



Ear Piercing

St. Louis Pediatric Associates is happy to offer this popular service at our office. For more information about ear piercing, please read the information and FAQ's below.

Piercings Available:

- The only location on the body we will pierce is the **EAR LOBE**.
- We will pierce a total of two earrings in each ear lobe.
 - o Only one pair of piercings (one in each ear lobe) will be performed at a visit. A second visit will be required to have the second pair of piercings completed in order to allow for proper healing time.
 - o If one piercing already exists in the ear lobe, we will pierce the second set. If two or more piercings already exist we will not place any additional piercings.

Pricing:

- Fees for ear piercing will not be filed against any insurance. All payments for this service are due at the time of visit.
- Ear Piercing Fees (All fees include earrings)
 - o 2 Ears: \$90
 - o 1 Ear: \$50

Scheduling:

- Ear piercing will only be performed by appointment. Walk-ins will be asked to schedule an appointment at a later date.
- Ear piercing will not be performed as part of a sick or well visit. Ear piercing will be conducted during a visit solely dedicated to that procedure and a separate appointment must be scheduled if you would like to see a physician for any other reason.

Ear Piercing FAQ's

What are the advantages of having your child's ears pierced at St. Louis Pediatric Associates?

- St. Louis Pediatric Associates uses the Blomdahl medical ear piercing system (blomdahlnusa.com), which we believe provides a safer procedure for piercing your child's ears. The Blomdahl system uses a sterile disposable cartridge that is replaced with every piercing.



- When having the procedure performed in a medical office, you have professional care from someone trained in medical technique and wound management. It also gives you ready access to medical professionals for any questions, problems, or concerns before, during, or after the procedure.

How old must my child be to have his/her ear's pierced?

- Ear piercing is available for any child 6 months of age or older, at the discretion of their pediatrician. The child must be able to remain calm and still during the procedure. The clinical staff always reserves the right to cancel the procedure if they feel, for any reason, that the situation may be unsafe due to a child's unwillingness to cooperate.

What kinds of earrings are used?

- The earrings are in a sterile cartridge attached to a piercing device. They are made of a diamond like stud with a medical plastic base and post. The use of medical plastic is encouraged with the initial piercing. This reduces the risk of developing a nickel allergy from a metal post.

Will it hurt?

- The child can experience a pinch and stinging sensation, similar to a vaccine injection, during the procedure. Most do not require any further pain medication. **In order to minimize any discomfort associated with ear piercing, our physicians can prescribe a local anesthetic cream that the patient would need to apply to the ear lobes 30 minutes prior to their appointment time.**

What are the risks?

- Ear piercing is a minor surgical procedure with similar risk to stitches or abscess drainage. Despite precautions, there is a small chance of infection, scarring or allergic reactions. Some people are prone to scarring and there is a small risk that a person could develop a keloid (an overgrown scar) formation at the piercing site. We do ask that you sign an informed consent waiver at the time of the procedure to verify that you have been notified of these risks.

How do I care for my child's ears afterwards?

- After piercing, you must clean the ear lobe with soap and water or benzalkonium chloride solution twice daily. Every effort should be made to use clean hands whenever touching the ears or earrings. The initial piercing must be left in for 6 weeks before replacing.

Do you offer piercing of any body part other than the ear lobe?

- No



How can I find out more information?

- Please call St. Louis Pediatric Associates during normal business hours to request more information or to schedule an appointment. **Current patients of St. Louis Pediatric Associates are the only patients, on whom we will perform this service.**

Ear Piercing - After Care Instructions

It is important to follow the aftercare instructions recommended by your physician.

1. Thoroughly cleanse your hands with antimicrobial soap prior to any contact with your newly pierced ears.
2. Cleanse the front and back of your ears twice daily for the next 6 weeks by liberally applying the Benzalkonium Chloride Antiseptic Solution with a saturated cotton ball or cotton swab, without removing the earring. Dry the area with a tissue. **(Do not use Hydrogen Peroxide or Alcohol on the site.)** Gently slide the ear piercing earrings back and forth with each cleansing; then, gently rotate the earrings.
3. After 6 weeks you may carefully remove the earrings permanently--preferably after a shower.
 - a. Wash your hands.
 - b. With one hand take hold of the jewelry part of the earring.
 - c. With the other hand gently wiggle the back until it loosens.
 - d. Take the earring out of the earlobe.
4. Replace the earrings immediately with other post type earrings! We recommend replacing the earrings with hypo-allergenic earrings (surgical titanium, solid gold, or plastic).

Important Information:

- Do not touch your ears with unclean hands.
- Do not remove the earrings until recommended by your physician.
- Make sure your newly pierced ears remain clean and dry. Cover your ears when applying hair spray, perfume, etc.
- Take extra care when removing clothing over your head to prevent the earrings from getting caught.
- Wear post type earrings continually for the first year after the piercing to ensure the piercing will remain the proper size. The holes can shrink and the skin can grow over the area if there are no earrings to keep them open.
- Submerging your head in a swimming pool/lake/ocean should be avoided for the first week after the ear piercing.
- Cover earrings with a bandage while playing contact sports.
- Monitor for symptoms of infection:
 1. Spreading redness 48 hours after the ear piercing procedure
 2. Pus/drainage from the holes
 3. Fever
 4. Intense pain

Call the office at 314-576-1616 if you notice any symptoms of infection.



St. Louis Pediatric Associates, Inc.

EAR PIERCING CONSENT FORM

PATIENT INFORMATION:

NAME: _____ DATE OF BIRTH: _____

PLEASE INITIAL FOR CONSENT:

___ I understand that fees for ear piercing will not be filed against any insurance. All payments for this service are due at the time of visit.

___ I understand that my ears will be pierced with pre-sterilized, single use ear piercing earrings.

___ I acknowledge that if I am taking blood-thinning medications, antibiotics, am diabetic, have a history of infection or any other medical problems, that ear piercing may carry a greater risk for me.

___ I understand that ear piercing is a minor surgical procedure with similar risks to stitches or abscess drainage. Despite all precautions that are taken by St. Louis Pediatric Associates (SLPA) and my proper following of aftercare, the potential for infections exists. There is also the potential that one of the following complications may occur as a result of ear piercing:

Persistent Redness	Cellulitis
Swelling	Septicemia
Drainage	Keloids
Bleeding	Cauliflower Ear
Embedded Clasp/Earring	Pressure Sore
Local Infection	Traumatic Injury

*You should contact the practice if you experience any of these symptoms.

___ I have read, and understand the AFTER CARE INSTRUCTIONS and have received a copy for my reference. I understand that after care is solely my responsibility and that SLPA will not monitor it.

___ I have agreed to this ear piercing procedure, and am fully aware of the potential risks and complications.

I have read and understand all of the items listed above and agree to their terms. If the patient is a minor, then the undersigned certifies to SLPA that the undersigned is the parent or legal guardian of the minor patient named above.

Signature: _____

Print Name: _____

Relationship to Patient: _____