THE POINT

The Official Newsletter of
The Association of Professional Piercers
Winter, 2004 • Issue 31

Demonstrate, Educate, Legislate, Participate!

In an effort to keep all of our readers apprised of what APP Members are doing in their communities in order to further the industry as a whole in a positive informed way to the general public and specialized groups, we have started this new regular column for *The Point*. Members are responding to our call for local outreach efforts! Please submit what you are doing to demonstrate, educate, legislate or participate in YOUR community to *info@safepiercing.org* for future issues. We thank our contributors to this issue!

I am usually the source for at least a health class project once per semester at the local college. The last student shot a video of a piercing and our sterilization procedure. She showed the video and opened it up for questions. The questions kept coming so there was none of that awful deadly silence. I brought all the APP pamphlets to display and give away.

I have been asked to speak at two local Rotary clubs where I was rewarded with a certificate and a key chain. The Rotarians were very receptive and I think they were impressed that my topic was health and safety. They picked up more pamphlets than I would have imagined.

We have a lot of shops in our area so the most common question is, "How much for a piercing?" I take the time to explain what it is that they should be looking for in a piercing. They come to me when they are having issues with their inexpensive piercing and I provide free information and an APP aftercare pamphlet. We have handed and mailed out copies of aftercare and APP membership criteria to local shops. We have even invited them to attend the conference.

I have contacted my local hospital and law enforcement agencies to offer my services in proper jewelry removal. No one has taken me up on this offer but I do get referrals from the hospital personnel quite often. I have handed out many Oral Piercing Risks and Safety Measures pamphlets to dentists and their assistants.

I have tried to get a booth at The Inkslingers Ball for an APP booth but so far I haven't had the right timing. My goal next year is to be able to have that booth and do the local health fair as well.

We have written to our local health department to give our input on the laws that still have not been determined. We have written to our legislators with thoughts on ways that California could lead and prosper with this industry. Lastly, I was convinced to finally register to vote at this year's conference. I think the APP has turned me in into a regular citizen.

Best Regards!

—Brenda Reyes
Thee Ink Cup
61877 29 Palms Hwy.
Joshua Tree, CA 92252

November 8, we will be re-forming the New Jersey State Board of Health Committee on Body Piercing, Tattooing, and Cosmetic Tattooing. I will let you know of the new developments that we come up with. Also I was interviewed for a column called 'It's My Job' in a local paper.

— William R. Krebs, G.G.,
Pleasurable Piercings, Inc.
417 Lafayette Ave.
Hawthorne, NJ 07506

I'm going to be speaking to the Annual meeting of the Association of periOperative Registered Nurses (AORN) in New Orleans in April 2005 at two educational sessions.

—Elayne Angel
Rings of Desire
1128 Decatur St. 2nd Fl.
New Orleans, LA 70116

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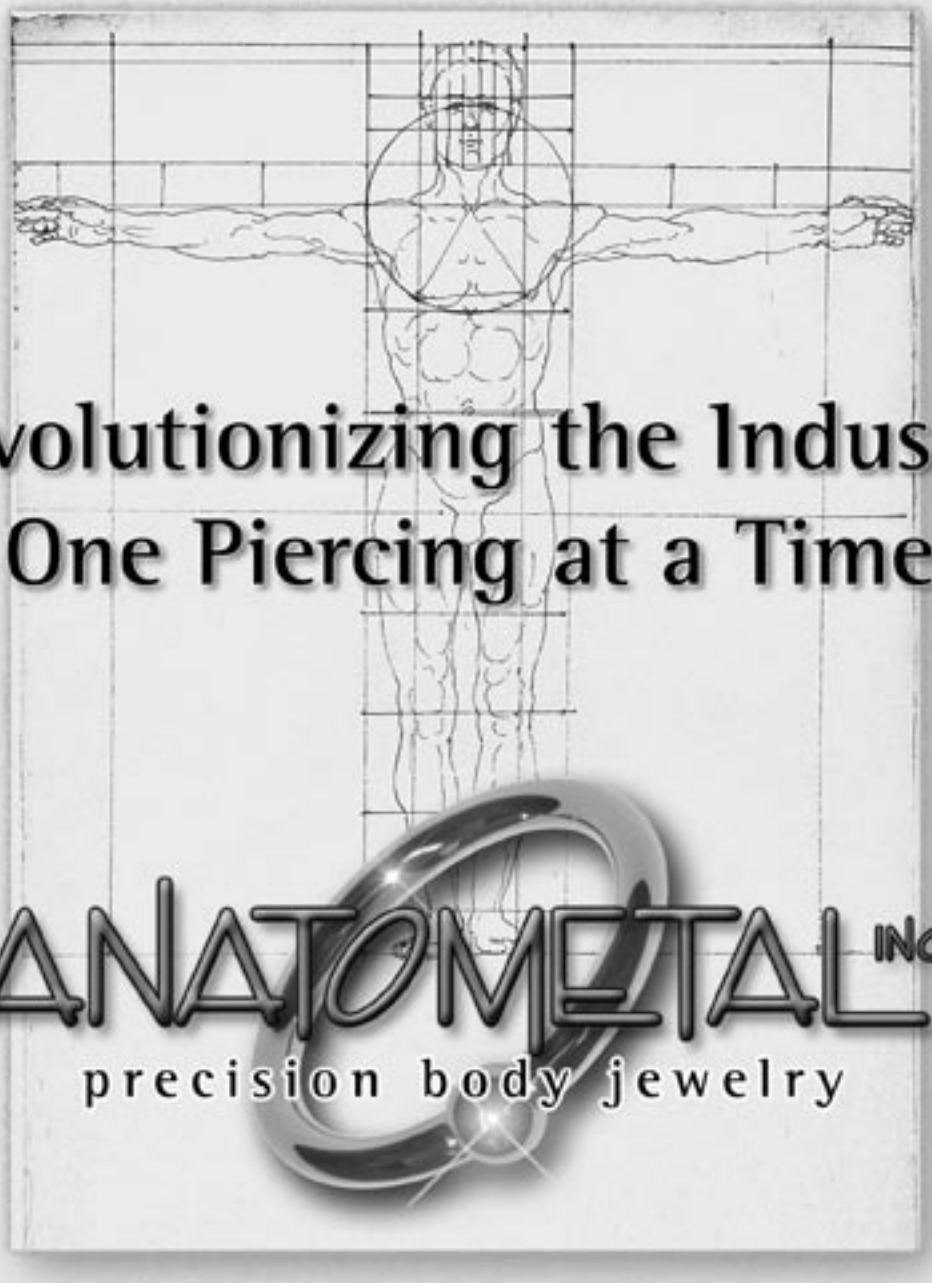

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President's Corner

An individual recently contacted me who wished to verify his "APP Certification." This person was opening a new piercing business and had been contacted by an individual claiming to be an APP member in good standing. For a fee the "member" offered to certify staff members and ensure APP membership for the new studio. The money was paid and transaction was done. Unfortunately for the new studio, the individual was not who he claimed to be, and the studio owner has subsequently had to obtain legitimate certifications for his employees.

This is the second such incident that has come to my attention over the last 6 years and is the inspiration for this issue's 'President's Corner.'

Statistics show that small businesses (100 or fewer employees) are more at risk for fraud than larger companies. Over the years I have encountered and also been the victim of a number of small scams and the occasional dishonest worker.

Frauds perpetrated by employees and bookkeepers have been the death of several reputable studios. The following are some general rules of thumb:

1. Check past employment references. Problem workers will bring their issues with them!
2. Verify all claims made in resumes including education, certifications or APP membership. Don't believe anything written by the applicant without verification.
3. Employee theft is often drug related. Consider including the right to perform random drug testing in your employee contract.
4. Obtain permission from prospective employees to perform a legal background check (and obtain one). This can be done via internet fairly easily.
5. Maintain non-discriminatory, consistent internal controls on how money is handled.
6. Enforce mandatory vacations for bookkeepers and regularly audit their work. (Embezzlers rarely take vacations for fear that their 'clever bookkeeping' will be noticed.)
7. Don't mistake charm for honesty. Thieves are often some of the most pleasant and charming individuals you will ever meet.

One of the most professionally inconsiderate acts you can perform is to offer a good reference to a colleague for a current or ex worker who was actually a problem employee. However, it is unlawful to slander the individual in any way. If deviations from their contract or the employee manual were well-documented you can pass along only specific information based on that. No conjecture is permitted, i.e., Susie Piercer has a drug problem, etc. Even when providing well-documented information the legalities can be tricky. Another option is to offer no referral such as "Susie Piercer was employed here for X amount of time but I can not provide a referral." This should speak volumes to prospective employers.

The following are potential scams you would be wise to watch out for:

- There are many small publications referring to themselves as "Yellow Pages" or other phone books (either online or in print). They send a bill for your listing in their publication (or for a "renewal" even if you don't have an existing listing). This 'bill' is actually a marketing ploy and generally they charge an excessive fee for a listing in a small release.
- The internet is also a source of pirating of both websites and domain listings. When you receive a domain renewal notice, make absolutely certain that it is from the company with whom you are currently listed.
- Credit card fraud is also on the rise. Always check for an ID when accepting a credit card.

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THE POINT

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Demonstrate, Educate, Legislate, Participate!

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I have been doing some work with my local Primary Care Trust (the part of the National Health Service which deals with making sure the public get what they need from the Health Service). Local Hepatitis C charities are concerned about the level of services and education regarding Hep C.

One of the many concerns they have is that bad practice in piercing and tattooing is a possible source of transmission. After getting in touch with all studios in Exeter we were the only interested party (no surprise there!) and so I have been going along to the meetings. I have been promoting the work of the APP and showing how the levels of hygiene and safety that we use is that which should be adopted by all studios. They were all quite interested when I explained about the use of cold sterilization, ultrasonic cleaning AND autoclave sterilization (which we use) as compared to autoclave only (which everyone else uses).

