

## ISN'T THE MOUTH DIRTY?

As the main portal for material entering the body, the oral cavity is exposed to a variety of toxins, bacteria, and other noxious substances on a near-constant basis. Drinking or eating anything contaminated with disease-causing microbes can potentially cause illness and infection. Breathing air that contains airborne pathogens may lead to other types of systemic disease. How can we maintain health despite this continual microbial assault? The answer lies in the design of the oral cavity and its defensive strategies.

Salvia contains numerous antimicrobial factors that directly attack and deactivate harmful microbes. Among them:

- Lysozyme
- Lactoferrin
- Salivary peroxidase
- Myeloperoxidase
- Agglutinins
- Immunoglobulins

Because saliva is produced only within the oral cavity, the mouth is at a distinct advantage over other parts of the body when it comes to warding off infection. The extremely high turnover rate of oral mucosa makes it one of the fastest healing sites in the body. Oral mucosa maintains its structural integrity through a system of continuous cell renewal in which cells are produced by division, migrate to the surface of the tissue, and replace the cells that are shed. The cellular turnover rate for oral mucosa of the cheek is 25 days compared to 52-75 days for skin. Compared to many other body piercings, the relatively brief healing time of the average oral piercing provides a much shorter window of opportunity for exposure to infection. For instance, a tongue piercing usually heals in 6-8 weeks, compared to 6-9 months or longer for a navel piercing.

The head and neck region houses a highly concentrated system of veins, arteries, and lymph vessels allowing for rapid transportation of anti-infective agents to attack infective agents in a swift manner.

Infection rates for oral piercings are negligible when sterile equipment, proper aseptic protocol, and appropriate jewelry selection are combined with conscientious aftercare. This requires the education of both piercer and piercee to ensure a safe and successful experience.

## INFORMATION IS THE KEY

Unsafe, unethical, and uneducated piercers thrive in areas where complete, accurate information is not made available to the general public and those who seek to protect them. Only by supporting the dissemination of accurate information and the efforts of conscientious professionals can the risks of piercing truly be controlled. Making oral piercings illegal forces consumers who seek them to patronize unregulated, underground establishments.

Since many individuals still desire oral piercings and intend to get them, it is far more constructive to provide sound information on how to choose a practitioner and specific guidelines on safe piercing procedures.

The APP is a non-profit organization dedicated to health, education, and safety of piercers and the public. We are a group of committed professionals who uphold a high standard of safety and hygiene. We support the development of appropriate regulations and standards to ensure the improvement of our art form and the continued safety of our clientele.

### REFERENCES

1. Department of Cariology, Institute of Dentistry, University of Turku (Finland): Salivary peroxidase systems and lysozyme in defense against cariogenic microorganisms. Lenager-Lumikari (1992)
2. Ten Cate AR: Oral histology: Development, structure, and function (2<sup>nd</sup> ed). C.V. Mosby Company (St. Louis). 1995
3. Staines N, Brostoff J and James K: Introducing immunology (2<sup>nd</sup> ed). C.V. Mosby Company (St. Louis). 1994.

Your \_\_\_\_\_ piercing

is expected to take \_\_\_\_\_ or longer to heal.

Piercer: \_\_\_\_\_

Jewelry: \_\_\_\_\_

Earliest Change/Downsize Date: \_\_\_\_\_

**For any additional information contact your piercer.**

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

Use of this brochure does not imply membership in the APP. A current list of APP members can be found at safepiercing.org. False claims of membership should be reported to the APP.

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# ORAL PIERCING RISKS & SAFETY MEASURES



## ORAL PIERCING RISKS & SAFETY MEASURES

A well-informed and discerning consumer is subject to far fewer dangers than one with incomplete or inaccurate information.

When properly performed, the piercing procedure itself takes only a few seconds and involves minimal discomfort and often no blood. Healing is commonly rapid and uneventful.

Most of the concerns about oral piercings center on one of three areas:

- Fear of an unsafe procedure
- Potential for damage to teeth and oral structures
- Risk of infection

These potential hazards are diminished when the following steps are taken.



