

Another potential anesthetic implication of body piercing

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To the Editor:

An otherwise healthy 23 year-old, 192 cm, 100 kg man was admitted to our hospital for resection of a chronic draining pilonidal cyst that had failed to respond to conservative treatment. Following standard procedure, a preoperative technician attached electrocardiography and noninvasive blood pressure monitoring equipment to the patient and fitted him with a forced air-warming gown (Bair Paws Model 810; Arizant Healthcare, Eden Prairie, MI, USA) that completely covered his thorax, abdomen, and upper legs. The patient was told to remove body jewelry, but apparently forgot to do so. A senior anesthesiology resident (EDS) then transported the patient to the operating room. After anesthetic induction and endotracheal intubation, the patient's gown was removed before he was rotated into the prone position and bilateral nipple rings were discovered. The anesthesiology team was concerned about the possibility of pressure-induced injury to breast tissue because the rings would be firmly compressed against chest rolls by the patient's weight in the prone position for the duration of the procedure and could not be safely padded under these circumstances. The anesthesiologists, surgeons, and operating room personnel did not know how to remove the nipple rings, and the assistance of a preoperative nurse with knowledge of the appropriate technique was recruited. The nipple rings were removed, the patient

was positioned, and the operation proceeded uneventfully. The patient subsequently reinserted the rings before he was discharged from the hospital later that day.

Cosmetic body piercing has become increasingly popular among adolescents and young adults [1]. A survey of body piercing conducted in England noted that approximately 45% of women and 13% of men between 16 and 24 years of age had a piercing at a site other than the earlobe [2]. The anesthetic implications of body piercing have focused primarily on the airway management considerations, and several airway complications of oral and nasal piercing were recently summarized [3]. Umbilical piercing may also interfere with or pose an infection risk during laparoscopic procedures [4]. Complications associated with other common piercing sites (e.g., eyebrow, nipple, genital) have not been specifically reported to date, but the potential certainly exists for electrocautery-induced burns at or the spread of bacterial infection from a piercing site [3]. The present case emphasizes that pressure-induced tissue injury may be another important potential complication of body piercing during anesthesia and surgery, especially if the inserted jewelry is located in a position that cannot be adequately protected. Preoperative removal of all body piercing jewelry is highly recommended before anesthesia and surgery, but in the present case, the patient's nipple rings were inadvertently left in place and were not found until after induction of anesthesia. This observation suggests that anesthesiologists may be required to know how to safely detach or substitute body piercing jewelry accidentally left in situ to protect the patient from injury [3]. To the authors' knowledge, specific informed consent for removal of body piercing jewelry is not required as part of the preoperative anesthesiology consent.

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