatever it takes to escape it." The paragraph that most interested me read as such:

"Granted, many of today's trends are more drastic and invasive, but even with fads like tattoos and body piercing, you have to assess whether your child has been reasonably discreet or has truly disfigured her/himself. As abhorrent as they may be to you, a nose ring and a rose on the shoulder are misdemeanors, not felonies, and you can save yourself a lot of trouble by reserving zero tolerance for real crimes like substance abuse, truancy and shoplifting. If he or she enlists in the French Foreign Legion, you have a right to be irate, or otherwise, settle for irritated and patiently wait for the current obsession to pass."

Bravo to Mr. Meyerhoff!

Al D.

URBAN ABORIGINALS
ritual body modification
<http://www.wolfenet.com/~ald/>
<mailto:ald@wolfenet.com>

If you know of any news concerning body piercing, please send it to the Editor.

business forum

by Pat McCarthy

This is the first of what I hope will be many columns designed to help new piercings salons become established and hopefully give some food for thought to older salons. I first want to introduce myself, and give a little personal background. My name is Pat McCarthy, and my partner and myself own three different business in Columbus, Ohio. One, of course, is a piercing salon called Piercology. I have been a piercer for 7 years and an APP member for the last 3 years. The second business is a screen printing shop where we produce all types of printed garments. The third is a leather shop which sells all types of fetish wear and toys. I have a Bachelors of Science in Industrial Design and a minor in Marketing. In owning these three businesses, we have gained a fair amount of knowledge that I think can be beneficial to "The Point" readers. My goals with this column are simple, to help others run successful business and succeed.

Some of the topics I have been approached about covering are Marketing, Advertising, Taxes, Ordering Jewelry, Insurance and others. However, I want to receive input from you "The Point" reader as to what you are interested in.

Please email me at:

adornit@netwalk.com

Or, write me at: Piercology, Inc. 874 N. High St., Columbus, OH 43215.

Looking forward to hearing from you and your ideas.

Incorporating

To incorporate your business or establish it as a sole proprietorship is a question every piercing salon should consider. I would recommend that any person trying to make this decision talk to two people. The first person you should talk to is your lawyer. If you don't have a lawyer, you should. Yes, there are kits that you can help you do it yourself, however, I would recommend having this done by a professional. There is too much at stake not to have it done right. There are many questions you should ask your lawyer, two of the most important are the cost of incorporating, and will it help secure any personal wealth and property

in the case of a lawsuit. Another question should be, what type of corporations does your state allows? Yes, different states offer different type of corporations. There are Sub chapter "S" Corporations, Limited Corporations, as well as others. Each one holds there own pro's and con's.

The second person you need to talk to is your accountant. Some questions you need to ask them are; what are the tax advantages or disadvantages to incorporating. They will in-turn ask you questions like, how many employees do you think you will have now, and in the future? Do you want to offer health benefits to your employees? Do you want to set up a retirement account, like a 401K? Yes, even if you have a small piercing salon with a couple employees you can easily offer all these. If you have contract labor employees they can also take advantage of some of these benefits. As a side note, a lot of the piercing salons I've talk to have contract labor employees that should be employees of the business. Please check you local labor laws, because the IRS can and will tack on hefty fines and back taxes. These taxes can easily put a salon out of business. Don't let that happen to you.

For most piercing salons, I think you will find that the advantages of incorporating outweigh the sole proprietor business. However, each of us will have a different comfort level. Having your personal wealth semi-protected in a corporation is the deciding factor for most.

One last thing I think every piercing salon owner should have is a umbrella insurance policy. You should be able to get this from almost any insurance company. This helps protect any personal assets you might have against a business lawsuit. The umbrella policy will not cover your business, but it will help protect your personal wealth, if you are named in a lawsuit.

I hope this will answer some of your questions. I am looking forward to helping the piercing community.

