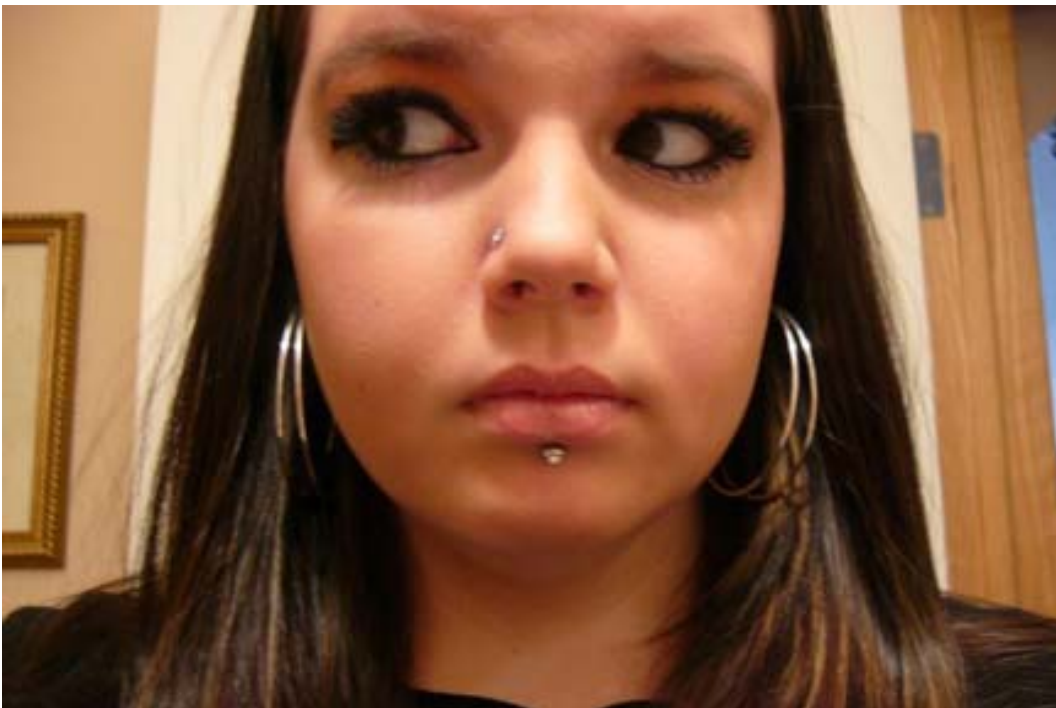


# Healthy Body Art



## Body Piercing Infection and Injury Research Report

Southern Primary Health - Noarlunga  
October 2006

# Table of Contents

Acknowledgements	1
Executive Summary	2
Healthy Body Art - Background	4
Purpose of this Study	5
Methods	5
Results from the Body Piercers	8
Results from the General Practitioners	12
Combined Results	14
Costs to the Australian Health Care System and Community	15
Recommendations	16
References	17
Appendices	18

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# Healthy Body Art - Body Piercing Infection and Injury

## *Executive Summary*

Body Art is increasing in popularity with young people. Body piercing in particular, is the fastest growing form of body decoration and is widely practiced within the community. Piercing is performed on a vast range of body areas including ears, neck, lip, nose, eyebrows, cheek, tongue, nipples, navel, genitals and in between fingers and toes.

The scope for body piercing is substantial and since body piercing is an invasive procedure, there are potential health risks involved. Any penetration of the skin with resultant bleeding has the potential to cause infections including the transmission of blood borne viruses such as HIV and Hepatitis B or C.

During 2006 two surveys were conducted by Southern Primary Health – Noarlunga to document issues related to body piercing. In South Australia, prior to this research, only anecdotal information existed regarding the type and extent of problems associated with body piercing.

The first survey was presented to practitioners actively involved in the body piercing industry. A total of 22 body piercing salons throughout metropolitan Adelaide and SA Country areas responded to the survey.

Of the 22 body piercing practitioners who responded, 100% stated that they had treated or advised a client in relation to an infection or injury following a body piercing. The body piercers reported that over the last 12 months 396 people had presented with complications.

The survey asked body piercers to reflect on what action they felt needed to be taken to make access to professional body piercing safer for consumers. Common response themes focused on the need for further education in safe work procedures, particularly in sterilization. Also identified was the need for accreditation of body piercing practitioners.

Responses from body piercers suggests that although significant infection may have been due to poor after-care, a number of problems could be attributed to operator ignorance of the risks involved with body piercing. They stated that often body piercing is undertaken by untrained individuals, which can contribute further to health risks.

Practitioners in the body piercing industry highlighted a need to not only educate consumers about the risks associated with a piercing procedure but also to provide correct and consistent after-care advice. According to the body piercing practitioners often clients are given incorrect and conflicting information, and sometimes no information at all with regards to body piercing after-care.

The second survey was presented to practicing General Practitioners [GPs] throughout the southern suburbs of Adelaide via the Southern Division of General Practice.

Surveys were distributed to individual GPs in many of the 96 practices in the region. A total of 134 completed survey responses were voluntarily returned by freefax to the SDGP or collected by the SDGP Practice Liaison Team.

In all, 96% of responding GPs reported that during the previous 12 month period they had treated a patient presenting with infection or injury following a body piercing.

A total of 410 body piercing complications were reported. The most common complication was that of the ear, followed by the navel, tongue, eyebrow, nose, nipple and genitalia, in descending order. The most commonly reported complication was infection following a body piercing.

