



tattoo you ?

BY BEV STEVENSON, RN

Registered nurses have occasion to observe numerous and unusual tattoos, some of which are not obvious to the casual observer. Even though I work in the Emergency Department where ‘anything goes,’ I am occasionally taken aback when I see crude images tattooed on grandmotherly patients. I chuckle inwardly when heavily tattooed clients insist they are deathly afraid of needles. But when I *see* the tattoo, all I can hear is my medical brain screeching, “YIKES – HEPATITIS!” I decided to conduct some research to see if my fear was justified, and to be armed with facts when educating patients about tattoos.

Evidence of permanently marking skin for ornamental purposes is traced to 3500 BC in Egypt, but now is found the world over. In recent years, tattoo art has become so incredibly popular that *I* seem to be the only person at the gym who *doesn't* have one! Younger people are getting into the act: a *Details* magazine's poll claims that nearly a quarter of 18 to 25-year-olds have at least one tattoo. Celebrities help make them not only more socially acceptable, but downright

fashionable as status symbols.

In Alberta, equal numbers of males and females are paying \$100 to \$150 per hour for tattoo application. I ask myself, *WHY do people get them?* Many cite a sense of control, self-expression, and ‘identification with some group which is seen as symbolic of their individuality, spirituality, or philosophy.’ Another reason for tattooing is reportedly to ‘make the body more sexually interesting’.

Are Tattoos Safe?

As with any invasive procedure, there are risks. Adverse reactions include infection, erythema (redness), and some skin disorders such as scarring, allergic dermatitis, photosensitivity reactions, or psoriasis. I was surprised to learn that some tattoo inks contain metal fibers such as iron oxide, which can cause intense skin burning and swelling during MRI procedures. Some radiology departments are refusing to perform MRIs on patients who have tattoos. Many persons contemplating getting a tattoo are likely unaware that having one may limit their future diagnostic options.

Reliable studies are not yet available on the long-term effects of dyes and heavy metals dragged into the epidural and subarachnoid spaces. Anesthesiologists are increasingly concerned about the safety of inserting needles and epidural catheters through tattooed areas and in some situations, anesthetists will **refuse** to perform epidurals if they can't find tattoo-free skin to go through.

The Center for Disease Control (USA) and Communicable Disease Control in Alberta clearly state that Hepatitis B and C transmission *does occur* via infected tattoo equipment, and there is a risk of HIV infection. Tuberculosis, syphilis, tetanus and herpes transmission have been associated with tattooing, usually from the tattooist mixing saliva with ink or holding needles in their mouths. In the Calgary Health Region, tattoo establishments are inspected roughly twice a year and are regulated under the *Health Standards and Guidelines for Tattooing* under the *Public Health Act (Personal Services)*. However, tattoo ink ingredients are *not* monitored in Alberta.

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Tattoo You?

RNs are well positioned to strongly encourage their clients to consider *all* pros and cons before taking the tattoo plunge. Ask questions such as:

- “Is a permanent tattoo really worth the health risks and pain?”
- “Might the tattoo be evident in future wedding photos?”
- “Might being tattooed damage employment or promotional chances with certain employers (certain jobs are not available to people who have visible body art)?”
- “What if you don’t like it? Do you have enough money to get it taken off?”
- Did you know that some people with tattoos can’t have MRI tests?

Emotional risks such as hindering relationships with prospective love interests, or being perceived in a negative way by strangers or future in-laws should be explored as potential post-tattoo situations.

If your patient *insists* on getting tattooed, instruct him to shop around for a skilled and licensed technician who wears gloves, uses *only* sterilized equipment, and who only uses high quality ink (i.e. NOT containing metal fibres), and never smokes during the procedure. (Believe it or not, not smoking during the procedure is a specifically mentioned guideline!) The practitioner must always use sterile technique, and provide *full* post-procedure instructions. Choosing a safe practitioner is the responsibility *of the patient*.

What About Later?

Mature individuals often regret a youthful choice of body art. According to the American Society of Dermatological surgery, half of those who *have* a tattoo want it removed.

Tattoo removal via laser surgery is among the fastest growing areas of the dermatology industry. The average cost

to remove a single tattoo runs to approximately \$10,000, generally requires 10 to 15 painful treatments over roughly two years and removal is not without its own risks of infection or scarring. Up to 30 sessions may be needed depending on the complexity and size of the tattoo. After all of that, **the tattoo may still be visible!** Tattoos performed by commercial tattoo parlours are much more difficult to remove because the tattoo is deeper, the ink more complex and thicker. RNs can also tell clients that Alberta Health Care or Alberta Blue Cross do not provide coverage for tattoo removal. If a medical professional performs the removal, the cost *might* be claimed as a deduction on personal income (see website at the end of the article). The other option possible is coverage by a health spending account set up by the employer if tattoo removal meets the criteria outlined.

What I've Learned

Don't put anything on your body that you wouldn't hang in your living room!

References and for more information:

- Brochures are available from Alberta Health and Wellness, Canadian Blood Services, Calgary HIV/AIDS Strategies Coalition, or HIV Edmonton at 780.488.5742 or contact7@hivedmonton.com
- For more information about the *Public Health Act*, www.gov.ab.ca (link to Queen's Printer then to the Public Health Act, Personal Services.)
- Long, Gayle E and Rickman, Leland. *Infectious Complications of Tattoos*. Clinical Infectious Diseases 1994; 18:610-19
- Canadian Customs and Revenue Agency's (CCRA) website page: <http://www.cra-arc.gc.ca/tax/individuals/topics/income-tax/return/completing>

ACCOLADES

The Alberta Centre for Injury Control and Research presented Darlene Smith, RN (Retired), with the Dr. John H. Read Award at the Injury in Alberta XI Conference. Smith recently retired from her position as the area manager, Community Care and Public Health with Capital Health. She was one of the initial members of the child-focused education and enforcement program 'Think...think Again' and was critical in supporting the expanded mandate to create the Alberta Occupant Restraint Program. Smith was also involved in the conception and research for A Million Messages (AMM). AMM is a comprehensive plan developed to standardize the injury prevention message given to parents during every contact with a community health nurse at routine child health clinic visits.

The Dr. John H. Read Award recognizes people who advance injury control in Alberta through programs, research or the influence of policy. The award honours long-time proponents of injury control who have made a significant impact on injury efforts in Alberta. Dr. Read was a past director of the Calgary Research Unit and a professor of community health sciences at the University of Calgary.