Changes in APP Board

With change come new ideas and inspirations. Without further ado, The new board of directors:

Kent Fazekas, Chair

Body Accents, Inc.
5420 N. College Avenue, Suite A1
Indianapolis, IN 46220
317.259.1950
<http://www.e-com3.com/bodyaccents>
fazekas@indy.net

Gahdi Elias, Vice Chair

Mastodon Body Piercing
4683 Mission Blvd.
San Diego, CA
619.272.1188
Mast@inetworld.net

Derek Lowe, Secretary

Steve's Tattoo and Body Piercing
1148 Williamson St.
Madison, WI 53703
608.251.6111
<http://www.inxpress.net/~piercer>
piercer@inxpress.net

Brian Skellie, Treasurer

Piercing Experience
1654 McLendon Ave.
Atlanta, GA 30307
404.378.9100
bskellie@mindspring.com

David Vidra, OSHA/Legislative Liaison (NEW)

Body Work Productions
2710 Detroit Avenue
Cleveland, OH 44113
216.623.0745
<http://www.bodyworkprod.com>
bodyworkprod@earthlink.net

Al D, International Liaison (NEW)

Urban Aborigines Body Modifications
7615 Aurora Ave.
Seattle, WA 98103
206.706.0333

<http://www.wolfenet.com/~ald>
ald@wolfenet.com

John Ward, MD, Medical Liaison (NEW)

"Dr. Jack"
2751 Virginia Ave Suite 1F
Shreveport LA 71103
bones@softdisk.com
pager:800.849.2404

Curt Warren, Coordinator

KOI Piercing Studio
1301 South 900 East #7
Salt Lake City, UT 84105
801.463.7070
<http://www.digitalpla.net/~koi>
cwarre01@sprynet.com

Jeff Martin, Outreach Coordinator

Obscurities Inc.
4000-b Cedar Springs
Dallas, TX 75219-3505
214.559.3706
jmartin@eaze.net

**We give special thanks to
Michaela Grey for her
intense dedication to the
industry and organization.
We wish her well in her new
career! She can be reached
by email at mgrey@sfo.com**

Business Members

Arizona

Sea-Rod Piercing
Carrie Black
2616 N. Steves Blvd
Flagstaff, AZ 86004
(520) 526-9400

Body Creations
Debbie & Jerry Frederick
5008 W Northern St 7
Glendale, AZ 85301
(602) 934-9964

Fall 1997 Newsletter

California

Gauntlet, Inc.
Sky, Crystal Cross
8722 Santa Monica Blvd
West Hollywood, CA 90069
(310) 657-6677
<http://www.gauntlet.com>

Mastodon Body Piercing
Gahdi Elias
4638 Mission Blvd
San Diego, CA 92109
(619) 272-1188
gahhdi@ix.netcom.com

Primeval Body
Crystal Cross
4647 Russell Ave
Los Angeles, CA 90027
(213) 666-9601
primeval@pacifcnet.net
<http://www.pacifcnet.net/~primeval>

Thirteen B.C.
Michael Kraemer, Rob Reimer
7661 Melrose Ave, Suite 1
Los Angeles, CA 90046
(213) 782-9069
ThirteenBC@aol.com
<http://members.aol.com/ThirteenBC/index.html>

Darrin's Exotic Body Piercing
Darrin Walters
PO Box 6325
Concord, CA 94524
(510) 685-4221
dlwalt@ix.netcom.com

Florida

Body Piercing by Bink
Bink Williams
741 N. Monroe St.
Tallahassee, FL 32301
(904) 681-0060
vulmax@aol.com

Georgia

Piercing Experience
Brian Skellie, Liz Getschal
1654 McLendon Ave
Atlanta, GA 30307
(404) 378-9100
bskellie@mindspring.com
misliz@mindspring.com

Hawaii

Paragon
Gus Diamond
1667 Kapiolani Blvd.
Honolulu, HI 96814
(808) 949-2800

Indiana

Body Accents, Inc.
Kent Fazekas, Myra Shoults
5420 North College Ave, Suite A1
Indianapolis, IN 46220
(317) 259-1950
Fax: (317) 259-7450
fazekas@indy.net
<http://www.e-com3.com/bodyaccents>

Kentucky

The Hole Thing
Greg Dinkens
345 S. Limestone St
Lexington, KY 40508
(606) 258-9069
GDinkens@aol.com

Louisiana

Rings of Desire
Elayne Binnie, Tisha Palicki, Brian Civallo
1128 Decatur St, 2nd Fl
New Orleans, LA 70116
(504) 524-6147

