

# THE POINT

The Official Newsletter for The Association of Professional Piercers

## UNDERSTANDING STEEL

Everything You Always Wanted to Know About Steel But Were Afraid to Ask

By Jason King, Vice President

*(Editor's note: While this article is lengthy and contains some fairly technical aspects, the information provided is SO important (and much misunderstood) in our field. Please take the time to read it all, and educate yourself! Thanks, Elayne Angel)*

In our industry there has been considerable confusion about the grades of steel used for body jewelry. The terms "stainless steel" and "implant grade steel" are used interchangeably; people argue for and against 316 L, 316 LVM, ASTM F138, etc. To clarify the argument it is beneficial to understand who created the various terms, grades and standards, and why they were created. In this article we will explore the vocabulary of metal grades and the organizations involved.

The grade of steel that is most commonly associated with body piercing is the AISI 316 L series. The AISI is the American Iron and Steel Institute. This institute focuses mainly on the industrial needs for iron and steel.

On the AISI web site ([www.steel.org](http://www.steel.org)) their mission statement is posted as follows: "For over a century, North American steel producers have left their day-to-day rivalries behind to work as partners and members of the American Iron and Steel Institute in furthering its mission to promote steel as the material of choice and to enhance the competitiveness of the North American steel industry and its member companies. AISI's overall mission centers around common goals and a clear vision for the future: To provide high-quality, value-added products to a wide array of cus-

tomers; To lead the world in innovation and technology in the production of steel; To produce steel in a safe and environmentally friendly manner; To increase the market for North American Steel in both traditional and innovative applications."

The AISI is comprised of steel manufacturers and steel users. Consequently their web site headings include subjects like "Bridge Construction" and "Containers." There isn't even a medical use subheading. According to [www.metalinfo.com](http://www.metalinfo.com) the original 316 series of steel was produced to meet industrial needs, especially for paper mill machinery, but also for applications in marine environments and general industry components. 316 L was created in the 1950s; its carbon content was reduced from .08% to .03% for better corrosion resistance. 316 L has all of the properties of 316 but also has superior weld ability. In other words the grade was improved for industrial use and not for medical applications.

### 316, 316L and 316 LVM

So what does 316 mean? Think of 316 as a recipe for a mixture or "alloy" of elements, (the natural components found on the Periodic Chart of the Elements). It tells a steel producer how much of each various element is required to yield the principal design

and performance features that are desired.

\*So 316 is the basic recipe of elements that form an alloy.

\*316 L is the recipe with L for low carbon content.

\*316 LVM is the recipe with a low carbon content that has been vacuum melted. (We will discuss the specifics and the benefits of vacuum melting shortly.)

While 316 L series steel eventually made its way into the medical industry, it was not originally intended for use in the body; it was not specifically formulated for biocompatibility. However, its superior corrosion resistance characteristics made it suitable in a limited role for implant purposes.

### ASTM and ISO

Enter the ASTM ([www.astm.org](http://www.astm.org)) and the ISO ([www.iso.ch](http://www.iso.ch)). Whereas the AISI is a series of "recipe books" and all around iron and steel industry cheerleaders, the ASTM and ISO are standards organizations. Standards can be seen as documented agreements containing technical specifications or other precise criteria to be used consistently as rules or guidelines, or definitions of characteristics. This is to ensure that materials, products, and processes are fit for their purpose.

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## ATTENTION Manufacturers and Businesses

**The Point** is a quarterly newsletter. It is the only newsletter dedicated to the piercing industry. We print 2500 copies of each issue, have a direct mailing list of over 2000, which consist mainly of piercing, tattoo studios and health departments. The newsletters are also distributed to potential members or anyone who is interested. With the new 3-hole-punch format, it will continue to be a viable resource and should be part of your advertising budget. **The POINT** can also be viewed as PDF files on our website, increasing the visibility of your company. Nowhere else can you hit the specialized piercing market.

### Advertising Specifications

Type	Inches W x H	Diagram	1 issue	4 issues
inside front cover	7.25" x 9.75"		\$400.00	\$350.00
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## Understanding Steel

...continued from cover story

### **Who does the American Society for Testing and Materials International (ASTM) represent?**

Founded in 1898 as the American Chapter of the International Association for Testing and Materials and most recently as the American Society for Testing and Materials, the ASTM is a not-for-profit organization that provides a global forum for the development and publication of voluntary consensus standards for materials, products, systems and services. ASTM standards are accepted and used in research and development, product testing, quality systems and commercial transactions around the globe.

### **What type of standards does the ASTM develop?**

ASTM develops six principle types of full-consensus standards. They are: Standard Test Method- a definitive procedure for the identification, measurement, and evaluation of one or more qualities, characteristics, or properties of a materials product, system or service that produces a test result.

**Standard Specification-** a precise statement of a set of requirements to be satisfied by a material, product, system, or service that also indicates the procedures for determining whether each of the requirements is satisfied.

**Standard Practice-** a definitive procedure for performing one or more specific operations or functions that does not produce a test result.

**Standard Terminology-** a document comprised of terms, descriptions of terms, explanations of symbols, abbreviations, or acronyms.

**Standard Guide-** a series of options or instructions that do not recommend a specific course of action.

**Standard Classification-** a systematic arrangement or division of materials, products, systems, or services into groups based on similar characteristics such as origin, composition, properties, or use.

### **Who writes The ASTM standards?**

Thirty-two thousand (32,000) volunteer members from more than 100 countries around the world write ASTM standards. These members are producers, users, ultimate consumers, and general interest parties, such as academia and government representatives. These members serve on 129 technical committees that are devoted to specific areas of interest and pursue standardization issues considered necessary by their members. Committees are divided into smaller entities of subcommittees and task groups that focus more closely on particular areas of a committee's scope. Anyone who is qualified or knowledgeable in the area of a committee's scope is eligible to become a committee member.

### **What is the function of the ASTM?**

ASTM develops standard test methods, specifications, practices, guides, classifications, and terminology in 130 areas covering subjects such as metals, paints, plastics, textiles, petroleum, construction, energy, the environment, consumer products, medical services and devices, computerized systems, electronics, and many others. ASTM Headquarters has no technical research or testing facilities; such work is done voluntarily by the ASTM members located throughout the world. ASTM standards promote public health and safety, and the overall quality of life; contribute to the reliability of materials, products, systems and services; and facilitate national, regional, and international commerce.

### **Is the use of ASTM standards mandatory?**

ASTM standards are developed voluntarily and used voluntarily. They become legally binding only when a government body makes them so, or when they are cited on a contract.

