BRIDGE PIERCING

The complete e-book — anatomy, placement, healing, jewellery, risks and honest answers.

Right between your eyes. Not a piercing you hide.

PIERCINGS WORKS AMSTERDAM · 2026 EDITION

CONTENTS

What you will find in this e-book

Important

This e-book is educational information, not medical advice. If you notice signs of infection (increasing pain, heat, yellow-green discharge, fever), see a doctor.

Every bridge at Piercings Works starts with an honest anatomical check. If it doesn't fit, we'll tell you.

CHAPTER 1

What is a bridge piercing?

Some piercings stand out. And then there's the bridge. Sitting right between your eyes, on the bridge of your nose, this small piece of jewellery changes the entire balance of your face. Subtle it is not — and that's exactly why people choose it.

The bridge piercing — also known as the Erl piercing, after Earl van Aken, its first known wearer — is a horizontal piercing through the loose skin tissue on the bridge of the nose, right between the eyes.

> **The single most important fact**
> The bridge does not go through bone or cartilage. Skin only. That officially makes it a surface piercing — with all the benefits and points of attention that come with it.

What does 'surface piercing' mean?

A surface piercing passes through a fold or layer of skin and exits again a short distance away. There is no firm anchor (such as cartilage) around it. That means the body can slowly push such a piercing out. This is called migration, and in the extreme case rejection. Good anatomy, the right jewellery, the right depth and discipline in aftercare together decide how well your bridge stays put.

Names and variations

Name	What it is
Bridge / Erl	Horizontal, through the skin on the nose bridge between the eyes. The classic.
Vertical bridge (Third Eye)	Placed vertically in the same spot. Different look, even more prone to migration.
Double bridge	Two horizontal bridges above each other. Only with ample tissue, usually done in stages.
Surface bar variant	For unusual anatomy, sometimes a bar with right-angled ends. Rarely needed, always bespoke.

Who is the bridge for?

For anyone who wants a visible statement, has patience, and is willing to do consistent aftercare for three months. The bridge is not an impulsive piercing you forget about: it sits on your face, in your field of vision and in every photo.

CHAPTER 2

Anatomy: why not everyone can wear a bridge

Here's the honest story you should expect from a professional studio: not everyone can wear a bridge piercing. And that's okay.

A safe and beautiful bridge requires enough loose skin tissue on the bridge of the nose. If the skin is too tight, the risk of rejection or migration is simply too high. No piece of jewellery, no technique and no aftercare routine makes up for that.

The pinch test

The piercer gently takes the skin between your eyes between thumb and index finger. If a clear, loose fold can be lifted that holds by itself, there is tissue to work with. If the skin stays tight over the bone, there is too little room between jewellery and underlying tissue — and the pressure of the bar will thin the skin from the inside out.

Anatomical feature	Favourable	Unfavourable
Skin fold between the eyes	Clear, supple fold can be lifted	Skin lies tight over the bone
Tissue thickness	Enough depth for a bar beneath the skin	Very thin tissue, jewellery shows through
Shape of the nose bridge	Flat to slightly curved surface	Strongly curved or narrow bridge: bar won't sit flat
Symmetry	Even space left and right	Clear asymmetry: placement looks crooked
Scar / previous piercing	Intact, undamaged tissue	Scar from earlier rejection in the same spot
Skin condition	Calm, healthy skin	Active eczema, acne or inflammation on the site

What if it doesn't fit?

Then we'll tell you honestly. We don't place piercings that can't sit safely — that isn't strictness, that's craftsmanship. We will happily think along about alternatives that do work with your face and anatomy:

- Septum — central, powerful, and far more stable thanks to its firm anchoring.
- Nostril or high nostril — subtler, but still puts the accent on the nose.
- Third eye / vertical bridge — only with very suitable anatomy, after the same check.
- Microdermal — a single anchor point; also a surface solution, with its own risks we discuss beforehand.
- Eyebrow piercing — a similar look in the upper half of the face, often easier to wear with glasses.

CHAPTER 3

The anatomical check, step by step

Every bridge at Piercings Works starts with a check. This is what it looks like:

1. Conversation. What do you want to achieve, have you had piercings before, how did they heal, do you take medication, do you have skin conditions or allergies?
2. Glasses and lifestyle. Do you wear glasses, sports goggles, a helmet, a diving mask or a VR headset? Bring your glasses to the studio — we'll fit them together.
3. Tissue assessment. The pinch test: how much loose skin is there, how deep can we safely work?
4. Marking the placement. We mark two points with a sterile marker and let you look in the mirror — straight on and in profile. We check symmetry against your eyes, eyebrows and nose line.
5. Jewellery choice. Gauge (usually 1.6 mm), length including swelling allowance, shape (straight or slightly curved) and the finish of the ends.
6. Green light or an honest no. If everything checks out, we pierce. If it doesn't, we explain why and discuss alternatives.

