CORRESPONDENCE

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Tongue Rings: Just Say No

To the Editor:—Although body piercing is becoming more popular and we care for patients presenting with umbilical, genital, nipple, nose, lip, and tongue rings, we were surprised to note two recent correspondences describing anesthetic management of patients with tongue rings.[1,2] There are two major concerns with jewelry in the operating room: burns and interference with appropriate medical care. Rings of any nature can be a source of "alternate-site burn." Advances in electrosurgical technology address this concern with newer isolated electrosurgical generators designed to avoid alternate burn sites. Older models of ground-referenced generators can provide a pathway through jewelry and result in a burn. One company that produces electrocautery units states, "patient safety is the highest concern, and one is not well served when jewelry is present." The company states that, "it may not always be possible to remove jewelry. In these cases, the risks associated with the presence of jewelry must be assumed by the patient and the hospital." If the companies that produce the equipment are against wearing jewelry and are willing to place the responsibility on us why should we condone wearing rings in the operating room?.

Of even greater concern is allowing tongue rings in patients undergoing surgery. We cancel elective surgical procedures when the patient refuses to remove a tongue ring, recently placed or otherwise. Although we acknowledge that the hole may close, necessitating repiercing, we are unwilling to undertake airway responsibility with tongue rings present. Ring dislodgment, inability to secure an adequate airway, aspiration, pressure necrosis, injury to the tongue during airway management, and burn are potential concerns. The relaxed tongue can result in tongue-ring protrusion to a much greater extent than that noted in the previous correspondence. We congratulate the previous authors on their successful outcomes but do not agree with their approach. As Mandabach *et al.*[2] demonstrate, the first anesthetic plan may not always succeed, and therefore one should always be prepared to perform general anesthesia. Although there will be emergency situations when patients will have to be cared for who have tongue rings, we believe all efforts, including cancellation, should be used when patients compromise our ability to care for them and when they place themselves at potential risk.

Andrew D. Rosenberg, M.D.
Vice Chairman
Department of Anesthesiology
Hospital for Joint Diseases Orthopedic Institute
New York, New York
Associate Professor
Clinical Anesthesiology
New York University School of Medicine
New York, New York
ADRMDR@AOL.COM
Marjorie Young, R.N., M.A., C.N.O.R.
Director
Surgical Services
Ralph L. Bernstein, M.D.
Chairman
Department of Anesthesiology
Hospital for Joint Diseases Orthopedic Institute
David B. Albert, M.D.
Attending Anesthesiologist
Department of Anesthesiology
Hospital for Joint Diseases Orthopedic Institute
New York, New York

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1. Oyos TL: Intubation sequence for patient presenting with tongue ring. ANESTHESIOLOGY 1998; 88:279
2. Mandabach MG, McCann DA, Thompson GE: Body art: Another concern for the anesthesiologist. ANESTHESIOLOGY 1998; 279–80

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*Eickling J, Ryan C: Is it safe for a patient to wear jewelry during a surgical procedure? Clinical Information Hotline News Valleylab Inc. (800) 255-8522 ext 2005.

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In Reply:—Dr. Rosenberg and his colleagues cite their concerns about elective surgery in patients who wear jewelry in the operating room. We agree with them in this regard. It is our practice to remove jewelry from patients, if possible, before proceeding with surgery (elective and emergent). Body jewelry worn during the perioperative period poses a number of potential hazards. Pressure necrosis or nerve injury can result from ineffective padding. Lacerations can result from entanglement with drapes, gowns, and various monitor cables (electrocardiograph leads, pulse oximeter cables, blood pressure cuff tubing). In addition, electrocautery can potentially result in burns to the patient. This can occur if electrocautery is used near the site of the metal jewelry, because the current would flow preferentially, following the path of least resistance, to the metal jewelry instead of the dispersive plate of the electrosurgical unit. When current flows through an alternative return site, rather than through the dispersive plate, current density is high and serious burns may result.[1,2] Burns have been known to occur when needle localization breast biopsies are performed using electrocautery, as high-density current flows