John Ward, MD
"Dr. Jack"
2751 Virginia Ave Suite 1F
Shreveport LA 71103
bones@softdisk.com
pager:800.849.2404

Massachusetts

Miraculous Creations
Rosemarie Pulda
310 Park Ave.
Worcester, MA 01609
(508) 755-1379
buzz@miraculouscreation.com
rose@miraculouscreation.com
<http://www.miraculouscreations.com>

Michigan

Splash of Color II
April Williams

220 M.A.C., Suite 210
East Lansing, MI 48823
(517) 333-0990

New Jersey

Pleasurable Piercings
Adam Bloch/Bill Krebs
417 Lafayette Ave.
Hawthorne, NJ 07506
(201) 238-0305
NeedleBoy@aol.com
<http://www.pleasurable.com>

New York

Gates Professional Body Piercing
Jeff Roberts
2304 15th St
Troy, NY 12180
(518) 422-0018

Modern American Body Arts, Inc.
Keith Alexander
462 87th St
Brooklyn, NY 11209
(718) 680-9775
keitha2@mail.idt.net
<http://www.cybercondo.com/pub/bodyart>

North Carolina

Earth's Edge Body Boutique
Byron Weeks
4001-G Country Club Rd
Winston-Salem, NC 27104
(910) 765-7898
BPIERCER@aol.com and
bpiercer@webtv.net

Ohio

Bodywork Productions
David A. Vidra
2710 Detroit Avenue
Cleveland, OH 44113
(216) 623-0744
FAX: (216) 623-0745
bodyworkprod@earthlink.net
<http://www.bodyworkprod.com/>

Piercology
Pat McCarthy
874 N. High St
Columbus, OH 43215
(614) 297-4743
adornit@netwalk.com
<http://www.piercology.com>

Stained Skin Studio
 Kat Dearwester
 1255 N High St
 Columbus, OH 43201
 (614) 297-SKIN
<http://www.netset.com/hellcity>

Oklahoma

Body Piercing by Nicole
 Nicole Summer Garrett
 2722 E. 15th St.
 Tulsa, OK 74159
 (918) 712-1122

23rd Street Body Piercing
 Jason King and Chris Stephens
 411 NW 23rd St.
 Oklahoma City, OK 73103
 (405) 524-6874

Oregon

The Black Hole
 Tracy Faraca
 2946 NE Glisan
 Portland OR 97232
 (503) 231-0712

Texas

Backbone Body Modifications
 M. Keith Hertell
 4741 Fredericksburg Rd
 San Antonio, TX 78229
 (210)349-6637
backbone@txdirect.net

Minx Body Impressions
 Margaret Ficello
 1621 N Main #2
 San Antonio, TX 78212
 (210) 225-2639
minx@world-net.net

Minx Body Impressions
 Chris Zinnel
 3505 Blanco Rd
 San Antonio, TX 78212
 (210) 737-6094
minx@world-net.net

Obscurities
 Allen Falkner (TSD), Jeff Martin, Rene'
 Martin, Steve Joyner
 4000-B Cedar Springs
 Dallas, TX 75219-3505
 (214) 559-3706
2obscore@airmail.net
allen@obscurities.com

<http://users.why.net/cenobite/>

Taurian
 Byriah Dailey, Michael Heath, Michael
 Joiner
 1505 Westheimer Rd.
 Houston, TX 77006
 (713) 526-2769

Skin & Bones Body Piercing
 Stace Maples, Adam Schufman, Kevin
 Hinton, Sandee Mendelson
 2811 Main St
 Dallas, TX 75226
 (214) 741-HOLE
getpoked@onramp.com
<http://www.skinandbones.com>

Utah

KOI Piercing Studio
 Curt Warren
 1301 south 900 east #7
 Salt Lake City, Utah 84105
 (801) 463-7070
koi@digitalpla.net
<http://www.digitalpla.net/~koi>

Washington, D.C.

