

GENITAL PIERCINGS



"Getting under the belt, under YOUR belt"



Presented at #AUPP2023 by:
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So, don't even think about it...

WARNING WARNING WARNING

- Explicit depiction and description of genitalia
- Illustrations, photos & videos of genital piercings
- Discussion of sexuality, informed consent
- Not intended for anyone under the age of 18



THIS DOESN'T MEAN:

- You are qualified to perform genital piercings
- You have been “training” by ourselves or the AUPP
- You are now a “party poking in the pants” specialist

Sorry. Not sorry





FOREVER LEARNING



- We are all human and make mistakes
- We are committed to learning and improving our craft
- If you think something is incorrect or if you feel we could improve the content - we WANT you to let us know!

contact@safepiercing.org.au



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The good stuff!

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01

ABOUT US



Joeltron Dot Com

@joeltrondotcom

- Opal Heart Piercing (Perth, WA)
- Stone Heart Body Art (Sydney, NSW)
- Has been pro piercing 19ish years
- APP Member for 10+ years
- AUPP Board Member
- NeilMed Pro Team
- He/They/Them



That's Cara, btw!

Jessica Rabid



- Began in studio body piercing in 2010, in my hometown Christchurch
- Travel Bug committed to learning
- Strong lean toward forcep free techniques
- Member of queer and kink communities
- Favourite genital piercings to do: Frenum/VCH

[@jessica_rabid_pierces](#)



Before we actually begin...

What do YA'LL want from this class?





02

QUALIFYING A CLIENT



QUALIFYING A CLIENT



Checking ID

Check ID prior to any consultation to ensure your client is over the of 18



Consent

Verbal consent prior to touching the client and ensure that its informed and free from coercion (partners, dom/subs, etc).

Specify exactly what you are going to do. ie: "I'm just going to adjust your anatomy so I can check for viability"



Lifestyle considerations

Discuss compatibility with sexual partners and sexual activities that may cause issues

May not be compatible with some sports activities, such as riding bicycles, jogging or working out which may impede healing

Hygiene considerations may inhibit healing

Jewellery often shouldn't be removed for the first 12 months, even for sex or for short periods of time without irritation

Offer practical insight into how it may affect sexual activities, positively and negatively

QUALIFYING A CLIENT

Medicines

Medicines that may affect healing or the immune system, like Accutane (Isotretinoin).

HRT (Hormone Replacement Therapy) can affect the anatomical structure, both before and after we pierce them.

Visible lesions or outbreaks

We are not doctors and can not diagnose, but we should recommend seeking medical advice prior to piercing if we are unsure or concerned about discolouration

Immune System

Existing healing procedures, including other healing piercings or recent surgeries

Pre-existing Conditions

Making aware that breaking the skin on STD-positive client may trigger an outbreak

Haemophilia, including other clotting disorders, can drastically slow healing

Immune disorders (Diabetes, Anemia, etc) can cause excessive bleeding, swelling and even slow affect healing





03

ROOM CONTROL



ROOM CONTROL



Setting safe boundaries

- manage ourselves professionally
- manage the energy and space
- Make our clients comfortable in a vulnerable state
- Do so in a way clients feel safe discussing sensitive topics



Discuss Pros & Cons

Piercings can have issues and require special care - it's important that we have these discussions with in a direct, respectful & professional way



Correct PPE

Wear gloves and a mask whenever touching clients, including when taking photos or during anatomical assessments

Use a disposable bed cover or sheet when a client is lying on you bed without pants on



Environment

Use hand sanitiser upon entry and exit of the room and request your client does the same

Ask the client if you can close the door, & if they are comfortable getting undressed, etc

ROOM CONTROL



Support person

Can be very beneficial for the client's comfort during the procedure, but care needs to be taken with someone around

Ask the client, when alone, if they would like a support person to accompany them

Be clear with support people and tell them if you are comfortable with them being up close or if you would prefer not

Be sure to communicate directly with the client, not via their support person



Removing Sexualisation

Use gender-neutral language & terminology

“When you are ready please remove your garments and take a seat on the table” vs “Drop your dacks and show us your junk mate”

“This is a piercing that can be negatively affected by getting pulled on” vs “Do you like rough sex?”

Use generic nouns, such as:

- Area
- Anatomy
- Vulva
- Penis
- Structure
- Folds/creases
- Tissue
- Protrude
- Intercourse
- Oral contact
- Bodily fluids
- Sexual activity





04

PRE & POST



CARE: PRE-CONSULT

- Prepare a space to be able to privately show clients portfolio, discuss jewellery options and ask questions without them being self conscious
- Talk about the pros and cons of the piercing they have requested
- Discuss their specific lifestyle and how a healing piercing may affect it
- Suggest alternative piercings that may be easier for them to heal, more suitable for their lifestyle or more suited for the client
- No need for trimming of pubic hair. We don't need clients to do things they don't normally do to their bodies, even if it makes cleaning easier
- Discuss requirements to downsize jewellery during healing
- Talk about placement options with your client

Just the CARE: AFTERCARE TIPS

Keeping the area clean

- Showering before/after sex is suggested as it will remove any dried discharge that may cause irritation with movement as well as remove lubricants or additional bodily fluids that may collect around jewellery
- Only soaps designed for genital cleaning should be used
- Regular soaps contain harmful chemicals and perfumes which can irritate the urethra and skin, especially when the skin is broken
- Saline soaks can be soothing
- Pouring water midstream can reduce sting and cleanse
- Cetaphil, QV, Dermaveen, Aveeno, Hamilton, are generally safe
- Unperfumed moisturisers, like sorbolene, can be used to wash with
- Avoid perfumed products such as laundry detergent, fabric softener, scented soaps, shower gel, bubble bath, bath salts, baby wipes, etc
- Avoid talcum powder, “hygiene” products, tea tree products or any product that has not been recommended by a doctor or nurse

CARE: AFTERCARE TIPS

Condoms/Dental Dams

- Should be used during the initial healing period for penile piercings to keep bodily fluids out as well as stopping unwanted jewellery movement
- Should be used on sex toys, such as vibrators, as a hygienic barrier
- Can be crafted into a Dental dam (remove ends & cut down the middle)
- Ultra thin single-use underwear available for safe sex

Urinating with transurethral piercings

- Sitting down and allowing a slow gentle flow of urine is suggested
- Initially, a burning sensation when urinating is quite common
- Remaining hydrated will reduce acidity in urine and discomfort when urinating, even though the frequency will be higher

CARE: AFTERCARE TIPS

Clothing

- Supportive underwear is suggested to minimise movement
- 100% cotton, silk or fine merino underwear. Avoid synthetic materials
- Sanitary pads can also be worn to assist in cleanliness, and offering some padding, but are only needed during the initial bleeding healing period
- Keeping the area in good air circulation and free from excessive moisture generally results in faster healing

Lubricants

- Only use water-based glycerine lubricants for sexual intercourse

CARE: POSSIBLE PROBLEMS

Intact Penile Piercings

- Phimosis (*fai·mow·suhs*). When the foreskin is too tight to be pulled back over the head of the glans. If forced back, not only is it painful, but it can easily get stuck there and restrict circulation
- Paraphimosis (*para·fai·mosis*). When the foreskin is pulled back behind the tip of the penis and becomes stuck there causing additional swelling and a painful buildup of fluid occurs

Incorrect fit jewellery

- Just like irritation bumps can develop on ears from friction or pressure, they can occur on genital piercings too. This must be taken into consideration with the potential function of each placement
- Tearing or jewellery placement migration may be risk factors if too narrow of a gauge is used, or incorrect jewellery type is used



05

PROCEDURES



Penile Piercings

- 01 Prince Albert
- 02 Traditional Frenum
- 03 Shaft Frenum
- 04 Guiche
- 05 Foreskin
- 06 Reverse Prince Albert
- 07 Scrotal
- 08 Dydo
- 09 Apadravya
- 10 Ampallang

Vulva Piercings

- 01 VCH
- 02 HCH
- 03 Christina
- 04 Triangle
- 05 Labia Minora
- 06 Labia Majora

*Let us know what
YOU want to learn!*

PENILE: PRINCE ALBERT



Placement

Entering the urethra and exiting just past the underside of the glans, generally to one side of the frenulum.

Can be done on both intact or circumcised anatomy.



Pain Level

Considered uncomfortable, but a great piercing for a client with little experience



Background

The most common penile piercing.

Named after a unconfirmed rumors claiming that Queen Victoria's husband got the piercing to fix his curved penis inflicted by Peyronie's (pay·row·nees). disease



Healing Time

Inflammatory period: 4-7 days

Initial healing: 8-12 weeks

Maturation: 4-6 months

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PENILE:  
PRINCE ALBERT

# 4g Intact PA with 5/8" CBR



# 6g Circumcised PA with 5/8" CBB

PENILE:

PRINCE ALBERT



# PENILE: PRINCE ALBERT

## Pros:

- Relatively low pain
- Easy to heal
- Looks “tougher” than it is painful
- Minimal anatomical restrictions
- Easily stretched once healed

## Cons:

- Discomfort inserting receiving tube
- Urethral obstruction may cause poor aim when urinating standing
- Will naturally stretch over time, resulting in leaking while urinating
- Prone to bleeding in the first week
- Reduction in ejaculation distance

# PENILE: PRINCE ALBERT

## Telescopic (Inside to Out) Procedure

1. Slide a well lubricated 2" needle blank (one size larger than the needle being used to pierce) down the urethra and hold it steadily with ring finger, middle finger, and thumb
2. Insert a 3" needle blade (or a 2" needle with extension taper) down the tube until it rests against the tissue on the inside, making sure that your bevel is facing away from your mark
3. Holding the blank with your fingers, press the needle through with your index finger while supporting the outside tissue
4. Carefully secure the needle from the exit side before removing blank and inserting jewellery

# PENILE: PRINCE ALBERT

## Anatomical Considerations

**Hypospadias.** As the urethra is lower on the shaft, it may require a smaller diameter ring to be viable.



Swapped to curve after 3 months



Healed with 8g 5/8" CBB

# PENILE: PRINCE ALBERT

## Jewellery Options

### Initial:

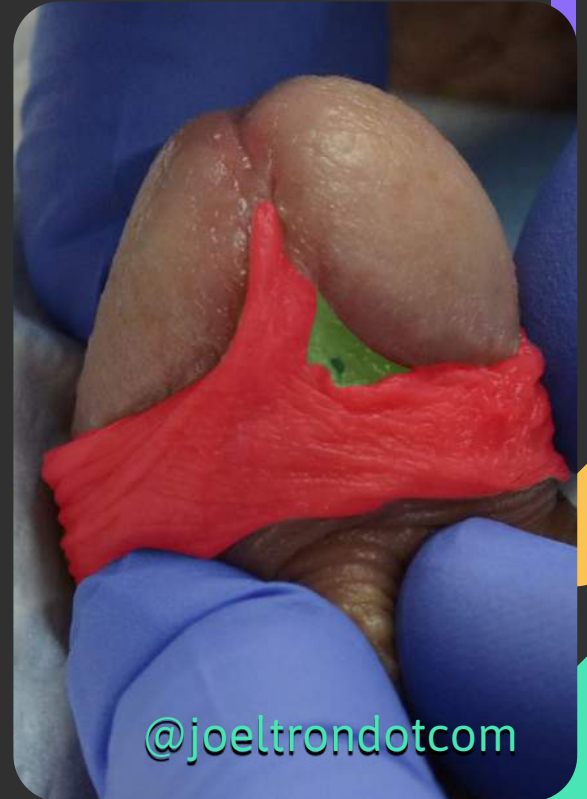
- **Intact:** 6g-4g ring (CBR or CBB). Generally, 5/8" to 3/4" with larger bead if necessary to stop rotation into the urethral canal
- **Circumcised:** 10g-4g ring (CBR or CBB). Generally 5/8" to 3/4"

### Healed:

- Circular barbells
- Captive bead rings
- Segment rings
- Princess Wands
- Cages/chastity play jewellery
- **Circumcised only:** Curved barbells, with a larger front bead

# PENILE: PRINCE ALBERT

## Placement & Marking



Check for natural folding or a 'pocket' for an ideal placement. Don't retract the foreskin too firmly & ensure you mark to the naturally dressed side of the frenulum.