### **Does the ASTM grant a seal of approval?**

No. ASTM develops and distributes standards; the Society does not verify that products are tested according to a standard. Many manufacturers however, state that a product has been tested

according to an ASTM standard by indicating such information on the product label or packaging (in our case the "mill certificate").

The printed standards can be purchased in the Store area of the ASTM web site: [www.astm.org](http://www.astm.org).

### **What is ISO?**

[www.iso.ch](http://www.iso.ch)

The International Organization for Standardization (ISO) is a worldwide federation of national standards bodies from some 140 countries, one from each country. ISO is a non-governmental organization established in 1947. The mission of ISO is to promote the development of standardization and related activities in the world with a view to facilitating the international exchange of goods and services, and to developing cooperation in the spheres of intellectual, scientific, technological and economic activity. ISO's work results in international agreements, which are published as International Standards.

Many people will notice a seeming lack of correlation between the official title when used in full, International Organization for Standardization, and the short form, ISO. Shouldn't the acronym be "IOS"? Yes, if it were an acronym-which it is not. In fact, "ISO" is derived from the Greek word isos, which means "equal." This is the root of the prefix "iso-" that occurs on a host of terms, such as "isometric" (of equal measure in dimensions). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for whom a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in cooperation with ISO, also take part in the work.

The ASTM and the ISO have nothing to gain from you buying one type of material over the other; consequently the results of their testing won't be skewed. Although there are many ASTM and ISO standards that are relevant to body piercing, we are going to focus on the standard specifications of materials for surgical implant, specifically ASTM F138 and the ISO5832-1. Both standards contain information on the mechanical properties and metallurgical requirements of implantable steel, but the easiest standard for piercers to compare will be the chemical composition requirements. The table below compares the elemental ingredients from each of the three standards we have discussed. You will notice that the ASTM and ISO compositions are almost identical, and the AISI composition has a lot more leeway.

### Chemical Composition Requirements

	AISI max %	ASTM max %	ISO max %
<b>Carbon</b>	.03	.03	.03
<b>Manganese</b>	2.0	2.0	2.0
<b>Phosphorous</b>	.045	.025	.025
<b>Sulphur</b>	.03	.01	.01
<b>Silicon</b>	.75	.75	1.0
<b>Chromium</b>	16.0-18.0	17.0-19.0	17.0-19.0
<b>Nickel</b>	10.0-13.0	14.0-15.0	14.0-15.0
<b>Molybdenum</b>	2.0-3.0	2.25-3.0	2.25-3.5
<b>Nitrogen</b>	.1	.1	.1
<b>Copper</b>	No Standard	.5	.5
<b>Iron</b>	Balance	Balance	Balance

Now let's go back to the AISI 316L recipe for a little clarification. In the body piercing industry, steel jewelry is almost always made from 316L stock. It is relevant to note that in its premelted state 316L and 316LVM start out as the same material. Normally, melting the individual components to create the steel alloy would be done in the open air. For industry components this is fine, however for implants this can be problematic. When this procedure is done in the open air there is less control over potential contaminants in the air, and there is the possibility of the air itself reacting with the alloy. (Remember, for things to burn, it requires Oxygen, and the byproduct of burning is Carbon). Consequently 316 L steel rarely meets implant standards (but occasionally can), which brings us to 316 LVM. While looking through the AISI information you will notice that 316LVM is conspicuously missing. That is because 316 L is a large heading with a lot of variance. 316 LVM is still made from the 316 L recipe, but it has been processed in a vacuum, which helps control contamination throughout the batch of steel. Consequently, 316LVM will often meet implant standards (but not always).

It is also important to note that with both 316L and 316LVM there is a batch-by-batch variance. In other words, the steel producer will start with exact amounts of each of the elements for the alloy every time. However, at the end of each batch there will be a little variation; some will fall within the ASTM chemical composition requirements for F138 steel and some won't.

The question this brings up, is why does a little contamination make such a big difference? In simplest terms it is all about a substance called Chromium Oxide. Chromium Oxide is a bio-compatible layer that forms around a finished piece of jewelry. You have always heard that a mirror finish is good, and Chromium Oxide is the reason.

When a piece of steel jewelry has a mirror finish you can be confident that this biocompatible layer of Chromium Oxide is present. With less pure steel, or good steel that has been poorly finished you will notice that it has a dull surface appearance. This dull finish is indicative of a compromised Chromium Oxide layer. The Chromium Oxide layer is important because of two basic reasons.

1. Since it is a very biocompatible material, your body will not react to it as a threat and reject it.
2. Chromium Oxide layer also acts as a barrier between elements within the alloy (Nickel is the big culprit) and your skin. In other words, the Chromium Oxide Layer prevents leaching of elements in the alloy from the jewelry into the body. This explains why Nickel reactions are virtually eliminated when steel meets ASTM F138 standards.

Finally, it is important to note that both the ASTM and the ISO agree that no known material (including Titanium) has ever been shown to cause absolutely no adverse reactions in the human body. However, long-term clinical experience regarding the use of the materials referred to in the ASTM and the ISO has shown that an acceptable level of biological response can be expected, when the material is used in appropriate applications.

To clarify the point of all of this data: Much body jewelry is still being made from inferior materials. So, even when a manufacturer tells you that his metal is "high quality" and that it is made from 316L or 316LVM steel, that does NOT necessarily mean that it is of a suitable quality for use in the body! The real issue for acceptable biocompatibility is whether it satisfies the ASTM F138 and/or the ISO5832-1 standards. This is why it is very important to request mill certificates from your manufacturer. Additionally, remember that a mirror finish on the steel jewelry is vital to make certain that chromium oxide layer is present to prevent metal reactions.

# Piercing Marketing: Benefits vs. Features

**Burton Richie**

Psychedelic Shack, Florida

When I talk to piercers across the country, I am always astounded at the variety of motivations that drive piercers and piercing shop owners. Many of these motivators are actually counterproductive to long-term professional success. The marketing concept that is taught in business schools, greatly simplified, states that if you satisfy the unmet needs of the market, at a reasonable price, then the market will reward you with success.

Unfortunately, many shop owners often fail to make the distinction between “features” and “benefits” in their quest for success. Features describe the details of what some product or service is, whereas benefits illustrate the customer’s perception of a feature. Time or money spent on developing features that are unimportant to the customer is often wasted. Attempting to dominate the market by keeping massive jewelry supplies in stock, cutting prices too low in a bid to be competitive, or taking sterility procedures to the nth degree are all areas where I often see piercing shops failing to make the distinction between the needs of the consumers and the desires of the piercing shop owners.