They are also appalled by the fact that there is no legislation and have promised to raise the issue with the Local Health Authority. Meetings are ongoing and I don't know how much pressure they will put on the relevant bodies to bring some standards into play but every little bit helps. Although the meetings are Hep C based there is always mention of other bloodborne diseases as good practices to prevent one will ultimately help prevent all.

—Nik Mooney, Exeter Body Piercing
17 Fore Street Centre
Fore Street Exeter, United Kingdom EX4 3ANUK

Health Educators, Body Work Productions and Splash of Color will be doing a needle stick survey so we can start to have real statistical data for our industry. We are trying to involve all professional originations with this study, look for it very soon. Health Educators classes have now been accepted for South Carolina , Virginia , Florida , Ohio, and Massachusetts. Ear cartilage study was completed and published in Professional Program Insurance Brokers newsletter and Infection Control Today is still in the works.

—David Vidra
Body Work Productions/Health Educators
2710 Detroit Ave.
Cleveland, OH 44113

SPS medical is committed to educating the Body Piercing industry on Infection Control topics such as the basics of sterilization and proper sterilization procedures. Seminar speakers are available to speak at national conferences, where programs range from 1–2 hours in length and are presented in a slide/lecture format. In addition to this, we offer a variety self-study articles and programs on CD-ROMs to assist artists with keeping up to date on infection control practices. SPSmedical continues our educational efforts, by placing an educational CD-ROM in every sterilizer monitoring (spore testing) product we ship out the door. The complimentary CD covers the topic of *Cleaning, Packaging and Sterilization of Instruments*.

—Joe Shanahan, SPSmedical Supply Corp.
Sterilization Products & Services
6789 West Henrietta Rd.
Rush, NY 14543

I have been in touch with the New York State Legislature, and Assemblyman Robert Warner in particular, to amend the state's piercing legislation. A bill was passed last year to require licensing of all body piercers in New York, but due to the five billion dollar (and you wonder why our taxes are so high) budget deficit, nothing has been enacted. I was disturbed by the lack of guidelines and specificity in the original bill, so I contacted my local representatives with my concerns. I drafted a proposal for either amending the current legislation, or creating a new bill. My draft will be considered during the next Legislative Session in 2005.

I have also been working with resident assistants at the University of Binghamton to make presentations to the students about tattooing and body piercing safety issues. I am hoping to offer similar presentations to my local high schools, but they have been less accepting of the idea so far.

—Suzanne Beam
Jones Custom
2539 Vestal Pkwy.
East Vestal, NY 13850

(See more about what Suzanne's been up to in "Piercing in the News" page 20)

In 2002 I was a keynote speaker at the Children's Hospital & Regional Medical Center, Outreach Education Department, 15th Annual Help on the Line: Pediatric Telephone Triage, educational seminars. I spoke to over 180 nurses from all over Washington State on the subject of body piercing and tattooing.

I introduced myself, stated how long I've been piercing, where I currently work and that I'm a member of the APP. I then went into detail on what the APP is, why it's a valuable organization and what I feel I've gotten out of it by being a member. I pointed out a table displaying the various literature I had brought—APP pamphlets and a few of our own. I discussed regulations, and lack thereof, in Washington State regarding body piercing. With that said I began my PowerPoint presentation.

I showed a picture of a girl that pierced her eyebrow with a safety pin. I discussed the various types of metal—different grades of steel, titanium, acrylic, glass—and what type of jewelry is appropriate to wear in various piercings.

I showed a picture of an ear lobe that was pierced with a gun. The lobe was swollen and the ear ring/stud was imbedded in the lobe. I showed a picture of a Helix and a Tragus that were experiencing similar difficulties. The Tragus was rejecting. I then discussed the dangers of piercing guns and their jewelry.

I then showed a picture of an ear lobe, with a sterling silver earring in it, that was experiencing a nickel allergy. I discussed metal/nickel allergies and aftercare allergies. I showed a picture of a navel piercing that had been cleaned with Hibiclens. I discussed appropriate cleaning of piercing and aftercare products.

I showed several pictures of various piercings that were pierced with jewelry that was too heavy, thin, large and small in diameter—and discussed those matters.

I closed by touching on the subject of tattooing. I showed a picture of a hand poked tattoo, and discussed how that was accomplished. I mentioned that many homemade tattoos can be either laser removed, which can be costly, or they could be covered (showed a picture of that same tattoo covered) once the minor is of age. When I was finished speaking we had about 15 minutes of Q & A.

In 2003 I had the honor of speaking at the Washington State Continuing Nursing Education, annual seminar put on by the University of Washington. This three-day event was organized to keep school nurses, from across Washington, ranging form grade to high school, abreast on current, relevant issues concerning their minor patients. I was there to discuss body piercing and tattooing.

I began practically the same way as in 2002—about me, myself and I, the APP, yadda, yadda, yadda. I showed many of the same photos, and discussed all of the same subjects. I also took the opportunity to combat some bad press that was recently released regarding oral piercings and henna tattoos.

The Seattle Times, King 5 news, and Q13 news wrote and aired, respectively, stories on oral piercings. The news article went into depth on the correlation between oral piercings with infection, prolonged bleeding, swelling, bloodborne disease transmission, endocarditis, injury to gums, damage to teeth, interference with oral function, interference with oral health evaluation, and aspiration. Q13 news also aired, at a different time, a story on henna tattoos. The story lead people to believe that anyone who received a henna tattoo would have an allergic reaction, go into anaphylactic shock and possibly die.

I showed pictures of a tongue with an enormous keloid on it and a picture of gum recession with tooth loss from a labret piercing. I discussed what causes these problems and showed pictures of healthy piercings with appropriately sized jewelry in them. I also took the opportunity to discuss all of the other items that were brought up in the news article. I made sure to present all of the information in an orderly, professional, clear and precise manner, which I think really got through. The reviews that the nurses wrote about me indicated so.

I finished by, again, touching on the subject of tattooing and henna tattoos. I discussed ink allergies, staph infections and many more items regarding tattoos with lots of pretty pictures. When I finished speaking we had about 15 minutes of Q & A.

I was approached by several nurses, afterwards, and asked to speak at their respective schools. Although I haven't done any guest school appearances I have been able to assist many of them when they've called for advice.

I'm also glad to say that after both discussions I had many of the nurses and moms, bring their kids in to get their ears pierced.

—Chuck Heller
Lucky Devil
1720 12th Ave.
Seattle, WA 98122

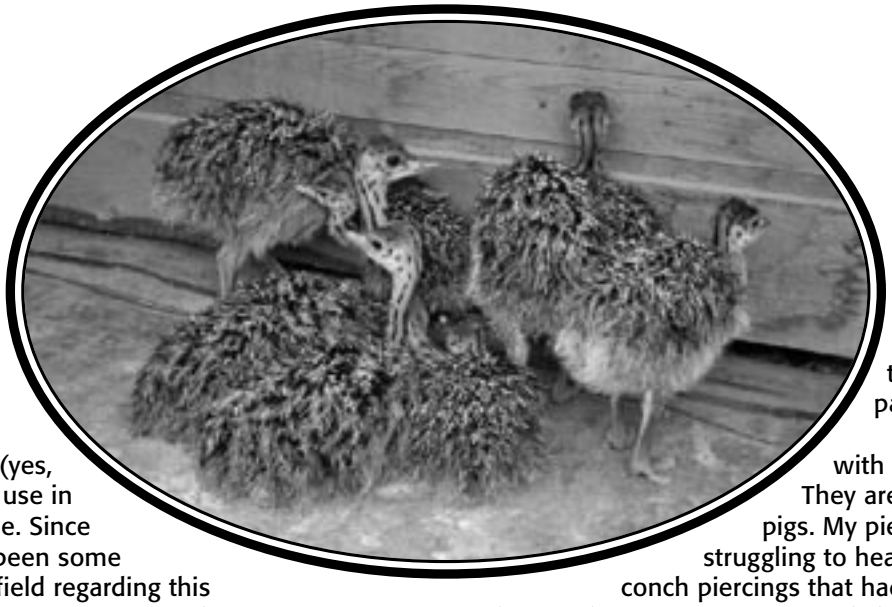
We did do the suspension that was mentioned in the last issue of *The Point* (issue 30)

—Gus Diamond
(DeepSeaDv@aol.com)
Miami, FL

(For a great article and photos of the event, see *http://www.prick-mag.net/keyssuspensions.html*)

Emu Oil for Post Piercing Care

– Elayne Angel
Rings of Desire, New Orleans



In issue 27 of *The Point*, we ran an extensively detailed, somewhat technical article about emu oil (yes, as in the big bird) for use in treating thinning tissue. Since that time there have been some developments in the field regarding this natural non-vegan/non-vegetarian product.

I'm honestly not one to make changes in my studio policies or procedures at the drop of a hat. I'm all for growth and improvement, but admittedly sometimes I take a while to catch on. That's why it is so surprising to me, and others who know me that I've taken to using and suggesting emu oil for piercing care.

It started when the sales rep, Dale Rak, from Desert Palms Emu Ranch called me. Companies hoping to get the APP "seal of approval" for their various piercing-related products frequently contact me. Such a backing doesn't even exist, so it can't be given. (That is, the APP does not endorse products per se. We may "suggest" them at times, but we do not "endorse"). But Mr. Rak seemed genuinely passionate about his product, and that piqued my interest. So I told him to go ahead and send me some samples.