Perforations
 Onabe Tashi
 900 M St NW
 Washington, DC 20001
 (202) 289-8863
perforat@access.digex.net
<http://www.access.digex.net/~perforat>

Washington

Urban Aborigines Body Modifications
 Al D Sowers
 7615 Aurora Ave
 Seattle, WA 98103
 2067060333
ald@wolfenet.com
<http://www.wolfenet.com/~ald>

Wisconsin

Steve's Tattoo & Body Piercing
 Derek Lowe(FAQ Maintainer)
 1148 Williamson St
 Madison, WI 53703
 (608) 251-6111
piercer@inxpress.net
<http://www.inxpress.net/~piercer>

The Piercing Lounge
 Robert M. Beyer
 520 University Avenue Suite 120
 Madison, WI 53703
 (608) 284-0870

Europe

Barbarella Piercing
 Joakim Eriksson
 HB Box 31172
 Goeteborg, S-40032 Sweden
piercing@barbarella.se
<http://www.barbarella.se>

Cold Steel Int., Ltd.
 Grant Dempsey
 228 Camden High St
 Camden Town, London
 United Kingdom NW1 8QS
 (0171) 267-7970
c-steel@dircon.co.uk
<http://www.users.dircon.co.uk/~c-steel/index.htm>

23 Rue Keller
 Dominique Minchelli
 23 Rue Keller
 Paris, France 75011
 (011) 331-4700-7360

Gorlubb Piercing
 Jack Rubini
 Gasvaerksvej 6B St.
 1656 Copenhagen V.
 Denmark
 Tel/Fax: +4533253926
gorlubb@post1.tele.dk

Pacific Rim

Johnny Two Thumbs
 Mann Bahadur
 14, Scotts Road #04-101
 Far East Plaza
 Singapore 228213
 (011) 7353710

Body Piercing Specialists, Ltd
 Jane Johnson, Shane Johnson
 Level 1, 292 Broadway Newmarket
 Auckland, New Zealand
 00649520-6754
bodypier@icon2.net

Fall 1997 Newsletter

The APP Basic Ten Health & Safety Guidelines

- 1) Ear piercing guns are not adequately sterilizable. Because of this, and because they can cause serious, permanent damage to body parts including earlobes, I agree not to use ear piercing guns in my practice.
- 2) I agree that all needles used will be presterilized, used on one person, in one sitting, and immediately disposed of in a medical sharps container.
- 3) I agree that all forceps, tubes, etc. used will be presterilized, stored in sterile bags, and used on one person, in one sitting. After one such use, they must be autoclaved.
- 4) I agree that all reusable, nonsterilizable implements, such as calipers, should be nonporous and disinfected after each use with bleach solution or a commercial hard-surface disinfectant liquid.
- 5) I agree that as many supplies as possible, including corks, rubber bands, etc. should be presterilized in an autoclave or cleaned with disinfecting liquids, stored in a clean, closed container, and disposed of immediately after use on one person.
- 6) I agree that a new pair of latex gloves (sterile or nonsterile) should be worn for every procedure, and gloves should be changed whenever the slightest chance of cross-contamination might occur.
- 7) I agree that the room used for piercings, as well as the bathroom and other common areas, should be kept scrupulously clean and disinfected frequently. All surfaces should be nonporous, to allow them to be cleaned with bleach solution or other disinfecting liquids whenever cross-contamination might occur.
- 8) I agree that all jewelry contaminated with only airborne pathogens (not previously worn or contaminated) should be disinfected with a non-hazardous, hard-surface disinfectant such as Madacide. I agree that all jewelry contaminated or potentially contaminated with Bloodborne pathogens (previously worn by another person) should be autoclaved.
- 9) I will only use appropriate jewelry in piercings. Appropriate jewelry is made of implant grade, high-quality stainless steel (300 series), solid 14K or 18K gold, niobium, titanium, platinum, or a dense, low-porosity plastic such as monofilament nylon, acrylic, or Lucite.

Ear studs or other jewelry designed for earlobe piercings are not appropriate jewelry for other body parts. Appropriate jewelry has no nicks, scratches, or irregular surfaces that might endanger the tissue.

