

THE POINT

The Official Newsletter for the Association of Professional Piercers

The 1999 Conference was a great success

The APP had it's most recent conference in May, at the Hard Rock Hotel in Las Vegas. Piercers and piercing enthusiasts from all over the world attended the 4-day event. During the conference many workshops were held on topics such as anatomy, wound care, and jewelry, just to name a few. In addition to these workshops piercers were able to take first aid and CPR classes and obtain certification in these areas. The Conference was a time for ALL piercers and piercing enthusiasts to share information and concerns relating to the industry.

Once all the attendees were signed in, the first day was off to a great start. This conference was attended by many more people than during the previous year This helps to confirm the increase in the popularity of our industry. Several of the major jewelry manufacturers opened the conference

by sitting on a panel and discussing potential industry jewelry standards. They were also available to answer many questions as to how they feel about certain types of jewelry and whether they are appropriate for use in piercing. It was interesting to hear the manufacturers' perspectives on many of the issues we as piercers face every day.

The afternoon session allowed everyone at the conference to either get certified or recertified by the Red Cross in CPR. The APP and many states require piercers to have current CPR training and certification. After the CPR training many of the attendees gathered out by the pool and continued to chat about our craft. For many this was their first conference and others were attending for the 3rd or 4th time. People were often amazed as to how openly and freely information was shared by all. Dr. Jack opened the second day with his discussion on piercing anatomy. He showed many slides of good piercings and also images of piercings so awful that it would make your skin crawl. Dr. Jack is a surgeon and a piercer. We are truly fortunate that he is always willing to impart his vast relevant and valuable knowledge. He showed the attendees anatomical issues about certain piercings that should possibly not be performed.

Sky Renfro, Dave Vidra, and Al D. conducted an Occupational Health and Safety Administration (OSHA) seminar. This course explained clearly to the attendees what is required by law for a piercing stu-

dio to conform to OSHA standards. Much discussion was focused on hepatitis A, B, and C, and on the vaccination shots for Hepatitis B. Many new safety products were displayed including, all the protective gear that could be worn to protect a studio's employees.

The highlight of the third day was the ses-



Jim Ward receiving his lifetime achievement award

sion on aftercare. A Registered Dental Hygienist and an Oral Micro-Biologist lead an in-depth discussion on the oral structures and how they relate to piercing. They also spoke on what they feel is the optimal care for oral piercings to accelerate the healing time and decrease the chance of infection. Many questions were

Hepatitis A

What is hepatitis A?

Hepatitis A is a highly contagious liver disease caused by the Hepatitis A virus.

How serious is hepatitis A?

Between 11 and 20% of the people with hepatitis A require hospitalization. Adults who become ill are often out of work for several weeks. There are approximately 100 deaths each year in the US from hepatitis A.

What is the risk of getting hepatitis A.

Hepatitis A infects over 100,000 people in the US each year. Persons who have multiple sexual partners or who practice rimming or fingering are more likely to acquire hepatitis A. It can also be transmitted in unwashed foods or drinking contaminated water.

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asked and the answers helped make it obvious that aftercare is a complicated issue.

The Red Cross conducted the next session on First Aid. First Aid certificates for piercers are required by the APP for membership, and also by many states. The last Session was conducted by Gahdi Elias and Elayne Angel on grounding and bedside manner. Issues were discussed regarding how to stay focused and deal successfully with clients.

The Final day was started by Pat McCarthy and Karen Cookston, from American Express. They conducted an in-depth discussion on how to run a studio, deal with employees, write job descriptions and handle finances. Pat shared his employee manual and job descriptions which could be used by attendees.

After lunch the open meeting was conducted. In the open meeting the board of the APP reviewed their efforts and accomplishments from the past year and what is planned for the upcoming year.

Many changes took place to the APP over the last year; one of the most important things was the election of a new Board. In September a new Vice President, Secre-

tary, and Outreach Coordinator were elected. Then, in April a new President and International Liaison were introduced. During the meeting the new Board members were introduced to the membership. Also at the open meeting many individuals shared what was taking place in their particular states regarding legislation. The possibility of having a vendor fair at next year's conference was discussed. The addition of different types of memberships within the APP was also a topic.

A lifetime achievement award was presented to Jim Ward for his leadership in piercing, and a presidential award was given to Bethra Szumski for her role in pulling together the conference.

If you were at the conference you know the delight of meeting others involved in piercing and exchanging information. Frequently, we feel like we are all alone struggling to inform and educate people who have the desire for piercing and body modification. A conference such as this refreshes all of us and gives a sense of hope and fulfillment in our quest for information.

Next year's conference dates are being set and a much different more in-depth conference is being planned. We hope to see

The Point

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APP Board Members

President	Pat McCarthy
Vice President	Steve Joyner
Secretary	Bethera Szumski
Treasurer	Scott Brewer
Outreach Coordinator	Elayne Angel
International Liaison	April Williams-Warner
Medical Liaison	Dr. Jack Ward

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Pat McCarthy
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Above:

This year's convention was the largest ever and it continues to grow each year.

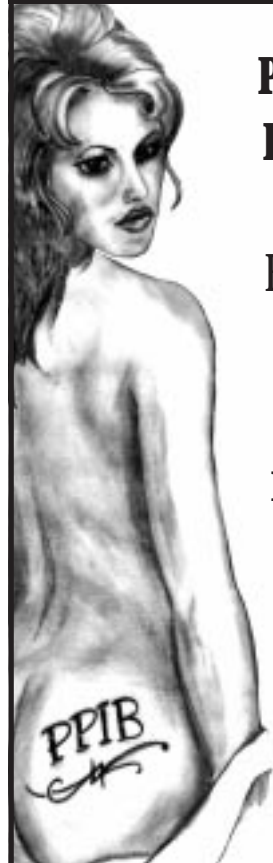


Across:

One president says good bye and the other says "Why me?"

ng the POINT for

The Secret is Out!