According to their web site:

"Emu oil is deep penetrating, anti-inflammatory, non-irritating, highly moisturizing, all natural nutritional supplement for your skin. It is hypo-allergenic, giving it a low potential for irritating the skin. Emu oil doesn't clog pores. It contains essential fatty acids required by the body. Topical application of emu oil delivers these nutrients deep into the skin to support healthy cell growth. Emu oil is an excellent emulsifier and does not leave the skin feeling oily or greasy. Pure Emu oil soothes the skin after new artwork or piercing. Burning and itching are instantly soothed. Healing takes place more rapidly because Emu oil has healing properties and does not cover the skin with a petroleum type air barrier. It allows the skin to breathe and heal."

And, I'd have to say that their claims seem genuine after my experience with the product over the past nine months or so.

The first test was with the staff, of course. They are my favorite guinea pigs. My piercer, Jen had been struggling to heal a bilateral pair of conch piercings that had been done about eight months prior. Never a speedy healer, she found that the simultaneous healing of both sides always kept at least one of the piercings irritated and sore. She found instant palliative relief from the discomfort, and the localized irritation and redness, was gone about two days after starting application of emu oil! The slight lumpiness took about a week to disappear. She was sold, and I was starting to get more interested.

Next was a good customer, Bruce, who'd received a pair of deep vertical nipple piercings behind his original, traditionally placed horizontal set. One of them had gotten a hard lump behind the nipple, and there was excess crustiness, swelling and tenderness. I asked him if he wanted to try the product (making clear that it was new to us) and he decided to give it a go.

We received a call from Bruce the next day. He said, "I put it on once before I went to bed. I woke up at about 3 am and it felt about 50% better. When I woke up this morning, my nipple was FINE!"

Wow! Now I was starting to get really impressed.

So, it went on from there: we tried it on a nostril bump here, a red, irritated navel there, and so on. During the course of a month we experimented with emu oil for troubleshooting, and had excellent success with no negative results whatsoever. Therefore, we decided to give it a go on a fresh piercing.

Jen, ever the dedicated employee, decided to get a double labret, side-by-side, near the midline of her lower lip. She used emu oil (and occasional saline) for care on both the exterior AND on the interior. (Yes, it is safe for use inside the mouth, and no, it doesn't taste like bird, or anything at all. Emu oil is odorless and tasteless). She

used no Provon/Satin, and no mouth rinse.

She described that her lip felt very soothed when she applied the product. She had a minimum of swelling and discomfort. And Jen had previously tried a single labret that swelled so much she ended up abandoning it shortly after the piercing! She was extremely impressed with the product and the progress of her healing.

One of my old tragus piercings started to get that tight, sore, almost itchy feeling and crust up again. I put emu oil on it twice (morning and evening) and the problem was completely gone! I've had flare-ups with that piercing (on my "phone ear") that lasted for weeks! This one was nipped in the bud. I was really starting to like the stuff!

We started offering samples for post piercing care to some of our good customers who have lots of healing experience. Everyone was so unanimously favorably impressed that following the period of experimentation, we started to sell the product in the studio. A half-ounce dropper bottle is priced at $5.00, and that is plenty to get through the healing of any body piercing! A little dab will do ya. We are seeing faster healing times than with saline-only, or Provon/Satin-and-saline regimens.

Since their inception some years ago, we have used the APP Suggested Aftercare Guidelines in my studio (I wrote them, after all). Now we offer people a choice of Provon/Satin, or emu oil.

There are a variety of studies stating that emu oil does promote tissue epithelialization, and also some showing that it doesn't. The good news is that the studies all demonstrate that there was no harm done by the product. To date we've had exactly zero complications reported from emu oil (no skin irritation, etc.), nor from any of the piercings people have used it on! Everything is healing in record time, comfortably and easily.

One of the other aspects I like about emu oil is how simple and convenient it is to use. The basic instructions are to shake the bottle, and rub a single drop onto the piercing with a clean or gloved finger, 2–3 times daily. Because emu oil penetrates the skin, there is no need to turn the jewelry. (I have been advocating the no-turn method for Provon/Satin since the last APP Conference in May.)

Emu oil helps to keep the skin softer and more moisturized, and the emollients help prevent crust from adhering to the skin or jewelry. Even though it is called "oil," it is more like a lotion. The idea of an "oil" on a piercing seems kind of appalling to me after all my anti-ointment preaching over the years. All I can say is, "This is different!"

But wait, there's more: it is also great for healing tattoos.

From personal experience, I can say that emu oil also works great on mosquito bites, rashes, burns, and dry irritated skin! It almost instantly healed a mean gash on the roof of my mouth caused by a tortilla chip, and one of those painful, inflamed taste buds, too. My husband is prone to red, itchy rashes for no apparent reason (I call it "dermatitis du jour"). Emu oil provides him instant relief every time. I keep a little bottle in my purse so we're never without it!

The manufacturers suggest it for almost everything:

- moisturizes dry, cracked, itchy skin
- aids healing skin from rashes and bed sores
- promotes healthy gum tissue
- alleviates sun burn pain
- helps prevent cold sores and canker sores
- ease headache and menstrual pain
- conditions hair and promotes growth
- sexual lubricant (not condom friendly)
- eases teething pain
- helps get rid of ring worm on pets
- alleviates "hot spots" on animals
- helps pass fur balls in cats
- alleviates sting and itch from insect bite
- reduces fine lines and stretch marks
- helps diabetic patients heal faster
- eases sore, tired feet
- reduces hemorrhoids
- promotes healthy nails and cuticles
- loosens muscles prior to work-out
- helps people with Crohn's disease
- helps clear up diaper rash
- Moisturizes dry noses and paws on pets

I'm not sure how many of these far-reaching claims are true, but I must say I've been impressed with it for everything I've tried it on so far.

Suzanne Beam from Jones Custom decided to try emu oil after talking to me about my results. She says, "My clients like how convenient it is to use. It's far easier to carry a small bottle of emu oil with you and apply it on the go (after washing hands or using hand sanitizer of course) than to use Satin/Provon and water while at work, out shopping, or traveling. In my experience, clients are more likely to adhere to proper aftercare instructions if they are kept simple. Emu oil is simple, safe, and effective."

In all fairness, not everyone is as impressed with the product. Board Member Paul King of San Francisco tried out some samples. He states, "I, nor anyone I've given emu oil to for piercings has noticed any difference one way or the other." Maybe it's the difference in weather, humidity, or some other such factor? I noticed a distinct change in my emu oil when I visited Paul in San Francisco. In New Orleans (where it is hot and humid) the emu oil is nearly a liquid in consistency. In San Francisco's colder climate it turned so thick I had to remove the dropper top from my bottle to dispense the product. Though Mr. King did state that everyone who had tried it on tattoos LOVED it.

As with body jewelry, quality of emu oil will vary between manufacturers. If you intend to try emu oil, I would strongly suggest obtaining it from Desert Palms. Mr. Rak can tell you all about the differences in the quality.

The new, APP revised care guidelines have just been released. Emu oil came along a little too late to be included. But if I have anything to do with the next revision, I'd put my two cents in for the inclusion of emu oil as an option.

Subsequent to the writing of this article we were informed that Dale Rak no longer works for Desert Palms. To purchase Emu Oil and products, please contact Deb Henson, Desert Palms Emu Ranch, http://desertpalmsemu.com/ 623-877-EMUS (3687).

Aboriginal Tongue Piercing

by Erica Skadsen
erica@organicjewelry.com

I'd like to try to imbue some of the wonder I felt when I first came across this jewel of information. Ethnographers tend to glaze over the more unusual facets of culture appearing in the people they study, with only a paragraph at most to describe body modification practices-though they often feature prominently in a people's heritage. I spend many, many hours researching these tidbits, and compiling them for myself and *I Am Not My Body* (my little zine of extreme body modification and the medical culture) in little folders or upon my bookshelves. Rarely do I discover practices that are so surprising as what I discovered in *The Native Tribes of Central Australia*.[1] This account, written in 1899, is truly astounding. While the aborigines are known for their use of long septum bones, knocking out of front teeth, and extreme subincision, the fact that certain members of the Arunta and Ilpirra tribes are documented to actually have crystal implants and permanent holes in their tongues, as opposed to ritual temporary tongue piercing or bleeding, struck me at the time of my discovery of the text, equally as now, as being intense and wondrous.

Amongst the Arunta and Ilpirra tribes, medicine men are initiated either by Iruntarinia (ancestral spirits from Alcheringa, the dreamtime), Oruncha (mischievous spirits), or by other medicine men. The book mentions that women may also become medicine "men" though it is much more rare. The following account takes place near Alice Springs in a specific cave called Okalparra:

> "When any man feels that he is capable of becoming one, he ventures away from the camp quite alone until he comes to the mouth of the cave. Here, with considerable trepidation, he lies down to sleep, not venturing to go inside, or else he would, instead of becoming endowed with magic power, be spirited away forever. At break of day, one of the Iruntarinia comes to the mouth of the cave, and, finding the man asleep, throws at him an invisible lance which pierces the neck from behind, passes through the tongue, making therein a large hole, and then comes out through the mouth. The tongue remains throughout life perforated in the centre with a hole large enough to admit the little finger; and when all is over, this hole is the only visible and outward sign of the treatment of the Iruntarinia." [2]

He is further subjected to another lance horizontally through his head, death, dismemberment and replacement of his organs, a return to life, temporary insanity, and finally recognition of his new state.

> "According to etiquette he must not practise his profession for about a year, and if during this time of probation the hole in his tongue closes up, as it sometimes does, then he will consider that his virtues as a medicine man have departed, and he will not practise at all." [3]

This does not appear to be an isolated type of initiation. Over and over accounts are cited wherein the initiate is killed, often with some sort of stick passing through the body, has his organs replaced, magic stones are put into his body, and he is brought back to the living in anew.