### TRADITIONAL PLACEMENT FOR LIP AND CHEEK PIERCINGS:

- Should be placed relatively perpendicular so the jewelry does not sit at a sharp angle.
- Position must be chosen so that the jewelry rests in a neutral spot inside the mouth.
- Post should be shortened to fit snugly once healing is done to minimize contact of jewelry with the teeth and gums.
- Cheek piercings should not be placed further back than the first molars to avoid parotid glands and ducts.
- A strong light can be used to check the selected placement for vascularity and enervation (blood vessels and nerves).
- A disc backing inside the mouth should not catch on the gums when speaking or eating.

## PIERCER

### TO REDUCE RISKS OF AN UNSAFE PROCEDURE, YOU MUST FIRST SELECT THE RIGHT PIERCER, ONE WHO:

- Is trained, skilled, experienced, clean, and professional;
- Practices safe piercing technique and cross-contamination control;
- Works in a hygienic environment that conforms to relevant local and/or state regulations;
- Follows OSHA Bloodborne Pathogens standards;
- Has all applicable licenses and permits;
- Spore tests autoclave (sterilizer) regularly and can provide documentation;
- Uses appropriate sterile instruments and jewelry, and sterile disposable needles;
- Takes the time to verbally instruct in proper care guidelines and provides written instructions;
- Is available for follow-up and questions post-piercing, so any developing problems can be resolved before damage occurs.

See the APP's *Picking Your Piercer* brochure for additional details and information.

## JEWELRY

The potential for intra-oral damage from piercings can be dramatically reduced by wearing appropriate jewelry. Complications may result if the jewelry is inappropriately sized, improperly placed, or poorly manufactured. Things to consider:

- Jewelry must be the correct style for the anatomy and piercing placement;

- Jewelry must be accurately sized to the area. The longer jewelry that allows for initial swelling **must** be replaced with a shorter piece after swelling has dissipated to reduce the chance of harm to the teeth and oral structures.
- Quality jewelry in an appropriate material—See the *APP Minimum Jewelry Standards* for detailed jewelry material and design specifications. [www.safepiercing.org](http://www.safepiercing.org)
- Balls made of acrylic rather than metal can be worn on tongue barbells to minimize the risk of damage to the teeth.
- Check that threaded ends are on securely. Tighten them daily to insure that your jewelry stays in place.
- Wearing a smaller ball on the underside of the tongue helps to reduce jewelry contact with the sublingual portion of the oral cavity.
- Playing with oral jewelry is the most frequent cause of tooth and gum damage and should be avoided.

## PLACEMENT

Proper placement is absolutely critical for health and comfort.

### TRADITIONAL PLACEMENT FOR A TONGUE PIERCING:

- Along the midline of the tongue, essentially in the center of the mouth;
- Approximately 3/4" back from the tip of the tongue;
- Commonly placed with the top a little further back than the bottom (This allows the top of the jewelry to lean slightly back, away from the teeth, and toward the higher part of the upper palate where there is more room in the mouth);
- Usually placed just in front of the attachment of the lingual frenulum (web under the tongue).

## AFTERCARE

The risk of exposure to infection can be controlled during the piercing procedure by the use of sterile equipment and jewelry and rigorous adherence to aseptic technique. The piercing must be cared for properly to avoid infection during healing.

- The piercer must provide written and verbal guidelines to thoroughly explain aftercare protocol, including the use of antimicrobial alcohol-free mouth rinses and/or sea salt rinses.
- Avoid sharing plates, cups, and eating utensils.
- Use a new soft-bristled toothbrush and keep it clean.
- Don't chew gum, tobacco, fingernails, pencils, sunglasses, or other foreign objects that could harbor bacteria.
- Avoid undue trauma; excessive talking or playing with the jewelry during healing can cause the formation of unsightly and uncomfortable scar tissue, migration, and other complications.

For detailed care information see the APP brochure: *Aftercare Guidelines For Oral Piercings*.

## WHAT ABOUT SWELLING?

When the piercing is performed properly and approved care guidelines are followed, most piercees experience little or no bleeding and a minimum of swelling for a few days.

- Allow small pieces of ice to dissolve in the mouth.
- Take an over-the-counter, non-steroidal anti-inflammatory such as Ibuprofen or naproxen sodium according to package instructions.
- Sleep with your head elevated above your heart during the first few nights.