

Oral Piercing

Oral piercing, also called “body art,” is a growing phenomenon in Western culture. It is most often considered a personal statement that reflects fashion, risk, daring, independence or sexuality. Others do it on impulse, for acceptance into a peer group, to enhance perceived body image or for spiritual reasons.

The Ontario Dental Hygienists' Association does not condone or recommend any type of oral piercing.

Types of oral piercing

The most popular oral piercing sites include the tongue, lips and cheeks. A site is chosen based on the statistical absence of major vessels or nerves, such as the midline of the tongue or lip. No local anesthesia is used during oral piercing. Jewelry consists of studs, barbells or hoops made of stainless steel, 14-18 carat gold, titanium or niobium. The devices must be removable.

Advice for those who choose to pierce

The safest place to have piercing done is in a properly equipped professional studio with sterilization and infection control procedures. Individuals should look for:

- A public health services inspection certificate
- An autoclave sterilizer and disposable items such as gloves and swabs
- All devices and jewelry stored in sterilized packages
- Knowledgeable studio staff who are willing to answer questions and explain procedures for preventing disease

DANGERS OF ORAL PIERCING

A number of risks are always present for any oral piercing. These include:

- Pain, swelling and severe bleeding
- Airway obstruction
- Gum damage (recession) and tissue scarring
- Infection (bacterial, viral or fungal), which can travel through the bloodstream
- Chipped or cracked teeth and tooth loss
- Speech impediment and problems swallowing
- Allergic reaction to metal
- Choking on or aspiration of jewelry that becomes loose
- Difficulty eating/loss of taste



- Nerve damage
- Halitosis (bad breath)
- Hypersalivation (drooling)
- Calculus (tartar) formation on the piercing

In addition...

Ludwig's angina is a life-threatening acute bacterial infection of the floor of the mouth caused when bacteria enter the bloodstream through the open wound (piercing site). This is a serious condition as the swelling from inflammation can block the air passage and prevent saliva from being swallowed.

Endocarditis could result if individuals have a history of heart conditions. Body piercers are not members of the medical profession; they do not review health histories, prescribe antibiotics or provide post-op care.

Contaminated piercing equipment can lead to other infections such as blood borne hepatitis (B, C, D and G) as well as HIV and AIDS.

Of particular concern is labret piercing, which can strip the gingiva, the gum that surrounds the root of the tooth. In severe cases, gums can recede and rapidly progress to tooth loss.

TREATMENT AND CARE

- Dental hygienists are aware of the risks and possible consequences associated with oral piercing.

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- They take the opportunity to educate clients seeking advice prior to undergoing oral piercing.
- However, if unable to dissuade them from intraoral piercing, dental hygienists will educate and advise clients on safety and health issues as well as maintaining optimal oral hygiene during and after the piercing procedure.
- Most often, a client who has an oral piercing will not require any special considerations during routine oral care treatment.
- In most cases, oral jewelry must be removed for radiographs and any freezing.
- During regular examinations, dental hygienists will check for chipped or cracked teeth and gum infection.

Immediate post procedure care

- Suck on ice to reduce swelling.
- Rinse frequently with warm salt water.
- Wash hands before touching the pierced site or jewelry.



- Use a new toothbrush.
- Brush and rinse after every meal.
- Avoid smoking, drinking alcohol and eating sticky, spicy or hard food.
- Refrain from playing with the jewelry.
- Avoid oral contact of any kind (e.g., kissing) for four weeks after piercing.

Discharge from the pierced site should be sticky and clear or white. Yellow or green pus suggests infection, in which case a physician should be contacted right away.

Ongoing home care

- Once healed – approximately four to six weeks for tongue piercings – clean the site with a non-alcohol antiseptic mouthwash after every meal.
 - Brush the jewelry the same as teeth to remove plaque.
 - Remove the jewelry before eating, sleeping and playing sports.