> "Next came a huge figure to him, having in its hand a gunnai or yam stick. The figure drove this into the boy's head, pulled it out through his back, and in the hole thus made placed a 'Gubberah,' or sacred stone, with the help of which much of the boy's magic in the future was to be worked." [4]

One thing that is difficult to imagine without thorough study is the belief systems that these tribes held-not only surrounding this particular initiation-but their views on reality.

For example, when one speaks of removing all of the internal organs and replacing them with new ones, is this merely a metaphor for the destruction, death, and rebirth episode that is a common facet in the making of shamen? Does the initiate actually feel this process taking place? Do they go through physical trials that replicate these actions on the surface? Or, indeed, have their organs been removed and replaced? To the initiate, it may very well be a metaphor that is enacted through ritual. But please suspend your own belief for a time and imagine that the initiate may have the firm conviction, through sensation and memory of the actual experience, through ritual, through the teachings of mythology, through the words and actions of those

acting upon him or her, that their organs were actually replaced. At this point is it irrelevant what we may actually believe, what judgment we place upon this. To them, this action actually occurred. And so it did.

> "During the sacred Dreamtime, the material limitations and physical restrictions of ordinary people do not exist. The novice, during initiation returns to his primordial state by contacting the spirits of his ancestors. During this ceremonial time he thus gets a taste of the sacred nature of being, of timeless age, accessible to anyone who knows how to open himself to it." [5]

As much as one may struggle over the nature of the reality of the events presented in the text-yet it exists: the account is fortunately accompanied by a photo. It is old and it was not taken close up enough to determine precisely if anything is being worn through the piercing. However, despite credit being given to a supernatural installation, indeed it appears to have manifested itself in a physical hole being created.

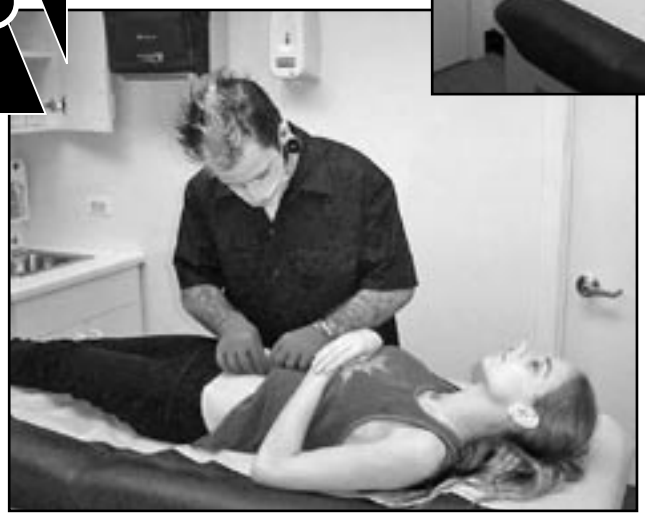
Another account is given of a young man being initiated by elder medicine men (Nung-gara), who subject him to abrasions, implants, and imbibing of crystals. The use of magic and sacred stones that these men hide about or within their body occurs in many of the aboriginal tribes, being called Atnongara (in the North near Alice Springs), Gubberah (Euahlayi tribe), and here, Ultunda:

> "On the third day the scoring and eating and drinking were repeated, and he was told to stand up with his hands behind his head and to put his tongue out. One of the Nung-gara then withdrew from his skull just behind his ear (that is he told the novice that he kept it there) a thin and sharp Ultunda, and, taking up some dust from the ground, dried the man's tongue with it, and then, pulling it out as far as possible, he made with the stone an incision about half an inch in length. The newly made medicine man was then told that he must remain at the Urgunja, that is the men's camp, and maintain a strict silence until the wound in his tongue had healed." [6]

No mention is made of what, if anything, is used to keep the hole open in the tongue. Knowing their proclivity to using crystals, this might be a strong contender, however, they are also fond of using various bones for their septum piercings, and sometimes sticks of wood, so these materials cannot be ruled out.

Is this the only true example of permanent tribal tongue piercing? Please, prove me wrong! I hope that these articles can incite more readers to search out more examples of the rich heritage of ethnic body adornment practices, so that we can all feel the power and depth that these practices command.

[1] Spencer, Baldwin and Gillen, F.J. *The Native Tribes of Central Australia*. London: Macmillan and Co., Ltd., 1899. Reprinted by New York: Dover Publications, Inc., 1968
[2] Ibid. Page 523.
[3] Ibid. Page 525.
[4] Parker, K. Langloh. *The Euahlayi Tribe: A Study of Aboriginal Life in Australia*. London: Archibald Constable & Co., 1905. Chapter IV.
[5] Kalweit, Holger. *Dreamtime and Inner Space*. Boston and London: Shambhala, 1988. Page 102.
[6] Spencer and Gillen. Page 528–9.



marché noir

BUSINESS NAME: Marché Noir
ESTABLISHED: Early 2004
ADDRESS: Woodfield Mall, G-119
Schaumberg, IL 60173
PHONE: 847-413-8884 • **FAX**: 847-413-8883
STAFF: Two piercers and two piercing interns

Chrissy Shull: How does working in a mall location compare to other studios you have worked in?

Steve Bennett: Busier. It's much busier and a lot of different clients. In the mall we get a higher-end clientele that wouldn't step into a tattoo shop.

CS: What sets your studio apart from the competition?

SB: Now that I am an APP member, we have set standards that we meet. In all that we do, we try to take everything further, to the next level.

CS: What have been the most important keys to your success?

SB: I finally have an environment and employers who will go the extra distance. They take health and safety very seriously.

CS: As someone who has been piercing for awhile, what keeps you passionate about piercing?

SB: Piercing never gets monotonous because the industry seems to change so much that I am always learning something new. I like to work with other piercers because there are always new things that you can learn from them. This has been my dream

job since I was thirteen.

CS: What aspect of your studio do you take the most pride in?

SB: Everything is disposable and hands-free. Nothing needs to be touched, as our sinks are hands-free, all of our dispensers are motion sensor operated, and our trash cans have foot-pedals.

CS: What inspired you to make the switch to all disposable instruments?

SB: The health and safety of myself and my co-workers because this eliminates the need for a dirty ultrasonic and handling of dirty items. This protects us and our clients, as the chances of cross-contamination occurring are greatly reduced.

CS: Has this proven to be cost-effective?

SB: All disposable does cost slightly more, but it is worth it due to added safety.

CS: How did you address the issue of tools when eliminating the need for a bio room?

SB: We perform all piercings freehand with barbells only. We don't pierce with rings or circular barbells because barbells eliminate the amount of jewelry sticking out from the body that gets bumped and moved, causing trauma to the healing tissue.

CS: Is there anything that you would like to add?

SB: This summer I became a Bloodborne Pathogen Instructor through the National Safety Council and am now able to offer in-house training, which can be directed more towards our industry.

Employee Performance Appraisal

by Crystal Sims & Christina Shull
Evolution Body Piercing

Welcome to Part 4 of the Employee Management Series. In previous issues, we addressed finding and hiring the good employees, appropriate new hire paperwork, and keeping your employees happy and productive. In this issue, we will discuss the use of an Employee Performance Appraisal as a developmental tool for your staff.

Employee Performance Appraisal forms:

An Employee Performance Appraisal form is designed to establish a process through which an employee can achieve the highest quality of performance. This process is meant to share constructive feedback on an employee's performance, and to set common goals for the future. It is also an opportunity to offer the praise and appreciation that your staff desires.

There are many reasons to create a good Employee Performance Appraisal form of your own rather than purchasing a standardized form for this purpose. While you could use a standardized form as a basic guideline or to get ideas from, you will need to integrate the things that are most important to you as an employer, so your employees are clear on what is expected of them. Creating your own form will enable you to add details specific to our industry, and to your own studio and expectations.

Common areas to review employees on include:

- Customer Service
- Professional Image
- Operations
- Initiative and Reliability
- Industry, Studio and Product Knowledge
- Attendance

I personally like to add a list of specific examples under each category for employee's to be rated on. For example, under customer service I have listed 6 items including "explains to clients how their jewelry works and gives disclaimers or return policy information where appropriate" and "offers aftercare products to all customers." Under "Initiative and Reliability" I include things like "can be relied upon to fulfill job responsibilities with minimal supervision" and "consistently offers improvement ideas." These details communicate your priorities to your employees.

A numerical rating system (for example, a scale of one to five) is a very common and effective way to rate employee productivity. Giving a specific value to how you feel an employee is doing will help him or her set realistic goals. It is human nature to strive to become better, so employees generally try to get a better score next time. While some people will be comfortable with being satisfactory, most people have a desire to be great. In each area, discuss the employee's strengths, successes and contributions as well as areas needing developmental assistance. Let your employees know what they can do to improve their score and you will see more being accomplished in your studio.

Employee Involvement:

You may find it useful to get your employee's input when developing your employee performance appraisal forms. At a minimum, introduce it to them before the first time you use it. Employees will be disappointed if they were unclear about some of your expectations and they fail to meet them as a result. I like to give new employees the opportunity to see this form when they are hired and have it available to them to reference as time goes on.

Performance appraisals can be used on any time schedule you desire. Some employers like to use it annually, while others prefer having a quarterly "touch base" with employees. Whatever schedule you decide on, make sure your employees know the schedule. Try to stick to it as closely as possible.

I like to start by having each employee complete his or her own Employee Performance Appraisal form, rating and providing commentary where applicable. Employees

almost always know what areas they need to work on, as well as what they do well. By giving them the opportunity to honestly admit the areas they need improvement, employees can save themselves the critique they would otherwise receive from you. It also gives them a chance to brag about their accomplishments, which is great motivation to accomplish more! Most employees will be surprisingly accurate with their self-evaluation, and in many cases harder on themselves than we would be as employers.