10) I agree that it is important to be open, available, and not under the influence of legal or illegal substances which would compromise my abilities or judgement. I will seriously consider attending a one-day Red Cross First Aid/CPR instruction course. I agree to meet or exceed all health, safety, and legal standards as required by my state and local authorities. I understand that it is important not to misrepresent myself, my abilities, or my standards in any way. I agree to consider all new health and safety suggestions as they become known to me, and to make appropriate changes in my techniques as applicable. I agree that it is the moral, ethical, and professional responsibility of all piercers to continue to seek out, absorb, and share health and safety information relevant to the craft throughout their career.

Every person being pierced has the right...

To be pierced in a scrupulously hygienic, open environment, by a clean, conscientious piercer wearing a fresh pair of disposable latex gloves.

To a sober, friendly, calm, and knowledgeable piercer, who will guide them through their piercing experience with confidence and assurance.

To the peace of mind which comes from knowing that their piercer knows and practices the very highest standards of sterilization and hygiene.

To be pierced with a brand-new, completely sterilized needle, which is immediately disposed of in a medical sharps container after use on the piercee alone.

To be touched only with freshly sterilized, appropriate implements, properly used and disposed of or resterilized in an autoclave prior to use on anyone else.

To know that ear-piercing guns are NEVER appropriate, and are often dangerous, when used on anything INCLUDING ear lobes.

To be fitted only with jewelry that is appropriately sized, of safe material, design and construction, and which best promotes healing. Gold-plated, gold-

filled, and sterling silver jewelry is never appropriate for any new or unhealed piercing.

To be fully informed about proper aftercare, and to have continuing access to their piercer for consultation and assistance with all their piercing-related questions.

Presented as a public service by the APP.

Call 1-888-515-4APP for more info.

Piercing Friendly Doctors

West Coast

Dr. Erik Fleischman
Keith Medical Group
6200 Wilshire Blvd., Ste. 1510
Los Angeles, CA 90048
213.964.1440

Whitney D. Tope, MD
Dermatologist
477 N. El Camino Real,
Suite B-303
Encinitas, CA 92024
619.753.1027

Elsie Fontanella, Nurse
Cedar's Sinai Center for Nurses'
Research and Development
Los Angeles, CA
310.855.5000

Steven W. York, M.D.
10605 Balboa Blvd. Ste.200
Granada Hills, CA 91344-6330

Dr. Flash Gordon
415.258.9500

Rick Bannerman
1122 E. Pike St. #908
Seattle, WA 98122
nratchet@eskimo.com

Dr. Peter Shalit, MD, PhD
Internal Med/Primary Care
206.624.0688

East Coast

Dr. Ward Vaughan
Gynecologist
1330 Amherst St.

Winchester, VA 22601
703.662.0711

Dr. Richard Nasca
Orthopedic Surgery
7241 Hanover Parkway
Suite A/B
Greenbelt, MD 20770
301.345.8636

Shenandoah Comm. Health Center
East Moler Ave.
Martinsburg, WV
304.263.4956

Dr. Casey Chosewood
DeKalb Family Medical Center
Atlanta, GA
404.501.7900

Shenandoah Health
Services
202 Foxcroft Ave.
Martinsburg, WV
304.267.9440

Shenandoah First Med of Inwood
1 Sader Drive
Inwood, WV
304.229.0600

Ronald E. Thomas, MD
C. Jeffrey Schluederberg, MD
Medical Health Group, P.A.
Multi-Specialty Group Practice
Singer Square Medical Center
3004 Emmorton Road
Abingdon, MA 21009
410.515.3504

John Ward, MD
"Dr. Jack"
2751 Virginia Ave Suite 1F
Shreveport LA 71103
bones@softdisk.com
pager:800.849.2404

Canada
Dr Martin Goldstein, DDS
Chinook Plaza Dental Centre, Calgary,
Alberta, Canada
(403)253-7003
goldstein@cadvision

media buzz

Long term effects of oral piercings

What the media said:

A great deal of hype surfaced over the last few months about oral piercings and

their long term effects. Many media releases included somewhat scare tactic terms such as "high risk" and "intense pain". Piercings were often termed as "impaled body parts".

What the American Dental Association had to say:

The Journal of the American Dental Association released an article in July of 1997 titled: "Body Piercing Involving Oral Sites". This is the article which began the media hype about the dangers of oral piercings, although the original article itself in no way presented as an attack on the piercing industry. The article presents a case report and possible risks and adverse outcomes of oral piercings. Some of these risks included: pain, possibility of infection, prolonged bleeding, scar formation, and hypersensitivity to metals.