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Statims

the controversy continues

Concerns regarding sterilization security and tracking should be the utmost priority for any person in our practice. Inappropriate sterilization practices compromise client safety. Conjecture about variations in cycle times and temperatures has moved through the grapevine to the Point, without proposing a scientifically referenced standard.

was thoroughly tested by more than a dozen respected Universities, Military hospitals, and the Association for Advancement of Medical Instrumentation's own chairman of the Sterilization Standards Committee (James L. Whitby, Ph.D Chief of microbiology, University Hospital -London, Canada). His results of the reference standard Statim steril-

tioning of the cassette chamber. This is a small, pump pressurized insulated container, unlike conventional table top autoclaves, and behaves more efficiently, as noted below: "All biological indicators tested in cycles were killed; in fact, the purge and pressurization portions of the cycle were sufficient to kill the biological indicators."

"Technology is forcing us into professional status whether we want to be professionals or not. One thing that distinguishes a professional from a crafts-person is knowledge of theory, the underlying principles that make the craft work. A craft is learned by emulation: watching a master perform and then imitating that person. A profession is learned from first principles so that when things change, the professional understand the changes and adjusts techniques to fit. "

~Philip Meyer,

Knight Chair in Journalism UNC Chapel Hill

Different methods achieve different results, and must be tested and proven accordingly. The bottom line is, what makes effective sterilization?

The previous Flash Sterilization article in the Point does not apply to the Statim apparatus, as it is not narrowly regarded by ANSI [American National Standards Institute], AAMI [Association for Advancement of Medical Instrumentation] or the AMA or ADA as "flash sterilization". Although the cycle times are short, the sterilizer is considered acceptable for Federal service use as a general purpose sterilizer. All cycles tested performed safely under computer control and without guesswork.

The Statim 2000 sterilizer

izer are quoted below:

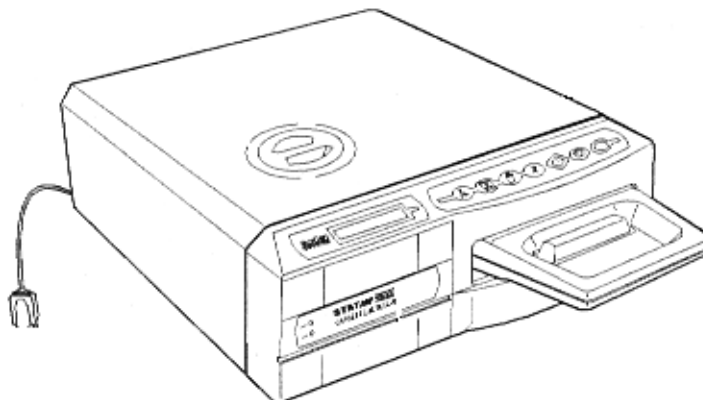
In reference to the unwrapped 3.5' cycle: "All biological indicators were killed provided that they had been subjected to a sterilization cycle of 75" or greater. This represents a very satisfactory safety margin." On average, that is before the timed 3.5' cycle begins, during the initial condi-

In reference to every type of Statim cycle, unwrapped, wrapped, and rubber & plastics: "All cycles were found to perform satisfactorily to achieve a substantial safety margin over the performance claimed. The apparatus was easy to use and functioned without giving any trouble. The apparatus appears very satisfactory for its intended use."

In closing, I also suggest adding a sterilization tracking item noting when, how and by whom items used and sold were sterilized, with every client record. A process indicator for each provides an added level of assurance to clients and for a conscientious defense of your safety measures.

I can help by addressing any specific questions or concerns.

Brian Skellie



Benefits of APP Membership

The mission of the APP is to circulate vital health, safety and educational information for the professional piercing industry.

The APP?

- is an international nonprofit, educational, health and safety organization.
- is dedicated to the dissemination of information about body piercing
- is a voluntary organization concerned with the practice of body piercing
- is a membership of piercers who meet minimal guidelines.

Philosophy

- body piercing is a social institution that provides significant services and meets evolving social needs.
- a body piercer should use knowledge, judgement, and skills based on science and experience.
- body piercers must act ethically and responsibly and be accountable for quality service
- minimal guidelines provide a means of accountability

- research creates a foundation for advances in body piercing
- piercers must assume responsibility for their continued education
- the organization is committed to enabling piercers to meet this responsibility
- standards of body piercing practice, interactive collaboration, and appropriate use of information enhance body piercing practices.

Why should I join?

Very importantly, you will have the support of other professionals in your field. You will get backing of the industry's only professional organization, and access to all of the knowledge gained by its members over time. You will have contact with a network of like-minded professionals who have skills and information to share. You will gain the recog-

niton due to you for upholding appropriate standards and helping to advance professional piercing as a safe, respectable, and reasonable endeavor. You will have the peace of mind that comes from knowing that you are doing things the right way.

Face it: The better you are at what you do, the more opportunity you will have to do it. If people have a pleasant piercing experience, heal well without infections, and feel that you are a competent and caring professional, they will tell their friends. That's good for business. It's a win/win situation.

Goals

The primary goals of the APP are to organize professional piercers, unite members, and provide education, representation, and quality standards for body piercing.

What are the benefits to membership in the APP?



Procedural Manual

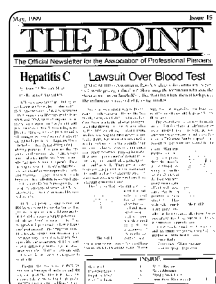
The APP procedural manual provides an overview of basic guidelines and in depth piercing safety suggestions. Non-members may purchase the Procedural Manual.