The Good:

Employee performance reviews should not be only about areas that could use improvement, they are also to praise the employee's strengths and contributions. Many employers focus mainly on critique, but compliments are usually more motivational. One of the most effective ways to change someone's behavior is to change the way they see themselves. Someone who believes they are a slacker and can never do anything right will perform in that manner. If that person believes they are valuable to the business and can accomplish great things they most often will. You will see more done around your studio if your employees feel they are appreciated for the jobs they have performed well. Positive reinforcement can accomplish far more than reprimanding and pointing out inadequacies.

When citing an employee's strong points and accomplishments, be specific. "You do a great job cleaning" does not have nearly the validity of "I really appreciate you checking the restrooms after clients use it and cleaning it again if it needs it." Stating specific examples will prove to your employees that you do pay attention to everything they do, not just the things they don't always do. Always give credit where credit is due.

To encourage the continuance of good behavior, reward your employees for a job well done. If you cannot afford to offer a raise at every review, try to at least acknowledge larger accomplishments with a reward of some kind. Remember that rewards that reflect an employee's interests are far more effective than monetary rewards. A gift certificate to an employee's favorite restaurant is extra nice because it shows you've taken enough interest in them to know what their favorite restaurant is! Give a movie lover movie passes, or give your employee who has dogs, cats or reptiles a gift certificate to a local pet store. Make sure that you show and tell your employees that you appreciate them.

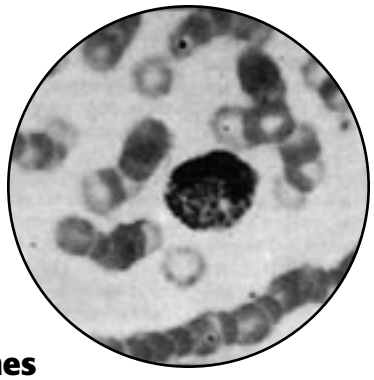
All's Well That Ends Well:

The timing of the discussion is the last crucial element that can affect the outcome of the performance review. Always make sure that the review is scheduled when it is convenient for everyone and that both parties are rested and feeling good. The tone of the review can be negative if it takes place at the end of a long day when you or your employee is feeling drained. The purpose of the discussion is to provide motivation for your employee. It will be much easier to accomplish this under favorable circumstances.

Good luck! In the next issue of *The Point*, we will wrap up this series with a discussion of how to deal with disciplinary actions and termination.

Infection Control

for the Modern Day Body Art Professional



by Charles A. Hughes

To protect clients, staff and your practice, proper Infection Control guidelines must be understood and strictly adhered to.

(Editor's note: While all APP members will be aware of the following information and that it applies to piercing, in the interest of inclusiveness we will print the article in its entirety. Thanks to SPS for contributing to The POINT*.)*

With the very real and growing concern over infectious hepatitis and AIDS, it is more important than ever to be aware of and practice, proper Infection Control guidelines. Because medical history and examination do not always identify disease carriers, the CDC (Centers for Disease Control and Prevention) emphasizes the need to consider all clients as potentially infectious. Studies in dentistry have shown that in a practice seeing 20 patients a day, on average, at least two patients have oral herpes, one is a carrier of hepatitis B, and an unknown number infected with AIDS are treated in seven working days.[1] What about your clients? For the average Body Art Professional the most serious potential complication of tattooing and piercing is Hepatitis B. The hepatitis B virus (HBV) is extremely contagious and can be transmitted from the customer to the artist if the artist accidentally sticks himself with a contaminated needle, or from one customer to another if needles and tubes are not properly sterilized.

Principles of Infection Control

The following guidelines were established by the Bureau of Communicable Disease Control, New York State Department of Health and provide minimum standards for Infection Control (IC) to prevent the transmission of blood-borne disease during tattooing[2]. There are seven (7) basic principles of Infection Control for Tattooists. These principles are:

1. **Sterile needles**—all needles that penetrate the skin must be sterile. Only single-use, prepackaged disposable needles shall be used.
2. **Clean instruments/equipment**—instruments and/or equipment that may become blood contaminated falls into two categories:
   a. Disposables, e.g. shaving razors, tattoo dye and dye cups. These items must be disposed of after each use.
   b. Reusables, e.g. needle tubes, scissors, tweezers, power supply handpieces. Sterile, single-use instruments are preferred; however, when reusable instruments and/or equipment is used, they must be washed to remove debris and blood; packaged and sterilized using a Steam autoclave. Mechanical cleaning equipment, e.g. ultrasonic, is faster, safer and more efficient than manual cleaning. Be sure to follow the manufacturers' instructions for use and appropriate detergent. Use only FDA approved packaging and place pouches facing the same direction and on edge inside the sterilizer when loading. Follow the Operator instructions when selecting cycle parameters (time, temperature & pressure) and monitor each package with a color change, chemical indicator. In addition, a weekly biological indicator (spore test) should be run to verify sterilization and these records made available upon inspection by the health department. While In-office and Mail-in sterilizer monitoring services are commercially available, check with your health department to see which method they prefer. In-office sterilizer testing offers faster results; however, Mail-in services provide third party, independent verification and documentation.
3. **Clean hands/gloving**—soap, hot and cold running water, and paper towels for hand washing must be immediately available to the work area. Hands should be washed upon arrival in work area, between each client, after removing gloves, and whenever soiling occurs or work is interrupted. Jewelry should be removed and hands vigorously scrubbed for 10-15 seconds, then dried using disposable paper towels. Nails should be kept short to avoid penetrating gloves. Switch to pow-

derless or hypoallergenic gloves if you develop an allergy and do not perform tattooing if you have infected hangnails or cuts on your hands.

4. **Clean Work Area**—The work area should be maintained as a "clean field" to prevent contamination from previous clients and exposure to contaminants during tattooing. Work table or countertop must be smooth, easily cleanable and well lighted. Use a clean drape for each new client. Place instruments/equipment on the clean field. Sharps containers should be near but not on the clean field. After each client, disinfect the work area with an EPA registered germicide.
5. **Personal Safety**—Work practices should be utilized to reduce the risk of occupational exposure to blood-borne pathogens. Use care in the handling and disposal of needles and other sharp instruments. Practice universal precautions on all clients. Obtain hepatitis B vaccine and be familiar with post-exposure recommendations.
6. **Consideration for the Client**—Clients with a visible rash or infection should be referred to a physician. Consent forms listing client's name, age, address, phone, date and type of procedure must be signed and maintained at the facility. Clients under the influence of alcohol or drugs must not be accepted. Tattooing of clients under the age of 18 is prohibited under the Penal Law of New York.
7. **Safe Disposal of Needles**—A commercially available "sharps" container shall be used. You shall have an adequate supply on hand at all times and they shall not be over filled. They shall be handled and disposed of in accordance with State and local laws. A tray should be available near the work area to place blood contaminated items.

Conclusion

Like healthcare workers, today's modern day tattooists and piercers are dealing with bugs (microorganisms) that cannot be seen. Most are harmless (nonpathogenic); however, some are pathogenic (disease causing). To protect clients, staff and your practice, proper Infection Control guidelines must be understood and strictly adhered to. By following these seven principals for Infection Control, you can significantly minimize the risks of tattooing and piercing.

About the author:

Charles is the General Manager of SPSmedical Supply Corp. located in Rochester, NY, which is the largest sterilizer testing laboratory in North America. Certified as a Health Education teacher, Charles has worked for over 20 years in the Manufacturing industry in areas of R&D, Regulatory Affairs, Microbiology, Marketing and Sterilization Training. A corporate member of APP, AAMI, IAHSCMM, ASHSCP, APIC, AORN and OSAP, Charles has extensive lecturing experience, including presentations to sterilizer manufacturers, instrument manufacturers, and hospitals throughout the U.S. and Canada.

References

[1] Crawford, J. J. "State of the Art: Practical Infection Control in Dentistry." JADA, 110:629-33, 1985.

[2] New York State Department of Health, Bureau of Communicable Disease Control. August 1993.

[3] CDC, "Recommended Practices for Infection Control," 2002.

"IN THE OFFICE OF THE APP"

Caitlin McDiarmid
info@safepiercing.org • (888) 888-1APP

After the Board's meeting in Atlanta in August, the main focus here has been on finalizing the changes in the APP suggested aftercare guidelines, along with the reformatting of the "Troubleshooting" and "Picking your Piercer" brochures. Crystal Sims and I have been working with our local printer/designer in the redesign of ALL of the brochures. The new publications will be more eye-catching and aesthetically pleasing, provide a cohesive appearance to all the brochures, and present a professional image to support the APP standards.

We are getting ready to finalize the updates to the Procedure Manual and starting to formulate ideas to improve the 2005 APP Conference.

Outreach has been a big part of this summer, fall and winter for us. In June, APP had a booth at the American College Health Association's Annual Conference (see *The Point* #30); in July we sent a representative to the National Association of Local Boards of Health's (NALBOH) Annual Conference in Colorado; in October we sent materials for a "Take One" table at the American School Health Association's Conference in Pennsylvania. This is the group which is dedicated to the health of school aged children K-12.

In November , for the ninth year in a row, the APP also had a booth at the American Public Health Association's National Conference and Exposition. The APP's Board of Directors held a mini-board meeting in Washington, D.C. while they were there to cover the booth at APHA.

Taking shifts, we covered the four long days at the booth. We noted that we were one of the only exhibitors who reached the attendees on both a personal and professional level. About 50% of the people approaching the booth had questions about their own piercings, or family members' piercings. The other 50% came to pick up literature to take to their offices, as doctors, nurses, health educators, etc. Much like last year, many of those whom we spoke to were pleased that we were not there to "sell" anything.

