

Management of patients with body piercing on perioperative pathways

Issue Date	Review Date	Version
June 2019	June 2024	V3

Purpose

This policy will ensure that there is a system in place for the safe handling and management of surgical patients with body piercing while in the perioperative setting and that staff are aware of different types of body piercing and safe techniques for removal

Who should read this document?

This policy applies to personnel employed by Plymouth Hospitals Trust (PHNT) and to personnel working in satellite facilities under the remit of PHNT

Key Messages

Body piercing has become increasingly popular in recent years. It is essential that all perioperative personnel have an understanding of the principles for management of body piercing to ensure potential harm is avoided

Core accountabilities

Owner	Cindy McConnachie – Senior Matron Theatres and Anaesthetics – Quality, Governance and Strategy Senior Matron Endoscopy (interim) Project Lead NatSSIP's, Katy Griffiths - Clinical Educator Lead
Review	Theatre Policy Committee
Ratification	Clinical Governance Lead
Dissemination	Cindy McConnachie – Senior Matron Theatres and Anaesthetics – Quality, Governance and Strategy, Project Lead NatSSIP's
Compliance	Theatre Policy Committee

Links to other policies and procedures

Version History

V1.1	09/06/2009	Four Year Review
V1.2	09/06/2009	Final review by Theatre Policy Group
V1.2	09/02/2010	Approved by Theatre Management Group
V2.1	July 2014	Ratified
V3	July 2019	SOP reviewed and uploaded to new Trust SOP template, no other changes

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote

equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon
request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Section	Description	Page
1	Introduction	4
2	Definitions	4
3	Regulatory Background	4
4	Key Duties	5
5	Procedure to Follow	5 - 6
6	Document Ratification Process	7
7	Dissemination and Implementation	7
8	Monitoring and Assurance	8
9	Reference Material	8

Standard Operating Procedure (SOP)

Management of patients with body piercing on perioperative pathways.

1 Introduction

Body piercing has become increasingly popular in recent years. It is essential that all perioperative personnel have an understanding of the principles for management of body piercing to ensure potential harm is avoided

This policy will ensure that there is a system in place for the safe handling and management of surgical patients with body piercing(s) while in the perioperative setting, that staff are able to manage different types of body piercing, understand safe techniques for removal and can manage situations where patients decline to have their body piercing(s) removed despite medical advice.

Sites of body piercing(s) may be colonized with *Staphylococcus aureus*, group A streptococcus and *Pseudomonas*, which may then affect surgical wounds and prevent or delay healing.

Physical trauma can occur if the patient is not handled appropriately and there is tearing or friction around the piercing side.

This policy applies to the management of patients with body piercings who are undergoing surgical procedures and therefore is relevant to all areas where patients are prepared for surgery. This includes Day of Surgery admissions, wards, Emergency Department, Interventional radiology, outpatients and Assessment Units.

2 Definitions

Body piercing is a form of body modification. Parts of the human body are punctured or cut to create an opening in which jewellery may be worn. For the purpose of this policy the term body piercing(s) refers to the jewellery which is worn by the patient and not the process.

Body piercing jewellery should be hypoallergenic. A number of materials are used, with varying strengths and weaknesses. Surgical stainless steel, niobium and titanium are commonly used metals, with titanium the least likely to cause allergic reaction of the three. Platinum and palladium are also safe alternatives, even in fresh piercings.

3 Regulatory Background

This policy will be maintained and reviewed regularly by the Theatre/Perioperative Matron and Perioperative Policy and Standard Group. Dissemination of the Policy will be via the Perioperative Clinical Educators, who are responsible for ensuring all Theatre Practitioners are aware of the current policies and procedures for Perioperative Practice.

4 Key Duties

It is the responsibility of the registered practitioner preparing the patient for theatre to determine whether the patient has any body piercings and whether they need to be removed on the grounds of safety.

The registered practitioner will:

- Determine whether the patient has any body piercing(s) and jewellery.
- Discuss with the patient the need to remove jewellery to prevent injury or harm as a result of trauma or infection where the surgical wound is sited in the vicinity of the body piercing(s).
- Obtain consent for removal, facilitate removal and safe management of patient's property
- Where consent is refused the registered practitioner will reiterate reasons for removal, confirm that the patient has understood, cover the jewellery with tape, document refusal to remove in the patients notes and provides a verbal handover of this information to the Intraoperative team.