A website

www.safepiercing.org

which includes:

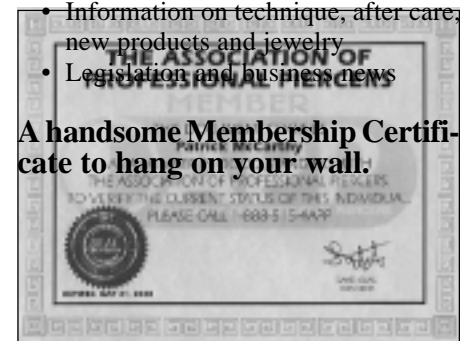
- Member piercers listed by name and location.
- Links to piercing friendly doctors
- Links to worldwide legislation relating to body piercing.
- The Point, APP's newsletter, on-line
- Discussion Bulletin Board (BBS)
- FAQ Section
- Resource listings, and more.



“The Point” APP Newsletter includes

- Letters from readers
- Information on technique, after care, new products and jewelry
- Legislation and business news

A handsome Membership Certificate to hang on your wall!



Piece of mind:

Knowing you belong to a group of individuals the care about piercing and share information for the benefit of the industry.

Jail-time for piercing a minor?

A Slidell man was booked on Tuesday August 8 1999 with illegally piercing the tongue of a 16-year old girl without her parents or guardian's permission as required by state law. The piercer could be jailed for up to a year and fined a maximum of \$500.00 if convicted of illegal body piercing of a juvenile. Authorities are cracking down on piercing in the state. The arrest is the second this year in which an adult is accused of altering the body of a juvenile. The police said the girl's mother filed a complaint Friday saying her daughter had received a pierced tongue without

parental approval. After questioning the girl, police said they determined that the piercing took place Aug. 6 at piercer's home and that the girl agreed to have it done, although under state law, she cannot give legal consent because of her age.

The police spokesman said that another girl had her tongue pierced at the same time but her parents are not filing charges. If they decide to, the piercer could face a second count increasing the penalty. The piercer was booked and in now free on a misdemeanor signature bond. The police do not know if the two girls paid for the piercing and if they did how much. If they didn't pay

the charge will still stand. "We take these complaints seriously because it is a serious concern of parents of teen-agers, both tattoos and body piercing. Neither case involved a person working in a professional body piercing studio. In both cases, we determined that these individuals know how to do it and offer to do it in their homes. "But there is always a risk of injury and infection," he said.

Editors note: There have been a number of cases in the news where people have complained about minors getting pierced, The APP at this time doesn't have a stance regarding the piercing of minors. You need to be aware of your state and local laws, and whether you think is appropriate for minors with or without parental consent.

Conference Committees

NEW MAILING ADDRESS

The APP has a new address, send ALL correspondence to this address, unless you are sending information to a specific board member, or committee:

**APP
PMB 286
5446 Peachtree Industrial Blvd.
Chamblee, GA 30341**

The addresses of the board members are:

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614 297-9925 APP Line

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2210 Line Avenue
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Shreveport, Louisiana 71104
800-849-2404

We have already started to plan next year's conference at the Gold Coast Hotel in Las Vegas, April 10 - 14.

Because of the scope of the conference this year, with a vendor mart, and over 15 different classes to be held we are asking for help in the planning and executing the conference.

Some of the committees we are forming are a speaker committee, entertainment, banquet, and fund raising. If you have a specialty in one of these areas and have about 10 extra hours per week to devote to the convention please feel free to help out. You can contact us by writing to the APP mail box.

Help make this year's conference the best ever!



Alcohol-based Antimicrobial Hand Gels

By Sharon Krystofiak
Infection Control Practitioner,
UPMC Presbyterian

There are numerous new products crowding the hand soap shelves of your local drug and grocery stores that promise to “disinfect” your hands. The alcohol-based hand gels have been available in the health care industry for years. They are primarily for use in situations in which hand washing facilities are not available (ambulances, in event of water shutdowns). As they’ve been marketed now for the general public, there are several misconceptions involved about their proper use. The number one rule is: they do not replace the need for good old soap and water hand washing. The friction caused by rubbing the hands together during washing loosens dead skin cells which harbor most of the

“transient” bacteria on the hands. Rinsing with running water further removes the dirt and debris. Only washing will do if your hands are dirty, as the gels can’t penetrate through the layer of crud coating dirty hands!

The positive part of hand gels are that with proper use, in addition to hand washing, transient hand flora is reduced to even smaller quantities. This additional “disinfection” step is now being recommended more in hospitals. Utilizing as few as 2 or 3 applications per shift further reduces the chance of spreading infections from patient to patient on the hands of health care workers.

Contact lens wearers are another group using the products for hand disinfection before lens insertion and

removal. You might want to suggest this additional hand disinfection step to clients as part of their aftercare. Since it is unlikely they will wear gloves during cleanings, they could inoculate the piercing site with bacteria such as Staph, which is often present on hands.

The gels should not be used for skin preps (reread paragraph #2) or aftercare on the piercing site as the alcohol could harm the new granulation tissue (and it won’t remove dead cells).

The last tip is: a little dab will do ya. About a quarter-size squirt is adequate, and the product should be rubbed around on the hands and between the fingers until it has evaporated. Contrary to logic it doesn’t dry out the skin because most brands contain emollients. One final warning: do not use the alcohol gels around fire or flames as they are universally flammable!

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NEW LEVELS of APP MEMBERSHIP

In response to the changes and growth in the body piercing field, the APP now offers a greater variety of types of memberships! One of the new membership levels allows those who are not piercers, but who support the piercing field to become involved with the organization. Another new level accommodates piercers who work at more than one studio. Details on the specific requirements, dues structure and benefits for each type are outlined below.