Every day, I hear countless requests from customers to carry this jewelry or that jewelry. In the past, I went to great lengths to satisfy the requests of these customers and ended up with a massive quantity of high quality, large gauge jewelry made from many exotic materials. However, my computer tracking software revealed that by doing so, I greatly decreased my profit from body jewelry, because I sold primarily the stainless, leaving large quantities of the other jewelry stagnant. It became evident that the customers wanted to look at exotic jewelry, but

not buy it due to its’ higher cost. Consequently, I upped my supply of large gauge stainless pieces and discounted many of the more esoteric pieces and my profitability went up without decreasing my foot-count traffic at all. I had been focusing on the feature of having a large selection, whereas my customers had demonstrated they were more interested in the benefit of affordability.

Customers often tell me that a competitor carries popular jewelry at a cheaper price. I decided to drop my prices to match the competition. Again, I watched my profit drop without increasing my volume. This didn’t make sense, so I did some more research. What I found was that my competition did indeed offer the jewelry cheaper than I did, but that they virtually never had it in stock. So, I was getting the majority of the business regardless of price. I raised the jewelry prices back to a level between where they had been before and the lower prices. Now, my customers tell me that even though I am a little higher than the competition, they don’t bother going there, because they know I will have the jewelry they want in stock. I had determined that the feature of lower prices was less important than the benefit of knowing a product would be in stock.

Finally, I will address the steps that we take to ensure that the customer is pierced in an aseptic environment. There are many situations in the piercing environment where the amount of benefit received from an expenditure is less than the previous expenditure of the same amount. This situation is known as “diminishing return on investment,” and should be avoided except where dictated by necessity. For

example, our state requires that we have our autoclaves annually serviced. We decided that it was cost effective (and sane) to spore test weekly and to use indicator strips in each autoclave load as well. Together these choices made a net increase in expense of approximately \$.10, but we considered them to be indispensable steps in operating a top notch piercing studio. Conversely, using gentian violet for marking our piercings instead of single-use surgical markers saves us approximately \$.75 per piercing. In both of these examples, we took into consideration the customer’s perception of our actions. In the first example, the benefit was the customer “knows” they are being pierced in a safe environment because they actually get to see their indicator strip on their release form. In the second example, we decided the perceived benefit of the customer being able to keep the SkinScribe was negligible since they experienced the benefit of having a safe marking for their piercing either way; hence the expense was not justified.

Every market and every shop is unique. The product mixes we develop to express our shops are as diverse as the clients we service. As in the previous examples, an honest evaluation of our motives will help us see when we are making non-cost effective choices. Some such decisions may be worth it to us for other reasons, such as aesthetics or style. However, by developing the habit of looking for the customer’s unmet needs, any shop can prosper.

In his book "The Seven Habits of Highly Effective People," author Steven R. Covey devotes an entire chapter to the benefits of mission statements and process of developing them. As a business owner and a person with the desire to be effective, I decided to take his advice and give it a try. I was so pleased with what came of it that I thought I would share my experience.

Just as Covey predicted, I found the process of developing our mission statement was as important as the finished product. My partner and I invited everyone to help, regardless of position or amount of hours on the schedule. It was an opportunity for the entire staff to get involved in something meaningful. As we wrote our mission, we talked about our values and our goals and where we see ourselves in the future. We wrote draft after draft and didn't finish until everyone felt it included what was important to him or her. Having had our mission statement for over a year now we took the opportunity to review it at our first meeting of 2003 (we try to hold a staff meeting once every month.)

Although we did not change anything, I thought there was something very empowering about saying it out loud and getting approval from our current staff. Covey says in his book, "Writing or reviewing a mission statement changes you because it forces you to think through your priorities deeply, carefully, and to align your behavior with your beliefs."

Here are a few tips from Stephen R. Covey that you can use for writing your own company mission statement:

1. **A mission should include both vision and principles.** In other words, what is the company about, and how do we go about it?
2. **A mission should be timeless.** It is not a statement of goals, but a declaration of what the company stands for. While it may be revised and improved, it should be written at any given time as though it will never change. It is the changeless core that you can always go back to

no matter what is happening with the current situation.

3. **Everyone should participate in a meaningful way.** According to Covey, one of the fundamental problems in organizations is that people are not committed to the determination of other people for their lives. They simply don't buy into it. If the goals of the employees are not in line with where the company is going, there will be no commitment.

4. **The process should not be rushed.** It will take time to develop a mission statement that reflects the shared vision and values of everyone within the company. It is time well spent though, as it creates a great unity and tremendous commitment.

5. If you don't yet have a mission statement for your studio, I suggest that you put forth the effort to create one. It can be meaningful for all involved, and is relevant for the functioning and success of your business.

## Classified Ads

### Employment Available

The Psychedelic Shack in Pensacola, FL is hiring tattoo artists and APP piercers.

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## Notice

### Next POINT Release at APP Conference

The next issue of THE POINT will be distributed to each of the hundreds of piercers attending the Annual APP Conference and Vendor Expo, taking place in Las Vegas, Nevada. We will be at the Riviera Hotel from June 2-5, 2003.

If you wish to be an advertiser or to place a classified ad please contact:  
info@safepiercing.org

## Contest

The APP is having a tee shirt design contest. We know there are a lot of talented, creative piercers out there, and we need YOUR help!

Submit designs for a new APP tee shirt via digital format (tiff or gif) to info@safepiercing.org, or hard copy artwork to:

Association of Professional Piercers  
PMB 286  
5456 Peachtree Industrial Blvd.  
Chamblee, GA 30341

The winner will be featured in an article in the POINT, will receive \$100.00 and, of course, a tee shirt!

Las Vegas conference planning is well under way. As I read the suggestions made by attendees I realize that people are likely to wonder why some of the changes they suggest are not instituted or whether we read the feedback at all.

I wrote about the conference location in POINT #22 but I would like to address some of the other comments and suggestions here. The following are the comments (paraphrased) and our responses:

#### Suggestions for improvements:

1. The addition of a Body Piercer to anatomy classes to help relate the information to piercing issues
2. More round table discussions
3. Banning active cell phones and pagers in the classroom
4. Information about the use of medical devices such as dermal punches and scalpels (This will address legality issues)

#### Class curriculum ideas:

1. Jewelry shaping (i.e. nostril screws)
2. Basic Techniques (available to non-members)
3. Photography and portfolio
4. Proper front counter operations
5. Anthropology sacred aspects/ indigenous cultures round table
6. Jewelry Inventory
7. Public relations/perception issues

These topics and suggestions will **all** be utilized in the curriculum for the 2003 conference! Thank you all for your thoughtful input; it helps us to meet your needs.

Many of the suggestions that we reviewed are, in fact, topics that *were* presented during the 2002 session. Comments not only give us ideas about what attendees are interested in but also highlight areas of weakness in our dissemination of information. We will be expanding course descriptions to include more information about content in the 2003 program to ensure attendees connect with the information they are seeking.