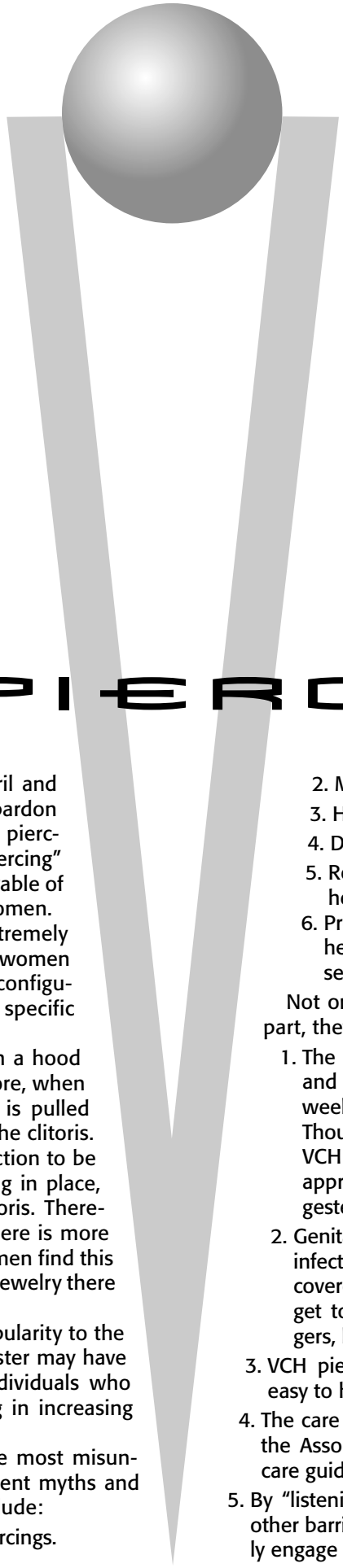
This year 14,500 health industry professionals attended APHA, and over 650 exhibitors participate in this event every year. While some participants discovered the APP for the first time; others welcomed us back, and thanked us for returning. This kind of outreach is a necessary one. It puts a professional face on the industry and reaches an audience that otherwise may never hear of the Association and what we have to offer. APHA will be held in New Orleans in 2005 and the APP has booked a booth—ah, the big easy in November, what a treat…

APP Board of Director Nomination forms were mailed out to all members in October; Nomination confirmation letters were sent at the end of November– and soon the Elections will be on the way!

What APP members are talking about: Upcoming Nominations and Elections of the Board of Directors; Imposters; getting the PSA's on local radio stations; and local outreach efforts.

What piercees are talking about: What it takes to become a body piercer; Conflicting or Inappropriate Aftercare instructions; Piercing with a needle vs. Piercing with a gun.

— Elayne Angel
Rings of Desire
New Orleans
www.ringsofdesire.com



VCH PIERCINGS

Along with the recent increase in nostril and navel piercing has come an explosion (pardon the expression) in the popularity of genital piercings. The Vertical Clitoral Hood or "VCH Piercing" is the most prevalent and the most pleasurable of the options available to the majority of women.

Hood piercings, in particular, are extremely anatomically dependent. That is, not all women have sufficient tissue or an appropriate configuration for the wearing of jewelry in that specific location.

Commonly, women are configured with a hood that completely covers the clitoris. Therefore, when there is sexual activity, unless the hood is pulled back there is only indirect stimulation to the clitoris. There are many women who prefer the action to be more direct. When there is a VCH Piercing in place, jewelry is resting directly against the clitoris. Therefore, when there is activity in the area, there is more direct stimulation of the clitoris. Many women find this to be pleasurable, and feel the wearing of jewelry there adds to their sexual enjoyment.

These genital piercings have gained popularity to the extent that any soccer mom or sorority sister may have one. In fact these are two groups of individuals who have been getting this particular piercing in increasing numbers of late!

Piercings of the genitals are among the most misunderstood of all the body piercings. Prevalent myths and misconception about genital piercings include:

1. Subject to greater risks than other piercings.
2. More likely to become infected.
3. Harder to heal.
4. Difficult to take care of.
5. Require lengthy abstinence periods during healing.
6. Prevent or interfere with sexual activity once healed, or the jewelry must be removed for sexual activity.

Not only are these all fabrications, for the most part, they are the opposite of the truth:

1. The vascular and resilient hood tissue is quick and easy to heal. VCH piercings heal within 4-6 weeks (a navel can take 6-9 months or longer!) Though, many women report that they feel their VCH is healed in half the time, four weeks is an appropriate minimum time to follow the suggested care.
2. Genital piercings are no more likely to become infected than other areas. This region, usually covered with protective clothing, is less apt to get touched throughout the day with dirty fingers, like an ear or eyebrow might.
3. VCH piercings are very comfortable to wear and easy to heal.
4. The care is the same as for any body piercing. (See the Association of Professional Piercers' suggested care guidelines at *www.safepiercing.org*).
5. By "listening to the body" and using condoms and other barrier protection, the healing piercee can safely engage in sexual activities, even during healing.

6. The jewelry is definitely meant to be left in place for sexual activity; that is the crux of the reason for the piercing—the adding of sensation from the wearing of the jewelry.

On a technical level, arousal in the female results in increased blood flow to the genital area. This causes swelling of the clitoris and the inner and outer labia. This, in turn, causes pressure of the hood against the clitoris, adding to local stimulation. Therefore, if we can imagine a piece of jewelry in between the hood and the clitoris beneath it, we can easily see how this piercing would lead to additional sensation.

Further, genital piercings do require piercees to become more familiar with their own bodies, and more focused on their nether regions. Most women find this leads to increased interest in sexual activity. When there is something new and improved about your genitals, you will be focused on them and, well, horny.

The correct placement of the piercing is vital. Many of these piercings done by untrained individuals are too distal, or not tucked back under the hood far enough, so that the jewelry does not rest directly against the clitoris. A skilled, qualified piercer is a must for a safe, easy piercing experience and maximum pleasure from the piercing. Any piercer agreeing to do this for you (or selecting a size of jewelry for you) sight-unseen is a poor choice for the job!

For those women who are suitably built, when the piercing is properly placed, with appropriate jewelry, VCH piercings can result in increases in pleasure and desire. This assertion is supported by the results of a research study carried out by Dr. Vaughn Millner and her colleagues. Vaughn Millner, Ph.D., is an Assistant Professor at the University of South Alabama, on staff in the Behavioral Studies and Educational Technology Department.

The popularity of this piercing, and the idea that it may actually be sexually beneficial to women came to the attention of Dr. Millner. I was contacted by her several years ago and agreed to distribute the "research instrument" (questionnaire) for her. She has observed me pierce on several occasions, and video taped me performing the piercing on "models" she has brought in to the studio with her for that purpose. Dr. Millner interviewed me at length, and is very well educated about this particular body piercing.

The two-part survey consisted of a pre-piercing questionnaire, which was filled out and submitted before the piercing, and a post-piercing questionnaire, which was completed and mailed to Dr. Millner 4-8 weeks after the piercing. This would allow time for healing and some erotic exploration with the new modification. Both surveys contained the same questions, so that the answers could be compared to determine the affect of the piercing on sexual enjoyment and fulfillment. Questions on the survey regarded levels of sexual desire, frequency, lubrication, comfort, pleasure, and satisfaction, and were rated using a scale from 1-5.

The conclusions of Dr. Millner's research reveal that VCH piercings (at least those being done at Rings of Desire) do result in increases in sexual desire and pleasure. This is terrific news for the piercing community: A scientific research study conducted by a University Professor demonstrates a significant, positive value to a genital piercing! Spread the good news (and maybe your knees!)

– by Jason King

23rd St. Body Piercing
Oklahoma City, Oklahoma

TITANIUM

Pushing a needle in a straight line is definitely a helpful skill to any piercer but it is hardly a defining characteristic. So what is it that makes one piercer better than another? I would argue that it is a set of skills as well as a base of knowledge. For example, following a procedure to maintain asepsis during a piercing is the basis for the prevention of cross contamination in our industry, however, following a procedure and understanding the procedure are not necessarily the same thing. The piercer that understands his actions can apply his knowledge to other situations that may fall outside of normal procedure; for example if the client passes out during the piercing, a piercer who has an understanding of cross contamination will recover the client without contaminating the client or equipment.

I would further argue that the set of skills and base of knowledge required to produce consistently excellent piercings falls into four basic categories: piercing technique, aseptic technique, understanding aftercare, and understanding the jewelry we insert. We have all seen the results of poor piercing technique; usually it comes in the form of a new piercer not understanding things as simple as good piercing placement. As far as aseptic technique goes, we are always thinking about how to do a cleaner, safer piercing. When it comes to aftercare and jewelry, however, we as an industry tend to fight any change by using the argument "we have always done it this way and it works just fine."

In this series of articles, it has been my hope that you will begin to understand why we use certain types of materials rather than just taking somebody's word for it. There are a lot of different terms and standards that get used in our industry concerning body jewelry. It is our goal to clarify these terms and standards and give you the tools necessary to confirm or disprove any of the research presented to you.