The usual type of membership with which most are familiar remains as before:

Professional Business Member

This is for a Piercer who works full time at a body piercing studio and meets the APP environmental (studio) criteria for membership (see below). These individuals must have at least one (1) year professional piercing experience. This type of membership does carry voting rights within the organization.

Each individual applicant must present the following:

- A completed questionnaire, in English and preferably typewritten.
- Proof that the applicant has been piercing at least one full year. (A notarized statement, dated business document, newspaper article, etc.).
- A copy of current CPR (renewed annually), and First Aid (renewed every 3 years) certificates.

Dues are \$150.00 for the first year and \$50.00 per year to renew.

A new and improved type of membership to allow for those who work in multiple studios is:

Professional Member at Large

This is a piercer who works part or full time at one or more studios. All studio locations must meet the APP environmental (studio) criteria for membership (see below). These individuals must have over three (3) years professional piercing experience.

This type of membership does carry voting rights within the organization. Each individual applicant must present the following:

- Completed questionnaire, preferably

typewritten, and in English.

- Proof that the applicant has been piercing at least 3 years. (A notarized statement or dated business document.)
- A copy of current CPR (renewed annually), and First Aid (renewed every 3 years) certificates.
- Documentation that the environmental criteria is being met is required from each location of business which is not already on file with the Secretary. The documentation is to be filed quarterly. Dues are the same as for a Professional Business Member.

Associate Member

This type of member does not pierce, or has less than one year of experience. These individuals must work in a field which is associated with the application of body piercing. If working in a piercing-related business APP environmental (studio) criteria must be met.

If the individual works in a related field they must submit a letter outlining in what way their trade is relevant and beneficial to the profession of body piercing. Examples of related fields include staff other than piercers within a piercing studio, jewelry manufacturers, medical supply distributors, etc.. This type of membership does not carry voting rights within the organization.

The dues are \$100.00 for the first year, and \$50.00 per year to renew.

Patron

Not actively involved in the body piercing industry or related industries, but supports the actions of the APP. There are no particular requirements for membership. This type of membership does not carry voting rights within the organization. The dues are \$50.00 per year.

Corporate Members

Is an entity or individual working in a field or providing a service which is associated with the application of body piercing. Applicants must provide a letter outlining in what way they are beneficial and relevant to the profession of body piercing. Examples of Corporate members are jewelry manufactures, medical suppliers, Insurance Companies, and educators, etc.

Dues are \$200.00 per year.

Environmental Criteria

The Environmental Criteria which must be maintained for APP membership status are as follows:

- A business license, local permit, or other documentation showing that studio operates within local or state law. If no laws or ordinances exist, proof that business is legitimate, i.e., retail business license.
- A photograph of the autoclave which is currently in use with make, model and serial number on reverse.
- A copy of most recent spore test. Spore tests are required monthly to maintain membership.
- A walk-through 360 degree video of the entire facility. This is to include: store front, foyer, piercing room/s, biohazard area, sterilization area, restrooms, insides of drawers and closets, etc..
- Copies of all release and aftercare sheets currently in use within applicant's studio.
- One or more samples of the applicant's advertisement(s).

Logos

Along with ALL membership levels will be logo usage. The different members will have different logos and must only use the logo designed for their level. Any misuse of the logo can lead to removal of membership.

Once you are approved a membership level logo with specifications for its use will be sent to you.

If you are interested in becoming one of these new levels and meet the qualifications you can send in your information to:

Bethra Szumski

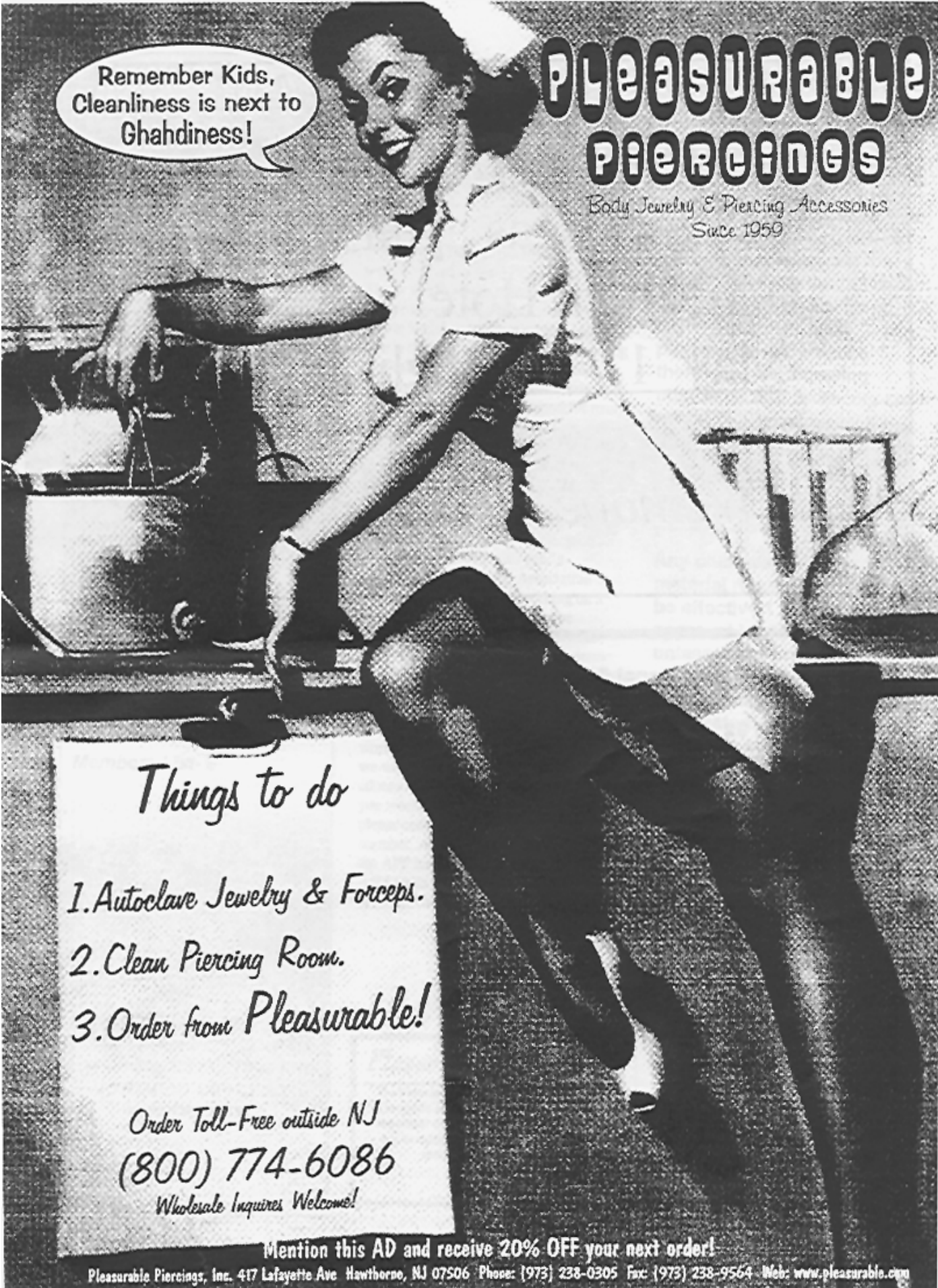
APP

PMB 286

5446 Peachtree Industrial Blvd.

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For a number of years now individuals have been asking for different levels of memberships and we are excited to allow more individuals to become part of the growing APP membership.



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Hello,

First I want to thank everyone who voted for me for the Board position of President. Well, now that I have had the office for a about 4 months, all I can say is, "wow!"

I was warned by many about what I was getting into and they were right. Much of what needed to get done first was a lot of back work to get the correct paperwork, insurance, taxes, financials as well as many other things together to move the APP along.

Let me say that the Board you have elected is fantastic and hard-working? I don't need to tell you that the piercing industry has exploded and the APP needs to move with it. The APP was set on a solid

base by past board members but in doing so much work themselves, many of our industry leaders burned out.

Starting any organization such as the APP truly takes tremendous amounts of time, effort, and energy. It is my desire to establish many more committees of dedicated members to help the APP grow. If you are interested or if you are contacted to help, please make sure you have the desire and time to commit, and then go for it.

You will soon be seeing APP advertising in magazines and the onset of a major information dissemination to the piercing/tattoo industry. I urge all of you to talk to your friends in the industry and help them to become better informed.

As our membership grows so do our problems. I want to remind everyone that the APP is not the piercing police. The board will soon be asking individuals to sit on a committee to handle studio disputes. This committee will report directly to the Board. The committee will have a 2 board members, 2 full members, a corporate representative, and a person outside the piercing community. I feel this is a great cross mix and will free most of the board up to move along with other matters.

I have personally have learned a number of lessons, and am more prepared then ever to do what you have elected me to do.

Choosing Your Piercer Brochures

We now have brochures available to you which explaining to the public, in terms easy to understand, what to look for in choosing a piercer and piercing studio. We believe you will find these of value if you are an APP studio and also if you are not. The handout was designed to be passed out in studios, at vendor marts, or just about anywhere. The pamphlet was designed in a tri-fold, two-color format so it can be placed in a pocket or easily sent by mail. It briefly but concisely covers the following topics and others on what to look for in a professional studio:

- Do they have an autoclave?
- Does the shop reuse needles?
- Do they use piercing guns?
- Do they offer appropriate aftercare?
- Do they set up the rooms properly?
- Are they knowledgeable?
- How to check out the studio.

Not only does the easy-to-read brochure answer these questions and many others, it also outlines simple ideas on helpful hints, and what to avoid for piercing after care!

As a member you can receive 100 of these brochures to pass out in your stu-

dio. You can reorder more at a cost of only \$12.95 for 100. Of course you can copy the handout and continue to distribute it. The APP does not want any changes made to the brochures, because we need to establish consistency. If any changes are made to the brochure, the board requests that you remove the APP logo from the pamphlet.

If you are not an APP member or you would like more brochures you can send your check made payable to APP: Bethra Szumski, PMB 286, 5446 Peachtree Industrial Blvd., Chamblee, GA 30341



The Next Point!

The next Point will take a little different look. We are going to dedicate the next issue to mostly health related concerns. We are going to do a mass mailing to many health departments, health inspectors, hospitals, tattoo studios, and piercing studios. We are doing this to make people aware of the APP and it's mission to educate people on piercing safety. We are hoping to have many of the people attend next year's convention. The Point will be a little larger we have been collecting many articles regarding piercing and are going to be including them in the next issue. If you have an article you feel is relevant please send it to editor

This Point is a little late in coming but many other APP issues need to be addressed first. The next Point will be coming sometime after Thanksgiving so get the articles to us soon. You will also notice on the last page we have started a classified ad section. This section is to advertise yourself as a piercing looking for work or a studio looking for a piercer. In no way does advertising in the POINT represent that the APP has certified the studio or the piercer. You must do that yourself.

If you have comments regarding the POINT please send them to the editor via mail or email.

To Pierce or Not to Pierce

Q This year, my daughter moved away from home for her freshman year in college. A few weeks after she was there, she got her tongue pierced. She knows her father and I do not understand why she would want to do this, but I wondered if you knew of any possible medical reason that she should not have had this done. I'd like to tell her some legitimate medical reason to get this "tongue stud" out of her mouth and not to get anything else pierced.

