

# Preoperative Removal of Patient Body Jewellery

by Joan Porteous

## Cover Story

### Introduction

In today's society more individuals are wearing body jewellery. In the operating room we have seen an increase in the number of patients arriving with body piercing. The general public is often unaware of risks associated with wearing jewellery during surgery. Not only do we need to educate patients, we also need to educate nurses so that they can knowledgeably discuss, with their patients, the risks associated with wearing body jewellery to the OR. This risk is making body-jewellery a 'hot topic' in most surgical departments today.

### Intraoperative Risks Associated With Body Jewellery:

Jewellery, including medic alerts, rings, chains, body-piercing items, etc. must be removed from surgical patients preoperatively (AORN, 2001; ORNAC, 1998; Phippen & Wells, 2000). Jewellery harbours microbes (Gruendermann & Mangum, 2001). With intraoperative changes in fluid balance, there is a potential for the restriction of circulation on digits distal to rings. Often the hands of the surgical patient are under the sterile drapes making it difficult to monitor for swelling. There is also a risk of airway obstruction or aspiration of items from jewellery in the tongue or lips. There is a risk that pierced items will tear tissue during positioning after the patient is anaesthetized. There is also some risk of burns from electro-surgical currents (Fortunato, 2000). And, of course, there is always a risk that jewellery may be lost or damaged during removal in the OR or while the patient is being transferred back to the preoperative care unit.

### Processes to Ensure Safe Jewellery Removal:

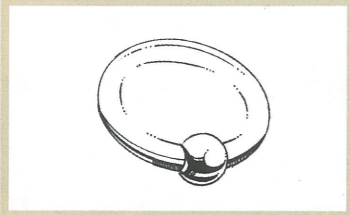
At the Health Sciences Centre, in Winnipeg, several departments have worked together to create an effective process for preoperative jewellery removal. Staff in the Admitting Department will advise patients on the telephone to leave jewellery at home before coming into hospital. Nurses in the preoperative admission clinic continue the process by advising patients to remove jewellery before admission.

The nurse who admits the patient on the preoperative care unit will ask if the patient is wearing any body jewellery and explain the hospital policy regarding this. The nurse will discuss the intraoperative risks with the patient, and help facilitate the removal of any jewellery before transferring the patient to the OR. If body-piercing jewellery is removed, the pierced area of the skin should be cleaned with an alcohol swab. Fungus tends to harbour around tissue-piercing sites. Documentation on the preoperative checklist should include the location of the pierced site in case that area will be in close proximity to the incision.

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# Body Jewellery — A Glossary



1 Captive Bead Ring



6 Removable Metal Bead with Threaded Shaft



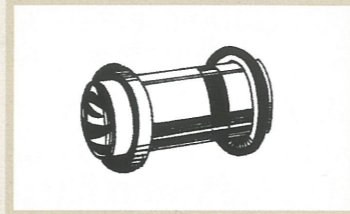
11 Surface Barbell Through Nostril



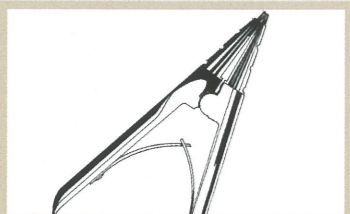
2 Captive Bead Ring Inserted On the eyebrow



7 Removable Metal Bead without Threaded Shaft



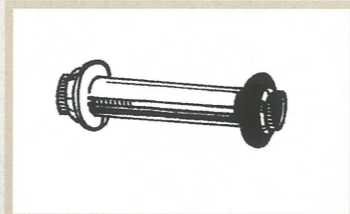
12 Tunnel with Wide Shaft Opening



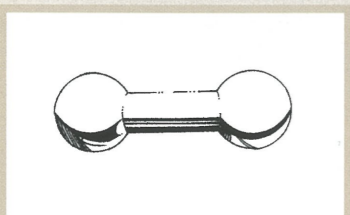
3 Ring-Expander Tool



8 Labret Stud



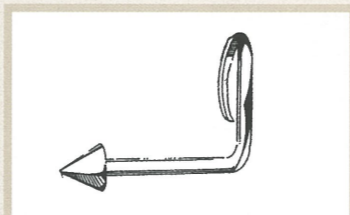
13 Narrow Tunnel



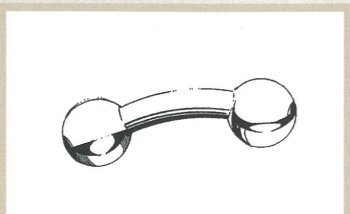
4 Straight-Shaft Barbell



9 Labret Stud Inserted Below Lower Lip



14 Nostril Screw



5 Curve-Shaft Barbell



10 Eyebrow or Surface Barbell



15 Septum Retainer

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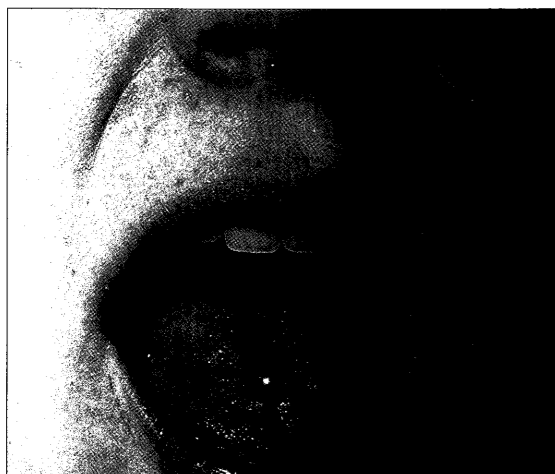
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Continued on Page 20.

