

Dermal Implants and Pregnancy

If you are pregnant and have had a dermal implant, it is important that you read this leaflet

This leaflet can be made available
in alternative languages / formats on request.

*如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供*

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatkach.

Author: Anaesthetist
Department: Maternity Services
Document Number: STHK1339
Version: 1
Review date: 13/02/2023

What are dermal implants?

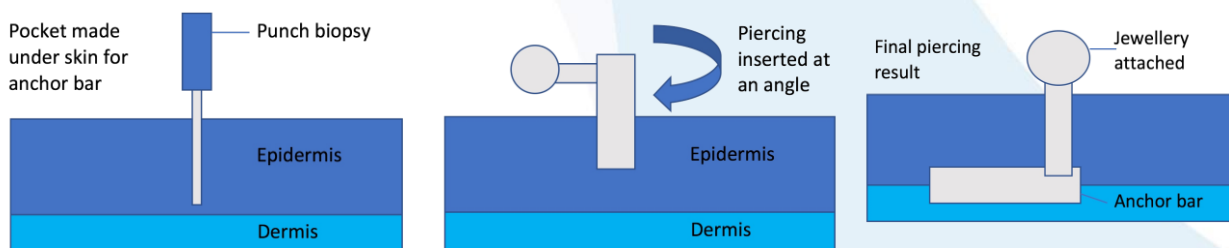


Dermal implants are body piercings which are held in place with an anchor inserted underneath the skin. Traditional piercings have entry and exit points, but in a dermal piercing the jewellery sits on the surface of the skin secured by an anchor which is embedded in the dermal layer (the layer of tissue under the skin surface). Dermal implants may also be known as sub-dermal piercings, sub-dermal skin anchors or sub-dermal hooks.

Subdermal implants are another form of body modification where an implant (mostly made of silicone) is placed under the skin, which heals over the implant creating a raised design.

How are dermal implants inserted?

Dermal implants are a semi-permanent type of body modification. They need a procedure for putting them in, and also need a procedure to remove them. The skin is pierced with a needle or dermal punch to make a pocket under the skin. This allows an anchor base to be placed under the skin with a piercing attached.



Why is it important for the hospital team to know about my dermal implant?

- 1) Epidural or spinal anaesthetics: The presence of a dermal implant, or previous dermal implant may potentially increase the risk of serious complications of epidurals and spinals
- 2) Damage to skin: Staff need to know the location of any dermal implants to avoid the piercing becoming caught on bedding, drapes or equipment. To reduce the risk of injury, please remove jewellery attached to your dermal implant on arrival in hospital and tell staff where you have implants.
- 3) Pressure areas: Direct pressure on a dermal implant, for example during labour or an operation, can cause damage to the tissue underneath the implant which might not be easily seen. By informing the staff about the locations of your dermal implant(s), staff can advise about safer positions to reduce the risks, and apply dressings or padding to the area.
- 4) Burn injuries: If an operation is required around the time of birth, electrical cautery equipment may be required during the procedure. Using this equipment can cause burns at the site of metal implants, so staff need to know about the site of any implants to take steps to lessen this risk.

Can I have an epidural for labour if I have/ had a dermal implant?

Infections at the site of an epidural can cause an abscess which causes pressure on the spinal cord, resulting in permanent nerve damage, including paralysis. Epidural abscesses are very rare (1 in every 50,000 women); however, dermal implants are a potential source of infection that might increase that risk. If you are considering an epidural for your labour, or need a spinal anaesthetic for a procedure around the time of your delivery, the anaesthetist will need to check whether it is safe for you to have this with a dermal implant. Epidurals cannot be inserted close to dermal implants, or close to the site of a previous dermal implant that has not healed or is infected. If you have a dermal implant elsewhere on your body that is infected, this may also affect the safety of epidurals.

I have a dermal implant and need a caesarean section to deliver my baby. What are my options?

The same issues apply for dermal implants and spinal anaesthetics. An anaesthetist will need to examine you to decide whether a spinal anaesthetic can be used safely, depending on the site of the implant, and whether the skin at the site is infected or unhealed. If a spinal anaesthetic is not recommended, the anaesthetist will discuss other options with you, including general anaesthesia.

Can I have an epidural or spinal if I remove my dermal implant?

The potential risks for epidural or spinal anaesthetics can continue even after a dermal implant has been removed if the site has not healed completely or is infected. If you are thinking about having an epidural, or think you may need a spinal anaesthetic for caesarean section, you may like to consider having your dermal implant removed several months before your expected date of delivery to allow time for the site to heal completely. At present, this procedure is not offered at Whiston Hospital.

What pain relief can I have in labour if it is not safe for me to have an epidural?

Non-drug options for pain relief in labour include use of a birthing pool, self-hypnosis (“hypnobirthing”), breathing techniques and massage.


TENS (Transcutaneous electrical nerve stimulation) gives a gentle electric current through pads stuck on your back to produce a tingling feeling which can be helpful at the beginning of labour, particularly for backache. TENS is not provided at Whiston Hospital, but machines can be privately purchased or hired.

Drug based options include Entonox (“gas and air”) and injections of diamorphine (a strong morphine like painkiller).

For further information about your pain relief options in labour, please see the OAA leaflet “Pain relief in Labour” available on www.labourpains.com

If you would like to discuss this leaflet further, please contact

Maternity Triage on 0151 290 4489 (24 Hours)



Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

 /sthknhs  @sthk.nhs

www.sthk.nhs.uk