The following are suggestions that for various reasons can't currently be utilized:

Comment: 5 days of classes and less lunchtime

Response: There may come a time when this will be instituted. However, the current four-day session requires in excess of 200 man-hours of labor (about 35 volunteers, including the board) for the event alone. It is not even possible to calculate the time taken to plan the conference and cope with the aftermath, i.e. certificates, accounting, etc. At this time an extra day of conference would over-extend the capacity of the APP. Further, many attendees would not be able to spare the extra time away from their studios.

Comment: Some of the classes I wanted to take are held at the same time

Response: Yes, unfortunately, this will happen. As many of us often feel in our studios, it would be nice to be in two places at once. The best suggestion for conference is to bring more than one person from the same studio, or to plan on returning the following year to attend the classes you missed. There is no way around this one.

Comment: Why doesn't the APP hold smaller conferences around the country?

Response: Currently there are two reasons. The first is that there simply isn't the manpower to process registration and provide the education. The second is that the Las Vegas conference depends largely on our ability to fill the hotel, so a large-scale event is needed to support the conference financially. However, there may come a time when this type of outreach will be viable.

Comment: Schedule CPR & First Aid on the same day

Response: There isn't time in a single day's sessions to accommodate both classes.

Comment: Why can't we view live demonstrations?

Response: Presenting videotape of piercings performed in a sanitary environment is an excellent educational tool, violates no local licensing regulations, and creates no liability issues for the APP. Video is our only legal option for showing piercings.

Comment: Expo hours (shorter and longer where both suggested)

Response: Expo set-up and break down times are primarily dictated by local union restrictions on labor. Hours of operation have been determined with both the need to provide education and provide time for shopping in mind.

Comment: Legislation should be discussed state by state

Response: We did try to do this for a couple of years. Unfortunately laws vary not only from state to state but also within individual municipalities. The manpower required to track each individual regulation is not currently available to the APP. The presentation is now geared toward teaching individuals to access and respond to the regulations that affect them.

Comment: Why aren't there more vendor restrictions?

Response: Although the APP reserves the right to decline vending space for any reason, vendors are rarely declined. Keep in mind that a vendor's presence at the Expo does not constitute APP endorsement. Quite often the Conference and Expo is as much of a learning experience for vendors as for other attendees.

A special thanks to the people who provided the following requests/comments:  
Naked flash dancing  
A class on turning off cell phones

Please keep those comments and suggestions coming.

Bethra Szumski, APP President

## The diagnosis is....

I had a navel piercing appointment with a nice girl accompanied by her mother. I was curious to see her navel - everyone is special, a lot need some adjustments, I love it...

But what was this? I had never seen this before! She had a big red skin disorder around her navel! What is this? Is it a risk to pierce? Does she have it somewhere else on her body? Is it a fungal disease? I had to ask her about it! Her mother replied smiling: Don't worry - she only cleaned her navel too much before we came!

Lots of greetings,  
**MaryAnn, Onemore Piercing,  
Switzerland**

## A Lot of 'splaining

I was doing a navel piercing and after marking asked the customer to take a look at the mirror before the piercing.

She said that she could see two marks and asked which one I would use. I explained that I would use both, the jewelry going in through one and coming out through the other. She said she only wanted one hole, and I tried to explain that this is not possible because then there would be no piercing. She was thinking about her earlobes, where she could only see one hole in the front, and I spent ages explaining how this works, showing pictures and my own piercing and after I thought that she finally understood, she says "Okay, but I can let the other hole close up later, if I decide that I only want one, right?" Oh, please...

So I had to start again, and I almost didn't do the piercing at all, being afraid that she still wouldn't get it and end up not liking the piercing. But it ended well, she loved it and is still happy, but it took me a looooot of explaining...

Katja Nurminen  
**Valhalla Tattoo & Bodypiercing  
Pitkakatu 51  
65100 Vaasa  
Finland  
andyvalhalla@hotmail.com**



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## The Know-It-All Nurses

I had some customers come in to get pierced who are Registered Nurses. They had quite a lot of attitude about knowing everything about everything. When we went into the piercing room, one of them made a fast bee-line directly for the big, red, clearly-marked biohazard can and promptly plopped her purse down on top of it before I could stop her.

I said, "That is the biohazard can. You need to take your purse off of it, step away from there, and wipe down with this germicidal wipe." She replied, "But why? That is where I do my paperwork at the hospital."

**Bryan Civello  
Rings of Desire, New Orleans**

# History of Piercing: The Male Nipple Piercing

by Paul King

Dear Readers,

It may seem odd at first glance that I have chosen to separate the history of nipple piercing, a shared anatomical piercing, into two sections. The reason is twofold. Until modern times, males and females within a single culture have not shared this custom, so the articles work best divided by gender, and also because of the volume of information on this topic.

First of all, Roman Centurions did NOT have their nipples pierced. Over the years it has been my great delight (and fortune) to enjoy many long discussions with Jim Ward, Founder of Gauntlet, PFIQ and long-time friend of Richard Simonton AKA Doug Malloy. Doug Malloy is commonly referred to as the Grandfather of Modern Body piercing, and Jim Ward and Fakir Musafar as the Fathers of our profession.<sup>1</sup>

Jim has told me the genesis behind this urban myth. It appears that Doug's only evidence of the Romans having pierced nipples was a photograph of a baroque statue from Versailles. In the photo the statue is wearing a breastplate with rings for attaching a cape. When Jim conveyed his doubts about Doug's rather stretched conclusions, Doug replied, "Well it makes a good story..."

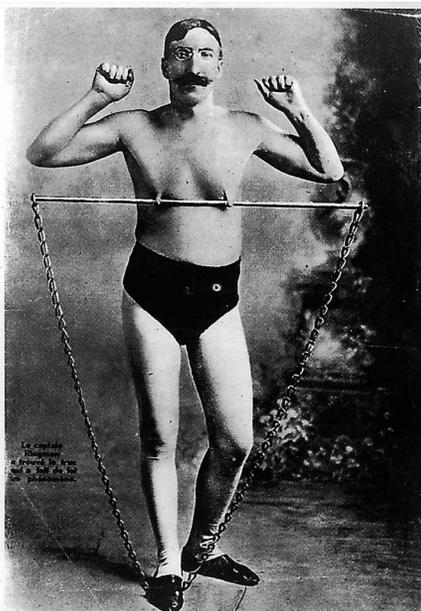


Photo credit: "Wait till you see my next trick" circa 1890, The Hulton Deutsch Collection Ltd.