## Body Jewellery (cont.)

A situation may arise where the patient understands the risks, but is still adamant that a piece of jewellery remain in place. In this situation the nurse will call the OR charge nurse and explain the situation. The OR charge nurse, surgeon and anesthetist will decide whether or not to proceed with the surgical procedure. The nurse on the preoperative care unit will document on the patient record that intraoperative safety concerns were discussed with the patient and that the patient refused to remove the item. The nurse will also complete a risk-management form.



In the event of an emergency surgical situation involving a threat to life or limb, the surgical procedure will begin without delay and the perioperative nurse will remove jewellery at an appropriate time.

### Removing the Jewellery:

The nurse can help the patient cut off any jewellery that cannot be removed because of a physical barrier such as a swollen joint. In any situation where jewellery must be cut off, the nurse will document that an explanation was provided and that the patient agreed to have the item cut off. The pieces are safely packaged, labeled and returned to the patient.

Often the patient is either too squeamish to remove the body-piercing item or does not know how to remove it. When asked to remove the item, the patient may reply "I cannot". The nurse may misinterpret this to be a refusal. The

nurse should clarify what the patient means to determine if he/she should assist with jewellery removal.

Piercing captive-bead rings (pg. 10, fig. 1 & 2) are rings that are inserted into ears, nose, lips, genitals, etc. The arms of the rings are held together by compression into the grooves on the metal bead. Small-gauge rings may be removed by spreading the arms with a forcep, but many require the application of a ring-expander tool, (pg. 10, fig. 3) which effectively spreads the arms of the ring. The bead then drops off, enabling the ring to be removed. The patient is then able to have the same ring reinserted at a later date.

Barbells can be inserted through the tongue, nipple, back of the neck and other areas of the body. (pg. 10, fig. 4 & 5) They consist of a metal shaft that pierces the tissue with beads at both ends to hold the barbells in place. Either one or both of the metal beads will unscrew from the shaft. A universal principle applies to body-piercing items that have beads (pg. 10, fig. 6 & 7) on their tips: turn clockwise to tighten and counter-clockwise to loosen (Sveinson, 2001). A forcep may be used to stabilize the shaft of the barbell while the bead is being turned counter-clockwise to loosen it.

Labret stubs (pg. 10, fig. 8 & 9) are inserted through eyebrows, bottom lips, tongues, etc.... They have a flat base that is solidly secured to the shaft. Only the metal bead at the end is removable by turning it counter-clockwise. Once again, the shaft may be stabilized with a mosquito or halstead forcep during removal of the bead.

Eye-brow or surface barbells (pg. 10, fig. 10 & 11) have a U-shaped shaft that sits under the skin. They are inserted at the back of the neck, over the sternum near the trachea, between the eyes, etc. One or both of the metal beads at the end of the shaft will unscrew.

Tunnels and Plugs (pg. 10, fig. 12 & 13) provide an open channel through the tissue. The channel may be used for the placement of other jewellery. Tunnels and plugs may be placed into earlobes, etc. These spool-shaped devices are held into place by expandable O-rings on both ends. To remove these devices, the O-rings are slipped off the ends.

Nostril screws (pg. 10, fig. 14) pierce the outer wall of the nostril and often have a bead or tiny jewel as the only visible part. These screws have a flat S-shaped base inside the nostril. To remove the item, the part visible outside the nostril is grasped and the screw can be twisted out by rotating it in one direction.

Septum channel retainers (pg. 10, fig. 15) maintain an open channel through the nasal septum. This channel may be used for other jewellery placement. They are U-shaped and may be pulled out rather easily.

### Conclusion

When departments work together, hospitals can effectively reduce the number of patients arriving in the OR wearing body jewellery.

For more information or to obtain a copy of the *Winnipeg Health Sciences Centre's Policy For Preoperative Removal of Patient Jewellery* contact [jporteous@hsc.mb.ca](mailto:jporteous@hsc.mb.ca) ✱

### AIISOC en Bref (cont.)

- ❖ Le groupe national de l'infirmière 1ère assistante en chirurgie a été formé. Les membres travaillent présentement sur les attributions, le guide de compétences et le registre national. Surveillez quand même [www.ornac.ca](http://www.ornac.ca) pour des mises à jour, même si le site est en construction. Il y a encore la liste des contacts de chacune des provinces et de l'information qui est valable.
- ❖ La présidente de l'AIISOC était invitée et conférencière à Terre-Neuve en septembre. Mary parlait de nos liens avec d'autres groupes comme la Fédération internationale des infirmières en soins périopératoires (IFPN) et de la signification de ces associations avec des groupes similaires.
- ❖ 2005 est l'année, Montréal est le site et le 2 au 6 mai sont les dates à noter sur votre agenda pour la tenue de la 19ième conférence nationale.

### ACKNOWLEDGEMENT

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