# PENILE: PRINCE ALBERT

## Receiving tube (Outside to In) Procedure

1. Use a receiving tube that is big enough to accept the sharp, but as small as possible to reduce discomfort when inserted
2. Insert the flat end of a lubricated receiving tube down the urethra, past your mark, and then position on the mark
3. Use your finger to gently push on the skin around your mark to identify the position of the tube is centered and correct
4. Insert a needle through the mark into the receiving tube be mindful to apply bevel theory so the heel doesn't pinch
5. Remove the tube once ready for jewellery insertion

# PENILE: PRINCE ALBERT

## Telescopic (Inside to Out) Procedure

1. Slide a well lubricated 2" needle blank (one size larger than the needle being used to pierce) down the urethra and hold it steadily with ring finger, middle finger, and thumb
2. Insert a 3" needle blade (or a 2" needle with extension taper) down the tube until it rests against the tissue on the inside, making sure that your bevel is facing away from your mark
3. Holding the blank with your fingers, press the needle through with your index finger while supporting the outside tissue
4. Carefully secure the needle from the exit side before removing blank and inserting jewellery



# PENILE: PRINCE ALBERT



# PENILE: TRADITIONAL FRENUM



## Placement

Horizontally on the underside of the penis

Traditional frenums are through the frenulum band itself, or the scar tissue left after circumcision if deemed viable.



## Pain Level

Considered pinchy, but not too painful and selected by many for their first penile piercing.



## Background

The 2nd most common penile piercing.

Named after the shortened anatomical term for the fibrous cord of connective tissue called the frenulum which joins the glans to the foreskin.



## Healing Time

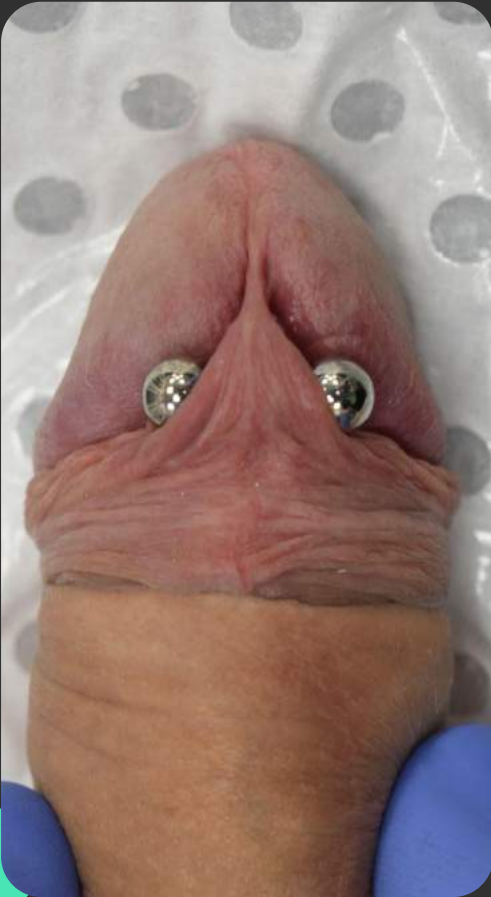
Inflammatory period: 4-5 days

Initial healing: 3-5 weeks

Maturation: 2-3 months

# 8g 1/4" Intact Traditional Frenum

**PENILE:  
TRADITIONAL  
FRENUM**



# Circumcised Traditional Frenum

4g Straight Barbell



8g Straight Barbell



PENILE:  
TRADITIONAL  
FRENUM



# PENILE: TRADITIONAL FRENUM

## Pros:

- Relatively short healing time
- Low sensitivity, resulting in minimal piercing discomfort
- Little functional difference if retirement or rejection occurs
- Minimal swelling

## Cons:

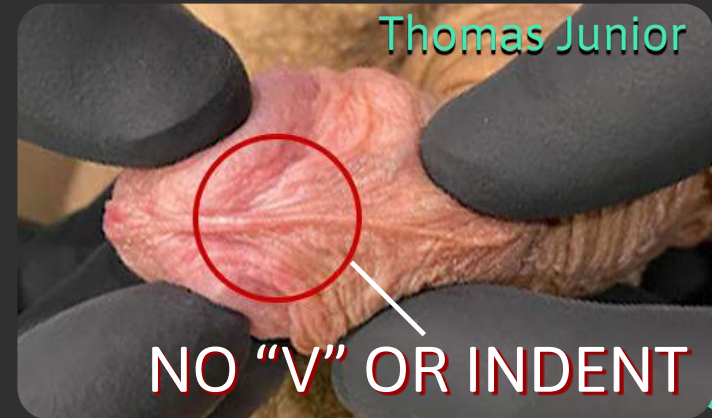
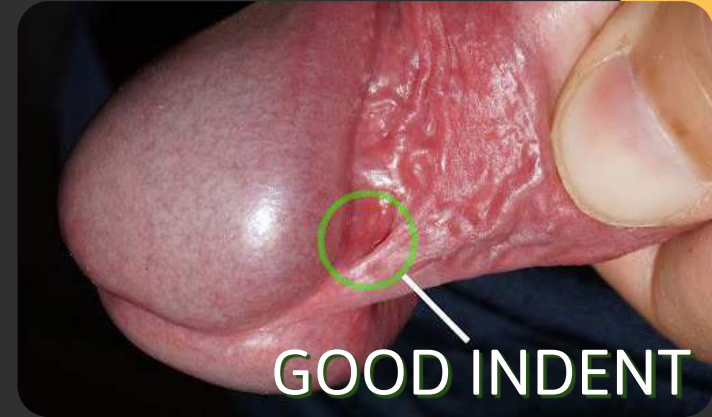
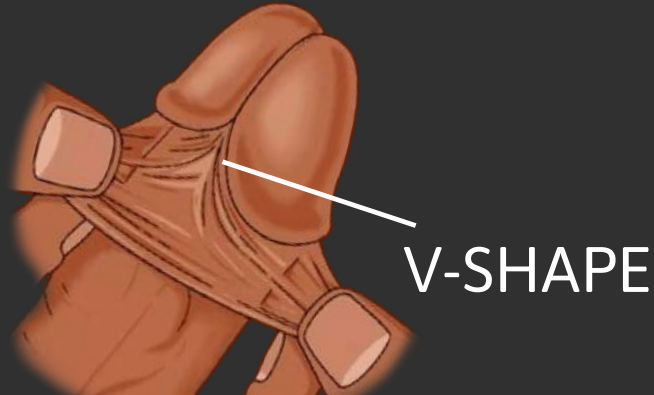
- Generally restricts also getting a Prince Albert or Apadravya
- Very prone to failure if anatomy or lifestyle is not suitable
- Minimal increase in sensation

# PENILE: TRADITIONAL FRENUM

## Anatomical Considerations

Although significantly more common when intact (uncircumcised), they can be done on anyone that has viable tissue for it.

Requires the tissue to have a prominent “V” shaped indented fold, otherwise migration, unwanted stretching or rejection are common.



# PENILE: TRADITIONAL FRENUM

## Jewellery Options

### Initial:

- 12g-8g straight barbell
- 5/16"-7/16" (8-11<sup>mm</sup>) with approx 1/4" (6<sup>mm</sup>) total excess
- 5/32", 3/16" or 1/4" (4-6<sup>mm</sup>) beads minimise the pulling through risk

### Healed:

- Snug fit straight barbells are ideal
- Small diameter rings can be worn, especially if the hole stretches
- Frenum-Loops: A large diameter ring that goes around the shaft

# PENILE: TRADITIONAL FRENUM

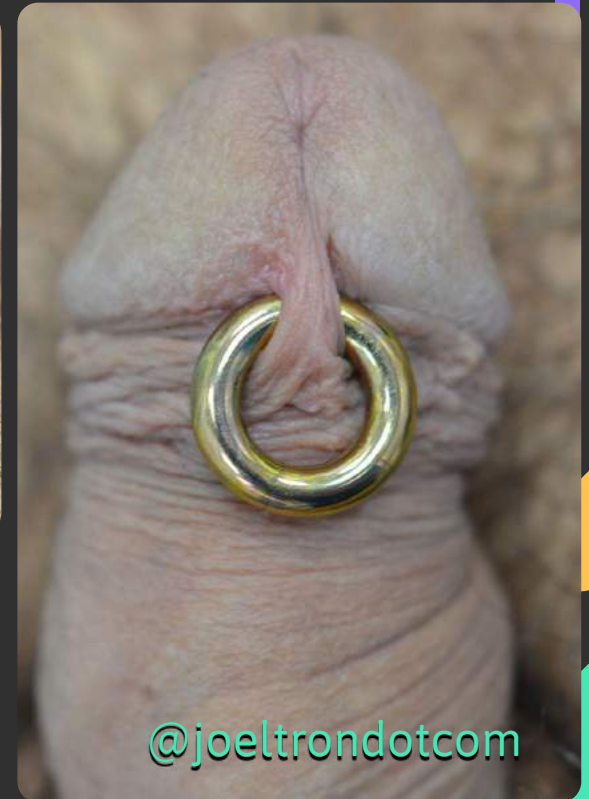
Frenum Loop



Wearing Rings



Frenum with small ring



Frenum loops can be worn permanently for circumcised anatomy, but should be for novelty only and not viable when intact

# PENILE: TRADITIONAL FRENUM

## Anatomical Considerations

Although uncommon, it is possible to do traditional frenums in multiples if the circumcised anatomy has enough tissue.