A I'm afraid I can't give you a strong argument to convince your daughter to remove the stud from her tongue. Even if I could, that would be similar to telling people reasons why they shouldn't smoke. Simply having a good reason not to do something isn't always convincing.

Body piercing among adolescents and young adults is an growing fad of the '90s. It seems to stem from a mixture of forces: part counterculture, part youthful rebellion, part style and part group identity. However, the practice of body piercing goes back thousands of years.

Besides the conventional site of the earlobe, other popular sites include the eyebrow, lip, nose, tongue and outer ear, as well as the navel, nipples and genital area. If done properly, body piercing carries a very low risk of serious complications. However, there are growing reports in the medical literature about complications of body piercing, from minor to serious.

It's hard to get good estimates of the number of people who get body piercings, or the risk of complications. As an example, though, between 10 and 35 percent of people who pierce their ears develop a minor complication. The most common type is an infection that responds to simple remedies, including local cleansing, topical antibiotics and, in some cases, antibiotic pills.

The next most common complication is an allergic reaction to the metal stud. To avoid this, it's best to use stainless steel studs, which have a low risk of allergic reactions. Another complication that occurs occasionally is a keloid scar—large, rubbery scar tissue. Keloids particularly tend to develop in African Americans, though they can occur in anyone.

Other rare but serious complications of body piercing include infections that spread to other parts of the body through the bloodstream. There are reports of infections of the heart, bones, joints and kidney that have resulted from body piercing. Infections of the ear cartilage (within the outer ear) can sometimes lead to destruction of ear tissue and a permanent deformity of the ear—as if someone had taken a bite out of it.

As for tongue piercing, there are rare reports of serious infection spreading throughout the mouth area. There are also rare reports of the tongue swelling so much that it threatens the ability to eat or breathe.

**If done properly,
piercing carries a
very low risk of se-
rious complications.**

Besides common bacteria, other germs can be transmitted in rare instances if proper piercing technique isn't followed. For example, you can develop hepatitis B or hepatitis C, as you can from any exposure to blood from contaminated needles or piercing instruments. To avoid this, use sterile, disposable needles; if a piercing gun is used, it's essential that it be properly sterilized between customers.

Because of their moist, covered location, the navel and genital areas are prone to yeast infection, in addition to infection from common skin bacteria. You may need treatment for both. Also, you may need a culture to tell for sure what type of germ is causing the infection, so you can take the right treatment for it. There's even a case of genital warts being spread from a penis piercing.

To prevent infections from initially developing, the area to be pierced should be cleaned with an antiseptic liquid. For tongue piercings, it's recommended that you rinse with an antiseptic mouthwash several times a day afterward. For skin piercings that later become infected, some physicians recommend that you leave the ring in place, and clean and treat the area

until the infection clears. If you take the ring out, the hole will close up, which might lead to a deeper infection—an abscess—which would then need to be drained.

After a piercing, it can take weeks or months for the site to heal. During this time, you're more prone to an infection setting in. The ears, lips and eyebrows heal within six to eight weeks, the tongue within three to six weeks. Navel piercings take the longest, in some cases up to nine months.

Jay Siwek, chairman of the department of family medicine at Georgetown University Medical Center, practices at the Fort Lincoln Family Medicine Center and Providence Hospital in Northeast Washington.

Consultation is a health education column and is not a substitute for medical advice from your physician. Send questions to Consultation, Health Section, The Washington Post, 1150-15th St. NW, Washington, DC 90071. Questions cannot be answered personally.

HEPATITIS A Cont:

What are the symptoms of hepatitis A

- extreme tiredness, muscle weakness
- pain in joints
- loss of appetite, nausea
- fever
- dark-colored urine
- bloated and tender belly
- yellowish tinged skin and eyes

About 7 out of 10 adults who get hepatitis A will develop symptoms. These symptoms can last up to six months. With or without symptoms, people with hepatitis A infection can spread the disease to others.

Answers to the questions in issue 15

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Adolescent Body Piercing

Reprinted from School Health Reporter

BY MYRNA L. ARMSTRONG, EDD, RN, FAAN, ELAINE EKMARK, MS, RN, CS, AND BARBARA BROOKS, MS, RN, CCRN

Body piercing is relatively new in the United States. Currently, most of the information is found in the mass media, and the procedure is described as 'risque' and carefree behavior. There is little or no discussion of risk. The medical literature about body piercing is limited. Anthropological and sociological literature contain many descriptions of body modifications.

Part of the rationale for body piercing originates from ideas embedded in ancient cultures, often as a mark of royalty or elitism. Egyptian Pharaohs underwent rites of passage by piercing their navels; Roman soldiers demonstrated manhood by piercing their nipples; and both sexes of Victorian royalty chose nipple and genital piercing. Although health concerns are not widely discussed in the literature, adolescents are having medical problems following the procedure.

SIMILARITIES TO TATTOOING

It is common to see piercing done in tattoo studios. A significant difference between the two procedures is permanence; in piercing, the jewelry can be removed and the hole allowed to close, compared with the "semi-permanent" tattooing markings which are costly and difficult at best to remove. Body piercing, like tattooing, is done by unlicensed personnel, yet many times they are referred to as "professionals;" they have learned their trade from colleagues, magazines or videos. Often, if state mandates are present, the body piercing establishment is not regulated by health standards, or enforced.

THE BODY PIERCING PROCEDURE

Various pieces of medical equipment are used to pierce the skin and create the holes for body jewelry. Ear piercing guns, surgical clamps, forceps, and hemostats, or large gauge hollow needles, are the instruments most commonly used. Studio piercers are not qualified to administer anesthesia, and furthermore clients often want to experience the sensation, or "rush" associated with piercing.