Bring to your appointment

Your glasses or sunglasses · Valid ID (18+, or consent according to our guidelines) · Eat well beforehand and don't come hungover: it prevents dizziness and bleeding.

Why marking matters so much

With a bridge, one millimetre decides whether the jewellery sits calmly in the centre or looks slightly off. Because you see the piercing in your own field of vision all day, placement is more sensitive here than with any other piercing. Take your time at the mirror. Speak up if something doesn't feel right: adjusting a marking takes ten seconds, adjusting a placed piercing takes months.

CHAPTER 4

Does a bridge piercing hurt?

Surprisingly little. Because the needle only passes through skin tissue and doesn't touch cartilage, most people experience the bridge as milder than a septum or helix, for example.

Piercing	Reported pain (indication 1-10)	Tissue
Bridge	3 - 4	Skin only
Nostril	3 - 5	Cartilage (thin)
Septum	4 - 6	Soft spot between cartilage
Helix	4 - 6	Cartilage
Industrial	6 - 8	Cartilage twice

Pain is personal. These figures are an average of what clients report in the studio, not a promise.

What you will notice straight away

- You can see the jewellery. Your eyes need a moment to get used to that new dot in your field of vision. It passes within a few days — your brain filters it out just as it does a spectacle frame.
- Watery eyes. Completely normal, a reflex. It says nothing about pain.
- A light feeling of pressure. As if someone is gently pushing on your nose bridge. Usually gone within hours.
- Swelling. The first 2-5 days, sometimes with slight blue discolouration around the eyes. Harmless.

Swelling and 'blue eyes'

In a small number of people the area around the eyes turns slightly blue or purple, exactly as after a light knock to the nose. This is caused by tiny blood vessels and fades within a week. Cool briefly on the first day with a clean, cold compress (never ice directly on the skin), sleep with your head slightly raised and avoid alcohol for the first 48 hours.

CHAPTER 5

Getting pierced: how a bridge is placed professionally

1. Preparation. Hands, gloves, disinfected skin, a sterile covered work field, everything single-use from sealed packaging.
2. Marking and checking. Two points, mirror check from the front and in profile.
3. Securing the tissue. The skin fold is held with a sterile clamp or by hand, so the tissue lifts away from the underlying bone.
4. The pass. One fluid movement with a sterile hollow needle (usually 1.6 mm / 14G), horizontally through the fold. It literally takes a second.
5. Placing the jewellery. An implant-grade titanium barbell follows directly behind the needle and is screwed into place.
6. Check and instructions. Is it straight, is the length right, is the swelling allowance correct? Then you get your aftercare instructions and we schedule the downsize.

Why never a piercing gun

A piercing gun cannot place a surface piercing, works with blunt force, cannot be properly sterilised and damages tissue. This close to the eyes that is genuinely dangerous. Needle work by a trained piercer only.

Hygiene standards you may look for

- Everything that touches your skin comes from a sealed, sterile package opened in front of you.
- The studio uses an autoclave and can show sterilisation logs.
- Jewellery is implant-grade titanium (ASTM F-136), polished, internally threaded or threadless.
- The studio is GGD-approved (Dutch public health inspection) and displays that certificate visibly.

CHAPTER 6

Healing: week by week

A bridge heals in 8 to 12 weeks on average, though full stabilisation can take longer. As a surface piercing it demands extra care: the channel must close completely from the inside before the jewellery settles.

Period	What you see and feel	What you do
Day 1-3	Swelling, pressure, sometimes light bleeding or bruising	Rinse twice a day with sterile saline, cool briefly, sleep on your back
Week 1	Swelling subsides, crusts and clear lymph (crusties)	Keep rinsing, soften crusts gently — never pick
Week 2-4	Redness fades, the piercing goes 'quiet'	Keep to the routine, no make-up or cream on the site
Week 4-6	Swelling gone, jewellery has play	Downsize appointment: have a shorter barbell fitted
Week 6-12	Channel strengthens, less discharge	Reduce the routine to once a day, stay careful
Month 3-6	Full stabilisation, jewellery can be changed	Have the first change done in the studio

What slows healing down?

