

Oral Piercing: The *Hole* Truth

Fun Fashion Finesse or Health Hazard?

If you think oral piercing is simply a new age form of body art and self-expression, think again. All types of body piercing, in reality, have been practiced in many cultures for many centuries. In ancient times, body piercing was often identified with royalty and portrayed courage and virility. Egyptian Pharaohs endured piercings as a rite of passage; Roman soldiers suffered the pain to show courage. Other cultures believed body adornment was essential in distinguishing humans from animals. It wasn't until the British punk movement, initiated as a protest primarily by the working class, that young people began embellishing their faces and mouths primarily as a form of rebellion and a way of mocking society. Today, it is gaining popularity as a simple fashion statement. Only recently, however, have dental experts expressed concern about problems stemming from oral piercings of the tongue, lips, cheeks, uvula or a combination of sites.

Just how safe is oral piercing?

The procedure itself is simple, relatively painless and, without complication, can heal within 4 to 6 weeks. Patients typically undergo procedures without anesthetic. Tongue piercings are usually performed in a two-step procedure. Jewelry placement is marked on the top of the tongue with an indelible pen and a

*Even the less serious hazards are enough
to make someone's teeth chatter!*

medical needle encased in a plastic sheath penetrates the tongue. The jewelry—a temporary barbell-shaped metal stud, longer than the jewelry of choice to accommodate post-piercing swelling—is inserted through the hole. Once the barbell shank is in place, the plastic sheath is removed, and a ball-shaped tip is screwed into place and secured with pliers. For lip or cheek piercings, a cork is placed inside the mouth to support the tissue as it is pierced with a needle. The needle is replaced with the jewelry—usually a labrette stud—and the disc backing is screwed into place. Healing time can range from weeks to months.

It sounds simple enough – so what's the big concern?

Think about your mouth—warm, dark and moist—the perfect haven for bacteria to form and grow. The oral cavity is exposed to a variety of toxins and other noxious substances on a near-constant basis. Aside from increasing your chances of major dental compromise, secondary infection from oral piercing can be serious, even life-threatening. Unlike the ear lobe, the tongue is a muscle, very vascular. Puncturing a major blood vessel during the piercing procedure presents a high risk for spreading infection to the brain and elsewhere. And, don't think the risk is limited to the common pale yellowish discharge associated with localized infection. Systemic infection is also a possibility and includes the HIV virus, Hepatitis, Gangrene and Tetanus, all with deadly implications.

These risks are obviously minimized if the procedure is done properly under sanitary conditions, but without federal or state regulatory scrutiny, unsafe piercing environments are more the norm than the exception. Neither the Canadian nor U.S. Red Cross will accept blood donations from anyone who has a body piercing within the prior year due to the threat of dangerous blood-borne disease transmission. Lastly, according to a study of 445 Mayo Clinic patients with congenital heart disease

*Getting your tongue pierced can leave you with
a lot more than a bad taste in your mouth.*

nearly 1 of 4 developed an infection of the heart after body piercing had been done.

Are oral fashion statements worth the risks?

From a dental standpoint, the risks are numerous and worthy of serious consideration.

- Chipped/cracked teeth, invisible tooth fractures, enamel erosion and gingival trauma are key risks. The constant biting and/or consistent scraping of metal jewelry against the teeth and gums make them subject to accelerated decay and tooth loss. Relentless wear and tear on the gums leads to chronic inflammation and destruction of the tissues that hold the gum to the roots, resulting in the need for root canals and crowns.
- Added pressure against the teeth can cause either the piercing or the teeth to migrate creating deep cyst formation, facial scarring and/or the need for orthodontic intervention.
- Nerve damage can trigger paralysis of the tongue, loss of taste sensation and inability to move part of the tongue.
- Prolonged bleeding and healing is a major concern for diabetics and hemophiliacs.
- Interference with speech, mastication (chewing) and swallowing.
- Airway obstruction due to pronounced swelling or swallowing of loose jewelry. Ingested jewelry may puncture respiratory or digestive organs or need to be removed surgically.
- Bad breath due to plaque build-up on the lingual surface of the metal jewelry.

Is it worth it?

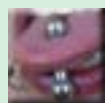
Polls show that there are four main reasons why people have their tongue or lip pierced:

- (1) It's Cool!
- (2) Parents Hate It!
- (3) It's Fashionable.
- (4) Everybody's Doing It.

The "Why Not to Pierce" poll makes its case just as poignantly:

- (1) Chipped or Broken Teeth
- (2) Gum Surgery
- (3) Swallowed Jewelry Compromises Medical Health
- (4) Gruesome Infection Can Disfigure or Even Kill

TO PIERCE OR NOT TO PIERCE



WORD SCRAMBLE

- geiiprcn _____
- tinecfion _____
- phicginp _____
- gwlesinl _____
- aarebtic _____
- getoun _____
- gleebind _____

*Are you a master unscrambler?
Show us on your next visit - we'll reward you!*

Only YOU can decide the price of fashion. Our best advice: **Keep it outside of the mouth.** ❖



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- *to offer the same care to our patients that we would like for our own families*
- *to offer every patient the chance to say “yes to the best” care available*
- *to pursue excellence through Continuing Education, personal growth and mastery of leading edge technologies*
- *to respect our patients’ time*
- *to consistently deliver more than could reasonably be expected*
- *to deliver care with first-class service*

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Employee Spotlight

Debbie Keith, Registered Dental Hygienist



For more than 7 years, Debbie Keith’s own kind and inspiring smile has delighted the patients and staff of Family Dental Health. A native of Maine, Debbie grew up in the Portland area and completed her dental hygiene studies at Westbrook College. Now a Standish resident with her husband, their four children, two cats and a Lab named Kramer, Debbie enjoys working at FDH very much. “*The atmosphere is fun, upbeat! It’s like one big family!*” Helping people, educating them on dental awareness and seeing patients’ faces when they see their new smiles gives her profession true meaning. Obtaining an anesthesia license is her next big goal. While work is rewarding, Debbie still finds time for fun and enjoys playing on the computer, scrapbooking, listening to music, traveling, watching chick flicks and, of course, shopping.

Did you know?

1800s

Dentists tested a number of products in their quest to find the perfect filling material. One of the more unusual filling products was made of cobwebs. Some dentists attempted to pour molten metal into the cavity - an especially tricky maneuver considering that silver melts at 1,861.4 degrees Fahrenheit. Joseph Fox, a prominent English dentist, invented a filling machine in 1803 to facilitate pouring liquid metal into the exact shape of the cavity. In 1833, the Crawcour brothers gained fame and fortune (as well as the scorn of professional dentists) when they began marketing Royal Mineral Sucedaneum. This filling material was made from the shavings of silver cut from coins and mixed with mercury to create a paste. Professional dentists were appalled by the Crawcours’ practices (they often filled in cavities without

removing all of the decay), but their product gained in popularity because it was easier to use than other filling ingredients, and less expensive. Royal Mineral Sucedaneum had several major drawbacks. One was that it expanded when it hardened, which sometimes caused the tooth to split open.

Today

Dentists have numerous options for safe and effective filling materials. They include porcelain, glass ionomers (tooth-colored materials made of acrylic acids and fine glass powders), resin ionomers (made from glass filler with acrylic acids and acrylic resin), and composite fillings (a mixture of acrylic resin and finely ground glasslike particles). ❖