Earlobes are the simplest site for holes, since the area contains no tough tissue or cartilage, and the "fleshy" skin will easily form scar tissue needed for the openings. Yet, as ear piercings extend upward along the cartilaginous rim, there is more difficulty creating the holes, as well as increased pain and healing. The tongue is

muscular and vascular, and produces more immediate swelling upon piercing. Nipple, navel, and genitalia piercings penetrate different types of tissue and produce other problems. These sites are usually covered with tight-fitting clothes, creating increased friction and buildup of body moisture, producing infections. Nipple piercings will also burrow through some of the lactating ducts. Naval piercings have a tendency to "pull out" unless they are placed deep enough into the abdominal depression, because the reparative and protective nature of our skin always wants to remove foreign objects.

The actual body piercing procedure is usually brief. The skin site is marked to guide the needle path, the skin is held taut by forceps, and the opening made with a hollow needle; the client-selected jewelry is attached to the needle. Similar to a needle and thread action, once the hole is made, the body jewelry is quickly pulled through the piercing site. As a small to moderate amount of bleeding may be present following the procedure, manual pressure is applied to the site.

Jewelry needs to be kept in place at all times to keep the hole open. To avoid infections and allergic reactions, piercers recommend specially made inert, non-toxic metal substances, such as surgical stainless steel, 14K gold, niobium, or titanium, with no rough edges. The average healing times, depending on the location, range from one to five months. Facial piercings are open to the air and therefore tend to heal faster. Tongue piercings usually heal quickly owing to the great vascularization.

After the procedure, studio piercers provide after-care instructions for the piercing sites and anticipated healing times. In general, the hole and jewelry should be washed frequently with soap and water to remove any exudate, then rinsed thoroughly. Other, over-the-counter disinfectants may be recommended; however, alcohol is discouraged as a skin cleaning agent since it also dries the area.

EXPERIENCES OF STUDENTS

To gain further understanding about body piercing experiences, we spoke with 20 high school students who came to our clinic to see the school nurse. They openly discussed their body piercings. Questions were asked about their decision to body pierce, age, cost, healing time, anesthetic jewelry, health problems, tattooing, and parental awareness.

Their average age at the time of piercing was 15.5, years of age, and all 20 students maintained good school attendance and academic grades of B's and C's. While most of the students said they would never get a tattoo, all of the students had one or more ear piercings and a total of 26 other body piercing sites such as the nose, navel, nipple, tongue, tragus, and eyebrow. The most common choice was the navel. Many were considering additional piercings.

Fourteen of the 20 students reported that their parents were aware of the piercings. Parents usually accompanied them to the studio, in a few cases, to "overcome" the State of Texas age restriction. Others reported their parents paid for the procedure or lent them the money to have it done. The navel was the most commonly chosen site if the student did not want the parent to know or if the parent insisted the site be covered.

Sixteen students had their piercings done in a tattoo studio, commonly called "body shops," and one student had the procedure done by a "professional" in a booth at a summer rock concert. Most had investigated the studio's reputation by asking their friends, as well as specific hygiene questions of the piercers. A few of the students made spur-of-the-moment decisions while they were with their friends who were having their bodies pierced.

EFFECTS OF BODY PIERCING

When asked what the students would recommend to others, all stressed the need to follow the suggested skin care regimen.

Continued from page 13

Board Happenings

This letter is to inform all members and perspective members what is being done by the board now and in the future. Much of what the board has been doing is not only the day to day answering of questions, but establishing procedures that future board members can use to make their job easier allowing the membership to move forward. The board is having a financial statements produced to see where we stand this will be made available to all members. The APP has not paid taxes for the last 5 years, and the correct paperwork has not been filed to allow us non-profit status.

The webpage is being reworked and updated, which was not done for over a year. So take a look at www.safepiercing.org and contribute to the bulletin board and the chat line. The conference is set for next year and the workshops have already been decided and speakers are being sought now, so content of all speakers can be re-

view and handouts produced ahead of time. The standardization standards of the jewelry we decided on 2 years ago is being finalized for records and will be in place by the end of the year, if not sooner. The different member levels are in place and you can read more about them on page 8.

The APP is increasing its visibility through a number of ways. First we are starting an advertising campaign that you will see in some of the major tattoo magazines. We have produced a new brochure called, "Choosing your piercer" which informs perspective clients what to look for in a professional studio. We are in the middle of updating the procedural manual into smaller booklets, or easier changing and distribution. A professional display is being made so the board and members can use the display at different events, allowing a more professional and consistent look. And a multimedia CD presentation is being made for distribution.

We are working with the Red Cross to see if we can get them to change their mind and let people who are pierced in an APP studio to give blood. (Angel add more about this, and can you write about some

of the other stuff we are doing)

As you can see we are real busy and are moving forward. Your constructive input is welcome. We have asked many of our members to take on certain tasks, so the workload can be spread out about many members. If you have some free time please let us know! We are also looking for volunteers to help on committees for next year's convention.

The elections for a new treasurer are over and Scott Brewer was elected. We congratulate Scott and look forward to working with him.

Steve Joyner was recently sent to the state of Colorado to help with the writing of the state's body piercing rules and regulations.

Elayne Angel and Dave Vedra will be holding an educational session for the FDA to inform them on the state of body piercing in the US.

Much more is in the works and we will be keeping everyone abreast of what we are doing.



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PROVIDING EDUCATION FOR THE MODIFICATION COMMUNITY

IMPORTANT!!!! Spore Testing

The rules of membership of the APP require that EVERY member send in a copy of their monthly spore testing to the APP. This is the only way the APP can determine if you as full members, are keeping up with the spore testing and running your autoclaves correctly. The board does get calls from time to time asking if certain studios are up to date with their testing. This is the only way we can tell.