There are approximately 400 in total GPs practicing in the SDGP. If we extrapolate these figures, we can predict there could have been as many as **1,230** cases of body piercing infection or injury treated by GPs in the SDGP region over the last 12 months.

There is no existing data to ascertain the precise proportion of the local population who have undergone a body piercing procedure. However, Department of Health and Ageing [DoHA] statistics indicate that within the general community it is substantial. Therefore, it is difficult to estimate the full extent of complications arising from body piercing within the Southern Adelaide Health Service catchment area.

The survey data constitutes a significant representative sample. The number of complications reported indicates a substantial workload for local GPs and subsequent costs to the Australian health care system. The survey results provide evidence that body piercing can indeed be hazardous to the health of the community, particularly the youth population.

With this in mind Southern Primary Health - Noarlunga has identified piercing related infection and injury as a target for intervention.

# Healthy Body Art – Body Piercing Infection and Injury

## Background

### *Evidence of Need*

Body Art is increasing in popularity with young people. Body piercing in particular, is the fastest growing form of body decoration and is widely practiced within the community. Piercing is performed on a vast range of body areas including ears, neck, lip, nose, eyebrows, cheek, tongue, nipples, navel, genitals and in between fingers and toes.

The scope for body piercing is substantial and since body piercing is an invasive procedure, the health risks are significant [Environmental Health Journal, 2003]. [See Appendix 1, 11 & 111]

A study examining the prevalence of body piercing in the Australian community showed that approximately one in three of the Australian population aged 14 years and over reported undergoing ear piercing at some time in their lives. The incidence is much higher among women than men. Forty four percent of women reported having ear piercings, compared to less than half that proportion for men. Eight percent of respondents reported undergoing other forms of body piercing [Department of Health and Ageing, 2001].

There are risks involved with body piercing. Any procedure that involves penetration of the skin with resultant bleeding has the potential to cause a variety of complications including infection, the transmission of blood borne viruses and tissue trauma. Young people, who are at a critical stage in their development in relation to their individual and social identity, are particularly at risk.

Apart from the ‘formal settings’ of body piercing studios, young people also engage in body art and skin penetration procedures in ‘informal’ situations, such as private homes or through “Do It Yourself” kits purchased over the Internet. Body piercing practitioners and community members report that “body piercing parties” take place frequently within the local southern area. These parties with unqualified and often misinformed people performing piercing procedures on local youth may be a catalyst for the spread of infection and the transmission of blood borne viruses such as HIV and Hepatitis B or C. [See Appendix 1V]

### *Blood Borne Viruses*

Modern medical knowledge has made us aware of the potential dangers associated with skin penetration procedures. If precautions are not taken, blood-borne viruses such as Hepatitis B, Hepatitis C, HIV and a range of bacterial infections can be transmitted to clients or operators by contaminated equipment or unhygienic procedures and premises.

The risk of exposure to a blood-borne virus varies for clients and operators. The larger the population who have a blood-borne virus and are involved in skin penetration procedures, the higher the risk that someone else can be exposed during body piercing, unless the needles and instruments are sterile.

The Hepatitis C virus (HCV) is primarily transmitted through blood-to-blood contact. The most common means of transmission in Australia is the sharing of injecting equipment by injecting drug users [Department of Health and Aged Care, National Hepatitis C Strategy 2005-2008].

Approximately 90% of people with newly acquired Hepatitis C infection report a history of injecting drug use. In addition, 10% of infections result from other risk behaviours involving blood to blood contact such as body piercing with contaminated equipment, needlestick injuries and vertical transmission from mother to baby [Australian Institute for Primary Care, National Hepatitis C Resource Manual].

The total number of people living with Hepatitis C will continue to increase as long as treatment levels and general awareness of the behaviours which place people at risk remain low [Department of Health and Aged Care, National Hepatitis C Strategy 2005-2008].

## **Purpose of this study**

This research study aims to generate basic data regarding the nature and scope of injuries and infections related to body piercing. The study is preliminary in nature and has been designed to operate with a limited budget, building on the strong community contacts of Southern Primary Health - Noarlunga.

Southern Primary Health - Noarlunga has identified piercing-related infection and injury as a target for intervention.

## **Methods**

Information was sought from two sources of informants, firstly the Body Piercers and secondly GPs. In order to receive a good response rate, survey questions were made simple and open ended. The survey provided insight into the distribution of problems related to body piercing. It highlighted the trend for people with body piercing problems to seek out their most readily available medical treatment option, the GP.

### ***Survey of Body Piercers***

Since there is no standard format for record keeping in the body piercing industry, it was presupposed that there would be a lack of detailed historical data of injuries or infections. Therefore, the survey asked about injuries seen and then requested information in broad categories.

Whilst this makes accurate data collection difficult, it was thought that broader questioning would elicit informative responses. Body piercing injuries and infections were classified according to major body areas.

The survey was distributed to 32 commercial body piercers in metropolitan Adelaide and near country areas of South Australia. The recipients were selected from the Yellow Pages or recommended by practitioners operating within the industry. [See Appendix V]

### ***Survey to GPs of the Southern Division of General Practice***

Surveys were distributed to GPs practicing throughout the southern suburbs of Adelaide, the region covered by the SDGP. The SDGP supports the delivery of high quality primary health care to a population of around 350,000 people through 97 practices. [See Appendix X1]

“The SDGP is committed to improving the health of the population through supporting the role of GPs in primary health care. The Division’s mission is to strengthen General Practice in the southern region of Adelaide by involving GPs in the planning and provision of primary health services with the aim of improving patient care and wellbeing. The Division’s area is non-homogenous comprising a metropolitan, outer urban and a rural segment, each with its own unique socio-economic profile” [ADGP – Southern Division of General Practice].