They can also be done with other transurethral piercings, but generally only advised for circumcised clients.



# PENILE: TRADITIONAL FRENUM

## Troubleshooting

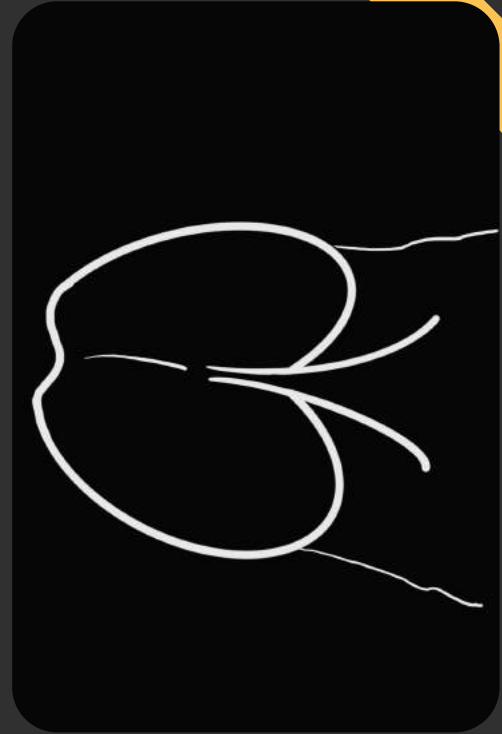
Traditional placement hole is elongating:

1. Anatomy wasn't suitable for the piercing
2. Jewellery may be too thin and cause tearing of the hole
3. Too thick jewellery can be quite heavy and cause migration
4. Beads that are too small can result in the jewellery pressing into the hole and can result in the bar sliding out whole
5. Physical action causing it to stretch (rough sex)

# PENILE: TRADITIONAL FRENUM

## Placement & Marking

1. Use the back of your needle blade (or the back of a taper) to simulate how the tissue will react and brace exit with the other hand
2. Apply pressure so the skin “bows” between your receiving area to leave an indent as a pressure marking
3. Optionally mark the centre of the indents to ensure they don't disappear`



Kellan Smith

# PENILE: TRADITIONAL FRENUM

## Freehand Procedure

More control & less tissue distortion while also being less painful

1. Ensure that you are “underneath” the fold and that the tissue is well-supported on the exit
2. A lightly crushed needle can assist in drag, but you should still go bevel towards the glans
3. It’s important to “push” the exit skin onto the needle so you can see your exit clearly

# PENILE: SHAFT FRENUM



## Placement

Horizontally along the underneath or top side (called the anti-frenum) of the penis shaft skin.

Can also be located further down the shaft, towards the scrotum, and commonly done in multiples commonly called “ladders”.



## Pain Level

Considered pinchy, but not too painful and selected by many for their first penile piercing.



## Background

The 2nd most common penile piercing.

Although not through the “frenulum”, to which its named after, Frenum piercings along the shaft are more frequently requested than the traditionally placement.

Not generally suggested if anatomy is intact.



## Healing Time

Inflammatory period: 4-7 days

Initial healing: 3-5 weeks

Maturation: 2-5 months

# PENILE: SHAFT FRENUM

## Pros:

- Can be done in multiples
- Can be done alongside other transurethral piercings
- Relatively low discomfort
- Not as anatomically restrictive as a traditional frenum piercing

## Cons:

- Not advisable when intact
- Migration is quite common as it's more of a 'surface' piercing
- Little sensation for the wearer
- Correct fit jewellery is crucial and often requires downsizes
- Stretching generally isn't advised due to migration

# PENILE: SHAFT FRENUM

## Placement & Marking

- As the shaft will naturally rotate, it is best to mark with the client standing when possible
- When you can, use the raphé as your midline
- For topside, mark a “centerline” which corresponds with the center of the pubic mound down to the start of the glans and inline with the urethral opening



# PENILE: SHAFT FRENUM

## Placement & Marking

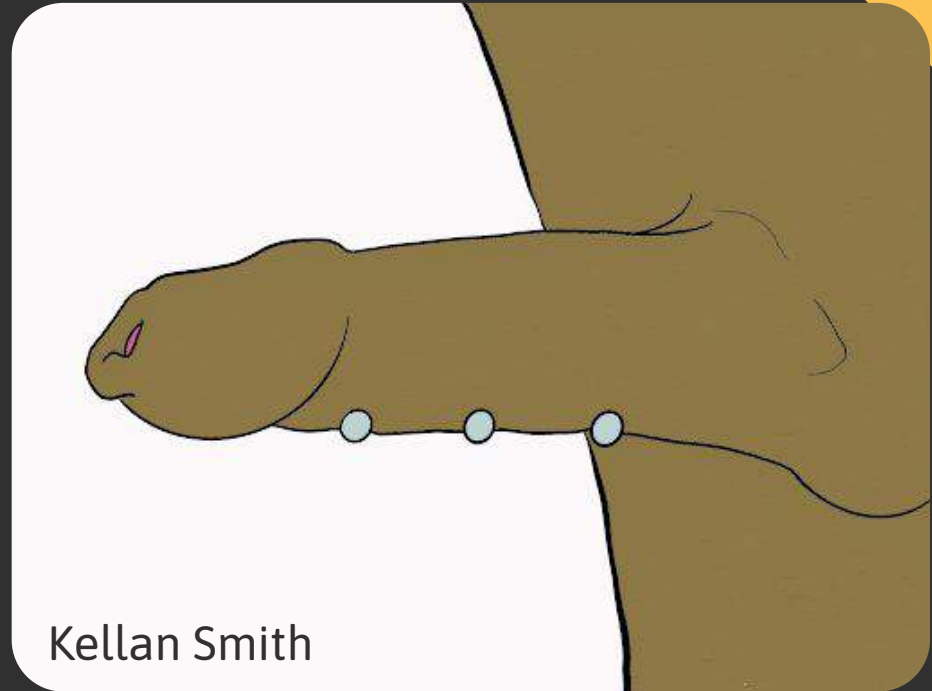
- Ensure not too wide for the anatomy as you do not want to force against the natural curvature
- When marking multiples, ensure that you give enough room to reduce pinching during sex
- Mark equal distance from the center line and attempt to be as perpendicular as possible

# PENILE: SHAFT FRENUM

## Anatomical Considerations

Although possible, they are generally not viable for intact (uncircumcised) anatomy.

This is due to the increased amount of movement, as the piercings have a much higher chance of pinching which can cause migration and irritation during intercourse.



Kellan Smith

# PENILE: SHAFT FRENUM

## Troubleshooting

### Shaft placement pressure bumps:

1. Jewellery is too short, especially when erect
2. Too much tissue between beads, due to curvature of the shaft

### Migration or signs of rejection:

1. Environmental or lifestyle factors causing irritation
2. Look for dark red marks on the entrance and exit. If only found on one side, it can be that the jewellery is too long

# PENILE: SHAFT FRENUM

## Freehand Procedure

- Bevel is facing towards the shaft, so bevel theory can be applied upon exit
- Ensure the skin is loose in the area and can be easily lifted off the shaft while performing the piercing

## Clamped Procedure

- Easier for more novice practitioners, but can cause more inflammation and discomfort
- Ensure tissue is not distorted
- Use your midline as a guide

# PENILE: GUICHE

Pronounced “geesh”



## Placement

*raff-ay*

Horizontally across the raphé (midline) of the Perineum (between genitals & anus).

Can be performed on someone AFAB, but less tissue is present. Multiples are often possible, but should be done singularly.



## Pain Level

Considered pinchy, but not too painful and selected by many for their first penile piercing.



## Background

Although unsubstantiated, Doug Malloy (1915-1979) wrote of having met a local man in Tahiti who told him the custom was performed on young males to wear a leather thong to aid in judging the direction of waves.



## Healing Time

Inflammatory period: Non-penetrating

Initial healing: 12-18 weeks

Maturation: 4-8 months

# PENILE: GUICHE

## Pros:

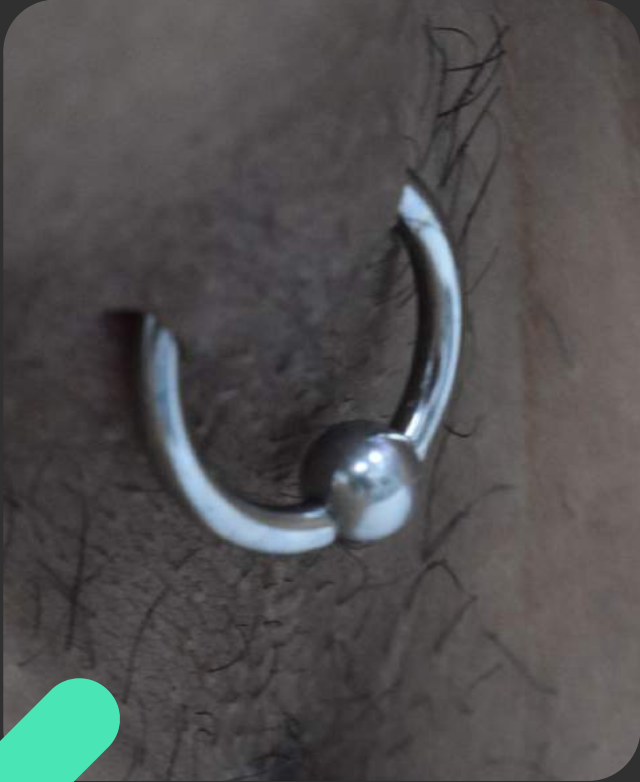
- No need to pause sexual activity
- Increased pleasurable sexual sensations (from touching, pulling, pushing, wearing weights, etc)
- Non-penetrating piercing, which may be preferred by partners

## Cons:

- Can be difficult to heal due to pressure, moisture, and movement
- Longer healing period
- May not be suitable for all anatomy types or those with active lifestyles

PENILE: GUICHE

10g  $\frac{5}{8}$ " CBR



PENILE: GUICHE



10g  $\frac{5}{8}$ " CBR



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# PENILE: GUICHE

## Jewellery Options

### Initial:

- 10g+ 9/16"-3/4" (14<sup>mm</sup>-19<sup>mm</sup>) rings
- Captive Bead Rings allow for multiple without intertangling
- Circular Barbells allow widening to a C-ring to reduce movement and give more wearing surface

### Healed:

- Rings (circular barbells, captive beads, segment rings)
- Rings with additional weights or adornments
- Snug curved barbells

# PENILE: GUICHE

## Marking

### 1. On “hands and knees”

- Better visibility of the area, but not in its resting state
- More difficult to check for thigh gap position