Here is what we know to be fact: The Karankawa Native Americans, a nomadic peoples previously inhabited the Gulf Coast of Texas until their annihilation by a Texan force in 1858. Apparently they "pierced the nipples of each breast and the lower lip with small pieces of cane." That they could heal these piercings is particularly impressive since they "smeared their bodies with a mixture of dirt and alligator or shark grease" to thwart mosquitoes.<sup>2</sup>

Both American and British sailors have passed on legends of getting

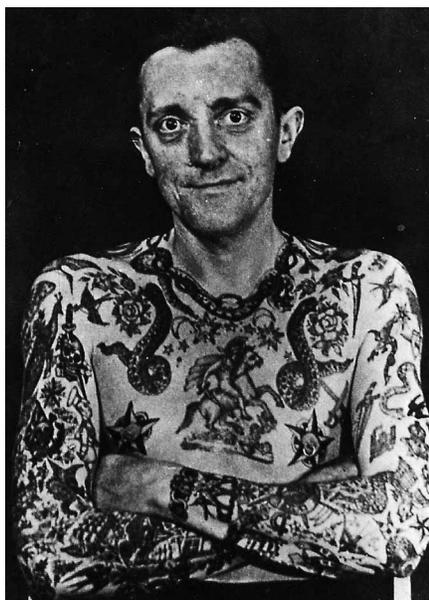


photo credit: unknown man from the Bernard Kobel. Collection of Clearwater, Florida.

pierced as an initiation for having traversed an important latitude or longitude, (i.e. Tropics of Cancer and Capricorn, or the International Date Line, etc.). There is enough folklore and photos to substantiate the old tales of "sailors with pierced nipples adding links each time the sailor crossed the equator".<sup>3</sup> However, the adding of links seems to be a lesser known practice. Additionally, there exists an abundance of sailor stories for earlobe piercing. Since the turn of the century, Sailors such as Le Captain Ringman or The Great Omi, heavily tattooed and pierced, would sometimes reenter mainland society as sideshow human oddities.



Photo credit: unknown man in beret from the Bernard Kobel Collection of Clearwater, Florida. Taken early to mid 20th century. The Heavily Tattooed Men and Women collection is now owned by Spider Webb.

The 1950's and 60's were a time for self-exploration and sowed the seeds of the modern day Body Modification and S/M communities. Men such as Fakir Musafar (Roland Loomis) and Jim Ward compelled to pierce their own nipples, bravely figured out their procedures in an information vacuum.<sup>4</sup>

Let's count our blessings that times have changed!

<sup>1</sup>Doug encouraged and supported Jim to open the first professional body piercing shop in the Western world. He also introduced Jim and Fakir. Jim and Fakir's collaborations in PFIQ left us a legacy of stories and pictures from the early days of modern piercing.

<sup>2</sup>The Handbook of Texas Online, by Carol A. Lipscomb at [www.tsha.utexas.edu](http://www.tsha.utexas.edu), her bibliography: Albert Gatschet, The Karankawa Indians, the Coast People of Texas, (1891), William Newcomb, The Indians of Texas, (1961), Richard Schaedel, The Karankawa of the Texas Gulf Coast, (1949)

<sup>3</sup> PFIQ (Piercing Fans International Quarterly # 21)

<sup>4</sup> Fakir pierced his nipples in 1956, Jim Ward in 1968

*My usual disclaimer: I am not an anthropologist. From time to time there will be errors. Please be understanding and forthcoming if you have any information you would like to share.*

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# Studio Interview ~ Alicia Cardenas and Mike Nickels of Twisted Sol



**Twisted Sol**  
1405 Ogden Street  
Denver, Colorado 80211  
(303) 832 1311  
[www.twistedsol.com](http://www.twistedsol.com)



## How did you get started in this business?

Both Michael and I started out in a street shop in 1993, working for a woman who didn't share our philosophy or perspective. So we struck out on our own.

## What is your business philosophy?

To have an innovative, clean workspace conducive for like-minded individuals who are dedicated to creating and maintaining a studio where people from all walks of life can feel comfortable getting body art done.

## Why did you choose this business over another type of business?

This business has allowed us the freedoms necessary to evolve as individuals and as a conscious community of free thinkers and truth seekers.

## How do you go about implementing new ideas and approaches in your business?

Set the new laws and follow up. Do it in the name of survival and everyone will listen.

## What motivates you to succeed besides the desire to make money?

Changing the future by creative momentum and commitment to educating the community on the historical relevance of tattoo and piercing, and how it relates to spirituality.

## What have been the most important keys to your success?

Loving what you do and who you do it with.

## What is your company's greatest challenge?

Learning to take time off and enjoy one another.

## What contributions to the community (charitable or otherwise) are you most proud of?

Art n Sol, is our community space and store next door. We use it to promote local visual artists, poets, musicians and other consciously aware community activists.



## In what area of your business do you invest the most energy?

Presentation of the studio and customer comfort.

## How will you continue to succeed in this market?

By not being afraid to evolve with the changing times.

## What words of wisdom would you offer to someone starting their own business?

If you do it, do it for what you can contribute to the industry not what you can get out of it.

## What's your favorite saying or quotation?

"Seek not to be like the masters, seek what the master sought" -Zen saying

## What do you look for in prospective employees?

We never have prospective employees because no one ever quits. We have a saying at Twisted Sol because we have become a family. "There is only one way out of Twisted Sol and it's death."

## What inspires you?

The people hand poking and piercing each other with sharpened bamboo all over the world that use mud to heal wounds. And our committed crazy crew at Twisted Sol.

## What are your or your company's greatest assets?

Love and sincerity.

## Anything else you would like to add?

Although we are proud to be of this culture, we are not proud of our country's involvement in the genocide of indigenous people around the world. We strongly preach that freedom is given by the hand of God, not government.

Interview

By Crystal Sims

## Product Review

### Nalgene Bottles



With the intense amount of surface disinfecting we do in our daily work, using a pump (or aerosol) with spray such as Madacide or similar hard-surface disinfectant can do significant damage to the respiratory systems of those who work in the studio, and to your clientele. If you can smell it, you are breathing it into your lungs. And if it's designed to kill bacteria, fungus, and virus, just imagine what it does to the delicate lining of your throat and respiratory systems.

Each and every and spray bottle in the studio (the spreader of all airborne offenders) can be removed and replaced with a Nalgene bottle. For those of you who aren't familiar with this liquid dispenser, it is an autoclavable bottle that is squeezed to dispense the contents through a small curved spout at the top, in a steady stream of liquid. The bottle itself is autoclavable, but the top is not. It is now commonly used in the tattoo industry in place of spray bottles. The use of this type of bottle eliminates any micro spray from the disinfectant process. It allows more of the product to go directly to the job and not into the air that we breathe.

