

# Evaluating ear cartilage piercing practices in London, UK

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## Abstract

**Background:** Ear cartilage piercing is increasingly popular and has a significant complication rate. Contrary to popular belief, there are no minimum qualifications required to practice ear piercing. This study evaluated ear cartilage piercing practices in London, UK.

**Method:** Practitioners at 25 piercing parlours completed a telephone questionnaire assessing piercing practice.

**Results:** Ninety-six per cent of practitioners were aware of the risk of infection post-piercing. Four per cent, 12 per cent and 0 per cent of practitioners were aware of keloid scarring, hypertrophic scarring and cauliflower ear respectively. No practitioners were aware of any other complications. Their consent forms did not document any ear cartilage complications. Twenty-eight per cent of participants advised clients to seek medical attention following a complication. Forty per cent did not provide written post-piercing guidance.

**Conclusion:** Piercing practitioners were insufficiently aware of ear cartilage piercing complications. It is unlikely that informed consent was obtained prior to piercing. The post-piercing practice of the majority of parlours did not follow published national guidance.

**Key words:** Ear; Body Piercing; Cartilage; Risk

## Introduction

Body piercing has seen a sharp increase in popularity since the 1970s, particularly amongst teenagers.<sup>1</sup> The ear is the most frequently pierced site, with 80–90 per cent of females undergoing this procedure.<sup>2,3</sup> Whilst lobule piercing predominates, there is a growing trend towards 'high ear piercing' and tragal piercing. This involves piercing through the cartilage, where the incidence of complications is approximately 35 per cent.<sup>4–6</sup>

Perichondritis is the most common complication of ear cartilage piercing. Lack of treatment can potentially result in necrosis of the underlying cartilage, with long-term cosmetic abnormalities including 'cauliflower ear'.<sup>4,7–9</sup> Other complications include allergic reaction, bacterial infection, transmission of blood-borne viruses, granuloma, cyst formation, bifid ear lobe deformity, and hypertrophic scar and keloid scar formation.<sup>4,10</sup>

Under the Local Government (Miscellaneous Provisions) Act 1982, as amended, local authorities in the UK are responsible for regulating and monitoring businesses offering cosmetic body piercing.<sup>11</sup> However, contrary to popular belief, there are no nationally accredited training courses and no minimum qualifications required for body piercing.<sup>10,11</sup>

This study aimed to evaluate current ear cartilage piercing practices in a sample of piercing parlours in London, UK. Specifically, we aimed to establish: piercing practitioners' awareness concerning complications of ear cartilage piercing; whether informed consent is obtained from the client; and post-piercing advice given to clients.

## Materials and methods

### Data collection

All piercing parlours located in London that provided ear cartilage piercing were identified via the internet and telephone directory. Each of these piercing parlours was assigned a unique number and a computer-based random number generator was used to select 40 parlours for study inclusion.

The practitioners at the included parlours were asked to complete a structured, six-item, anonymous questionnaire (Figure 1) via telephone. Questions were read out to the practitioner, whose responses were then documented. Questionnaires were completed between the 5th and 19th of February 2011. Only piercing practitioners were permitted to complete the ques-

## Questionnaire on the practice of cartilage ear piercing among London ear piercing parlours

1. How would you define your establishment?
 

<input type="checkbox"/> Independent store	<input type="checkbox"/> Chain store
<input type="checkbox"/> Other	

 If 'Other', please specify:.....
2. Does your establishment require a consent form?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. If 'Yes', does this consent form mention any specific health complications or risks of ear cartilage piercing?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Which of the following risks are you aware of concerning ear cartilage piercing?
 

<input type="checkbox"/> Keloid scarring	<input type="checkbox"/> Hypertrophic scarring
<input type="checkbox"/> Infection	<input type="checkbox"/> Cauliflower ear
<input type="checkbox"/> Other	

 If 'Other', please specify:.....
5. Which of the following pieces of advice do you offer the client in the event of post-piercing health complications?
 

<input type="checkbox"/> Come back to store	<input type="checkbox"/> Take painkillers
<input type="checkbox"/> Go to GP	<input type="checkbox"/> Go to A&E
<input type="checkbox"/> Other	

 If 'Other', please specify:.....
6. Does your establishment provide any written instructions after the ear piercing procedure has taken place?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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FIG. 1

Ear piercing questionnaire. GP = general practitioner; A&E = accident and emergency department

tionnaire. Prior to answering the questions, a cover letter was read out to the practitioner describing the purpose of the study. Answers to the questions asked were not prompted by the questioner.

#### Data analysis

Data were analysed in terms of the absolute numbers and percentages of responses for each question.

#### Medicolegal literature review

A search of the medicolegal literature was conducted using *The All England Law Reports*, from 1936 to date,<sup>12</sup> in order to assess previous cases of litigation associated with this practice.

## Results

Practitioners at 25 of the 40 piercing parlours contacted agreed to participate in this study; 4 were chain stores and 21 were independent stores. Reasons for not taking part included: lack of time to complete the questionnaire, practitioner currently with a client or practitioner not currently at the parlour.

Responses to our questionnaire are displayed in Table I.

All piercing practitioners required clients to complete a consent form prior to piercing. None of the

consent forms contained any printed information concerning ear cartilage complications.