### 2. On back (feet wide on the procedure table)

- Client can stand, holding a hand mirror between legs
- Easy to establish desired placement and show client
- Mark rough placement “in the mirror” before checking and finishing marks on all fours or laying down
- Ensure mirror is thoroughly decontaminated afterwards

# PENILE: GUICHE

Checking for thigh gap with a hand mirror



Factor irritation from thighs rubbing, making sure you are in the “thigh gap” while also considering any tissue folds



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# PENILE: GUICHE

## Client Positioning

### On “hands and knees”

- Need a VERY stable procedural bed (generally static)
- Can be an awkward position for some clients to be in, especially if they tense up or move during the piercing

### On back (feet wide on the procedure table)

- Adjustable bed is better, so you can lift the legs up a little
- More versatile as it can be done on different bed types
- Testicles may be in the way, so using the back of your gloved hand may be necessary

# PENILE: GUICHE

## Anatomical Considerations

- Although everyone will have the tissue, not everyone will have a “gap” for the jewellery to comfortably reside
- The perineum is generally larger for those AMAB
- Heavier clients may experience irritation from their thighs rubbing and placement may need to be adjusted accordingly
- Further forward placements, more towards the scrotum, generally heal easier and have a higher success rate

# PENILE: GUICHE

## Lifestyle Considerations

- Highly physically active clients (sports, labours, etc) may experience more irritation due to friction, movement, & moisture
- Good hygiene is important due to its proximity to the anus, wiping excrement away from the piercing is suggested to avoid contact
- Supportive underwear is suggested for the healing period
- If receiving anal sex during healing, a waterproof bandage may be worn over the area for protection
- Penetration may safely occur during healing if clothing is worn allowing the shaft to be exposed while keeping the scrotum isolated

# PENILE: GUICHE

## Troubleshooting

### Pressure Bumps

- Bumps or migration on one side may be a result of thigh pressure irritation (crossing legs, sleeping on side, etc)
- Protruding dark lumps may be a result of excessive moisture
- Suggest a rubber cock ring around the shaft and testicles to lift them away and aid in drying and a reduce rubbing

# PENILE: GUICHE

## Clamped Procedure

- Beneficial when dealing with a client with very tight tissue
- Can easily slip if client tenses and may damage the tissue
- Risk of needlestick to client's thighs due to minimal room between client's leg gape

## Freehand Procedure

- Generally more comfortable and less traumatic to the tissue
- Needle bevel towards body
- Pinch under or above the placement with thumb and index finger to "pick up" the skin and support the tissue

# PENILE: FORESKIN



## Placement

Can be done singularly, in a pair or in a desired combination depending on personal preference (3+9 o'clock or 12+6 o'clock are common pairs)

Care must be taken to ensure enough distance is given between piercings to ensure no pinching



## Pain Level

Due to the sensitivity of the tissue, they are generally quite "stingy" when performed



## Background

Origins of foreskin piercings date back to the 1st century when physician Roman Celsus described the procedure in the medical texts "De Medicina".

The Romans also practised infibulation, where two piercings were locked together to prevent sexual intercourse as a form of chastity.



## Healing Time

Inflammatory period: 7-10 days

Initial healing: 8-12 weeks

Maturation: 8-12+ months

Healed 6g 7/16" CBRs (healed with 10g 5/8")

PENILE:  
FORESKIN



# PENILE: FORESKIN

Aka: "Kuno"

## Pros:

- A unique and uncommon piercing through sensitive tissue
- Can visually elongate the anatomy
- When more than one piercing is performed, they can be linked together for chastity play

## Cons:

- Requires intact anatomy
- Significantly more difficult to heal due to movement and swelling
- Doesn't offer much of an increase in sensation to the wearer
- Don't generally stretch easily

# PENILE: FORESKIN

## Jewellery Options

### Initial:

- 12g-10g rings
- 7/16"-9/16" (11<sup>mm</sup>-14<sup>mm</sup>) diameter
- Avoid open jewellery (CBBs) as it increases the chance of catching on other jewellery or clothing

### Healed:

- Downsized rings are suggested
- Curved barbells may also be worn, but care needs to be taken to ensure the length is also suitable when erect

Fresh 10g 9/16" CBRs



@joeltrondotcom  
& @missmodify

PENILE:  
FORESKIN



# PENILE: FORESKIN

## Placement & Marking

1. Mark a circle around the ridged band (tip) to act as a centerline
2. Mark the outside in the desired position. Ensure the distance from the tip is less than half the diameter of the ring being used
3. Mark the inside, ensuring it lines up when relaxed with the outside. Clamping can assist in checking
4. Check with foreskin pulled back, as well as over glans for symmetry as well as marking depth



# PENILE: FORESKIN

## Freehand procedure

- From the inside-out with the bevel away from the tissue to pierce
- Can be difficult to hold and support the tissue
- Usually more comfortable with better tissue control

## Clamped

- Can be performed both inside out or outside in
- Keeps tissue layers aligned
- Generally easier due to elasticity of the tissue

# PENILE: REVERSE PRINCE ALBERT



## Placement

Enters through the urethra and exits out the top of the glans, in front of the Corona.

Essentially, an Apadravya piercing without the bottom Prince Albert component.



## Pain Level

Quite a sensitive piercing it passes through a significant amount of dense glans tissue



## Background

Although it's name is quite similar to a regular "Prince Albert" piercing, it is critically different as it exits through the top of the glans and not the comparatively thinner membrane between the urethra and the underside of the penis.