A downfall of the Nalgene bottle is that it takes longer to saturate a paper towel used for wiping, and gives your hand quite a workout. Autoclave the bottles when you first get them, which makes the bottle softer and less difficult to squeeze. Also, a little trick is to clip off the tip of the spout to allow for a better flow of the contents.

The benefits are that you eliminate overwhelming, dangerous, smelly fumes and over-spray. You prevent disinfectant spray from (ricocheting off potentially contaminated surfaces and) getting into your lungs.

Although changing from spray bottles is a bit of a transition, it has made a world of difference in my studio. It is clearly a benefit to the health of the people working here, and to the clientele. If you choose to stay with spray bottles, remember spraying into a paper towel is much safer than spraying directly on a possibly contaminated surface. With the Nalgene bottles you can get the paper towel as saturated as needed to leave a nice coat of disinfectant.

If you'd like to purchase these bottles they can be found through: Eikon Device (613) 384-4688 or My Med Source (888) 755-9370.

Alicia Cardenas,  
Twisted Sol,  
Colorado

## The Medical / Dental Corner

### Prophylaxis of Oral Antibiotics

The American Heart Association provides the recommendations for the dental profession as to when antibiotic premedication is necessary or advisable prior to receiving certain dental work.

Currently, the recommendations are undergoing much revision due to the increased risk of developing bacterial resistance to antibiotics.

When I give my courses to the dental community, I implore the attendees to put together a 'fact sheet' available in the reception area regarding oral/facial piercings--at the top of the factoids is a statement that encourages potential piercees to be premedicated prior to piercing IF they are having to take antibiotics prior to dental work.

Betsy Reynolds

So, if your clients are advised to take antibiotics before dental work, you should suggest they consult their physician for a prescription prior to body piercing.

Likewise, consulting a doctor is appropriate if your client discloses a medical condition that concerns you for either health and safety of client during the piercing procedure, or the likelihood of difficulty during healing. It is reasonable for you to request that the client bring a note from a doctor in such cases before proceeding with a piercing.

We all know the instant gratification many of our clients desire, but when health is at stake, it is important to put that first. If someone is truly serious about wanting to be pierced, they will comply with your wishes and respect you for your concern and professionalism.

## APP Website Updated

Check out the APP website at <http://www.safepiercing.org> to see what's new. We've updated the layout, and added a variety of features such as a job board and PDF's of several back issues of "The Point" newsletter.

Please feel free to contact us if you have any input, feedback or suggestions about it.

And if you like how it looks, and how it works, let us know too.

By the way, our site was redesigned by none other than Jim Ward himself!



## Birth Announcement

**Born: 7-21-02 Mayan Grace Perlingieri,  
first child of Blake and Leah Perlingieri.**

**Congratulations to the happy parents!**

## We Need You!

The APP needs your help to support our mission of disseminating of vital health, safety and education information to piercers, piercees, medical professionals and the general public. Your donation is tax deductible to the extent allowed by law because we are a Non-profit corporation.

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Bamboo Level receives an APP bumper sticker

Steel Level and up receive a full length video of the APP's 2001 Anthropology course featuring Jim Ward. This is NOT available for purchase anywhere, at any price!

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We appreciate all contributions and thank you for your support!

## Legal Update

This is a follow up to the article printed in POINT 23 about piercers who perform other procedures and were arrested for practicing medicine without a license.

The APP is an organization dedicated to health, safety and education specifically related to body piercing. We do not offer advice or information on other forms of body art. However, piercers who do perform other procedures should be aware that this matter has come to the attention of authorities and that legal action could result from such activities.

Press Release

Source: Medical Board of California

### **Medical Board of California Arrests Santa Clarita Resident for Unlicensed Practice of Medicine**

SACRAMENTO, Calif.--(BUSINESS WIRE)--Dec. 23, 2002--The Medical Board of California's Operation Safe Medicine (OSM), in conjunction with the Federal Bureau of Investigation, served a search warrant on December 19, 2002 at the Santa Clarita residence of an unlicensed person, Todd Cameron Bertrang, for agreeing to perform female circumcisions. The procedure is an extremely painful, traumatizing mutilation of females that leaves them permanently disfigured. He also performs a similar procedure on males. He was charged with violating Business and Professions Code section 2053, a felony, by risking great bodily harm, serious injury or death by practicing medicine without a license. Bertrang was arrested and booked into Santa Clarita Los Angeles Sheriff's Department and will appear in court on January 21, 2003.

The Medical Board of California continues to analyze evidence obtained during the execution of the search warrant. The Board's Chief of Enforcement Dave Thornton said,

"The mission of the Medical Board is consumer protection. Stopping the unlicensed practice of medicine in California is a high priority with the Medical Board. We encourage anyone with information regarding additional victims of Todd Bertrang, or any other criminal activity connected to Bertrang, to contact the Medical Board's Cerritos Office at (562) 860-2819."

The case was referred to the Medical Board by a physician from Northern California who received information that Bertrang was performing clitoridectomies on women in Southern California. The FBI, who had received a similar complaint, also was investigating Bertrang. A joint investigation with the FBI resulted in a search warrant being obtained for the Santa Clarita residence, along with an arrest warrant for Bertrang. The investigation has revealed that Bertrang attracted potential patients through Web sites and may have performed various unlicensed procedures that include male and female circumcisions at his residence since 1997. These are procedures that can result in serious injury to patients who are not in a medical setting.

This arrest is the tenth in 2002 by investigators of Operation Safe Medicine, a special unit of the Medical Board composed of trained investigators who seek to protect a significant portion of the population by reducing access to individuals who are unlicensed and a danger to the public when they attempt medical treatment. OSM commenced in January 2001, and works closely with local and federal law enforcement agencies. The staff of investigators target the known areas where the unlicensed practice of medicine flourishes in Orange County and the greater Los Angeles area. The investigators also work other areas of the state as needed and provide training to other Medical Board enforcement staff in how to spot and

respond to suspected illegal practices.

OSM is part of the Medical Board's efforts to steer consumers away from unlicensed practitioners, whose treatment of patients has resulted in harm and even death in Southern California. The Board encourages the public to confirm they are receiving healthcare from licensed individuals by calling its Consumer Information Line at (916) 263-2382 or visiting its Web site at [www.medbd.ca.gov](http://www.medbd.ca.gov).

The Medical Board of California is the state agency responsible for licensing and regulating physicians in this state.

-----  
Contact:

Medical Board of California  
Dave Thornton, 916/263-2389

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Source: Medical Board of California

# Tongue Piercing Procedure-One Perspective

Editorial Disclaimer: This article does not represent the views of the APP. Any opinions, thoughts or ideas expressed herein are those of the author alone.