- Smoking and heavy drinking — both reduce circulation and wound repair.
- Touching or twisting the piercing. Twisting is outdated advice and damages the channel.
- Glasses resting on the jewellery or tapping against it.
- Make-up, foundation, sunscreen, serums and facial cleanser on the wound.
- Sleeping face-down in the pillow.
- Stress, lack of sleep and illness — healing is a whole-body process.

CHAPTER 7

Aftercare: the rules that make the difference

The golden rules

- Don't touch it. Every touch is a risk. Only with freshly washed hands, and only when necessary.
- Rinse 1 to 2 times a day with sterile saline solution (0.9% NaCl). More is not better: over-cleaning irritates the skin.
- No make-up, cream or sunscreen on or around the piercing while it heals.
- Be careful with glasses and sunglasses — make sure the frame doesn't touch the jewellery.
- Don't sleep on your face. Sleep on your back, clean pillowcase, changed at least twice a week.
- Helmet, ski goggles or diving mask? Check with your piercer first.

How to rinse

1. Wash your hands with soap and dry them on a clean towel or kitchen paper.
2. Saturate a sterile gauze or cotton pad with sterile saline, or use a saline spray.
3. Hold it against both exit points for 30-60 seconds. Let the crusts soften.
4. Gently wipe away whatever comes off by itself. Never pull at a stuck crust.
5. Pat dry with kitchen paper (not a towel: fibres catch).

> **Aphraheals aftercare**
> We recommend Aphraheals aftercare products: a sterile, pH-neutral saline solution without alcohol, iodine or perfume. More explanation and instructions at aphraheals.com and on our aftercare page.

Never use

Don't	Why
Alcohol, iodine, hydrogen peroxide	They burn new tissue and slow healing
Antiseptics or soaps on the wound	Too aggressive, irritate the skin
Home-mixed salt and tap water	Wrong concentration and not sterile
Ointment, petroleum jelly or antibiotic cream	Seals the wound, traps moisture and bacteria
Twisting or sliding the bar back and forth	Tears the healing channel open
Baths, sauna, swimming pool, the sea	Bacteria and chlorine; avoid for the first 4-6 weeks

CHAPTER 8

Migration and rejection: spotting it and acting

The biggest risk with a bridge is not infection but migration. Any surface piercing can slowly be pushed out by the body. You reduce that risk through:

- The right anatomy (hence the check beforehand)
- The right jewellery — implant-grade titanium in the correct size
- Professional placement at the correct depth
- Good aftercare and patience

Warning signs

Sign	What it means	Action
The jewellery sits flatter under the skin	Migration starting	Come in for assessment
The skin between the holes gets thinner or translucent	Advanced migration	Come in quickly — timely removal prevents a scar
The holes get larger or oval	Tissue is giving way	Assessment, usually downsizing or removal
Persistent redness after week 6	Irritation or a pressure point (often glasses)	Remove the cause, check the jewellery
A bump beside the exit point	Irritation bump, usually not a keloid	Find the cause (pressure, moisture, bar length)
Heat, throbbing pain, yellow-green pus, fever	Possible infection	See a doctor; leave the jewellery in

Leave the jewellery in if you suspect infection

Do not take a piercing out yourself when you suspect an infection. The hole closes on the outside and seals the infection in. See a doctor and consult your piercer.

If you notice the jewellery sitting flatter under the skin, or the skin between the entry points getting thinner: come see us. Removing it in time prevents a lasting scar.

CHAPTER 9

Jewellery: sizes, materials and downsizing

The classic choice is a straight or slightly curved barbell in implant-grade titanium, usually 1.6 mm thick. With a bridge, a barbell that's too long or too short isn't a detail — it's a risk factor.

Feature	Standard	Notes
Gauge	1.6 mm (14G)	Thinner (1.2 mm) cuts through tissue sooner: not advised
Length at placement	14 - 16 mm	Includes swelling allowance; depends on your nose bridge
Length after downsize	10 - 14 mm	As soon as swelling is gone, usually week 4-6
Shape	Straight or slightly curved	A slight curve follows the skin better on some nose bridges
Ends	Balls of 3-4 mm	Big enough not to sink in, small enough not to catch
Material	Titanium ASTM F-136	Low-nickel, implant grade, polished
Threading	Internally threaded / threadless	No thread scraping through the channel

Downsizing: the most important appointment

At placement the barbell has extra length to allow for swelling. If that long bar stays in once the swelling is gone, the jewellery moves with every facial expression and pulls on the channels — the main cause of crooked seating, irritation bumps and migration. Plan your downsize around week 4 to 6 and have it done in the studio.

When can you change it yourself?

