

## Ear Piercing Important Information

### **Where do we pierce?**

We only pierce ear lobes and only do one piercing per lobe per visit. We will perform a second, but not a third piercing, in a single ear lobe. We do not pierce ear cartilage (the upper part of the ear), noses, or belly buttons.

### **How much does it cost?**

- We charge \$75 to pierce up to 2 ears. This price includes the piercing studs which are removed after 6-8 weeks, numbing cream, and a Blomdahl Ear Care kit.
- Full payment is due when you check in for your ear piercing appointment.
- Payment covers the cost of numbing the ear prior to the procedure, piercing the ear(s), and the ear piercing studs (which you leave in for 6 weeks).
- Six weeks after the procedure the piercing studs should be removed and replaced with earrings of your choosing.

Since this is a cosmetic procedure, it will not be filed to your insurance.

### **How do I take care of the pierced ears afterward?**

1. Clean the piercing site thoroughly twice a day, using liquid soap and clean running water at least once a day (preferably after showering or washing the hair).
2. Dry area well with clean gauze or a cotton tip applicator and leave open to air.
3. For supplementary cleansing, or when running water is unavailable, ear care solution is available at Claire's or you use the Blomdahl® Ear Care cleansing swabs we have provided.

4. Leave the ear piercing studs in the ear lobe for 6 weeks before replacing with earrings.
5. Unlike conventional ear piercings, there is no need to rotate the Blomdahl medical-grade plastic studs to prevent them from adhering to the skin.

### **Is swimming ok immediately after ear piercing?**

We recommend avoiding swimming for 2-3 weeks after ear piercing. Chlorine from pools and bacteria in unchlorinated waters may irritate or contaminate the wound and delay healing.

### **How long do we keep the ear piercing studs in place?**

We recommend NOT replacing the original ear piercing studs for 6 weeks. The ear piercings studs we use are thicker (1.3 mm) than the standard earring post (1.0 mm). The larger piercing hole makes it easier to switch to normal earrings after the healing period and reduces the risk of repeatedly re-injuring the ear-piercing site when replacing earrings, which should therefore reduce the risk of piercing site infection.

Read more about [medical ear piercing after care on Blomdahl's website at <http://www.blomdahllusa.com>](http://www.blomdahllusa.com)

### **What are the risks of ear piercing?**

- Infection: There is a risk of infection anytime the skin is broken. We reduce this risk significantly by using sterile technique, using sterile, single-use piercing cassettes, and providing specific aftercare instructions.
- Pain: Even without numbing cream the pain is brief and similar to vaccine injection using the Blomdahl® system. Patients who are old enough to communicate verbally sometimes say that their earlobes briefly feel warm and

flushed after the procedure. In order to minimize any discomfort, our price includes the use of numbing cream.

- Nickel allergy: Allergic contact dermatitis (ACD) is an itchy rash that occurs when your skin comes in contact with a typically harmless substance. Nickel is one of the most common causes of ACD and once you develop nickel allergy you will always be sensitive to it. Unfortunately, nickel is commonly used as a metal hardener and most metals used for ear piercing contain (or “leak”) enough nickel to trigger a potential allergic reaction. Fresh piercings allow direct and constant contact between a minor open wound and the metal, which contains nickel.
- We chose to use an ear piercing system that uses medical-grade plastic in order to avoid nickel exposure during the ear piercing healing process.
- Keloids: Keloids are shiny, smooth and rounded skin elevations, which can form at the piercing site in some patients after ear lobe piercing because of altered wound healing. Keloids tend to be familial, are more likely to occur in patients with darker skin pigmentation, and generally occur in persons 10 to 30 years of age. In one survey of 32 patients with keloids related to ear piercing, keloids were more than three times as likely to occur when the earlobes were pierced at or after 11 years of age (80%) than before 11 years of age (24%) (Pediatrics. 2005; 115(5): 1312).