

Tattooing and Body Modification: From Risky to Mainstream – What are the Implications for Patient Care? - Frankly Speaking EP 43

Transcript Details

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Dr. Frank Domino:

Amanda, an 18-year-old in your practice, presents for college a physical. She's going to the state university and is very excited to start school this fall. She has no complaints and her exam is normal, except for a new tattoo on her left scapular region. The area immediately adjacent to the colorful butterfly is slightly inflamed but without induration. Amanda tells you proudly that she and her two best friends got tattoos two nights ago as part of a special celebration night before they leave for college. The butterflies were symbols of rebirth and their new adventure in college. This is her first tattoo. She tells you that her parents know about the tattoo and are okay with it. You have cared for Amanda since she was a toddler. She is on the honor roll, plays the flute in the school band, and does not use drugs or alcohol. What do you say to Amanda today about her tattoo? Is she at increased risk for any adverse outcomes? And if so, what special risks should she be assessed for?

This is Frank Domino, family physician and professor at the University of Massachusetts Medical School. Joining me today is Susan Feeney, assistant professor and coordinator of the Family Nurse Practitioner program at the University of Massachusetts Medical School, Graduate School of Nursing. Welcome to the show, Susan.

Susan Feeney:

Thanks, Frank.

Dr. Domino:

Wow, so this is an increasingly common situation. What does the medical evidence tell us about the risks and common complications of body modifications, piercings, tattoos, and scarification?

Susan Feeney:

Well, this is a fascinating topic and has changed tremendously over the last 10 years like everything else in our society. Everything is moving rather quickly. So, recent evidence on the prevalence, we don't have really recent data, the guidelines that were just put out by the American Academy of Pediatrics in September of this year is a wonderful document, and I recommend it to everyone. They talk about the most recent information from a 2010 Pew Research study and they said that 38% of 18 to 29-year-olds have at least one tattoo, and 72% of those are covered by clothes. 23% have piercings, and there's really no evidence on scarification. And scarification is the intentional irritation of skin to create a pattern of design. So it's not intent to self-injure, like cutting, it really is for decoration.

And that is a trend that came up in the 2000s, 1990s, 2000s, but there really isn't any type of data on how frequent it is. But they're very clear to indicate that it's up to us to determine the intent. As long as the intent is decorative and artistic, then there's no, what they call non-suicidal self-injury, and that, again, no evidence on that. But what is really true is the data, I think, is lagging behind what we see anecdotally and clinically, 'cause I know, myself, I am seeing many more tattoos and multiple tattoos. So, as far as risk, there are certain risks that are associated with the actual acts themselves, but for a long time, we saw that these types of practices, tattooing and piercing, had a high association with high-risk behaviors, especially in adolescents. So, violence, early sexual activity, substance use, suicidal ideation and behavior. And what the evidence is showing us now is that is diminishing, that that correlation, that association, doesn't seem to be as strong, and that like our Amanda in the story, many times it has no correlation to that.

And so that is the change that has been sort of remarkable. Doesn't mean we still don't assess for those types of risks, but we would be doing that anyway with all of our adolescents and all of our patients. But seeing a tattoo doesn't necessarily mean that there's a very high correlation with high-risk behavior, which is a change from what you and I learned in school in the last prior 10 years. So that's a little bit of a change.

Now, as far as risk, obviously tattooing and piercing and scarification, those things have some inherent risk. With tattooing, if it is done in an appropriate parlor or establishment and they're using sanitary techniques, the risk actually is quite low. And when you think about what they do, they have to wash the skin, there's a whole procedure, they have to use a particular type of antiseptic, you do pre-surgery, clean the skin. And then the tool that they use, the needle, and it should be a brand new needle used on everyone, and then that gets discarded just like a needle in our business would be, they make multiple, hundreds of little indentations into the skin, which obviously will cause some bleeding. So if the procedure is followed and if they're using clean ink, non-contaminated ink, the risk of infection is actually quite low. And then post-procedure on a tattoo, the recipient needs to make sure that they are cleaning it, keeping it covered for 24 hours, staying out of jets or hot tubs so they don't get direct forceful water into that area for 24 hours, and then it's open to air.

But they are to use an antibiotic ointment for a couple of days and they're to use sunscreen if they're going out, because that can cause damage to the area. Piercings, most women have had their ears pierced and most people who have had a piercing will say that at some point there's been an infection, but it's usually a very limited infection. So proper care of that with an antiseptic and trying to avoid trauma, and that's the biggest problem, like on a navel, or even on an earlobe, any type of pulling or pressure will cause damage to the tissue. And the thing about piercings is that they can take two to eight weeks to heal, and a genital piercing can take up to nine months.