Only after full healing, so from about three months, and preferably have the first change done in the studio. After that you can play with:

- Balls in different colours and sizes
- Premium zirconia ends
- 18K gold accents
- Titanium in anodised colours (gold, rose, black, rainbow)

What to avoid: surgical steel of unknown origin, cheap plated gold, acrylic (not sterilisable, can break) and externally threaded jewellery.

CHAPTER 10

Glasses, sport, helmets, swimming and work

Wearing glasses

Often it's perfectly fine, but it depends on your frame and your anatomy. The bridge of your glasses must not touch the jewellery, let alone rest on it. Bring your glasses to the studio: we fit them together, before piercing. Alternatives during healing are a frame with adjustable nose pads, glasses that sit higher on the nose, or contact lenses for a while.

Situation	Advice during healing (week 0-12)	After healing
Glasses / sunglasses	Frame must not touch the jewellery; check with the piercer	Usually no problem
Sport (general)	Fine, as long as nothing contacts your face; rinse well after sweating	No restriction
Contact / combat sports	Avoid, or use face protection that doesn't press	Remove or protect the jewellery
Motorcycle / ski helmet	Consult first; pressure points are the biggest enemy	Watch the fit
Ski goggles / diving mask	Not advised while healing: constant pressure	Fit them with the jewellery in
Pool / sea / sauna	Avoid for the first 4-6 weeks	Free
Sunbed / strong sunlight	Avoid; no sunscreen on the wound	Sunscreen is fine again
Work in healthcare / hospitality	Check your employer's policy beforehand	Retainers are rarely an option: discuss

Tip for glasses wearers

Before your appointment, take a photo of yourself wearing your glasses, straight on. Together with the pinch test that instantly shows whether the frame falls exactly over the planned placement.

CHAPTER 11

Complications and when to come back

Complication	How to recognise it	Approach
Irritation bump	Small red bump beside the exit, comes and goes	Remove the cause (pressure, bar too long, products); saline rinses; never pierce it
Hypertrophic scar	Raised, firm tissue around the exit	Assessment in the studio; often a jewellery size change
Infection	Increasing pain, heat, yellow-green pus, fever	See a doctor; leave the jewellery in
Allergic reaction	Itching, rash, persistent redness	Usually nickel in poor material: switch to ASTM F-136 titanium
Crooked seating	Jewellery no longer symmetrical	Assessment: placement, swelling or migration as the cause
Embedding	A ball sinks into the skin	Straight to the studio; bar too short or too much swelling

When to see a doctor immediately

- Fever, chills or feeling generally unwell
- Rapidly increasing, throbbing pain and heat
- Red streaks running out from the piercing
- Swelling that affects your vision or involves the eye

The bridge sits close to the eyes and the face has a rich blood supply. With these signs, don't wait it out.

CHAPTER 12

Removal, scarring and re-piercing

Will I get a scar if I remove the bridge?

With timely, professional removal any scar usually stays minimal: two small, light dots that fade over time. If rejection goes on too long, the scar can be bigger — a thin white line between the two points. So come by early if in doubt.

How to care for the skin after removal

1. Keep the holes clean with sterile saline for the first few days.
2. No make-up over the fresh spots until they're closed (usually within a week).
3. After that, a neutral, unperfumed cream daily; from 3-4 weeks you can use silicone scar gel.
4. Protect the area from sun with SPF 50 for six months — fresh scar tissue discolours quickly.

Can I have it re-pierced later?

Sometimes, but not in exactly the same spot and not soon. Scar tissue is stiffer and less well supplied with blood, which raises the chance of migrating again. Wait at least 6 to 12 months, have the tissue assessed, and expect slightly different placement. If the first bridge was rejected because the tissue was too tight, that usually doesn't change — and an alternative is the more honest answer.

CHAPTER 13

Bridge vs. other piercings

	Bridge	Septum	Eyebrow	Nostril
Tissue	Skin (surface)	Soft spot between cartilage	Skin (surface)	Cartilage
Pain (1-10)	3-4	4-6	3-4	3-5
Healing	8-12 weeks	6-8 weeks	8-12 weeks	4-6 months
Migration risk	Real	Very small	Real	Small
Can be hidden	No	Yes (retainer)	Limited	Limited
Anatomy dependent	Very strongly	Moderately	Strongly	Slightly
Standard jewellery	Barbell 1.6 mm	Clicker/ring 1.2-1.6 mm	Curved barbell 1.2-1.6 mm	Labret 0.8-1.0 mm

In short: in terms of pain and healing time the bridge is very reasonable, but of all facial piercings it depends most on your anatomy and on your discipline in aftercare. Get both right and you'll enjoy the most striking piercing on the face for years.