## Healing Time

Inflammatory period: 5-7 days

Initial healing: 3-4 months

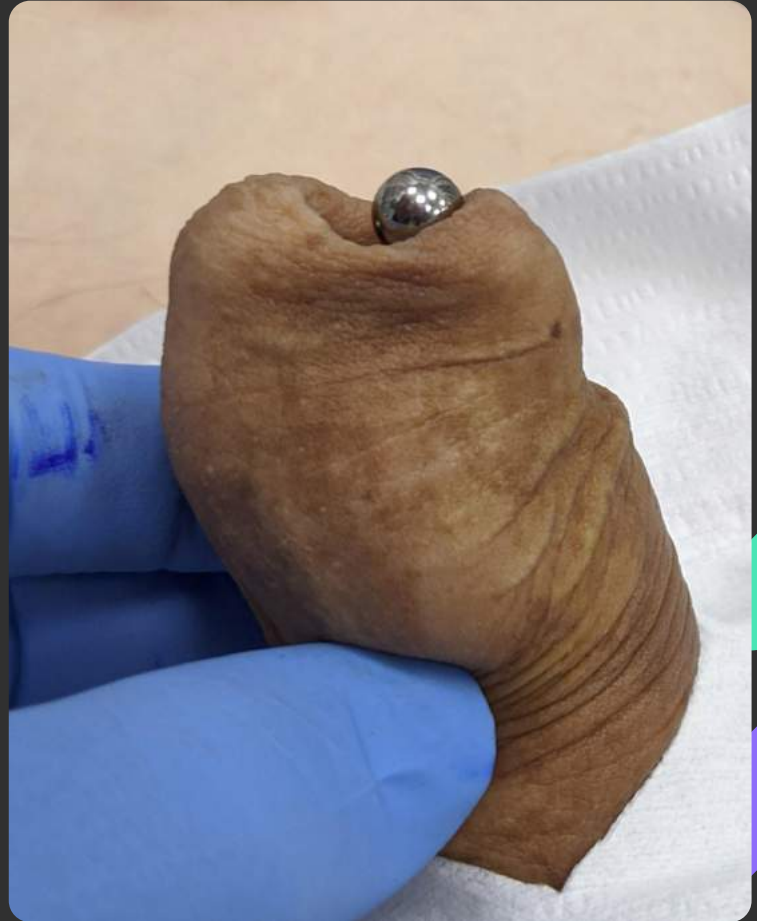
Maturation: 8-12 months

~~~~~  
PENILE: REVERSE
PRINCE ALBERT

Fresh Intact 6g 5/8" CBB



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WAVE WAVE WAVE WAVE WAVE
PENILE: REVERSE
PRINCE ALBERT

Fresh Intact 6g 5/8" CBB



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PENILE: REVERSE PRINCE ALBERT

Pros:

- Allows for other piercings, such as a traditional frenum piercing
- Usually a decent increase in sensation for the wearer
- Can be done on circumcised & intact anatomy

Cons:

- More painful and more difficult to heal than a regular PA as it passes through the glans tissue
- More likely to get caught, like underwear and toilet seats
- Difficult to stretch or enlarge

PENILE: REVERSE PRINCE ALBERT

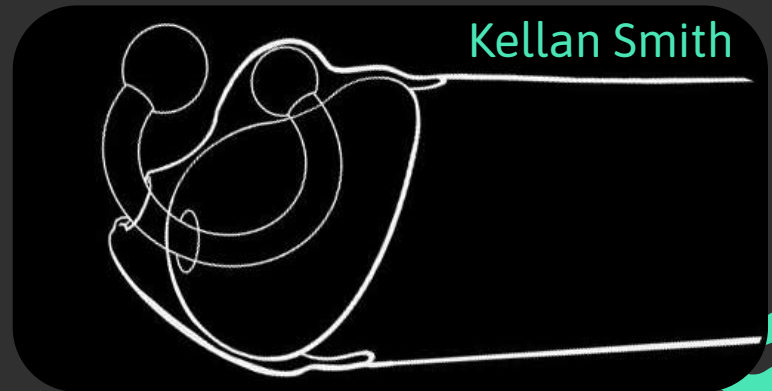
Jewellery Options

Initial:

- $\frac{5}{8}$ "- $\frac{3}{4}$ " (16^{mm}-19^{mm}) diameter rings
- 6g "C" shaped (widened) CBB is ideal, with a larger 'urethra' bead
- Intact anatomy can 'slide' the foreskin over one bead of a CBB to reduce pressure for healing

Healed:

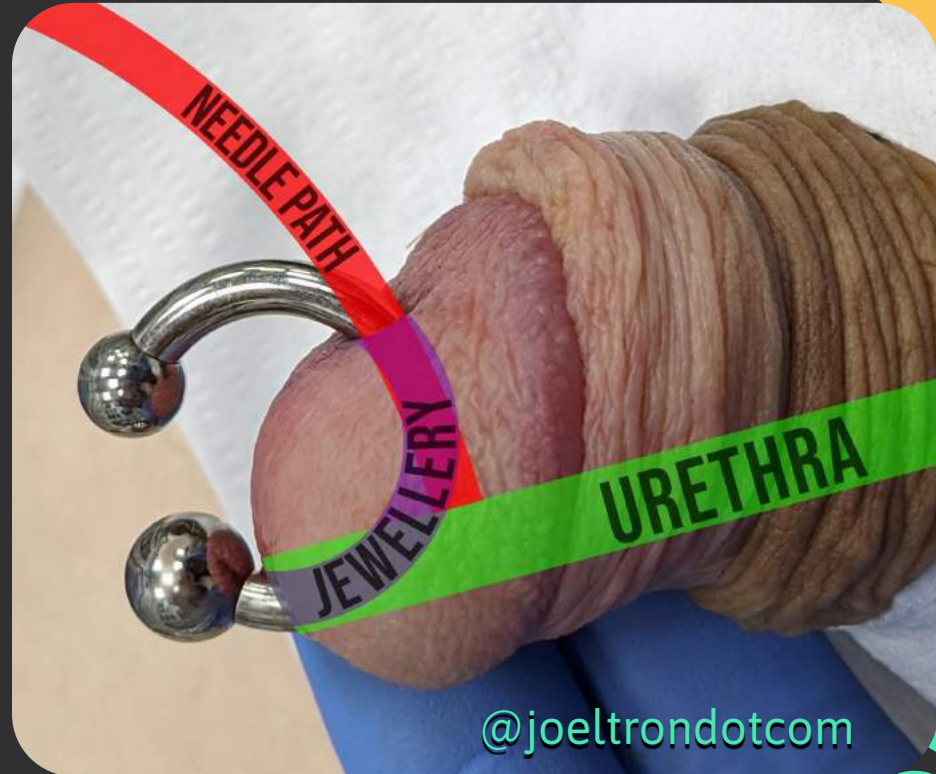
- Well fit rings are most comfortable
- Curved barbells may also be worn, but can may irritation on the glans



PENILE: REVERSE PRINCE ALBERT

Placement & Marking

- Center the exit placement inline with the urethral slit
- Should be around $\frac{1}{2}$ "- $\frac{5}{8}$ " from the top of the urethra, but exiting "too deep" can cause pressure and irritation
- Take the urethra position and size into account for depth of the piercing



PENILE: REVERSE PRINCE ALBERT

Receiving Tube Procedure (same as regular P.A.)

1. Use a receiving tube that is big enough to accept the sharp, but as small as possible to reduce discomfort when inserted
2. Insert the flat end of a lubricated receiving tube down the urethra, past your mark, and then position on the mark
3. Use your finger to gently push on the skin around your mark to identify the position of the tube is centered and correct
4. Insert a needle through the mark into the receiving tube
5. Remove tube once ready for jewellery insertion

PENILE: SCROTAL



Placement

Performed anywhere on the scrotum, but usually either centred behind the raphé (midline) or in pairs off to the sides.

Higher center placements are called “Lorums” (low Frenum) and off-centered placements are typically called Hafadas.



Pain Level

The scrotal tissue isn't overly sensitive, however the dense tissue is pinchy.



Background

Thought to have originated in Arabia where it is said to be done when a man entered puberty.

Some members of the French Legion, active in Lebanon and Syria, received the piercings and spread its popularity throughout Europe.



Healing Time

Inflammatory period: Non-penetration

Initial healing: 18-26 weeks

Maturation: 5-8 months

Fresh 8g Lorum

Healed Ladder



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Elayne Angel

PENILE:
SCROTAL



10g 9/16" CBR "High-Hafadas"

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PENILE:
SCROTAL



10g 9/16" CBR Hafadas

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& @missmodify



PENILE:
SCROTAL



PENILE: SCROTAL

Pros:

- Relatively low pain to get done
- Not very intrusive during sex
- Non-penetrating piercing, which may be preferred by partners
- Can be done in multiples and added to one at a time

Cons:

- A “surface piercing”, so prone to rejection and migration over time
- More difficult to heal than many may initially think when requesting
- Prone to irritation from movement
- Area needs to be kept dry while healing occurs

PENILE: SCROTAL

Lifestyle Considerations

- Excessive movement while healing causes discomfort and irritation
- Although not through the actual penis, sexual activity can lead to irritation due to movement as well as being exposed to bodily fluids
- Those suffering from jock itch (tinea cruris) or other skin conditions should seek the advice from a dermatologist prior to getting pierced
- The small scrotal creases tend to retain moisture on humid days or after showering and should be dried using a dedicated cool hair dryer

PENILE: SCROTAL

Jewellery Options

Initial:

- 10g-8g $\frac{5}{8}$ " (16^{mm}) rings
- CBBs should be avoided when doing ladders (multiples)
- Titanium is suggested to reduce weight and decrease migration

Healed:

- Most style of rings, including decorative or ornamental types
- Straight barbells
- Curved barbells may be worn, but care to correctly fit length is vital

PENILE: SCROTAL

Placement & Marking

- When doing center placements, it is important to use the raphé (midline) to center as the tissue often is asymmetric
- Be sure to check marking when standing to check for alignment and tissue movement - take your time marking!
- Utilizing natural folds is a great way to reduce pressure and improve healing. Use natural folds & protrusions when possible
- Care needs to be given to not place lumps “too high” as they will lift upwards when erect and can lead to irritation during sex

PENILE: SCROTAL

Freehand Procedure

1. Pick the tissue up between your thumb and index finger
2. Be sure to manipulate and move the tissue to ensure no rolling has occurred and to soften the tissue prior
3. Line the needle up with bevel towards the scrotum
4. Pierce in a light “swooping” motion to aid in wound shaping

PENILE: SCROTAL

Clamped Procedure

Clamping can assist more novice piercers, however it also stops the ability to use bevel theory to wound shape the tissue

1. Apply the clamps lightly to the area, using the center line to ensure your clamps are not distorting the tissue at all
2. Pass the needle through the clamp opening before removing the clamps and inserting jewellery

PENILE: DYDO



Placement

Often done in pairs, they pass through the ridge of the glans on the penis head.

Only viable on circumcised anatomy due to the increased definition of the glans.



Pain Level

Being that the tissue it passes through is very sensitive, this one can be quite spicy.



Background

The term was coined by the piercer pioneer Doug Malloy after the word “doodad”, meaning a “decorative embellishment”.

It is speculated to increase sexual feelings that may have been lost post circumcision.



Healing Time

Inflammatory period: 10-15 days

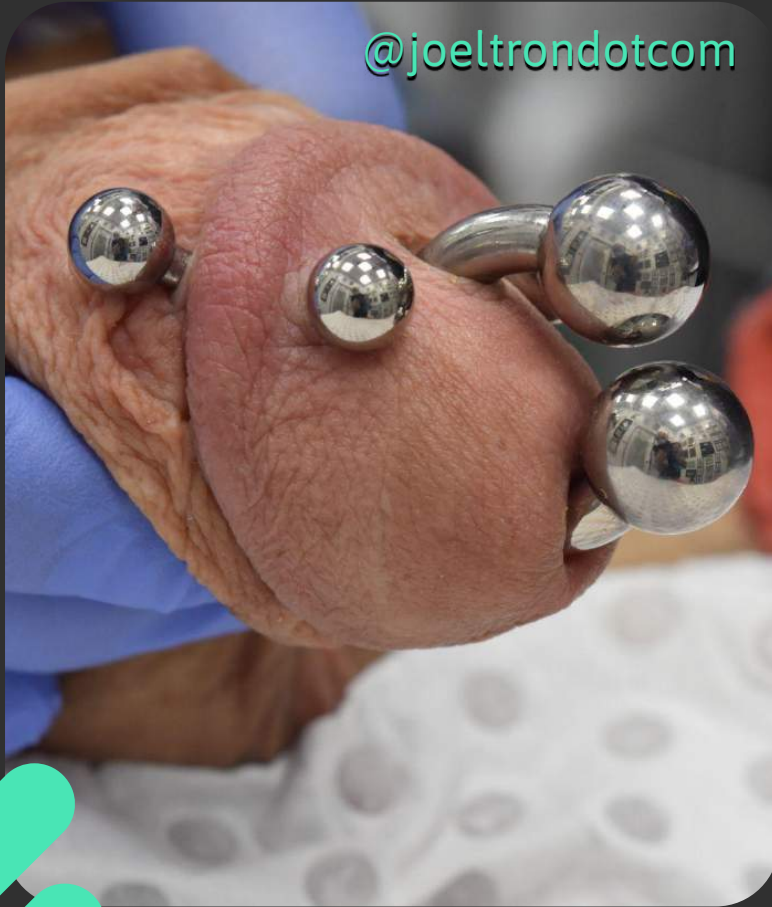
Initial healing: 3-4 months

Maturation: 8-10 months

PENILE: DYDOES

10g Curved 7/16" Healed Dydoes

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PENILE: DYDOE

Pros:

- Increase in sensitivity for both the wearer and sexual partner
- Generally fast healing, due to high amount of circulation in the area
- May be able to restore loss of sensation from circumcision

Cons:

- Defining anatomy is required where the glans are very flared
- Not viable for intact anatomy
- Quite painful piercing
- Can be subject to migration, even if the anatomy is very well suited

PENILE: DYDOE

Jewellery Options

Initial:

- 12g-8g curved barbells, usually between $\frac{3}{8}$ "- $\frac{1}{2}$ " depending on anatomy with smaller beads as to avoid any extra pressure
- Ample room needs to be given for inflammation, as its quite vascular

Healed:

- Snug curved barbells are advised
- Larger bead ends may be installed
- Although possible, stretching is not advised as it can lead to migration

PENILE: DYDOE

Freehand Procedure

- Piercing from the “front” (head) to the “back” (shaft) is generally faster and more comfortable due to the porousness and density of the glans tissue
- Care needs to be taken as not to “nick” any shaft skin, as pressure bumps will occur very easily in this area
- Do not use an undersized needle (stretch up to the jewellery) as it can be quite painful and cause further inflammation

PENILE: APADRAVYA



Placement

Located directly through the glans (head) of the penis, passing through the urethra.