*I have done literally many hundreds if not thousands of tongue piercings. I am considered (by Jim Ward, himself known as the Father of Modern Body Piercing) to be the individual responsible for the popularity of the tongue piercing. I still have 5 in my own tongue after well over a decade! The first one was placed there, by Jim Ward himself in the late 1980's. Therefore, I feel qualified to share my procedure with the hope that some ideas, hints or tips may be helpful in your own practice.*

*This is NOT a "how-to" article; it is*

*an editorial, intended for piercers who are already trained professionals. This is in no way a complete discussion of the topic, but merely reviews specifically how tongue piercing is done in my studio. There will be many variations on this among APP member Piercers, and even wider variation among non-members. Other methods are also valid and they are only "wrong" if there is danger to the piercer or piercee, or if the results are not as intended by the piercer and/or piercee.*

*To prepare, we suggest the piercee eat a good meal with some protein and carbs approximately one to two hours before coming in for any piercing. That way the blood sugar is up and the client is less likely to*

*feel unwell afterwards. And following a tongue piercing, eating is possible but a bit slower going at first, to be sure. No drugs or alcohol, of course!*

*It is wise to have the client avoid taking aspirin or drinking an excess of coffee (caffeine) or liquor for at least a day or two before the piercing to minimize the potential for excess bleeding. Those taking aspirin daily would be wise to cease 5-7 days before the piercing.*

*First, of course, is the filling out of the required-by-law release form. We also use an extra form as per studio policy that is specifically on informed consent for oral piercings--see below.*

## Informed Consent Tongue/Labret/Oral Piercings

I have been informed prior to the piercing that:

If the piercee has any history of sensitive gums or problems with the adjacent teeth, oral piercing placement is inadvisable.

Even when the piercing is optimally placed with perfect-fitting jewelry there can be some erosion of the gums and/or damage to the teeth.

If the piercee bites down on the jewelry it could harm their teeth, piercing, and/or jewelry.

Any piercing can bleed.

I understand the risks stated above and I hereby release Rings of Desire, Inc., its officers, directors, shareholders, employees, agents, heirs and assigns, from all manner of liabilities, claims, actions, and demands, in law or in equity, which I or my heirs have or might have now or hereafter by reason of complying with my request to be pierced.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The first step in the procedure is cleansing the area by having the client rinse the mouth for 60 seconds with an antimicrobial or germicidal oral rinse. They are directed not to touch the face or mouth with dirty fingers from that point until the healing time is complete.

Next, after examining the anatomy in question, is the marking of a dot on both the top and bottom of the tongue for the placement of the

piercing. This is accomplished using a very small amount of Gentian Violet, an anti fungal liquid, applied with a sterile toothpick. The placement depends, of course, on the client's anatomy, along with their needs and preferences. To optimize placement for them, I often ask the piercee if they are particularly concerned about concealment, or if they think there is any chance they might want to wear more than one tongue piercing in the future.

It is standard practice to place the piercing on the midline, a little further forward on the bottom than on the top of the tongue. This will allow the jewelry to rest back, away from the teeth (this is also where most of the speech sounds are made) and where there is more room for the jewelry towards the concavity of the hard palate.

*...continued on pg. 17*

## Tongue Piercing Procedure

...continued from page 16

There is a point past the center of the tongue that I seldom place a single piercing, though I may go that far back for multiple tongue piercings. The jewelry will not be any less visible (a concern for many) but it will be more likely to swell considerably, and won't be as much fun once healed. So, when people try to convince me to put it way far back, I offer guidance about this, and they are always ultimately pleased with the placement I suggest. It can go far back enough to be hardly visible, but still in a spot where it will be fun. Concealment jewelry such as clear or tongue colored balls and discs that go on the metal bars are very effective. Clear acrylic posts in small gauges are not advised, however, as they are too brittle to be safe.



I have noted in my interactions with other piercers that there is considerable debate about whether it is safe or appropriate to pierce along the midline of the tongue on the underside. The answer is YES! It is fine. Just so long as your placement is in front of the attachment of the lingual frenulum. It is not wise to try to pierce through the that portion of the anatomy where it is webbed. Where it is merely a little cord-like, the body will push the piercing ever so slightly off to one side. But it is fine to pierce along the midline. The arteries and nerves are off to the sides (usually quite visible under the tongue.) So, midline placement is safest in any case.

The length for the bar post is determined by measuring the tongue after it is marked. For optimal jewelry fit, it is important to measure the tongue when it is essentially at rest in the mouth. Even though the tongue may be very slim when it is pushed out of the mouth, it can become considerably thicker in its usual neutral position within the mouth. So once the marks are in place we have the piercee keep the tongue at rest inside the mouth and simply drop the jaw open. You need to glimpse both the top and bottom dots for the "resting" tongue thickness and add onto that for the starting jewelry length.

We add some length (commonly about 3/16" to 1/4" extra) to allow for the usual amount of swelling. There should be enough room to just accommodate the initial swelling. Extra length beyond that can be a liability, getting in the way, and making speech and eating more difficult than necessary. We stock barbell posts by the 1/16" (rather than the 1/4") to get the best fit. It is common that 13/16" is precisely what's needed but others might put in a slightly too short 3/4" or a little bit too long 7/8" instead. Anyone automatically using a "standard" size post length for all tongues is doing their clients a huge disservice. Anatomy varies considerably, so a custom fit is appropriate.

We then open the contents of the sterile jewelry packets onto the sterile field and change gloves (as the gloves have handled the non-sterile outside packaging of the sterile jewelry.) We assemble the jewelry to make sure both balls go on properly, and pass it through the jaws of the forceps to be sure the jewelry fits through. Then we unscrew the bottom ball (usually 3/16" or 4 mm as there is less room for larger balls underneath the tongue) and put a wire "snip" down inside the hollow post. We then put the remaining

part of the "snip" into the back end of the sterile, disposable piercing needle. So we have essentially "connected" the jewelry to the needle.

We ask that the client try to push their tongue out like a puppy dog; long and limp and floppy. They should try to push from the back of the tongue, keeping the tip of the tongue loose. This makes it considerably easier, since the more muscular contraction they put into sticking the tongue out, the more difficult it is to manipulate into the forceps.

Next we dry the tongue with sterile gauze, and gently apply forceps. We line up the dots that have been marked on the top and the bottom of the tongue, keeping the forceps just snug enough to secure the tissue in place. We apply the forceps so that the dots are towards the back edge within the opening. This way the tool need not be placed any further into the mouth than is absolutely necessary, (as it would if you placed the dots in the center of the opening of the forceps.) This helps with client comfort by avoiding placing the clamp too far into the lingual frenulum underneath the tongue.