Although the article approaches many issues that may be seen only in worst case scenarios, I can only view this article as a positive one. Dentists who are educated in the basic risks of oral piercings will be more likely to properly aid piercees who encounter complications.

Classifieds-...This section is under construction

Please contact the Editor for information concerning ad rates, categories, acceptable material, etc.

...in Future issues:

Chemicals- Povidone Iodine, Antibiotic Ointments, Oxides (Hydrogen Peroxide, Glyoxide, etc...), and many more.

Business Forum- Point of Sale, Promotions, Advertising, Etc.

FYI- Different writers will boost our vocabulary, as well as our understanding of the ways things work.

In The Studio- Step by Step technique from piercers (members) worldwide.

And much more!

I'd like to get The Point for the next _____ years at the annual rate of \$25.00

Name _____

Address _____

City/State/Zip/ _____

Country _____

Enclosed is my check/money order in US funds for \$ _____
cut-out or photo copy as needed

**Please send all subscriptions to: Brian Skellie, APP Treasurer, 404.378.9100
c/o Piercing Experience, 1654 McLendon Ave, Atlanta, GA 30307-2153**

Advertising Rates*

Help fund our efforts in setting the standard for health and safety in body piercing

Full Page - 5x7.5"

1 issue	\$250
2 issues	\$245
3 issues	\$240
Full year	\$235

Half page - 5x3.75" or 3.75x5"

1 issue	\$175
2 issues	\$162.50
3 issues	\$147.50
Full year	\$130

Business card -

1 issue	\$110
2 issues	\$100
3 issues	\$90
Full year	\$75

Banner - 5x1.25"

1 issue	\$75
2 issues	\$65
3 issues	\$60
Full year	\$45

Classified Word Rate, Inside Cover &

Back Cover: to be announced

- Please pay in full and up front. Fees are nonrefundable.
- Checks are payable to: Association of Professional Piercers
- We reserve the right to refuse any ad.
- We accept PC-based Zip, Floppy, CD; images in TIFF, GIF, EP8, JPEG; and text, Adobe Page Maker, Microsoft Word, plain e-mail, or Photo-ready hard copy. (85 line screen)
- For more information contact:
Editor: Jeff Martin (817) 469.9313 jmartin@eaze.net
Treasurer: Brian Skellie 404.378.9100 bskellie@mindspring.com

* All rates per issue

Increase your exposure and profits while supporting the APP

APP tee shirt with your salons logo only.

7.50 White Shirts Black Ink

9.00 Black Shirts White Ink

Image area 12" by 15"

874 N. High St. Columbus, OH 297-4743 www.piercology.com

Your salon logo goes here!

These shirts sold out at the APP convention don't miss out!

APP TEE SHIRT ORDER FORM

Salon _____

Address _____

City _____

State _____ Zip _____

Contact Person _____

Telephone # _____

Fax # _____

email address _____

Sizes

Small Qty Med Qty LG Qty XL Qty XXL Qty XXXL Qty White Total Shirts

Small Qty Med Qty LG Qty XL Qty XXL Qty XXXL Qty Black Total Shirts

There is a one time screen charge of \$25.00 and a minium order of 12 shirts. You must be an APP member to order your logo on the back of the APP shirts. Half payment upon order, balance due COD. Expect your order to be delivered in 3 weeks. Call, fax or e-mail your order

Phone 614 297-4743 Fax 614 297-6855 e-mail adornit@netwalk.com

A portion of all proceeds goes to the APP

STERILIZER MONITORING PROGRAM

Professional staff provides timely and accurate monitoring for all types of sterilizers. Written results sent back after each test. Monthly monitoring for one year \$75

"The App requires that members run a spore test, if not weekly, at least monthly..."

APP Procedural Manual 1997

"Positive assurance that sterilization conditions have been achieved can be obtained only through a biologic control test. The biologic indicator detects nonsterilizing conditions in the sterilizer..."

Operating Room Technique

WHATCOM PATHOLOGY LABORATORY

CALL