Virtually a PA and RPA combined, with a straight barbell passing through both.



Pain Level

Due to the amount of sensitive tissue it passes through, it is one of the most painful to get



Background

Named from the Kama Sutra, where it is said that “certain apadavyas, or things which are put on or around the lingam to supplement its length or its thickness.”



Healing Time

Inflammatory period: 10-15 days

Initial healing: 16-32 weeks

Maturation: 6-12 months

6g Healed Circumcised Apadravya

PENILE:
APADRAVYA



PENILE: APADRAVYA

Pros:

- Increased sexual sensation for both the wearer and partner
- Increased chance of G-spot or prostate stimulation in partners
- Can be “upgraded” from an existing PA or RPA piercing

Cons:

- Very painful to get done
- Jewellery needs to be quite long for initial swelling, but any extra length can cause discomfort during sex
- Prone to scar tissue forming, especially if on intact anatomy or isn't downsized correctly

PENILE: APADRAVYA

Placement & Marking

- The bottom exit generally should be beside the frenulum
- Ensuring the piercing is straight can be difficult, as you are exiting slightly off on the underside to avoid the frenulum and may need to mark the 'middle' but not necessarily the 'center'
- Do not exit too close to the Corona (ridge), especially with intact anatomy as it can cause scar tissue to develop

PENILE: APADRAVYA

Jewellery Options

Initial:

- Straight barbells, preferably 8g-6g
- Approximately $\frac{3}{8}$ " - $\frac{1}{2}$ " (9^{mm}-13^{mm}) length for swelling during healing
- M&M Beads are very comfortable, especially for intact clients

Healed:

- Straight barbells, snugly fit. Have your client measure their excess length at home to determine size
- Two rings (similar to a PA and RPA)

PENILE: APADRAVYA

Freehand Procedure

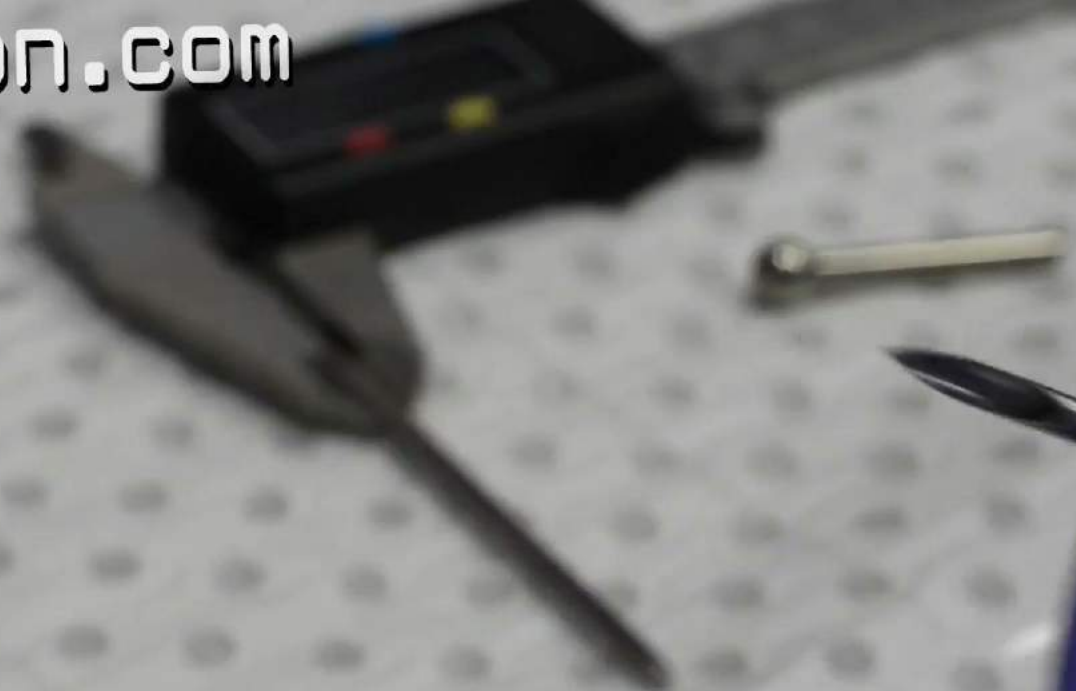
- Go from the bottom to the top, & using bevel theory, “push” the glans onto the needle with your index finger & thumb
- Using a threaded taper, with the jewellery on, can assist by supplying pressure from your palm when piercing through
- Crushing your needle will significantly reduce discomfort
- Try to pierce as close to the gauge of jewellery you are using

PENILE: APADRAVYA

Clamped Procedure

- Gently compress the glans tissue when clamping, making sure that the urethra is not distorted when doing so
- Go from the bottom up to ensure you are centered on the urethra and to minimise tenting of the tissue upon exit
- Using a threaded taper, with the jewellery on, can assist by supplying pressure from your palm when piercing through
- Use the same size needle as your jewellery, but
Expect some bleeding to occur

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**6G APADRAVYA WITH
CRUSHED 8G NEEDLE**



**6G APADRAVYA WITH
STANDARD 6G NEEDLE**

PENILE: AMPALLANG



Placement

Located directly through the glans (head) of the penis, passing through the urethra.

Virtually a PA and RPA combined, with a straight barbell passing through both.



Pain Level

Due to the amount of sensitive tissue it passes through, it is one of the most painful to get



Background

Named from the Kama Sutra, where it is said that “certain apadravyas, or things which are put on or around the lingam to supplement its length or its thickness.”



Healing Time

Inflammatory period: 10-15 days

Initial healing: 16-32 weeks

Maturation: 6-12 months

PENILE: AMPALLANG

Pros:

- Increased sexual sensation for both the wearer and partner
- Increased chance of G-spot or prostate stimulation for partners
- Can be “upgraded” from a PA or RPA piercing and will heal faster

Cons:

- Pretty spicy (painful) to get done
- Jewellery needs to be quite long for initial swelling, but any extra length can cause discomfort during sex
- Prone to scar tissue forming, especially if on intact anatomy

8g Healed Ampallang

PENILE:
AMPALLANG



PENILE: AMPALLANG

Placement & Marking

- The bottom exit generally should be beside the frenulum
- Ensuring the piercing is straight can be difficult, as you are exiting slightly off on the underside to avoid the frenulum and may need to mark the 'middle' but not necessarily the 'center'
- Do not exit too close to the Corona (ridge), especially with intact anatomy as it can cause scar tissue to develop

PENILE: AMPALLANG

Jewellery Options

Initial:

- Straight barbells, preferably 8g-6g
- Around $\frac{3}{8}$ "- $\frac{1}{2}$ " (9^{mm}-13^{mm}) extra length for swelling during healing
- M&M Beads are very comfortable, especially for intact clients

Healed:

- Straight barbells, snugly fit. Have your client measure their excess length at home to determine size
- Two rings (similar to a PA and RPA) can be worn simultaneously, however client comfort will vary

PENILE: AMPALLANG

Freehand Procedure

- Go from the bottom to the top, & using bevel theory, “push” the glans onto the needle with your index finger & thumb
- Using a threaded taper, with the jewellery on, can assist by supplying pressure from your palm when piercing through
- Crushing your needle will significantly reduce discomfort
- Try to pierce as close to the gauge of jewellery you are using

PENILE: AMPALLANG

Clamped Procedure

- Gently compress the glans tissue when clamping, making sure that the urethra is not distorted when doing so
- Go from the bottom up to ensure you are centered on the urethra and to minimise tenting of the tissue upon exit
- Using a threaded taper, with the jewellery on, can assist by supplying pressure from your palm when piercing through
- Use the same size needle as your jewellery, however inform your client that additional bleeding may occur

VULVIC: VERTICAL HOOD



Placement

As the name implies, the piercing is done centrally through the thin mucocutaneous tissues of the anterior vulva that covers and protects the clitoris.



Pain Level

The hood tissue lacks a lot of the nerve endings that the clitoris it protects has, making it relatively easy to experience.



Background

The most commonly requested vulva piercing due to its ease of healing, high chance of anatomical viability and that many wearers find an enjoyable increase in sensitivity during sexual activities.



Healing Time

Inflammatory period: 3-5 days

Initial healing: 2-4 weeks

Maturation: 3-4 months

VULVIC: VERTICAL HOOD

Jewellery Options

Initial:

- 12g $\frac{1}{4}$ "- $\frac{3}{8}$ " curved shaft
- $\frac{3}{16}$ " or $\frac{7}{32}$ " bottom bead
- $\frac{5}{32}$ " bead or $\frac{3}{16}$ " disc, like a 4mm cabochon in a 5mm setting

Healed:

- Initially jewellery is appropriate for healed long term wear
- Straight barbells with balls
- Some rings can be worn, depending on the size ring needed
- Straight barbells

VULVIC: VERTICAL HOOD

Lifestyle Considerations

- Exposed jewellery can get snagged, especially if the jewellery protrudes
 - Natural fibres allow tissue to breathe & support healthy flora balance
-

Anatomical considerations

- Ample room underneath the hood for the actual jewellery to reside
- A hypersensitive clitoris may make the piercing impractical

VULVIC: VERTICAL HOOD

Pros

- Not necessary to always downsize due to little swelling
- Minimal discomfort for client
- Fast healing as thin, highly vascular mucosal tissue
- Direct contact to the clitoral glans
- Great “reference point” for sexual partners

Cons

- Some may experience overstimulation



VULVA:
VERTICAL HOOD



VULVA:
VERTICAL HOOD



@jessica_rabid_pierces

VULVA:
VERTICAL HOOD



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VULVA:
VERTICAL HOOD



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VULVA:
VERTICAL HOOD



VULVA:
VERTICAL HOOD



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VULVIC: VERTICAL HOOD

Receiving tube (Top Down) Procedure

1. Insert a well lubricated receiving tube well under the hood