<b>Number of Member GPs</b>	<b>400</b>
<b>Number of Member Practices</b>	<b>97</b>
<b>Population/Catchment of SDGP</b>	<b>350,000</b>

The team from Southern Primary Care - Noarlunga collaborated with SDGP staff to keep the survey questions clear and brief to facilitate an optimal response rate. The project team were advised that it would be difficult for GPs to provide specific numerical data on injuries and infections related to body piercing as there is currently no standard information system used by GPs to record this type of information. The survey sought information on the prevalence of infections and injuries in terms of body areas affected in the last 12 months.

For the purpose of this study, within its contextual limitations, the midpoint (mean) number for each measurement category was chosen. Thus the closest approximation for measurement category 1 to 10, was 5.5. The numerical deviance could not be overcome in this context and therefore placed certain limitations on this research.

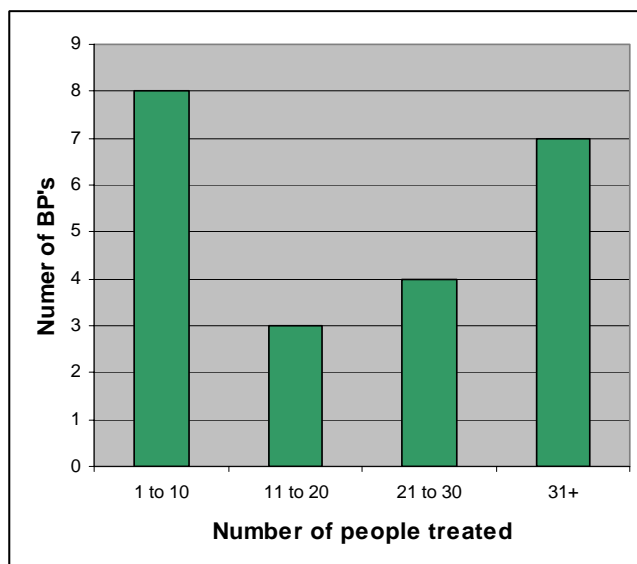
Nevertheless, the principle measure of success for a survey such as this is the depth of response of participants. The extensive, proactive response from GPs indicates that the targeted issue is of significant concern from the two involved groups, the body piercers themselves and GPs. Most notably, the survey results constitute a strong foundation on which to develop targeted interventions.

## Results

### *Results from the Body Piercers*

The survey was distributed to 32 commercial body piercers in metropolitan Adelaide and near country areas of South Australia. A total of 22 body piercers returned the survey. Their responses indicated that **all** had treated or advised a client with infection or injury following a body piercing.

Figure 1 illustrates that approximately one third of all the body piercers surveyed had each treated 31+ people with infections or injuries in the last 12 months. Of the remaining body piercing respondents, three revealed that they had treated 11-20 people with infections or injuries and four revealed that they had treated 21-30 people. Over one third of survey participants revealed they had treated 1-10 people.



**Figure 1: The number of people treated for infection or injury by a body piercer in the past 12 months**

The feedback from the survey does not allow us to ascertain the exact number of people treated for injuries and infections by body piercers in the past 12 months. However, the data indicates that a significant number of people were treated.

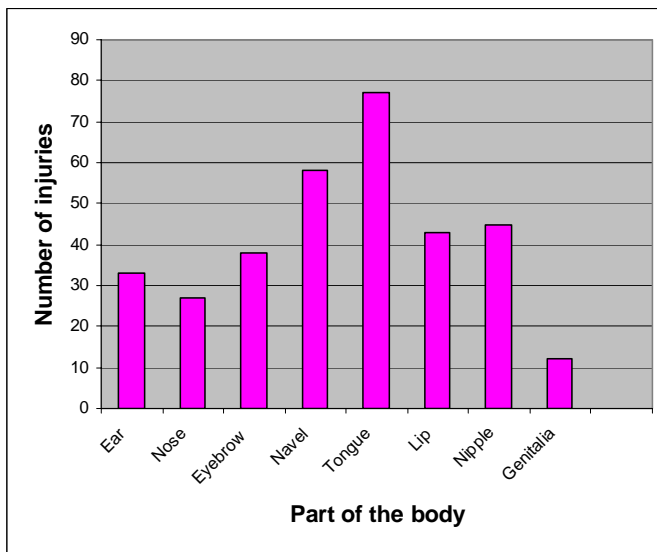
The measurement category 31+ reflects an indeterminate range in the number of injuries/infections treated by body piercers. If however, the midpoint of the response ranges is used and the open top range limited to 31, it is estimated that 396 people were reported as being treated for injury and infection.

This figure is consistent with the report data on body areas. This data suggests that treatments involved more than one site and/or more than one visit.

With nearly one third of body piercers recording treating or advising 31+ people for a piercing injury or infection it is clear that injury and infection occur frequently.

