Is the initiation of non-invasive dental hygiene procedures* contra-indicated?  No

- Is medical consult advised? No unless there are signs/symptoms of oral infection.

Is the initiation of invasive dental hygiene procedures contra-indicated?** No

- Is medical consult advised? .............................................. See above.
- Is medical clearance required? ........................................ No, unless there are signs/symptoms of oral infection or concerns that recent piercing may lead to excessive bleeding.
- Is antibiotic prophylaxis required? ................................. No
- Is postponing treatment advised? ................................. No, unless there are signs/symptoms of oral infection or concerns that recent piercing may lead to excessive bleeding.

Oral management implications

- Oral piercing has adverse effects on oral and systemic health. Dental hygienists should discourage patients/clients from such practice.
- Patients/clients determined to have oral piercing despite counsel to the contrary should be advised to have it performed in a properly equipped professional studio with appropriate sterilization and infection control procedures. Things to look for include:
  - a public health services inspection certificate
  - an autoclave sterilizer and disposable gloves
  - all devices stored in sterilized packages
  - knowledgeable staff who can explain procedures for preventing disease
- Body piercers are not regulated health professionals in Ontario. They do not review health histories, prescribe antibiotics, or provide post-operative care.
- Dental hygienists should educate patients/clients about to undergo oral piercing about the importance of maintaining optimal oral hygiene before, during, and after the piercing procedure. Immediate post-procedure care advice includes:
  - sucking on ice to reduce swelling
  - rinsing frequently with warm salt water
  - washing hands before touching the piercing site or device
  - checking the ends of the barbell twice daily to ensure they are tight against the mucosal surface (to reduce damage to the teeth or swallowing of the barbell)
  - using a new toothbrush
  - brushing and rinsing after each meal
  - avoiding smoking, drinking alcohol, and eating sticky, spicy, or hard food
  - avoiding oral contact (e.g., kissing) for 4 weeks after piercing
  - avoiding public swimming pools
  - monitoring for signs of infection (discharge from the pierced site should be clear or white, whereas yellow or green discharge suggests pus/infection)
  - seeking medical treatment for possible infection
Disease/Medical Condition

ORAL PIERCING
(also known as “oral body art”)

Oral management implications  (cont’d)

- Ongoing care for oral piercings once healed includes:
  - cleaning the site with a non-alcohol antiseptic mouthwash after each meal for 4 to 6 weeks post-procedure
  - brushing the jewellery (the same as teeth) to remove plaque
  - removing the jewellery before eating, sleeping, and playing sports
- Athletes with oral piercings may experience a greater risk of dental complications where use of a mouthguard is mandated.
- Typically, a patient/client who has an oral piercing will not require special preparation for routine dental hygiene care. In most cases, jewellery should be removed for x-rays.
- Dental hygienists should check for chipped or cracked teeth, as well as gingival recession and infection, during examinations. Tongue piercings are associated with a higher incidence of oral complications than are lip piercings.

Oral manifestations

- The most common oral piercing sites are the tongue, lips, and cheeks. The uvula may also be pierced. Tongue splitting — while not piercing per se — is another form of oral body art.
- Jewellery includes barbells, studs, and hoops made of stainless steel, titanium, niobium, or 14 to 18 carat gold. The devices are usually removable.
- Patients/clients typically undergo piercing procedures without anesthetic.
- In tongue piercing, a barbell-shaped piece of jewellery is typically placed to traverse the thickness of the tongue at the midline anterior to lingual frenulum. This is accomplished by using a needle bearing equal gauge to that of the desired barbell stem. Initially, an oversized (long-shank) barbell is placed to accommodate postpiercing swelling. The free end of the barbell stem then is inserted into the hole in a ventral-dorsal direction, and the patient/client grasps the free end of the shank between the maxillary and mandibular anterior teeth and screws the ball onto the stem. The barbell also can be placed laterally, with the studs on the dorsolateral lingual surface. Without complications, healing takes 4 to 6 weeks. If an oversized barbell is not used during the initial device placement in the tongue, the barbell can become stuck in the tongue and may necessitate surgical removal. By contrast, if the long-shank barbell used for initial placement is not replaced after 2 weeks, dental fractures and other complications are more likely to occur.
- In lip or cheek piercing, jewellery location is determined by aesthetics with consideration to where the jewelry will rest intraorally. Once location is determined, a cork is usually placed inside the mouth to support the tissue as it is pierced with a needle. The needle is inserted through the tissue and into the cork backing. The needle is then replaced with the labrette stud, and the disc backing is screwed into place. Healing time ranges from weeks to months.
- Tongue splitting is another form of body art. The process splits a person’s tongue into two pieces, creating a “forked” appearance, and various techniques are used by lay people to achieve this result. For example, a scalpel may be used followed by a cauterizing pen, or fishing line may be threaded through the pierced tongue and pulled forward, severing the anterior aspect of the tongue. Individuals regularly pull the two tongue pieces apart to maintain the split so it does not heal back together. Once healed, additional surgery may be required to repair the split should reversal be desired.
- Acute risks of oral piercing and tongue splitting include local pain, swelling, and severe bleeding; airway obstruction (due to edema or aspiration of jewellery); infection (bacterial, viral, or fungal), which can spread from the oral cavity to the bloodstream; increased salivary flow; nerve damage; and choking on jewellery that becomes loose. In addition, the technique for inserting tongue jewellery can abrade or fracture anterior dentition, and digital manipulation of the jewellery can increase the potential for infection.
ORAL PIERCING
(also known as “oral body art”)