In the past we have had you send the results to AL D. or Bethra, we would like to change that. Because of the number of tasks the board has taken on, and in an effort to get members more involved we are asking that you send your Spore Test results to Venus and Mars, their address and fax is below.

They will inform the board as to what members are up to date and what ones need to be placed on notice. In order to make this easy on everyone would like to have all the spore tests sent in or faxed by the 15th of the month. Your cooperation is greatly appreciated.

**Venus and Mars
Spore test results
1115 E Colonial Dr.
Orlando, FL 32803
or
(407) 894-8891**

Classifieds

This is a new section for the POINT so please feel free to inform us if you are looking for a piercer or if you are a piercer looking for a studio to work in!

We have a well established tattoo shop that has been in the 29 Palms California area for over 15 years. My Father In-law Col. Todd was in the business for over 45 years and since he has passed away his son Larry Mora has been running the shop and he has over 25 years experience.

We have a very high volume shop being right next to the USMC base. We are open 10:00 am to 12:00 midnight 7 days a week with 3 tattoo artists.

A few months ago a piercer called our shop for employment. We decided to try it out so we hired her because her credentials seemed great. We soon found out there was a tremendous need for this in our area and she was doing fantastic! Until, all the personal problems started and we now no longer have a piercer.

I do have a wonderful person with great credentials coming in from Los

Angeles to help us out during my pay-days for the military. But, as you well know you must have some one on staff permanent not just every other week.

I am in desperate need to find some one full time for our shop. If you know of any one seeking a full time position who would like to relocate to the desert area or could let me know what avenues to go through which might get me some results I would really appreciate it.

I hope to hear from you soon. Thanks for your time.

Sincerely,
Barbara Mora
(760) 365-2776
honeymora@thegrid.net
or call Larry at:
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Adolescent

Many of the students, or others they knew, experienced frequent soreness, redness and occasional pus-like drainage from their pierced sites, regardless of the piercer and their hygiene habits. Some students chose to remove the jewelry and let the site close because of skid problems.

Some students expressed personal satisfaction with their piercings, others reported negative reactions by others when the piercing site was seen. One student said, "I have sensed a negative reaction since I got my eyebrow pierced. People may treat you different so you have to have a 'don't care' attitude regarding the way you are treated. I would tell someone to consider their career choice or college choice because of other's reactions:'

HEALTH EDUCATION FOR BODY

PIERCING

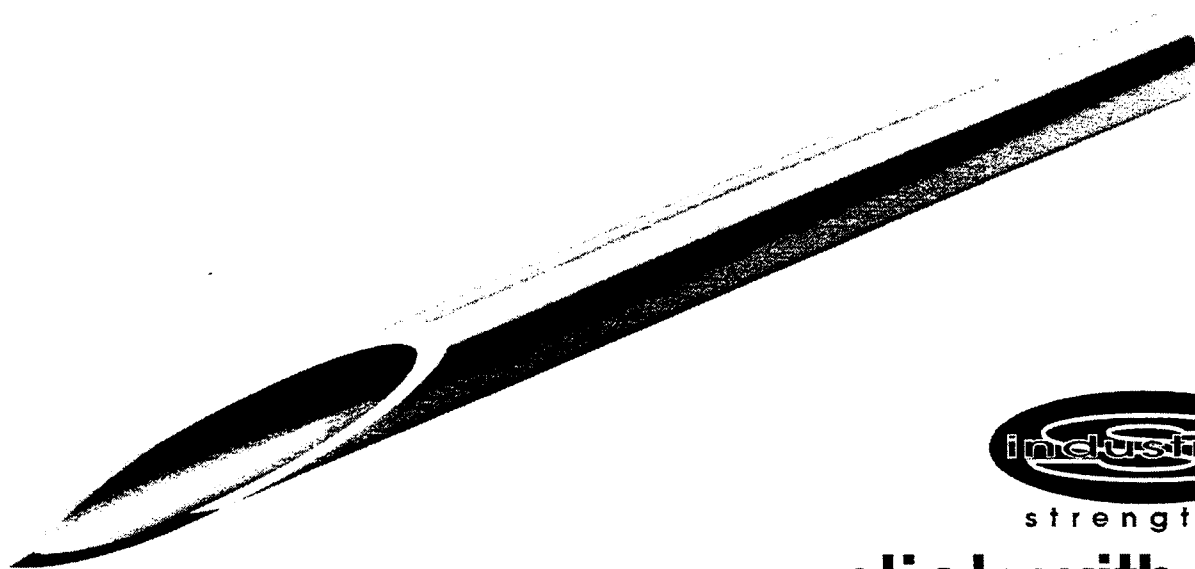
Discussions on this topic need to start now. School personnel can assume they will encounter adolescents who have already talked about it, or have encountered peers who have had body piercing experiences. It is recommended that discussions start as soon as possible so students can begin thinking about their decisions. Introducing the topic demonstrates proactivity in the situation, even though you may not like the procedure. Remember, students will still talk about piercing with your health-oriented discussion; their dialogue will be better informed. Avoid scare tactics. While the content should be presented in a manner that appreciates the teenager's belief in the right to have the piercing, the information should also encourage the adolescent to think of themselves as a growing and changing person, with power to discuss, contemplate and make informed decisions.

Initiate conversations with students regarding personal observations and seek insights of other teachers, counselors and school nurses. Support the casual conversations of students when they talk about body piercing. School nurses should seek opportunities to visit studios to share information with body piercers about sterilization of the instruments they use and the increased risk for spreading blood-borne diseases, such as hepatitis B and HIV/AIDS to themselves and to their clients, if they do not follow standard preventive practices.

This article represents what the mainstream public think regarding piercing.

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