Using the same gauge needle and jewelry (most commonly 14 ga or 12 ga) we push through the tissue from the top into a cork on the underside, and the jewelry is inserted directly as the piercing is completed. We screw the bottom ball on and then release the tongue from the forceps. Generally it is so quick they don't even have a chance to drool! I've pierced with people watching who reported, "I was watching and I missed it!"

We advise they follow the industry standard care guidelines as suggested by the APP (see them on the web site at [www.safepiercing.org](http://www.safepiercing.org)).

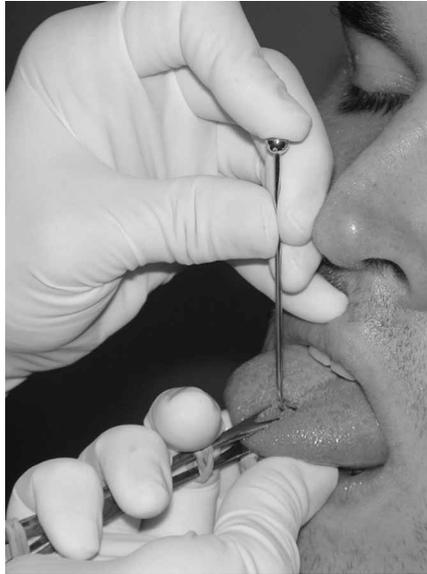
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## Tongue Piercing Procedure

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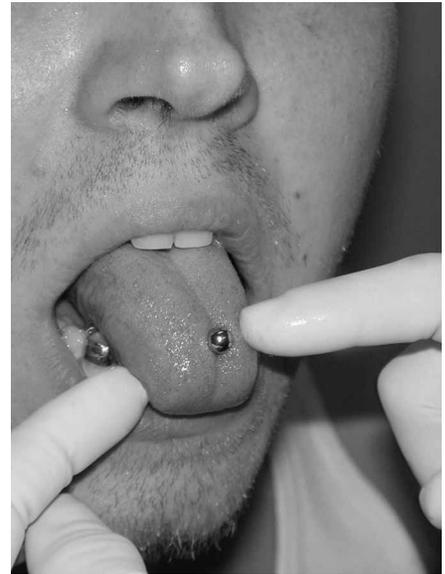
We also suggest that they down-size to a shorter bar as soon as the swelling is down. The extra length is only desirable when it is needed to accommodate the swelling. The post can be downsized by a professional as soon as the initial swelling is down; possibly as soon as a week or two. If the client is planning to change the jewelry themselves I would suggest they wait the initial four week healing time.

We strongly urge them to wear a bar shorter than the starting one, both for comfort and for the safety of the oral structures. Dental professionals have found that long-term wear of an overly long bar can result in bone density loss, chipping of teeth and recession damage to the gums. Therefore the shorter post is highly advised. In order to facilitate our clients getting and wearing the shorter post we offer this downsize policy:



Ready to go, with forceps and cork in one hand; needle and jewelry together in the other.

The completed piercing



### Read this ! **Tongue Barbell Downsize Policy** Read This !

**On piercings such as the tongue which have a tendency to swell during initial healing, we will insert a barbell that has some extra length on the post for your safety and comfort. Once your piercing has healed you may find that the barbell post looks or feels too long.**

**When you purchase a new barbell (post and two balls) at Rings of Desire and have us insert it into a new tongue piercing you can return here after the piercing is healed, and/or the swelling has subsided (minimum of 2 weeks-maximum of 8 weeks) and present: this paper, along with your register receipt,**

**and we will provide you with a shorter replacement post (of the same gauge as your initial jewelry) for \$10.00. \* You get to keep the original post. There is no charge for us to help you insert the shorter post. Out-of-towners may purchase their shorter post at the time of the piercing, if they so desire.**

**This policy does not apply to balls.**

**\* for 14 gauge. Cost is \$11.00 for 12 gauge, and \$12.00 for 10 gauge.**

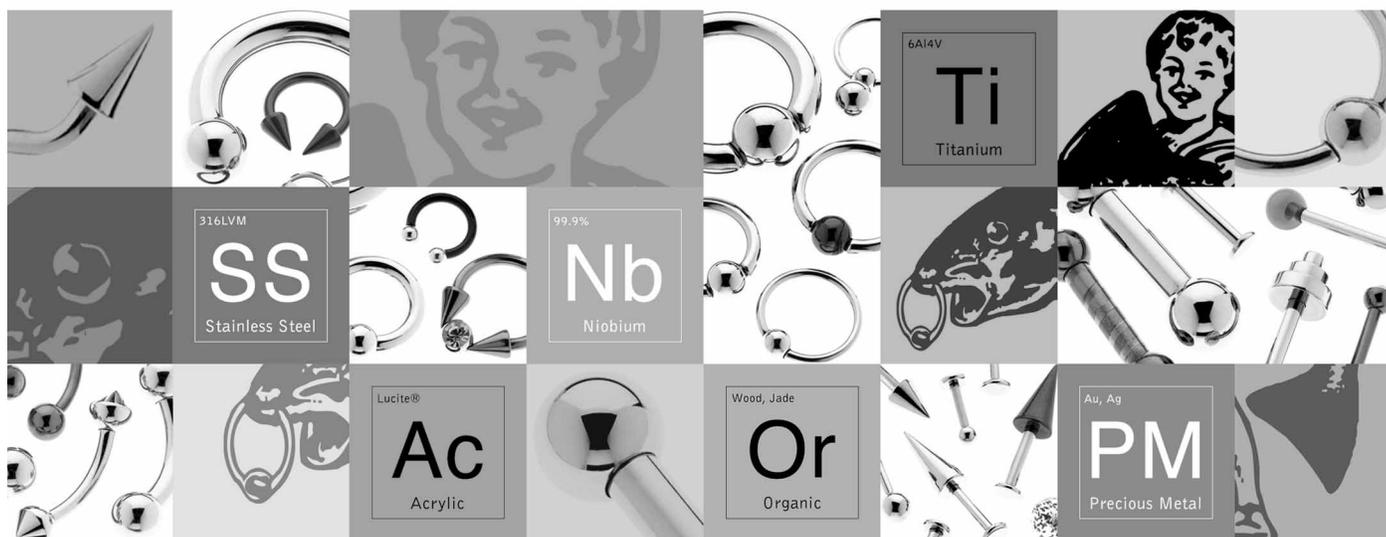
**Final disclaimer:** Reading this and/or incorporating any aspect of my procedure into your practice does not constitute APP training, nor does it mean that you have apprenticed to me nor been trained by me. Feel free to take anything that works and leave the rest.

Safe piercing.

Elayne Angel, New Orleans

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