2. “Overshooting” and “retracting” a small amount or gently stretching the tissue may help to reduce tissue rolls or folding
3. A rounded needle blank (8g+) may also be used as a disposable tube
4. Brace the tube underneath so it can be easily felt through the tissue
5. Pierce downwards into receiving tube

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VULVIC: HORIZONTAL HOOD



Placement

Horizontally through the clitoral hood.

Functional: the bead contacts the glans

Ornamental: the jewellery doesn't make contact with the clitoral glans



Pain Level

Although relatively mild, functional placements are usually slightly less sensitive



Background

HCH as they are also known in short form are generally considered to be more aesthetic than functional, especially when compared to a vertical oriented clitoral hood piercing.



Healing Time

Inflammatory period: 12-18 days

Initial healing: 3-4 months

Maturation: 4-6 months

VULVIC: HORIZONTAL HOOD

Anatomical Considerations

- Ideal for candidates with a definable “hill” of hood tissue that protrudes from the labia minora
- Majora structure that applies pressure onto the jewellery, causing it to tilt and may cause irritation
- If functional placement is desired, natural visibility of the clitoral glans is necessary
- That the hood tissue can be isolated from the clitoral nerve bundle

VULVIC: HORIZONTAL HOOD

Pros:

- Tactile/visual reference for partners during sexual activities
- Can be able to provide clitoral stimulation. This may occur directly or indirectly depending on anatomy

Cons:

- Jewellery may twist and cause discomfort
- Anatomical viability is much lower than a VCH
- Lower chance of clitoral contact

VULVIC: HORIZONTAL HOOD

Jewellery Options

Initial:

Most ring styles are suitable options - CBR, FBR, CBB

- **Functional:** 12g-10g, 7/16"-1/2"
- **Ornamental:** 14g+, 3/8"-1/2"

Healed:

- Straight barbells, if the majora accommodates
- Decorative rings

VULVIC: HORIZONTAL HOOD

Troubleshooting

Symmetrical pressure bumps may occur if the jewellery is too tight for the inflammation and can be corrected by:

- Installing larger diameter jewellery
- A widened circular barbell “tucked” back behind the minora folds when the diameter is not suitable to enlarge

Irritation isolated to a single side may be an indication of twisting occurring as a result of continued crossed legs.



VULVIC: HORIZONTAL HOOD

Clamped Procedure

1. Using fingers, isolate the hood tissue from the clitoral glans
2. Apply clamps before the tissue is allowed relaxed
3. Minimise any pulling of the clamps away from the body
4. Ensure the clamps are straight while existing
5. A slight rotation of the tools/sharp may give more room during transferring of jewellery and removal of sharp

VULVIC: HORIZONTAL HOOD

Freehand Method

1. Brace the clitoral hood tissue away from glans with a slight upwards scooping motion to ensure you clear the nerve bundle - you don't want to incidentally nick it!
2. Stabilise the entrance with your finger while compressing the tissue on the opposing side
3. Pierce with bevel towards client utilising bevel theory



VULVA: ORNAMENTAL
HORIZONTAL HOOD



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**VULVA: ORNAMENTAL
HORIZONTAL HOOD**



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**VULVA: FUNCTIONAL
HORIZONTAL HOOD**



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**VULVA: FUNCTIONAL
HORIZONTAL HOOD**



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VULVIC: LABIA MAJORA



Placement

Horizontally through the outer lips, known as external labia folds, and transverses both epidermal and mucosal tissues.

Multiple piercings are often performed, pairs symmetrically or staggered.



Pain Level

Due to the density of the tissue there can be a 'burning' sensation after the initial piercing sting.



Background

Infamously referenced and central to the plot of the 1954 french erotica 'Story of O' which strongly influenced the development of contemporary BDSM practice



Healing Time

Inflammatory period: 6 weeks

Initial healing: 4-5 months

Maturation: 10-12 months

VULVIC: LABIA MAJORA

Jewellery Options

Initial:

- 12g-8g 5/8"-3/4" rings, however circular barbells should be avoided for pairs
- Straight barbells may be an option, but will depend on placement and anatomy

Healed:

- Straight barbells, if the majora accommodates
- Decorative rings
- Plain clickers

VULVIC: LABIA MAJORA

Lifestyle Considerations

- Easily adapted for decorative or functional play
- Can safely sustain significant tension with a compatible gauge however may cause unintentionally stretching
- Often removal is suggested for waxing or laser hair removal
- Active lifestyles, especially those who frequently exercise or play sports, may find friction and irritation occurring

VULVIC: LABIA MAJORA

Troubleshooting

- Extra care for passive movement needs to be taken, ensuring supportive but breathable underwear
- Care during stimulation may have a higher chance of irritation during initial
- Heavy materials, ornamental attachments or paired circular barbells should be avoided initially



VULVIC: LABIA MAJORA

Anatomical Considerations

- More suitable for anatomy with prominent exterior tissue
- Can be challenging to heal for people whose thighs consistently compress
- Seeing how the tissue naturally rests while the client is standing can also be helpful

VULVIC: LABIA MAJORA

Clamped Procedure

1. Sponge forceps (non-slotted) can disperse consistent pressure across a wide area and reduce discomfort
2. Apply forceps and brace with hand to stabilise
3. Adjusting for any major blood vessels
4. Piercing either “outside to in” or “inside to out” is up to your comfort and visibility

VULVIC: LABIA MAJORA

Freehand Method

1. Ensure client's legs are in a position to allow clearance
2. Position fingers so that you can support the exit mark
3. Anchoring hands on the client may assist in stability
4. Pierce with bevel towards client and utilise wound shaping techniques and bevel theory to reduce discomfort





VULVA:
LABIA MAJORA



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VULVA:
LABIA MAJORA



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VULVIC: LABIA MINORA



Placement

Horizontally pierced through the thinner mucosal inner lips, known as the internal labia folds

Multiple piercings are often performed, placed in pairs symmetrically or staggered



Pain Level

Very tolerable for the client to experience



Background

As minora (inner) tissue is vascular with good circulation, they generally heal significantly faster than majora (outer).

Jewellery may be visibly or concealed depending on anatomy structure.



Healing Time

Inflammatory period: 1-2 weeks

Initial healing: 6-10 weeks

Maturation: 3-4 months

VULVIC: LABIA MINORA

Jewellery Options

Initial:

- 12g-8g 5/8"-3/4" rings, however circular barbells should be avoided for pairs
- Straight barbells may be an option, but will depend on placement and anatomy

Healed:

- Straight barbells, if the majora accommodates
- Decorative rings
- Plain clickers

VULVIC: LABIA MINORA

Piercing direction and orientation tends to have little effect on the result of the piercing, as long as bevel theory is considered.

Clamped Procedure

1. Apply light pressure when using forceps
2. Preferably use toothless and rounded forceps
3. Ensure tissue is not folded or creased when clamping
4. Rotation of the tissue may allow for greater clearance when installing jewellery or removing the needle

Freehand Procedure


1. Gently tensioning will increase tissue stability
2. Apply bevel theory to reduce drag when piercing

VULVIC: LABIA MINORA

Lifestyle considerations

- No undies means more stretch
- Sex will touch and irritate
- Prone to elongation and stretching with play

Anatomical considerations

- Likely more ornamental than functional
 - Labia Minora has a higher elasticity than most parts of the body