So that's where some of the trauma can occur. But most of the infections, and one thing that came up in the literature, we don't have good data on actual rates of infection, but anecdotally, it

appears to be really low. And if it's cared for appropriately, there should be low impact as far as that. When there is an infection, there is a worry. So if the procedures are not followed closely, if someone is having a piercing done by a quote unquote "amateur," or in a prison, or in someplace where they're not meeting the regulations, well then there's worry of, you can have Hep C, of course, is a worry, Hep B, HIV, tetanus. So those things are not minimal. Those are very worrisome. So it's buyer beware. People really need to know where they're having this procedure done and whether they're following the regulations.

Dr. Domino:

So what I hear you saying, Susan, is that our previous assumptions about tattooing and body changes, body modification, we used to believe was associated with high-risk behaviors, especially in younger folks, and the data is showing that that's less so. Additionally, it sounds like the use of body modification, people are choosing it more commonly. Nonetheless, I find myself sometimes challenged to discuss this with younger folks because I worry they're making a decision that's going to affect them the rest of their life. Do you have any advice for me and others who... On effective ways we should be counseling our younger adult patients about body modification?

Susan Feeney:

Well, I think with everything else, we need to be aware of what our inherent bias is. I'm from that generation too, where there's a feeling of "This is high risk and it's not something I would recommend or would want for myself or my children." So having to understand that and try to meet the patient where they're at. But I think what we really need to do a good job of is screening, is to say... It turns out one of the studies said that 55% of college students are contemplating getting a tattoo. So maybe doing some screening with our adolescents, "Is this something you've thought about? Do you have friends that... If you think you're gonna have one of these done, let's talk about it." Let's talk about the fact, and one of the recommendations the American Academy of Pediatrics says is, you do need to talk about the permanence, that what you might think looks good today may not look good as you get older. We should also be counseling them about, even though there are changes in acceptance and it is generational, it

may have an impact on career and job, especially where you have a piercing or where you have a tattoo.

Even though your friends, everyone around you may have it, if you're applying for a job with somebody who's older, that may affect your ability to move forward. And also, really giving them information on that there are regulations, every state has a regulation on laws as far as consent and that kind of thing. We all need to know what our laws are in our state and there's a wonderful website, the national conference of state legislators, and you can go right there and it brings up Massachusetts, it brings up all the others, as far as what their regulations are as far as consent and what type of laws and regulations are around about these studios. And they're quite tight in Massachusetts and in New Hampshire and most of the New England states. So what I would say is, have the adolescent or the adult visit the parlor that they're thinking to go to and see what their practices are before they go. They should be using clean gloves. They should be using a new needle. They should be using fresh ink that... Just like we would multi-dose vials, we're not using them that much anymore, they should not.

There should be a fresh ink for every type of color they're using and it should be in a disposable container. And most parlors who are reputable will recommend that you can come in and see that. So I would really stress that. And that's also a way of telling them, "This is serious." Also, one thing that came out in the study is that about 60% of people who had... College students who had tattoos understood there was a risk of HIV, but less than 30% understood about Hep C, Hep B, and tetanus. So that we really do need to explain to them that these are real risks, especially if they're going to a place that is not using sanitary procedures. And so it is incumbent upon them to do that. And I think that also shows our concern but also lets them know this is not a trivial thing that you're doing. We have to spend time talking to them about what the signs and symptoms are of infection. There's a non-tuberculosis Mycobacterium that can occur, and if that occurs, those kids need to go to see ID. So we need to be very clear that if you see any blisters, if you see any pustules, impetiginous type of things, that you need to be seen right away and proper care afterwards.

The other thing is temporary tattoos. People get those with henna. Turns out black henna is very... It's hyper-sensitive and many kids will have and many adults will have reaction to that. And the sensitivity or the inflammation is not uncommon and people have reaction to that. There's a risk of that the ink that's used, because of the high metal content, can be carcinogenic, and it depends on how much ink you have and how long you've had it, but that is something to be concerned about.

Dr. Domino:

Susan, thanks so much for bringing this to our attention today.

Susan Feeney:

Thanks, Frank.

Dr. Domino:

Practice pointer: The use of tattooing by young adults is increasing and is less likely to be associated with some of the high-risk behavior we've seen in the past. Screen your young adults for their interest in getting tattoos, and if they are, be sure to also screen them for risk of intentional self-injury. Join us next time when we discuss how to obtain a blood pressure reading in a patient with morbid obesity.