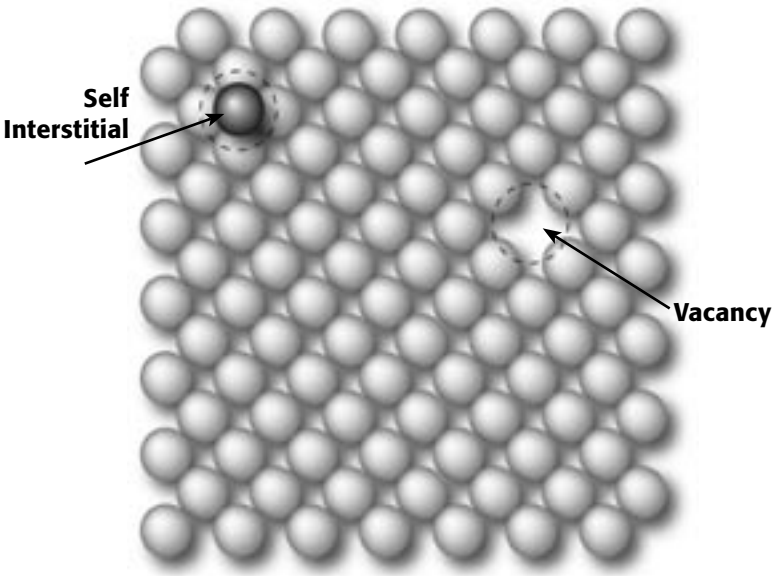
The material we are going to focus on in this article is Titanium. (see *The Point* issues #24, #28, and #30 for articles on Steel and Glass) The following is a list of terms and concepts that are relevant to the understanding of this metal:

Alloy—a mixture containing two or more metallic elements or metallic and nonmetallic elements usually fused together or dissolved into each other when molten; brass is an alloy of zinc and copper.

Annealing—heating a metal to an elevated temperature for an extended period and then cooling it slowly. Annealing relieves stress in the material caused by cold working, it softens (improves ductility), and produces specific microstructures.

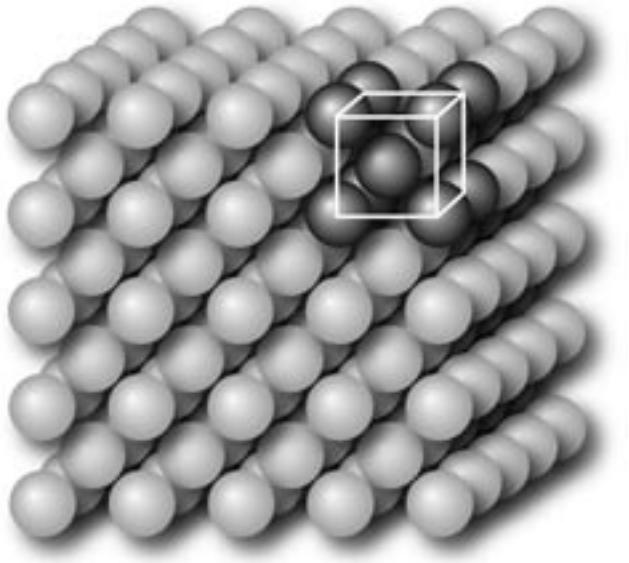
Interstitial impurities—metals have a very high atomic packing factor. An interstitial impurity is a very small extra atom (usually of O, N, C, or H) that has been squeezed into a site that is not normally occupied by an atom.

INTERSTITIAL IMPURITY

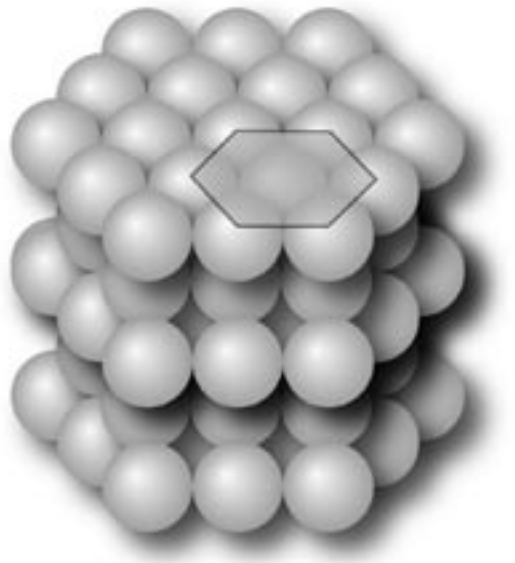


Schematic representation of vacancy and interstitial

BETA PHASE (BCC)



ALPHA PHASE (HPC)



Phase—a distinct state of matter in a system; matter that is identical in chemical composition and physical state and separated from other material by a phase boundary.

Scale—another term for rust or an oxide coating. Normally we think of rust as iron oxide ($Fe3O_2$), however there are other types of oxides that can actually be beneficial like Titanium oxide and Chromium oxide.

There are roughly 30 grades of Titanium. The first four grades and grade 7 are known as Commercially pure or CP grades. This means that they are not **alloys**; they are more than 99% pure with only trace amounts of Carbon, Nitrogen, Oxygen, Iron, and Hydrogen. The other grades of Titanium are divided by the type of phase their microstructures exhibit at room temperature; alpha alloys, alpha-beta alloys, and beta alloys. Of the thirty or so grades only four of them are commonly used as materials for implants, CP grades1 and 2, grade 23 and Ti-6Al-6V-2Sn. Although any of these four types of Ti would be appropriate for piercing, the type of Titanium most commonly used for body piercing is grade 23, which is also known as Ti-6Al-4V ELI.

Grade 23 is an alpha-beta Ti alloy. To fully understand what this means we have to think in terms of atoms again. Pure Titanium at room temperature has what is called a **hexagonal close packed crystalline structure** (HPC), this is known as its alpha **phase**. The alpha phase of Ti is very stable until 882 degrees C, at which point it changes to a **body centered cubic structure** (BCC), also known as its beta phase.

Now let's take apart **Ti6Al4V ELI.** The Ti obviously stands for Titanium; Titanium is useful for implants because in the presence of O_2 it always forms Titanium Oxide (TiO_2). Titanium Oxide is a passive, completely biocompatible, highly tenacious, adherent and chemically stable scale that forms on the surface of Ti. Furthermore, it can spontaneously and instantly reheal itself if mechanically damaged.

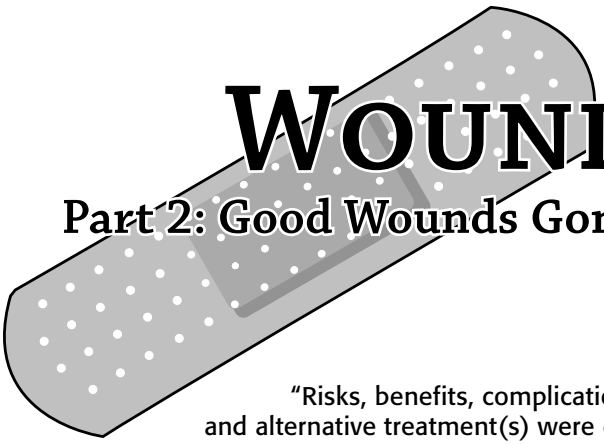
The **6Al,** means that the alloy is 6% Aluminum by volume. Aluminum is added to the alloy to help stabilize the HPC alpha **phase.** The alpha phase of Ti is very pliable and resistant to corrosion. Aluminum allows the alpha to beta phase temperature to rise, which in turn stabilizes the alloy at room temperature and increases its forgeability. Aluminum also gives these alloy excellent strength characteristics.

The **4V** indicates that the alloy is 4% Vanadium by volume. Vanadium is added to the alloy so that some of the BCC beta phase will remain when the alloy is cooled to room temperature. Alpha alloys cannot be subjected to heat treatments. So by making the beta phase present at room temperature, the alpha beta alloy can undergo heat treatments like **annealing** and are easier to process than plain alpha alloys. Additionally, they also have optimal mechanical characteristics and are rustproof.

The **ELI** stands for extra low interstitial. More specifically it means that the Ti has been produced in a way that lowers **interstitial impurities.**

Ti alloys are more difficult and costly to forge than most steels. The metallurgic behavior of the alloys imposes some limitations on forging operations, and influences all the steps of the manufacturing process. The processing of Ti alloys through the forging and subsequent thermal processes is a highly developed technology. Consequently, there tends to be very little differences in quality from one batch of Ti6Al4V ELI to another. This cannot be said of steel processing. However, you should still check to make sure that the Ti you are using is one of the 4 types mentioned and if it is Ti6Al4V ELI it is either certified as ASTM f-136 or ISO 5832-3 compliant.

The information in these articles is technical and to some, overwhelming. Still, it is imperative that we as piercers understand the materials that we are suggesting to our clientele and carrying in our studios. It is the responsibility of a professional piercer to remain educated and current on jewelry standards and the reasons that those standards are being set. Only with detailed and complete knowledge can we convey this information quickly and easily to our customers, colleagues, and other professionals in adjunct fields.



Wound Healing

Part 2: Good Wounds Gone Bad—Wound Healing Problems

by T.A. Culbertson, M.D.

"Risks, benefits, complications, and alternative treatment(s) were discussed with [the patient] who agrees to proceed with the operation." This statement was always a part of the surgical consent form I reviewed with patients when I was a resident. The interesting thing is that even though there is a lot of concern about our litigious society and professional liability, discussing possible complications serves more purposes than covering one's professional behind. When I think of piercings, I think the most related things I do are small biopsies and other procedures that can be done with solely local anesthesia. These are straightforward surgeries in a very limited area, I explain to my patients, and due to that complications are unlikely. I don't call them "minor" surgeries because I don't think any procedure where our largest organ and first immune barrier is breached is "minor". Before I go into specific complications, I explain that there are a few reasons to discuss them: (1) if they happen to occur, it won't be a nasty surprise, (2) the patient will have an idea of what things should prompt them to call me, and (3) reassurance that I will get them through any that may happen. Piercing professionals who have undergone good, solid training tend to be excellent at educating their clients—at least that has been my experience. Many were the times I had a total geekfest with my piercers regarding wound healing, aseptic technique, etc.

