**Position Statement
on
Tattooing
(Approved by the Board of Directors: October 24, 1998)**

Because the potential risks with tattooing are serious, a few states have prohibited tattooing by non-medical personnel. To protect the public health, the American Academy of Dermatology encourages the strict regulation of the practice of tattooing, including requirements for those who want to provide tattoos and careful screening of those who want to receive tattoos. Furthermore, the AAD continues to encourage its physician members to report to the Food and Drug Administration, via the MedWatch Program, all adverse reactions that may be associated with tattoos and tattooing procedures.

Within the last decade, the popularity and the incidence of tattooing have increased dramatically. Tattoos have even taken on a more functional role, as many women choose to have pigments injected intradermally to provide permanent eyeliner, lip-liner and/or eye shadow. Likewise, medical professionals have increased their use of tattoos or micropigmentation to cover birthmarks and scars, to create an areola or nipple during breast reconstruction, or to treat patients suffering from vitiligo.

As tattooing has increased, so have the number of persons at risk for contracting infections. These include localized bacterial infections and blood-borne infectious disease. There have been reports that non-sterile tattooing practices have led to the transmission of syphilis, hepatitis B, and other infectious organisms. During tattooing, there is also the potential for transmission of other blood-borne pathogens such as HIV and hepatitis C infection. Allergic reactions to tattoo pigments are not uncommon. Finally, the pigment used in eyeliner tattoos can be affected by magnetic resonance imaging (MRI), resulting in localized tissue trauma.

Specifically, the AAD supports the following requirements for those who request a tattoo:

1. No minor should be tattooed without the written consent and presence of a parent or guardian.

2. No patron who is under the influence of alcohol or other judgment-altering drugs should receive a tattoo.

3. Any patron who attests to having an active infection or skin disease should be advised of the potential risk for spread of infection or disease presented by tattooing.

4. Pre-procedure consultation to discuss tattooing, its risks, and potential complications should be held. Informed consent should be obtained from all patrons.

The AAD also supports regulation that includes the following requirements for those who provide tattoos:

1. Tattoo artists, both traditional and cosmetic, should receive adequate training to pass written and practical examinations on sanitation, sterilization, cutaneous anatomy, common dermatoses and infections, universal body fluid precautions, sharps and biologic waste disposal, and wound care.

2. Tattoo artists should record the color, manufacturer, and lot number of pigments used in each tattoo. Adverse reactions should be reported to the local health department and the Food and Drug Administration.

3. Tattoo facilities should be subject to initial and periodic inspections by the state health agency and be required to obtain an operating permit.

4. Tattoo artists must use medical-grade protection gloves, employ appropriate instrument sterilization techniques and practice universal precautions against blood-borne infections as recommended by the Centers for Disease Control and Prevention.

5. Tattoo artists must provide those receiving tattoos with skin care instructions including the signs and symptoms of complications and where to go for medical care.

6. Tattoo personnel should be required to adhere to the Occupational Safety and Health Administration regulations and particularly those related to blood-borne pathogens.

Finally, the AAD supports regulation by the US Food and Drug Administration of tattoo pigments and the devices used to inject these pigments into the skin.