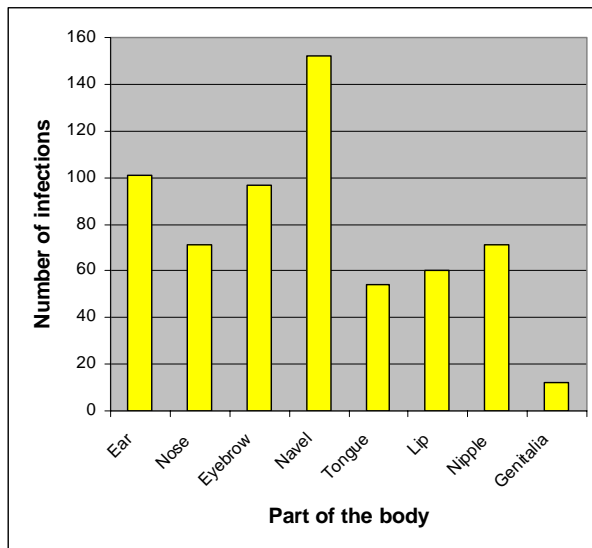
Figure 2 identifies areas of the body for which clients were treated/advised for piercing injuries. A total of 333 injuries were recorded with nearly one fifth of this total being for tongue piercings.

Body piercing injuries included scarring, imbedding or the migration of jewellery out of the body.



**Figure 2: Areas of the body for which clients were treated/advised for piercing injuries in the past 12 months**

Figure 3 demonstrates the number of infections associated with a specific body area.



**Figure 3: Areas of the body for which clients were treated/advised for piercing infections in the past 12 months**

A total of 618 infections were recorded by body piercers over the last 12 months. These figures show that the number of infections treated was almost double that of injuries. This maybe due to problems related to after-wound care by the recipients, or problems associated with un-hygienic piercing practices. In this survey context, infections were most likely to be localised wound infections.

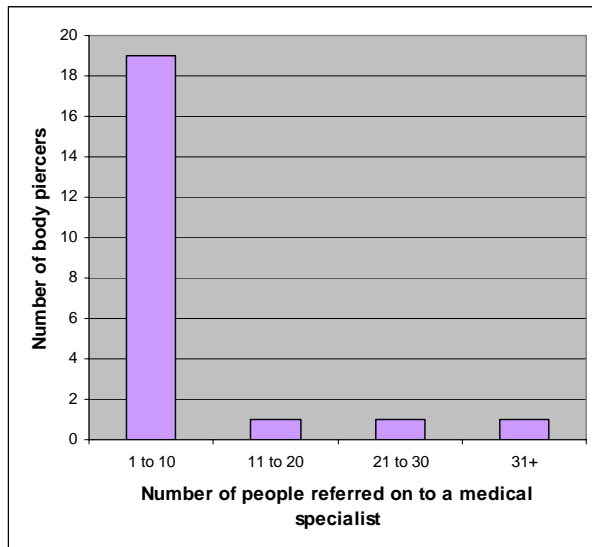
The broader implication is the potential risk of the transmission of blood borne viruses.

There was an overwhelming response from body piercers as to what they thought were the contributing factors resulting in the number of infections present. They concluded that the main cause for the infection rates was poor after-care through lack of, or inaccurate, after-care advice. Further contributing factors identified by body piercers included:

- Unhygienic technique when performing the piercing
- Backyard operators – lack of or no training
- Incorrect jewellery used for piercing procedures – size and quality
- Incorrect procedure (incorrect use of piercing gun)
- Allergy to jewellery (nickel allergy).

Twenty one out of the twenty two body piercers surveyed indicated that in the past 12 months they had considered an injury or infection serious enough to warrant a referral to a GP or local hospital/clinic.

Figure 4 demonstrates that the majority of body piercers had referred one to 10 people to a GP, while one body piercer referred 31+ people on to a GP or local hospital/clinic.



**Figure 4: Number of people referred to a medical specialist in the last 12 months**

The final question of the survey asked body piercers to reflect on what action they felt needed to be taken to make body piercing safer for consumers.

Common response themes focused on the need for accreditation of body piercing practitioners and education in safe work procedures, with a focus on aseptic body piercing practices. The body piercing community appeared in general to be in favour of introducing a regulatory system and standards that would lead to improved practices.

Responses from body piercers suggests that although significant infection may have been due to poor after-care, a number of problems could be attributed to operator ignorance of the risks involved with body piercing. They stated that often body piercing is undertaken by untrained individuals.

Practitioners in the body piercing industry highlighted a need to not only educate consumers about the risks associated with a piercing procedure but also to provide correct and consistent after-care advice. According to the practitioners clients are given incorrect and conflicting information, and sometimes no information at all.

Other issues deemed by body piercers as needing attention included:

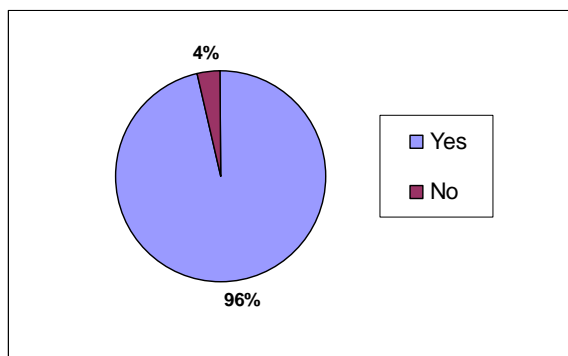
- A willingness to make appropriate GP referrals
- A decrease in 'production line' shops
- Guidelines on jewellery suitable for piercing
- After-care advice needs to be provided and made easily accessible to clients.

## Results from GPs

Surveys were distributed to GPs opportunistically by the SDGP Practice Liaison Team in a round of visits to practices. A total of 134 surveys were completed with respondents coming from the metropolitan, outer urban and rural areas of the Division. This represents 34% of all GPs in the SDGP.