Ninety-six per cent of the practitioners were aware of the risk of infection following piercing. Four, 12 and 0 per cent of the practitioners were aware of the risks of keloid scarring, hypertrophic scarring and cauliflower ear, respectively. No practitioners specified any 'other' risks of cartilage piercing (Figure 2).

In the event of post-piercing problems, 100 per cent of practitioners advised clients to return to the parlour, whilst 28 per cent also advised clients to seek medical help either from their general practitioner (16 per cent), or at an accident and emergency department (12 per cent). None of the practitioners advised the use of painkillers. Finally, 60 per cent of the practitioners provided clients with post-piercing written advice.

## Discussion

#### Data interpretation

All parlours included in this study, both chain and independent, offered ear cartilage piercing and required clients to complete a consent form prior to piercing. However, none of the consent forms contained any printed information concerning ear cartilage complications. Furthermore, practitioners demonstrated a

TABLE I  
SUMMARY OF QUESTIONNAIRE RESPONSES

Question	n (%)
How would you define your establishment?	
– Independent	21 (84)
– Chain	4 (16)
– Other	0 (0)
Does your establishment require a consent form?	
– Yes	25 (100)
– No	0 (0)
Does the consent form mention specific complications or risks of ear cartilage piercing?	
– Yes	0 (0)
– No	25 (100)
Which of the following risks are you aware of concerning ear cartilage piercing?	
– Keloid scarring	1 (4)
– Hypertrophic scarring	3 (12)
– Infection	24 (96)
– Cauliflower ear	0 (0)
Which of the following pieces of advice do you offer clients in the event of a complication?	
– Return to parlour	25 (100)
– Take painkillers	0 (0)
– Go to GP	4 (16)
– Go to A&E	3 (12)
– Other	0 (0)
Do you provide any written instructions after piercing?	
– Yes	15 (60)
– No	10 (40)

GP = general practitioner; A&E = accident and emergency department

considerable lack of awareness concerning ear cartilage piercing complications. This deficiency of practitioners' awareness coupled with the absence of printed information regarding complications on consent forms makes it unlikely that informed consent was obtained.

Advice concerning post-piercing practice is provided by Public Health England in their recent 'Tattooing and Body Piercing Guidance Toolkit'.<sup>13</sup> This recommends that in the event of a complication, practitioners at piercing parlours should refer their clients urgently for medical attention. However, all practitioners in this study reported that in the event of a complication

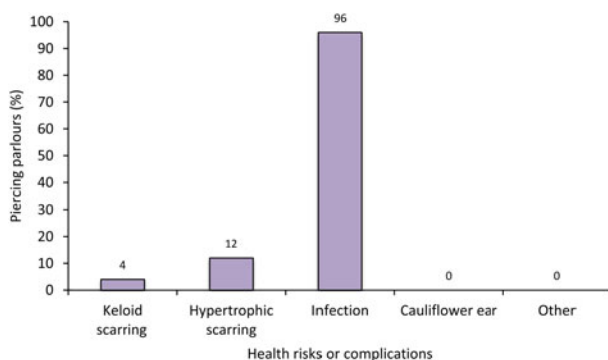


FIG. 2

Percentage of responses to the question 'Which of the following risks are you aware of concerning ear cartilage piercing'.

they would advise clients to return to their parlour, with only 28 per cent advising medical attention. Public Health England also recommends that clients be provided with an appropriate aftercare leaflet, to improve adherence to instructions.<sup>13</sup> However, 40 per cent of the practitioners questioned in this study did not provide any written instructions following piercing.

This study has identified significant shortcomings concerning cartilage piercing practices in London, UK. Based on our findings, we recommend: (1) the implementation of national accredited training courses for cartilage piercing, so that piercing practitioners are aware of complications and post-piercing guidelines; (2) that clients are provided with sufficient information concerning the potential risks of cartilage piercing prior to giving consent; and (3) that clients are provided with written post-piercing instructions in accordance with Public Health England.<sup>13</sup>

- **Ear cartilage piercing is increasingly popular and has a significant complication rate**
- **No specialist training or minimum qualification is required for ear cartilage piercing**
- **In this study, practitioners showed considerable lack of awareness concerning ear cartilage piercing complications**
- **It is unlikely that informed consent was obtained prior to ear cartilage piercing**
- **Post-piercing practice of most of parlours did not follow published national guidance**
- **Corrective actions are required to improve current practice in London, UK**

Surprisingly, the medicolegal literature search revealed no cases of litigation arising from complications associated with ear cartilage piercing. One case of litigation concerning ear lobe piercing was identified, dating back to 1938 (Phillips *vs* William Whately Ltd), in which the accused was found not to be negligent.<sup>13</sup>

### Limitations

Our study pertains to piercing parlours in London specifically. A larger study that includes piercing parlours across the UK is required to assess the applicability of our findings.

### Conclusion

Informed consent is a tenet of good practice for any invasive procedure. However, it is unlikely that informed consent was obtained by the practitioners of parlours included in this study. Furthermore, despite the availability of national guidelines, the majority of practitioners did not follow published piercing advice. We suggest recommendations to improve current practices and provide a higher standard of care to the public.

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