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<th>Oral manifestations (cont'd)</th>
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<tbody>
<tr>
<td>- Ludwig’s angina, which is an acute bacterial infection of the floor of the mouth, can result from oral piercing when bacteria enter the bloodstream through the piercing site. This life-threatening condition — involving the submandibular, sublingual, and submental fascial spaces — causes swelling that can block the airway and prevent saliva from being swallowed.</td>
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<tr>
<td>- Chronic risks of oral piercing include gingival recession; scar tissue formation; tooth abrasion; chipped/cracked teeth; tooth loss; damage to restorations and fixed porcelain prostheses; dental hypersensitivity; speech impediment; problems with mastication and swallowing; development of metal hypersensitivity (e.g., nickel allergy); loss of taste; halitosis; hypersalivation; and calculus formation on the piercing. As well, tongue piercing has been demonstrated to provide a reservoir for periodontopathogenic bacteria.</td>
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<tr>
<td>- Aspirated or ingested jewellery poses a hazard to respiratory or digestive organs. In addition, oral jewellery can compromise dental diagnosis by obscuring anatomy and defects in x-rays.</td>
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<tr>
<td>- Tongue piercing results in dental and gingival injuries on the lingual aspect of the anterior lower teeth. It can also lead to dental trauma of the molars. These risks are increased in the presence of parafunctional habits such as bruxism.</td>
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<tr>
<td>- Lip piercing results in buccal gingival recession when the lip stud is located where it can traumatize the gingiva. Other complications of lip piercing include lip inflammation and localized tissue overgrowth around the metallic stud.</td>
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<td>- Uncommonly, galvanic currents may be produced by oral ornaments (usually stainless-steel) that contact other metal in the mouth (e.g., partial dentures or crowns). This can result in pulp sensitivity.</td>
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<th>Related signs and symptoms</th>
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<td>- Endocarditis can result from oral piercing in patients/clients with certain heart conditions (e.g., prosthetic cardiac valves; previous infective endocarditis; some forms of congenital heart disease; certain cardiac transplant complications).</td>
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<td>- Contaminated piercing equipment can result in the spread of blood-borne diseases, such as hepatitis B, hepatitis C, and hepatitis D, as well as HIV/AIDS.</td>
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<td>- Tetanus and localized tuberculosis have been associated with ear piercing, and persons with oral piercing may also be at elevated risk.</td>
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**Disease/Medical Condition**

**ORAL PIERCING**

(also known as “oral body art”)

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### References and sources of more detailed information

- Ontario Dental Hygienists’ Association  

- Ontario Dental Association  
  [http://www.oda.on.ca/oral-health-a-your-body/lifestyle](http://www.oda.on.ca/oral-health-a-your-body/lifestyle)

  [http://www.ada.org/2720.aspx](http://www.ada.org/2720.aspx)


- WebMD  


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* Includes oral hygiene instruction, fitting a mouth guard, taking an impression, etc.

** Ontario Regulation 501/07 made under the *Dental Hygiene Act, 1991*. Invasive dental hygiene procedures are scaling teeth and root planing, including curetting surrounding tissue.

** Date: February 28, 2015**