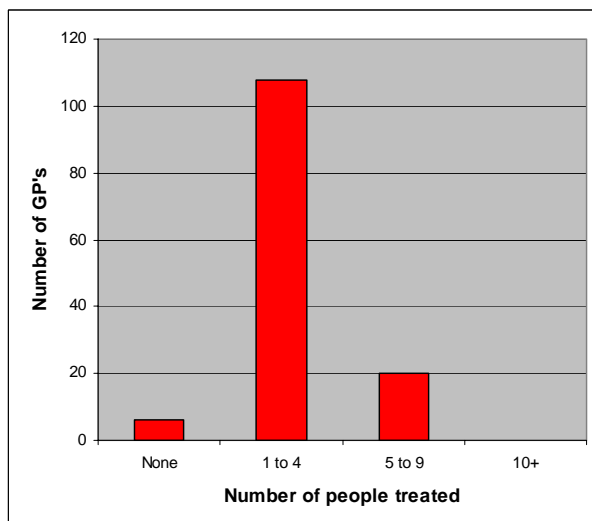
Many GPs showed enthusiasm and commitment in their participation. The voluntary response to this survey reflects the widespread concern of GPs who considered the body piercing issue important enough to participate in this research project.

Figure 5 demonstrates that 96% of GP respondents reported treating or advising at least one person with an infection or injury following a body piercing over the last 12 months.



**Figure 5: The percentage of GPs who have treated or advised a patient with infection/trauma/disfigurement following a body piercing in the last 12 months**

Figure 6 shows that in the past twelve months the majority of GPs have treated/advised one to four people for an infection or injury as a result of a body piercing

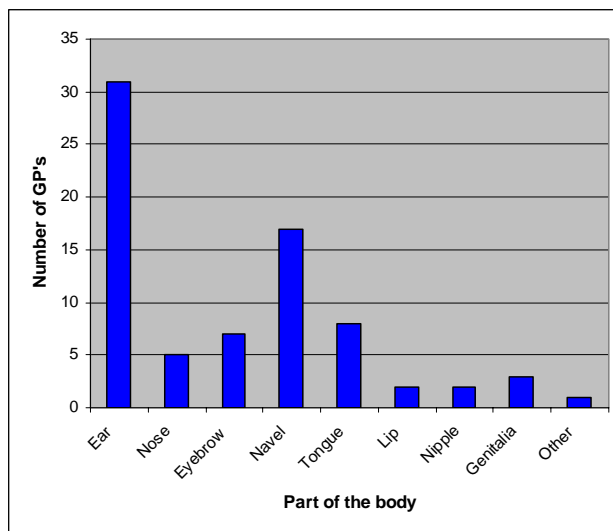


**Figure 6: Number of people treated/advised by a GP for a body piercing in the past 12 months**

If, similarly to the body piercers' survey data, we use the midpoint of the scale to estimate total numbers, a total of 410 people have been treated as a result of body piercing in the past 12 months.

This infers that GPs in the SDGP would have treated over 1200 cases.

Figure 7 demonstrates that a total of 76 GPs recorded giving treatment for a piercing injury with the ear being the most effected part of the body, followed by the navel, tongue, nose and eyebrow. This depicts a different picture from that noted by body piercers. The most common body part treated for an injury by a body piercer was the tongue followed by the navel, lip and nipple. However, only two GPs reported treating or advising a patient for injury resulting from nipple piercing.



**Figure 7: Areas of the body which GPs had treated for a piercing injury**

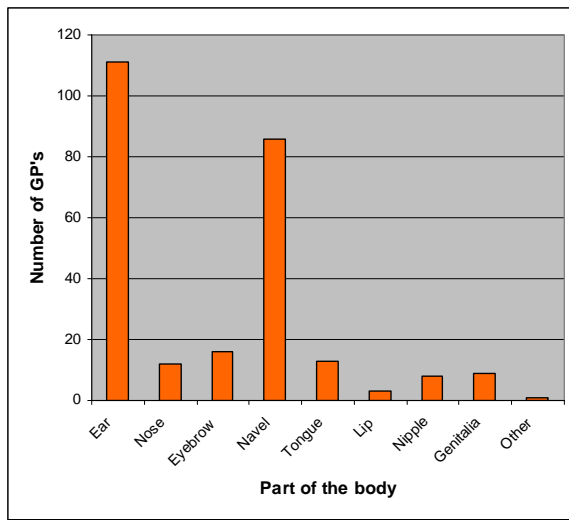
The fact that GPs have treated more infections and injuries relating to ear piercings indicates that the majority of problems GPs are seeing are from non-body piercing studios where piercing guns are used i.e. hairdressers and chemists.

In the piercing gun process a stud is loaded into the gun and the jewellery fired through the lobe or cartilage tissue. This can cause severe tissue trauma. It is important to note that most ear piercing guns cannot be sterilised.

Another possible hypothesis is that clients feel more comfortable seeking advice from those who actually administer the procedure, particularly in relation to piercings of the nipple, tongue and lip. The lack of client numbers seeking GP assistance with these specific piercings may be due to the stigma associated with such piercings. For example, piercing of the ears is more widely accepted in the mainstream.

Figure 8 indicates that, of all GPs surveyed, 80% reported having treated or advised a patient for infection as a result of an ear piercing. Over half of the responding GPs reported having treated or advised a patient for infection as a result of a navel piercing.

Both GPs and body piercers are witnessing much higher rates of infection than of injuries. GPs recorded treating/advising a total of 259 body piercing infection cases, more than triple that of injuries. These statistics suggest a lack of infection control during the recovery and piercing process.