 - Prone to passive stretching
 - It is a capillary rich mucosal tissue that is very resilient, however thin.
- 

VULVIC: LABIA MINORA

Pros:

- Low pain, easy to heal
- Unlikely to obstruct additional piercings

Cons:

- Can be easily twisted and cause discomfort
- Prone to undesired passive stretching (even with titanium)
- Irritation from jewellery rotating back and forth
- More likely to become in contact with urine

VULVIC: LABIA MINORA

Initial Jewellery

1. 12g-10g $\frac{3}{8}$ "- $\frac{7}{16}$ " offers stability while minimizing stretching
2. Captive or Fixed bead rings are best suited for multiples
3. Smaller beads should be avoided as they can easily slip into the channel

Healed Jewellery

1. The pliable tissue can accommodate smaller diameter rings
2. Temporary decorative attachments (chains, padlocks etc)



VULVA:
LABIA MINORA



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VULVA:
LABIA MINORA



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VULVA: LABIA MINORA



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VULVA: LABIA MINORA



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VULVIC: CHRISTINA



Placement

Placed vertically through the top of the vulva and exiting on the pubic mound.

Considered highly anatomy dependent and rarer as they often are prone to healing complications and specifically migration.



Pain Level

The pubic mound side of the piercing is often surprisingly sensitive and quite uncomfortable.



Background

May be approached differently depending on the anatomy and the desired outcome:

- L-shaped demi-surface
- curved style piercing

If deemed not viable, a staple surface bar on the pubic mound may be an alternative. (but that is out of the scope of this class)



Healing Time

Inflammatory period: 6-8 weeks

Initial healing: 4-5 months

Maturation: 12+ months

VULVIC: CHRISTINA

Jewellery Options

Demi-Surface Style

- “L” shaped bars
- Low profile top ($3/16$ ” min) with $3/16$ ” bead
- 14 or 12g, 1”-1.5” long, with a $5/16$ ”- $3/8$ ” rise
- Customisation may be needed to suit anatomy



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Curved Style

- 10g curved barbell
- $9/16$ ”-1” long
- Rounded beads

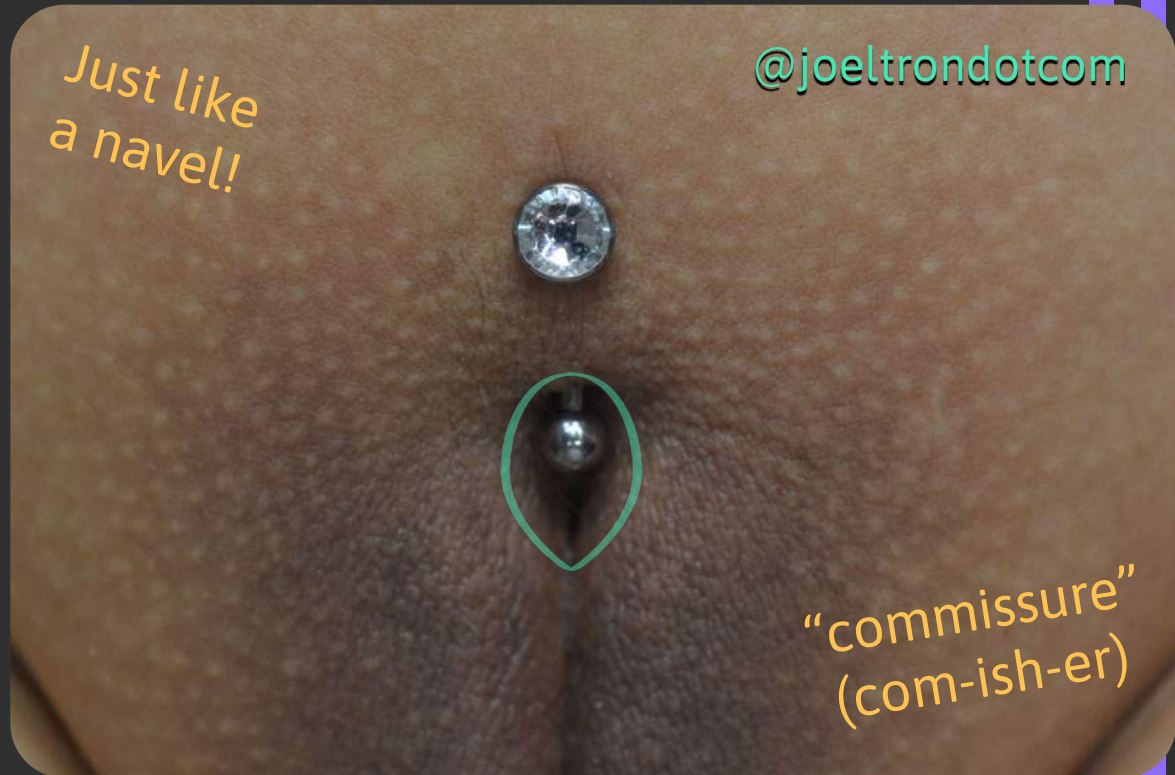


Keepin' it simple!

VULVIC: CHRISTINA

Labial Pubic Divot (LPD)

Suitable when the labia majora transitions to the pubic mons, the vulva will often contain a natural teardrop shaped void or “pocket”.



VULVIC: CHRISTINA

Demi-Surface



Demi-Surface

VULVA:
CHRISTINA



VULVA:
CHRISTINA
Demi-Surface

Freshly pierced 14g 1- 1/4"



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VULVA:
CHRISTINA
Demi-Surface

Healed and downsized to 1"



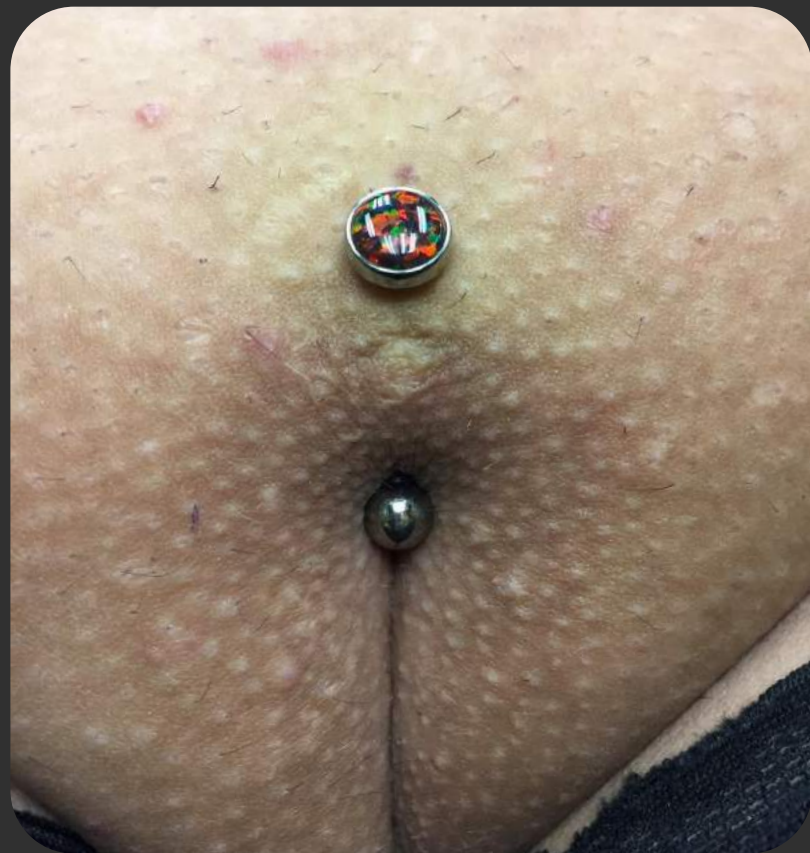
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VULVA:
CHRISTINA



@primitiveaccentslv

Curved Style



Curved Styles

@primitiveaccentslv



@primitiveaccentslv



VULVA:
CHRISTINA

VULVIC: CHRISTINA

Anatomical considerations

- Certain builds may result in less visibility of the jewellery when standing
- Best suited to anatomy that has a distinguishable and unobstructed pocket
- More suited to “valley” type vulva where the bottom bead will remain inside the majora

Lifestyle Considerations

- Compression of the torso, such as sitting for extended periods of time, may cause irritation
- Prone to catching while washing, wearing lace underwear, and on clothing in general
- Face-to-face intercourse may be uncomfortable due to compression

VULVIC: CHRISTINA

Pros

- Usually visible in a closed leg state
- Thought of as a “pseudo” genital piercing by clients

Cons

- More painful than clients expect
- Long healing time and prone to irritation/migration
- Purely aesthetic with no direct sexual function
- Prone to jewellery indenting
- Chance of ingrown pubic hair under top end



VULVIC: CHRISTINA

Freehand Technique

- Offers the ability to wound shape and control depth
- Carefully place the sharp inside divot, with bevel towards client
- Pierce upwards, using wound shaping technique

Surface Style

- Ensure consistent depth while piercing behind your exit mark
- Tilt the sharp upwards, while pushing down on either side of the exit so that you exit perpendicular to the pubic mound

Curved Style

- Curvature wound shape while exiting on the pubic mound

VULVIC: TRIANGLE



Placement

Horizontally behind the clitoris and through the base of the hood tissue

Provides stimulation of the clitoris from behind the shaft



Pain Level

Because this tissue is quite vascular it can be more 'throbbly' than 'stingy'



Background

Considered a more advanced and less common genital piercing due to the complexity of its placement and variety of anatomy types



Healing Time

Inflammatory period: 2-3 weeks

Initial healing: 4 months

Maturation: 9-12+ months

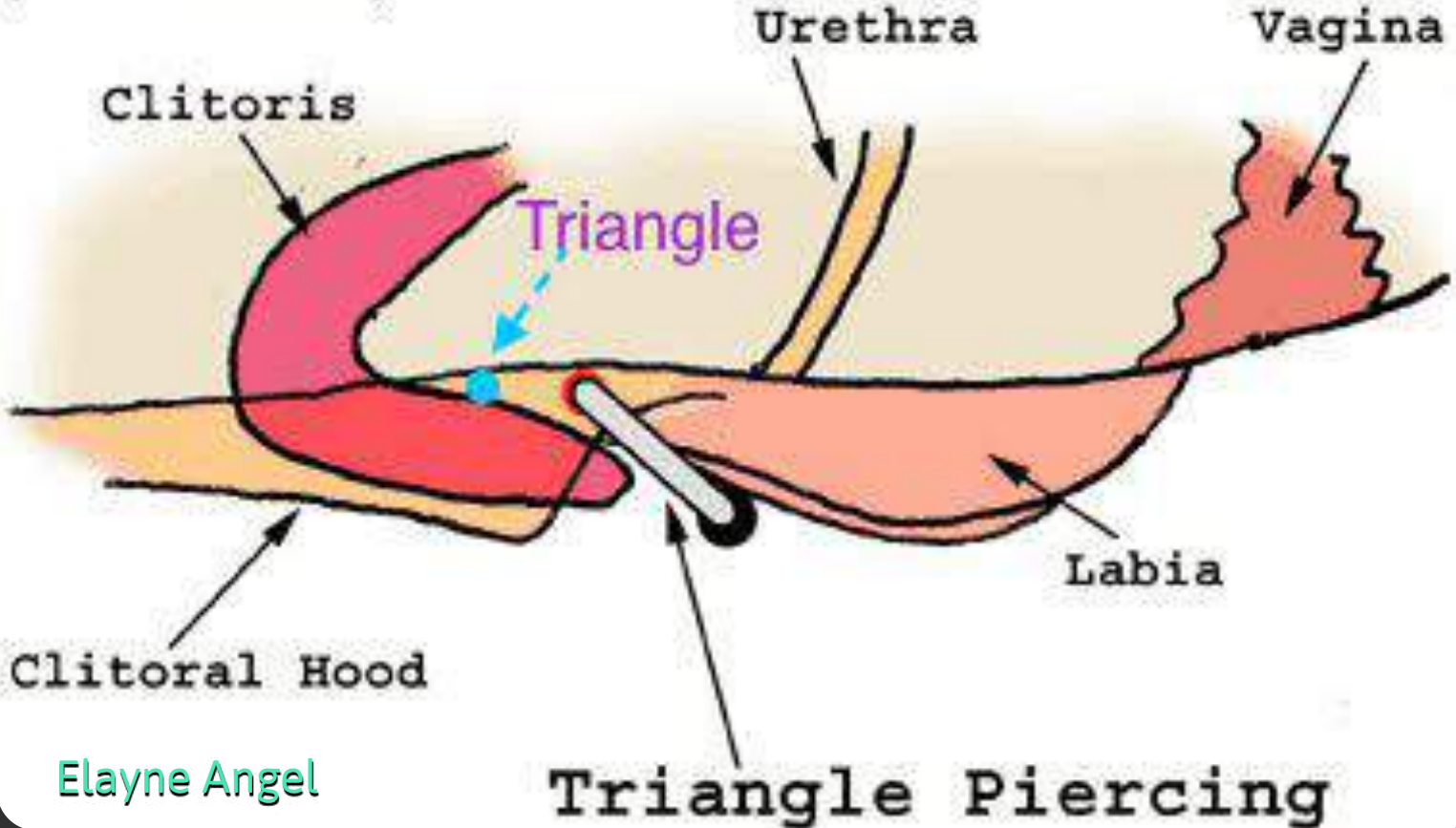
VULVIC: TRIANGLE

Anatomical considerations

- The clitoral shaft needs to be able to “lift” away from, and is not adhered to, the rest of the vulva tissue when tension is applied
- Best suited to well defined or bulbus clitoral anatomy
- Avoid any notable blood vessels in the area. They may be able to be temporarily shifted for the procedure, similar to when performing a tongue piercing that has visible veins underneath

VULVIC: TRIANGLE

(not to scale)



VULVIC: TRIANGLE

Jewellery Options

Initial:

- Circular Barbells are suggested as they can be widened to nest comfortably within the vulva
- 12g or 10g are generally ideal for their notable stability and comfort
- 7/16" - 1/2" are sizes common used

Healed:

- Restored width Initial Circular Barbell
- Captive and fixed bead type jewellery can also

VULVIC: TRIANGLE

Troubleshooting

- Due to compression of the thighs and surrounding labial folds it's not uncommon for the jewellery needing to rest or be adjusted to be able to fit into a specific spot
- Beads that are too small can cause indenting
- Beads too close together that doesn't accommodate for the tissue can cause unnecessary movement



VULVIC: TRIANGLE

Septum Forceps Procedure

- Manipulate the clitoral nerve bundle up and away from the body ensuring no hood tissue is folded
- Apply forceps to piercing marks and stabilise the tissue
- Bit like finding the “sweet spot” for a septum you will be able to feel if you are going through the thinnest point. The clitoral nerve cluster will feel much denser
- Avoid twisting the tissue when clamping as it may misalign the internal tissue layers



VULVIC: TRIANGLE

Freehand Method

1. With your bracing hand identify and manipulate the clitoral bundle up away from the body
2. Slightly stretch the tissue while applying gentle pressure down and slightly inward to secure your mark
3. Use either fingers or side palm to stabilise the piercing entrance side on the opposing mark and slightly compress the tissue together



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Pros

- Offers unique potential for stimulation because the jewellery may rub against the clitoral shaft from underneath

Cons

- Very anatomically dependant
- A reasonable amount of tissue to pass through
- Swelling is not uncommon
- They can be prone to some bleeding from passive movements during early healing stages



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CITATIONS & THANKS

Qualifying A Client

- <https://www.midlandskin.co.uk/conditions/isotretinoin/>
- Lynn Loheide

Pre/Post Care

- <https://www.thewomens.org.au/health-information/vulva-vagina/your-vulva-vagina/how-can-i-stay-healthy-down-there>
- <https://shvic.org.au/for-you/genital-health/genital-skin-care>
- <https://www.cdc.gov/condomeffectiveness/Dental-dam-use.html>

Procedures

- The Art of Pierced Penises, by Doug Malloy (1975)
- <http://1000misspenthours.com/reviews/reviewsn-z/storyofo.htm>
- Primitive Accents Body Piercing
- William Campbell
- Rob Hill