

**Position Statement
on
Body Piercing
(Approved by the Board of Directors: October 24, 1998
Revised: November 5, 2022)**

The popularity of body piercing has increased dramatically. Adolescents have demonstrated a marked increased interest in body piercing. “Body piercing” means the creation of an opening in the body of a human for the purpose of inserting jewelry or other decoration. This includes, but is not limited to, piercing of an ear, lip, tongue, nose, eyebrows, navel, and genitalia. “Body piercing” does not, for the purpose of this position statement, include non-cartilaginous piercing of an earlobe with a disposable, single-use stud or solid needle applied with a mechanical device.

Body piercing and ear piercing have been associated with many medical problems including chronic local infection and persistent pain, sepsis, lymphadenopathy, localized argyria, contact dermatitis, edema, hematoma formation, granulation tissue, and epidermal cyst formation. Ear lobe deformities, keloids, and sarcoidal granulomas have been reported. The potential for transmission of HIV infection and hepatitis is of major concern. Performing the procedure can produce syncope, aspiration, and profuse bleeding.

Because the potential risks with body piercing are serious, many states have implemented legislation to regulate body piercing establishments. To protect the public health, the American Academy of Dermatology discourages the performance of body piercing and encourages the regulation of the practice of body piercing.

Specifically, the AAD supports the following requirements for those who request body piercing:

1. No minor should undergo body piercing 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 undergo body piercing.
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 body piercing.
4. Pre-procedure consultation to discuss body piercing, its risks and potential complications should be done. Informed consent should be obtained from all patrons.

The AAD also supports regulation that includes the **following requirements for those who perform body piercing**:

1. Body piercing personnel 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 biological waste disposal and wound care.
2. Body piercing personnel should be subject to initial and periodic inspections of their facilities by the state health agency or local boards of health to obtain an operating permit.

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3. Body piercing personnel 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.
4. Body piercing personnel must provide to those undergoing body piercing wound care instructions including the signs and symptoms of complications and where to go for help.
5. Body piercing personnel should be required to adhere to the Occupational Safety and Health Administration regulations related to blood-borne pathogens.
6. Body piercing personnel should maintain records of the metal composition of the jewelry and decorative devices inserted.

This Position Statement reflects the policy positions of the American Academy of Dermatology Association. It is provided for informational and educational purposes only. It is not intended to dictate policies and practices by health care product manufacturers, third party payors, or pharmacy benefit managers. Nor is it intended to establish a legal or medical standard of care or to reflect the position or practices of individual members of the Association who must make independent decisions about which drugs and other therapies they prescribe for their patients and the third-party payors with which they enter into contractual relationships.

This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.