**Figure 8: Areas of the body for which GPs had given treatment/advised for a body piercing infection over the last 12 months**

### ***Combined results***

In this survey feedback, although body piercer respondents were outnumbered by GP respondents, the statistics reflect that body piercers treat many more injuries and provide advice on infections resulting from body piercing than do GPs. Even though the majority of body piercers stated that they had referred clients on to a GP in the last 12 months, the lower rates of infection and injury seen by GPs indicates that clients had not presented to them. This may be due to a number of reasons, for example, clients feeling uncomfortable presenting to their GP.

The conclusion is further supported when considering that a proportion of the figures for body piercers could reflect recurring visits.

Clients may feel more comfortable in receiving ‘specialist’ advice from those who performed the piercing and therefore choose to receive advice from a body piercer.

In summary, results from the SDGP indicate that over the last 12 months GPs would have treated **410** people as a result of body piercing.

There are approximately 400 in total GPs practicing in the SDGP. If we extrapolate these figures, we can predict there could have been as many as **1,230** cases of body piercing infection or injury treated by GPs in the SDGP region over the last 12 months.

We cannot be sure that an accurate representative sample of GPs participated in this study. There is an inherent degree of sampling error and a potential bias in our results. However, these results are an initial estimate based on a preliminary retrospective study.

The incidence of infection reported from both sets of survey respondents indicates that there is a potential problem with after-care and piercing practices.

## **Costs to the Australian Health Care System and Community**

There are obvious costs associated with the treatment of infection, injury and tissue trauma resulting from body piercing. Consideration also needs to be given to those longer term effects associated with a complex range of psychological and physiological issues. [See Appendix 1, 11 & 111]

While this study has only considered feedback from Body Piercers and GPs we are aware that there are significant presentations at Emergency Departments in South Australia. Unfortunately, detailed data regarding injuries and infections, such as that in the Victorian Injury Surveillance System is not readily available. Victorian data indicates large numbers of people presenting for body piercing injuries and infections. We can therefore predict that a similar pattern may exist in South Australian Emergency Departments.

We also need to remain vigilant with regards to the transmission of blood borne viruses such as HIV, Hepatitis B and Hepatitis C. There are an estimated 260,000 people with HCV in Australia at the present time, with 16,000 new infections projected to be occurring annually. With high numbers of existing and new infections, Hepatitis C will continue to have serious implications for Australia's health care system for many years.

It was estimated in 2003 that each new Hepatitis C infection costs the Australian health system \$50,000 in long-term treatment, not to mention the social and emotional costs to individuals and families. If there are an estimated 260,000 individuals living with HCV in Australia at the present time, and each costs \$50,000 in long term treatment, the estimated lifetime costs arising would equate to \$13 billion for those currently diagnosed. Add to this the 16,000 new infections projected to be occurring annually and this lifetime cost increases by \$800 million per year.

Our initial survey data constitutes a significant representative sample. The number of complications reported indicates a substantial workload for local GPs and subsequent costs to the Australian health care system. The survey results provide evidence that body piercing can indeed be hazardous to the health of the local population.

## Recommendations

This research project has provided substantial information to enable a detailed plan of intervention to be further developed. Given the significance of this feedback a range of strategies need to be developed and implemented to address this issue within the southern area. These may include:

- Ensuring that those who provide skin penetration procedures are trained in best practice and have access to education and training in implementing a range of sound infection control and first aid strategies. This information needs to be user friendly and easily accessible.
- Consulting with members of the body piercing industry to ensure appropriate written after-care advice is supplied.
- Developing targeted educational resources and programs that link into existing health education to enable young people to make informed and healthy choices in regard to body piercing.
- Improving the knowledge and skills of school counsellors and teachers in regard to the health risks associated with body piercing e.g. infection and blood borne viruses such as HIV, Hepatitis B or C.

Southern Primary Health - Noarlunga, in partnership with other key agencies such as SafeWork SA, Environmental Health Service - Department of Health, the City of Onkaparinga - Environmental Health Department, will collaborate to consider the feasibility of implementing these important recommendations.

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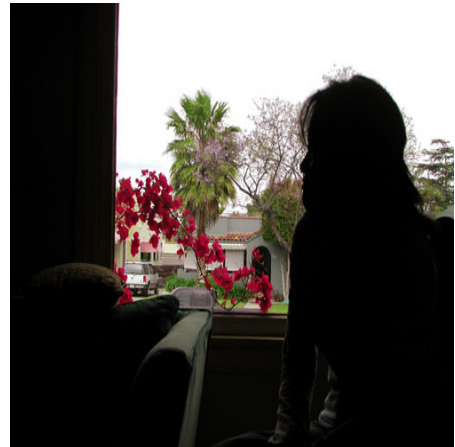
## **Appendices**

## Appendix 1

### Case Study 1

#### A 26 year old woman living in the Southern suburbs of Adelaide

In July 1998, I had my right nipple pierced at a reputable beauty salon. I was very nervous but was assured that the procedure should not be too painful and that it was not risky. In fact the piercing was extremely, excruciatingly painful, and seemed to take an inordinate amount of time. I was screaming and the girl performing the procedure seemed flustered.



Afterwards I was told that I might feel faint or dizzy and to be careful when driving. I was not supplied with anything other than the jewellery I chose. I received no printed instructions for aftercare but was told to wash the ring twice daily with medicated soap, and to turn it while I did this.

The breast was very sore for days afterwards. A few days after that the pain started to subside. However, when I later turned the piercing during the washing procedure, it was still awfully sore. It hurt when I knocked it and never seemed to feel healed, right up until December 1998.