Any of us trained in the correct approaches and precautions to invading the human body with sharp objects is equipped to handle complications that occur during the procedure itself. It's the complications that occur afterwards that can be problematic. Not only is it difficult to know if you and your patient/client is on the same page with you (they don't tend to be as eager to come in later as they were to come in for the procedure) but there is a great deal of misinformation disseminated throughout both the general public and the medical profession. I don't know if you find this to be the case, but patients invariably believe some friend or relative or the media before they rely on the information from a professional who has thoroughly and laboriously trained to be able to provide the right care for them! One of the things that made me very excited to be involved with the piercing community is that they are so well-informed about wound healing. I'm often surprised at how many in my profession are stuck in the stone age of wound care. That is one of the reasons I'm such an advocate for spreading the word for proper wound care.

Enough of my preaching to the choir, let's get to the discussion at hand.

Common potential complications:

I. Hematoma
- A. A collection of blood trapped inside the skin
- B. It must be evacuated or it will interfere with the healing process
- C. The metabolic byproducts of the breakdown and absorption of blood are toxic to the overlying skin—in short if the blood is left in there, it will kill the overlying skin

II. Seroma
- A. A collection of body fluid trapped in soft tissue
- B. Not likely in piercings
  1. Likely scenario for occurrence: removal of cyst from the back—the large muscle groups that are always in use and the thick, tight cylindrically arranged skin can tent open the space where the cyst was before surgical closure
  2. The body doesn't like an open space: it fills the space with fluid and then thinks "it's okay now, the space is closed" (it's wrong … see item c)
  3. Since piercings do not tend to excavate soft tissue, this is not a likely occurrence
- C. Must be drained
  1. Any stagnant fluid collection is a culture medium just waiting for bacteria to come in, chow down, proliferate, and—voila—bad infection
  2. The seroma can get larger and larger due to the pressure allowing it to continue dissecting between the two tissue layers

III. Infection
- A. Rubor, calor, dolor, and function laesa
  1. Redness, heat, pain, and loss of function (due to swelling and pain)
  2. Cardinal signs of acute inflammation
- B. That of normal healing
  1. Limited to the immediate area of the procedure
  2. Begins to subside as healing progresses
- C. That of infection
  1. Spreading sunburn-like redness
  2. Noticeably warmer to touch than unaffected areas
  3. Really, really, really painful—out of proportion to that expected from the procedure
  4. Induration—swelling that is much harder/firmer than normal post-procedure swelling
- D. The initial soft tissue infection is cellulitis; it can progress to an abscess
  1. Cellulitis can be fully treated by appropriate antibiotics

	Hypertrophic Scars	Keloids
original incision/wound	stays within boundaries	grows beyond boundaries*
appearance	thick pale (may be pink in first stages of healing) tends to be smooth	thick & wide early: reddish late: pale red-brown very irregular -texture -outline
associated findings	none that persist or are severe	pain and/or tenderness** burning itching
normal course	tend to resolve over 12-18 months may not resolve completely	require treatment do not resolve spontaneously
treatment	excision of remaining hypertrophic scar with primary closure	inject corticosteroid into scar excise scar ± corticosteroid injection excise scar + XRT*** many others being researched

** Believe you me, they can really grow and grow and grow. One patient of mine had a keloid the size of a small potato hanging off of her earlobe—it was so heavy that it stretched the normal skin of the earlobe enough that it dangled freely.*
*** There is a difference! Pain is the experience of pain without stimulation to the area—it just hurts. Tenderness is pain experienced when the scar is "palpated" (fancy word for felt performed via touching with application of pressure).*
**** XRT=external beam radiation therapy; must occur within 24 hours of excision; may be before or after the excision*

2. Abscesses require incision and drainage—the contents of the abscess are isolated from the surrounding tissues and thus neither the immune response nor the antibiotic has any access or effect

IV. Abnormal scarring
- A. Normal scars are firm and lumpy at first, they flatten and soften as they mature, which can take six months to a year in adults (up to two years in kids)
- B. Reasons for abnormal scarring—one of the wound healing problems above or for no particular reason at all; 5% to 8% of the time a scar will just turn out badly, even in individuals who have no problems in the past
- C. Keloids—what everyone thinks they have if anything protrudes from the healing area (this is a ***huge*** subject, just the very basics are covered here)
- D. Hypertrophic scars—what most people have if the scar is actually large
- E. Hypertrophic scars and keloids—the differences(see table above)

Things that are mistaken for keloids

I. Granulation tissue
- A. New connective tissue and tiny blood vessels that form on a healing surface
- B. Common in areas healing by secondary intention (such as the piercing tract)
- C. Sometimes grows faster than normal wound contraction and repithelialization
  1. This is the pink, fragile, often "raw" appearing tissue
  2. Can stick out of piercings as blebs—These mysterious pink blebs now thought to be "huge keloids" that seem to "plague" piercees who try to figure it out all on their own and don't go to their professional piercer for evaluation—likely because their piercing wasn't performed by one.
- D. I theorize that this is the tissue that occurs in a stretching "blowout" (I haven't seen enough of them to prove or disprove it).

II. Pyogenic ("producing pus") granuloma
- A. This is a misnomer, it is local trauma that is the instigator of this phenomenon.
- B. Appears a small red, oozing, bleeding bump (yum!); bears a resemblance to raw hamburger (double yum!); grows rapidly and in a few weeks can reach up to 10 mm in size; can be scraped and cauterized or treated with chemicals but cure requires surgery to excise the full thickness of skin associated with it. (translation: yum=eeewww)

III. Immature scar—Scars take 6 months to a year to fully mature; at about the 2 month point is when the scar is mainly remodeling rather than building up; the normal firm "bumps" or "lumps" are scar tissue (collagen) that has been accumulated but not organized

IV. Anything that sticks up or out or is wide or doesn't look quite right or swells up when the harvest moon is in the house of Pisces (yeah, I'm making stuff up, but it's not that inaccurate)

There are various factors that can make a person at risk for poor wound healing—i.e. something going on in that person makes their chance of having complications greater. These include poor nutrition, immune system compromise or disorder, diabetes, various insanely rare connective tissue disorders, etc. Those are topics for another day.

ATTENTION

Manufacturers & Businesses

The POINT is a quarterly newsletter. It is the only newsletter dedicated to the piercing industry. Our direct mailing list consists mainly of piercers, piercing shops, tattoo studios, and health departments. The newsletters are also distributed to potential members or anyone who is interested. With the 3-hole-punch format, it will continue to be a viable resource and should be part of your advertising budget. *The POINT* can also be viewed as PDF files on our website, increasing the visibility of your company. Nowhere else can you hit the specialized piercing market.

ADVERTISING SPECIFICATIONS

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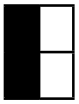
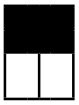
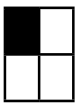
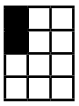
Half Page—vertical		3.25"w X 9.75"H	$200	$180
Half Page—horizontal		7.25" X 4.75"H	$200	$180
Quarter Page		3.25"w X 4.75"H	$90	$80
Sixth Page—vertical		2.25"w X 4.75"H	$50	$45

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President's Corner ***–continued from page 3***

- Merchants who offer "close out prices" on supplies for your credit card terminal may call to offer you a "last chance to buy." However, many credit card processing contracts include free supplies. Check with your provider and compare prices before you buy anything from a phone solicitor.
- There are scam artists who will visit studios selling advertisements in publications that don't actually exist. Ask to see several copies of the publication and request distribution point references. There are also individuals who will pose as representatives for publications that DO exist, soliciting payment for advertising or ad renewals. Contact the publication to be sure the individual is actually an employee.
- Often the person responsible for writing checks to pay bills is not the studio owner. Paper scam artists bank on these individuals unwittingly writing checks for goods and services that have not been requested and/or delivered. Make a quick-check ledger listing of publications in which you advertise and the names of vendors you use regularly. Include phone numbers and sales rep names (for easy reference) to help protect your business from this type of fraud.

Don't forget to use your instincts. If you have a bad feeling about a prospective employee, or a business proposition just doesn't seem right, take your time and do some research to assess the situation before acting.

Piercing in the News

APP Member Appears on CBS's Early Show

CBS News report: Avoiding Infection After Piercings
September 17, 2004

Piercing isn't just for ears anymore. With celebrities like Christina Aguilera and Serena Williams leading the way, it's becoming more and more common to pierce everything from navels to tongues.

The body piercing industry is largely unregulated, so it's important to know what to look for in a piercer, or you could be exposing yourself to serious infection, reports The Early Show medical correspondent Dr. Emily Senay.

Professional body piercer Suzanne Beam wants her industry to be safer.

"Everything should be single-use and sterilized. The needle should be in a completely sterilized package that should be opened in front of you," says Beam. "They shouldn't be pulling anything out of jars full of whatever that hasn't been sterilized - you never know what's on it."

In a lot of places, like New York, there is no legislation governing tattooing or piercing, so anyone who wants to can order equipment from a magazine and start piercing people.

Beam has proposed legislation in New York that would create licensing and inspection guidelines for all body piercers. Her efforts could prevent a repeat of what happened in upstate Rochester.

"We had 15 documented cases and an additional 30 suspect cases of infection related to cartilage piercing," says Nancy Bennett from the Monroe County Health Department.

(please see http://www.cbsnews.com/stories/2004/09/16/earlyshow/contributors/emilysenay/main643891.shtml for the entire article and a free downloadable video of APP Member Suzanne Beam!)

UPDATE on Raelyn Gallina,

from Paul King, Treasurer of APP:

While I was walking in San Francisco's Castro district I ran into Raelyn Gallina. She looks fantastic! She has made it through all her cancer treatments and surgeries for the moment and the prognosis looks good.

She unfortunately suffers from neuropathy, (nerve damage). It will hopefully not be permanent, but this is not certain. Right now she is still unable to work or engage in her arts, (piercing, jewelry making, and beading…)

She sends her love to everyone and passed on how much all our support means to her. She knows that she and Babs haven't kept up on the website but she promises they will.

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