5 Procedure to Follow

As every piece of jewellery is different in construction and content, each patient will be assessed accordingly with reference to the type of anaesthetic or surgery which the patient will undergo. Piercings are a form of self-expression and it is the responsibility of all peri-operative staff not to criticise or to pass judgement on this issue.

- The removal of body piercings prior to surgery of surgical procedures is preferable but not essential for all procedures.
- The piercing(s) should be removed if it is in close proximity to the surgical site or any other associated procedure.
- The piercing(s) should be removed if there is a risk to the airway.
- The piercing(s) should be removed if there is a risk of pressure causing tissue damage; e.g.: lip piercing causing damage to soft tissue from the pressure of an anaesthetic mask or nipple/umbilical/genital piercing causing pressure if the patient is to lie prone.
- Patients who insist their piercings stay in place **must** be advised of the risks of harm which may occur as a result of not removing any piercings prior to anaesthetic or surgery and that their surgery may be cancelled or delayed if the risk is considered too great.

- If there are signs of infection or inflammation around the piercing site, the jewellery should be removed as this is a focus of infection and may require appropriate treatment before surgery takes place.
- If piercings are permitted to remain, precise documentation and due care is required.
- Anaesthetic/Surgical risks associated with retained body piercing(s) should be explained fully to the patient pre-operatively. This must be carefully documented.
- If the piercing(s) cannot be removed then the jewellery should be taped to prevent loss or snagging.

5.2 Management of the Unconscious or Emergency Patient with body piercings

- If the body piercing(s) is in close proximity to the surgery or procedure to be undertaken then it is reasonable to remove the piercing(s)
- If the body piercing(s) is in close proximity to the patient's airway and likely to cause a risk to the patient then it is reasonable to remove the piercing(s)
- If the body piercing does not present a risk to the patient during surgery or anaesthetic, then it should be covered / taped to prevent loss or snagging.
- All body piercing(s) on an unconscious patient must be recorded in the documentation. The patient record should indicate whether jewellery is retained on the patient (and taped) or if removed.
- If a body piercing is removed whilst in the operating theatre it must be placed in a property envelope and held in a secure place as per local policy and returned to the ward with the patient.

5.3 Tongue and Lip Piercing(s)

- All tongue and lip jewellery must be removed before general anaesthetic. Tongue barbells may cause obstruction of the airway during induction and maintenance of General Anaesthetic to confirm piercings removed prior to induction during safety check.
- Tongue labrets must be removed. Labrets can contain a gemstone, which is a potential risk as it may fall out and enter the patient's airway.

5.4 Security of Patient's property

- If a body piercing is removed whilst in the operating theatre, it must be placed in a property envelope and held in a secure place as per local policy.
- The envelope should be checked and witnessed by two practitioners and either returned to the ward or department where the patient came from or if out of hours transferred to the Hospital General Office safe for safe keeping.
- Where body piercing(s) have not been removed prior to surgery, it is the responsibility of the Registered Practitioner to undertake a check to ensure that the body piercing is still in situ. This must be documented within the Perioperative Care Pathway documentation.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre policy committee and ratified by the Director Manager / Senior Matron.

Non-significant amendments to this document may be made, under delegated authority from the Director Manager / Senior Matron, by the nominated author. These must be ratified by the Director Manager / Senior Matron and should be reported, retrospectively, to the Theatre policy committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director Manager / Senior Matron and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

Staff will be required to complete a Datix Incident form when policy has not been followed and where harm or actual harm has occurred. All incidents relating to perioperative care are reviewed by the Perioperative Clinical Educators and Perioperative Matron to identify where training is an issue.

Audit of Perioperative Pathway Documentation will be undertaken at regular intervals and communicated to the Perioperative teams via the Perioperative clinical educators.

9 Reference Material

Association of Perioperative Practice (2007) *AfPP Standards and recommendations for Safe Perioperative Practice*. Harrogate, Association for Perioperative Practice.

Association of peri-Operative Registered Nurses (2011) *Peri-operative Standards and Recommended Practices – for Inpatient and Ambulatory Settings*. AORN.