In December of 1998 I felt very unwell suddenly. The breast and my right arm were very sore and I felt dizzy and sick. After a few hours I was delirious and rang my mother in a panic. She came to my place and took me straight to the GP. He gave me an antibiotic injection. The GP mentioned that if I was not better in the morning to ring him back. I was so ill that I had to stay at mums that night. The next morning my mother said I had an extremely high temperature and was completely delirious. She rang the GP and told him, and he told her to take me to Flinders Medical Centre Emergency at once. She took me to the hospital where I was admitted, with a diagnosis of septicaemia. I was placed on an antibiotic drip for several days.

Before I was released from hospital, the doctor told me he thought the infection had travelled through a milk duct, and this was about the sixth such case he had seen due to nipple piercing in women. He said that he was amazed and concerned that people were not warned about this possible side effect.

The wound has since healed, but it was a very traumatic, painful, embarrassing and frightening time.

I feel that I should have been both warned of this possible complication and given better instructions for aftercare. I also query the level of training of the young girl who carried out the procedure.

*This Case Study has been provided by the Body Piercing industry.*

## Appendix 11

### Case Study 2

#### A 24 year old woman living in the Southern suburbs of Adelaide

In early September 2003 I attended a body piercing salon to make an appointment to have a vertical clitoral hood piercing. The salon advised me that the procedure could be done at this time. I was then shown into a room where the procedure was to take place. It was at this time I asked the attendant if there were any known problems or any risk associated with the procedure. The attendant advised me that there were no problems or risks and that everything would be all right.

I was given a disposable towelette which smelt of alcohol and was told to wipe around my genitalia. The attendant sprayed a numbing anaesthetic spray around the area and advised me that it would take 5 minutes to take effect. I could still feel sensation after 5 minutes and was then given some Emlar cream on my ungloved finger, for me apply to the area. At no time was I asked to wash my hands. Once the procedure was finalized, I was told that in order to cleanse the area I was to cup my hands when urinating and then splash it over the jewellery and pierced area. The piercing healed within one to two weeks.

Some three months later, my daughter went to the toilet and came out with the jewellery which she had found on the floor. I was extremely embarrassed and distressed to find that the jewellery had fallen out and on investigation, noticed that the jewellery had in fact worn through the skin, leaving me with a forked area of tissue over my exposed clitoris. I was in total shock and disbelief at what had just happened.

The next morning I attended the body piercing salon to explain what had taken place and expressed my anger regarding not being told of any risks associated with the procedure, particularly when I went out of my way to ask them and make sure it was clear. The attendant who performed the piercing informed me that she was under no obligation to advise me of the risks and that she had no responsibility to tell future clients about associated risks either. I was extremely disappointed by the attitude of the attendant and felt that her actions were very blasé. I further conveyed to the attendant my feelings of mutilation as a woman and was worried about having a partner in the future.

I have now been left with a permanent forking of the skin leaving my clitoris extremely exposed. I sought advice from my doctor and was informed that any reconstructive surgery would have to be performed by a specialist plastic surgeon. Furthermore, if any reconstructive surgery was to be contemplated, it would be for purely cosmetic purposes and may also cause further problems such as scar tissue, nerve damage, which could result in loss of sensation to the area. He also advised me that it was completely wrong for the body piercing salon attendant to have suggested that they had no responsibility to warn clients of possible risks associated with the procedure.

At present I have been left with the problem of over-sensitivity to the area which is now causing me considerable unpleasantness. At the time I attended my doctor I indicated to him my distress and depression as a result from the disfigurement of my genitalia. I was prescribed anti-depressants at this time due to my distressed state. Only if I had been told about the associated risks no matter how rare, I would never have gone through with the procedure as at the time I was completely petrified and any associated risk would have been enough to change my mind about having it done.

*This Case Study has been provided by the Body Piercing industry.*



## Appendix 111

### Case Study 3

#### An eight year old girl and her mother living in the Southern suburbs of Adelaide

I am the Mother of an 8 year old girl. In February 2006 my daughter saved her birthday money to have her ears pierced. Later that month we had her ears pierced at the local shopping centre. We had two ladies piercing with a gun at the same time. Unfortunately, one of the guns jammed and after much anguish and tears from my 8 year old the gun was finally removed but the ear had to be re-pierced. We left with my daughter and myself feeling rather upset with the whole procedure.

The ear has continually caused problems with any cleaning of that area causing bleeding and soreness.

As we are now in the month of June it is frustrating to find the ear still not healed and finding the butterfly clips at the rear too big and pushed in too tight. We have been fortunate to have another local piercing shop remove the studs and replace them with sleepers. This is helping with the cleaning and drying of the area.

My daughter has been traumatized by the whole episode and these are her thoughts:

“ I had my ears pierced. It scared me because the gun was noisy and it was really stinging. The gun got jammed and since it has been very painful.”



*This Case Study has been provided by the Body Piercing industry.*

## **Appendix 1V**

**Received:- April 2006**

Dear Steve,

I understand the Body Piercing Project is well underway and thought you might like to hear of a personal experience last weekend which is very relevant to the work being carried out by Noarlunga Health Village.

My fourteen year old son stayed overnight at a friend's house at Aldinga Beach. He and his friend attended a function at a Reserve Hall at Aldinga Beach where a local band was playing. Many of their school friends from the McLaren Vale - Willunga area were present.

When my wife collected him from his friend's house the next day she discovered that someone had taken a "piercing kit" to the hall and done piercings for those who wanted them. My son's friend had a safety pin in his bottom lip which, in less than 24 hours, was showing clear signs of infection.