A note on cost

With a bridge, budget not only for the placement but also for the downsize barbell around week 4-6 and, if you want to switch things up, a set of nicer ends. Current prices are listed in our studio price list. Never choose on price alone: with a surface piercing, cheap material is the fastest route to rejection.

CHAPTER 14

25 frequently asked questions

1. Does a bridge piercing go through bone?

No. The bridge only passes through the loose skin tissue on the bridge of the nose — not through bone or cartilage.

2. Can I get a bridge piercing if I wear glasses?

Often yes, but it depends on your frame and anatomy. Bring your glasses to the studio and we'll check together.

3. How long does healing take?

On average 8 to 12 weeks with good aftercare. Full stabilisation can take several months.

4. What if my anatomy isn't suitable?

Then we'll tell you honestly. We don't place piercings that can't sit safely, and we'll help you find an alternative.

5. Will I get a scar if I remove the bridge?

With timely, professional removal a scar usually stays minimal. If rejection goes on too long, the scar can be bigger.

6. Does the piercing itself hurt?

Most people report a 3 to 4 out of 10. No cartilage is involved, which makes it milder than a helix or septum.

7. Can the piercing damage my eyesight?

No. The piercing sits in the skin, far from the eye. You will see the jewellery in your field of vision for the first few days.

8. How long does the swelling last?

Usually 2 to 5 days. Light blue discolouration around the eyes can stay visible for about a week.

9. When can I change the jewellery?

After full healing, from about 3 months. Ideally have the first change done in the studio.

10. What is downsizing and is it mandatory?

Replacing the long placement barbell with a shorter one once the swelling is gone. Strongly recommended: it prevents crooked seating and migration.

11. What gauge is standard?

1.6 mm (14G). Thinner cuts through the tissue sooner and is not advised.

12. Can I wear make-up?

Not on or around the piercing while it heals. The rest of your face is fine — keep your distance from the wound.

13. Can I do sport?

Yes, as long as nothing contacts or presses on your face. Rinse after sweating and avoid contact sports.

14. Can I swim?

Not for the first 4 to 6 weeks — no pool, sea, bath or sauna.

15. Can I wear a motorcycle helmet?

Consult your piercer first. Constant pressure from the helmet or visor is a migration risk.

16. Is a bridge visible at work?

Yes, always. There is no real retainer for a bridge. Check your employer's policy beforehand.

17. Can a bridge be rejected?

Yes, that's the main risk of any surface piercing. Good anatomy, jewellery and aftercare reduce the chance a lot.

18. How do I recognise migration?

The jewellery sits flatter under the skin, the skin between the holes gets thinner, or the holes get bigger.

19. What should I do about an irritation bump?

Find the cause: pressure, a bar that's too long, products on the skin. Saline rinses help. Never pierce or pop it.

20. Can I use alcohol or antiseptic?

No. Sterile saline only. Disinfectants burn the new tissue.

21. Can I get a double bridge?

Only with ample tissue and usually in stages: let the first heal, then assess the second.

22. What is a vertical bridge or third eye?

A vertical variation in the same spot. Beautiful, but even more prone to migration and therefore even more anatomy-dependent.

23. How old do I have to be?

18 with valid ID. Under 18 our guidelines apply and consent is required; for facial piercings we are cautious.

24. Can I walk in without an appointment?

Yes, walk-ins are welcome. You can also book an appointment, which saves waiting time.

25. Can I get it while on blood thinners or pregnant?

Always consult your doctor first. During pregnancy we advise against new piercings.

CHAPTER 15

Getting a bridge piercing in Amsterdam

At Piercings Works we work exclusively with:

- Implant-grade titanium (ASTM F-136)
- Sterile single-use materials
- Professional piercers with years of experience
- An honest anatomical check beforehand
- A GGD-approved studio

Piercings Works Amsterdam

Reguliersbreestraat 46, Amsterdam — just around the corner from Rembrandtplein

Open daily from 10:30 to 22:00

Walk-ins welcome, or book an appointment via www.piercingzette.com

Current prices are listed in our studio price list.

Aftercare: Aphraheals — instructions at aphraheals.com and on our aftercare page.

Ready to stand out?

A bridge piercing is not a piercing you hide. It's a statement, right between your eyes. Come by for an honest anatomical check — and find out whether the bridge is right for you.

Piercings Works Amsterdam — since 1998.

Checklist for your appointment

- Bring your glasses or sunglasses
- Valid ID
- Eat well, be rested, no alcohol beforehand
- Sterile saline at home (or available here)
- Clean pillowcases ready
- Downsize appointment already in your calendar: week 4 to 6