In my house our project has been a topic of conversation (usually at the dinner table!) for some months. I have discussed the hazards associated with body piercing with my three teenagers and given them the written material that you were kind enough to forward to me.

Despite some considerable peer pressure, my son made a choice not to have a piercing. I imagine that might have been quite difficult in the circumstances. Unlike most of his friends, he was able to make a decision from a position where he was well informed on the subject and certainly understood that there were significant risks of disease.

My son, like his friends, is a Year Nine student at a southern school. This incident has highlighted a pressing need to ensure that a suitable component of the project reaches school students as well as people employed in the body art industry.

## Appendix V & Appendix V1



**Government of South Australia**

Southern Adelaide Health Service

Dear Piercer,

### *Your valuable input as a Professional Body Piercer is needed*

Thank you for completing this brief questionnaire relating to customers whose injuries/infections you have treated or advised as a result of body piercing.

#### **Background Information**

Body art has become increasingly popular with young people. Body piercing, in particular, is the fastest growing form of body decoration and widely practiced in our community. As such it remains a potential source of infection for young people

Noarlunga Health Services, as part of its WHO Safe Communities injury prevention program, is currently looking at running a project entitled *Healthy Body Art*. The program aims to increase community awareness, particularly among our young people, of the ways to remain safe and keep the health risks low if getting any kind of piercing.

The project is being developed in close collaboration with the Environmental Health Service - Department of Health, the Environmental Health Department from the City of Onkaparinga, SafeWork SA and representatives from the Body Piercing industry.

There is much anecdotal information in regard to injuries or infections arising from body piercing, but little hard evidence. However, people working in the piercing industry are in a unique position to help us in this important initiative by providing concrete examples regarding the rate of piercing infections and complications that you come across in your everyday work.

Please return this short questionnaire either by fax or in the pre-paid envelope enclosed. If you require further information please do not hesitate to contact me at Noarlunga Health Village.

Thank you in anticipation of your co-operation in this exercise.

Yours sincerely,

**Steve Parker**

Community Safety Consultant  
Southern Adelaide Community Health Service  
Noarlunga Health Village

**Phone: 8384 9307**

**Fax: 8384 9248**

Email: [parker.steve@saugov.sa.gov.au](mailto:parker.steve@saugov.sa.gov.au)



**Healthy Body Art – Questionnaire for Professional Body Piercers**

1. In your business have you ever advised or treated anyone with infection or injuries following a body piercing from another salon or studio?

Yes  No

2. Approximately how many people have you treated/advised in the last 12 months?

1-10  11-20  21-30  31+

3. Which areas of the body have you treated/advised for piercing injuries or infections? Please give approx. numbers seen in the last 12 months.

Injuries (No. seen)      Infections (No. seen)

Ear	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>
Eyebrow	<input type="checkbox"/>	<input type="checkbox"/>
Navel	<input type="checkbox"/>	<input type="checkbox"/>
Tongue	<input type="checkbox"/>	<input type="checkbox"/>
Lip	<input type="checkbox"/>	<input type="checkbox"/>
Nipple	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia	<input type="checkbox"/>	<input type="checkbox"/>

Other: please state \_\_\_\_\_

4. In your opinion, what was the main contributing factor resulting in the above infections or injuries, poor customer aftercare or poor operator practice?

5. Have you ever referred people with body piercing infections or injuries to a GP or local hospital/clinic?

Yes  No

If yes, how many people have you referred to a Medical Specialist in the last 12 months?

1-10  11-20  21-30  31+

6. What in your opinion needs to be done with regards to making access to professional body piercing safer for consumers?

**Please return the questionnaire either in the pre-paid envelope or by Fax to Steve Parker, Noarlunga Health Village 8384 9248**



Government of South Australia  
Southern Adelaide Health Service

Dear Doctor,

*Your valuable input into risk minimisation strategy for young people*

Thank you for agreeing to complete this brief questionnaire relating to patients whose injuries/infections you have treated as a result of body piercing.

**Healthy Body Art – Body Piercing Risk Minimisation Questionnaire**

1. Have you ever treated or advised anyone with infection/trauma/disfigurement following a body piercing?

Yes  No

2. Approximately how many people have you treated/advised in the last 12 months?

1-4  5-9  10+

3. Which areas of the body have you treated for piercing injuries or infections?

Injuries (Tick if yes)      Infections (Tick if yes)

Ear	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>
Eyebrow	<input type="checkbox"/>	<input type="checkbox"/>
Navel	<input type="checkbox"/>	<input type="checkbox"/>
Tongue	<input type="checkbox"/>	<input type="checkbox"/>
Lip	<input type="checkbox"/>	<input type="checkbox"/>
Nipple	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Other: please state _____		

Your postcode: -----

Please return the questionnaire by Freefax to  
**Ann Hine, Southern Division of General Practice Freefax: 1800 632 193**

**Background Information**

Body art has become increasingly popular with young people. Body piercing, in particular, is the fastest growing form of body decoration and is widely practiced in the community.

As such it remains a potential source of infection for young people

Noarlunga Health Services, as part of its WHO Safe Communities injury prevention program, is currently looking at running a project entitled *Healthy Body Art* aimed at increasing community awareness, particularly among our young people, of the ways to remain safe and keep the health risks low if getting any kind of piercing.

The project is being developed in close collaboration with the Environmental Health Service -Department of Health, the Environmental Health Department from the City of Onkaparinga and SafeWork SA.

There is much anecdotal information in regard to injuries or infections arising from body piercing, but little statistical evidence. Thank you for providing this information which will assist in scoping this important initiative and provide information on the costs to the SA Health system.