

Under the Hood:

Tune Up Your VCH & HCH Knowledge

By: joeltron dot com
#AUPP2025 - Sydney



Disclaimer & Such

Graphical content ahoy!
You will see genitals, *lots* of them

- You are not getting trained to do vulva piercings
- Everything is correct to the best of my knowledge
- The intent of this class is simply to educate
- Take what works for you and leave the rest
- My views may not reflect the APP/AUPP's



- **Opal Heart** (Perth, AU)
- **Stone Heart** (Sydney, AU)
- **APP** Member (~14 years)
- **AUPP** Founder
- Turned 41 recently
- Piercing 20ish years
- NeilMed Pro Team
- Neurodivergent
- He/They/Them
- Cali' sober & boring af
- Was taught to clamp hoods
- Has never driven a car



joeltron



Under the Hood

Tune Up Your VCH & HCH Knowledge



Room Control

making a safe space



Anatomy

of the vulva tissue



Hood History

the clit is not a myth



VCH Piercing

Vertical Clitoral Hood



HCH Piercing

Horizontal Hood



Aftercare

and considerations





Room Control

Making a safe space



Qualifying a Client



Checking ID

Check ID prior to any consultation, check-up, change-over or piercing to ensure your client is over the of 18 (regardless of local laws/regulations)



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”

Setting Safe Boundaries



Client Comfort

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



Environment

Use and offer hand sanitiser upon entry and exit of the room.

Ask the client if you can close the door and, if possible, vacate the room while client is getting undressed.

Setting Safe Boundaries



Correct PPE

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

Do not include client's uncovered hands in portfolio photos.



Bed Coverings

Use a disposable bed cover (or sheet) when a client is lying on your bed, without their pants on to make it easier to clean afterwards.

Setting Safe Boundaries



Support person

- A friend can be very beneficial for the client's comfort, but care needs to be taken with someone else in the space with you
- Offer your client, when alone, if they would like their support person to accompany them into the procedure room
- Be clear with support people and tell them if you are comfortable with them being up close or if you would prefer they stay seated
- Be sure to communicate directly with the client, not via their support person, but try and involve them too if appropriate

Setting Safe Boundaries



Removing Sexualisation

- Use gender-neutral language & terminology when you can.
- Choose your wording carefully when chatting with your client.
- *“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 commonly participate in rough sex?”*

Setting Safe Boundaries



Use generic nouns, such as:

- Area
- Valley anatomy
- Stimulation
- Anatomy
- Hill anatomy
- Oral contact
- Vulva
- Structure
- Bodily fluids
- Protrude
- Folds/creases
- Sexual activity
- Discharge
- Tissue/skin
- Intercourse

Setting Safe Boundaries



Consultations

- Prepare a space 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 lifestyle and how a healing piercing may affect it
- No need for trimming of pubic hair. We don't need clients to do things they don't normally do to their bodies
- Talk about placement options with your client

PFIQ

Piercing Fans International Quarterly

IN THIS ISSUE:

- Photo Feature/Zubayr Meets Star
- Who's Who/Meet Carl Carroll
- A Tribute to Ethel Granger
- Kingpinned & Ringed, Part 2
- The Letters of Ellen Sunshine

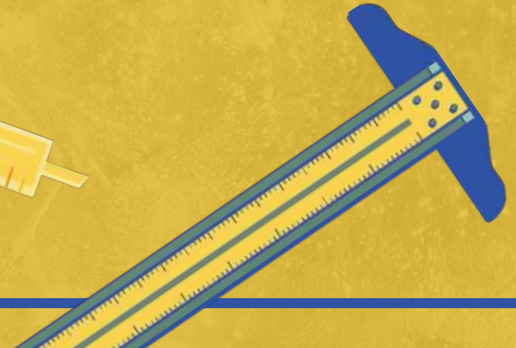
no. 13



Photo by Fakir Musallam

Hood History

the clit is not a myth



Discovery

The clitoris has been “found” and then “lost” multiple times throughout history, even being omitted entirely from textbooks.

Ancient figures like Hippocrates (460-370 BC) and Rufus of Ephesus (80-150 AD) had noted it - it wasn't until 1559 when Realdo Colombo, an Italian surgeon and professor of anatomy, "discovered" the clitoris.

Dr. Helen O'Connell used MRI technology in 2005 to accurately map the clitoral anatomy.



Hood History



"Telinga Panjang" by Yani Saloh

Dayak women of Borneo

For centuries, Dayak women would pierce and stretch their inner and outer labia to wear thick gold rings in them.

It is also said that they pierced the hood tissue to enhance sexual feeling.

They most likely differed greatly from modern hood piercing placements.

Hood History

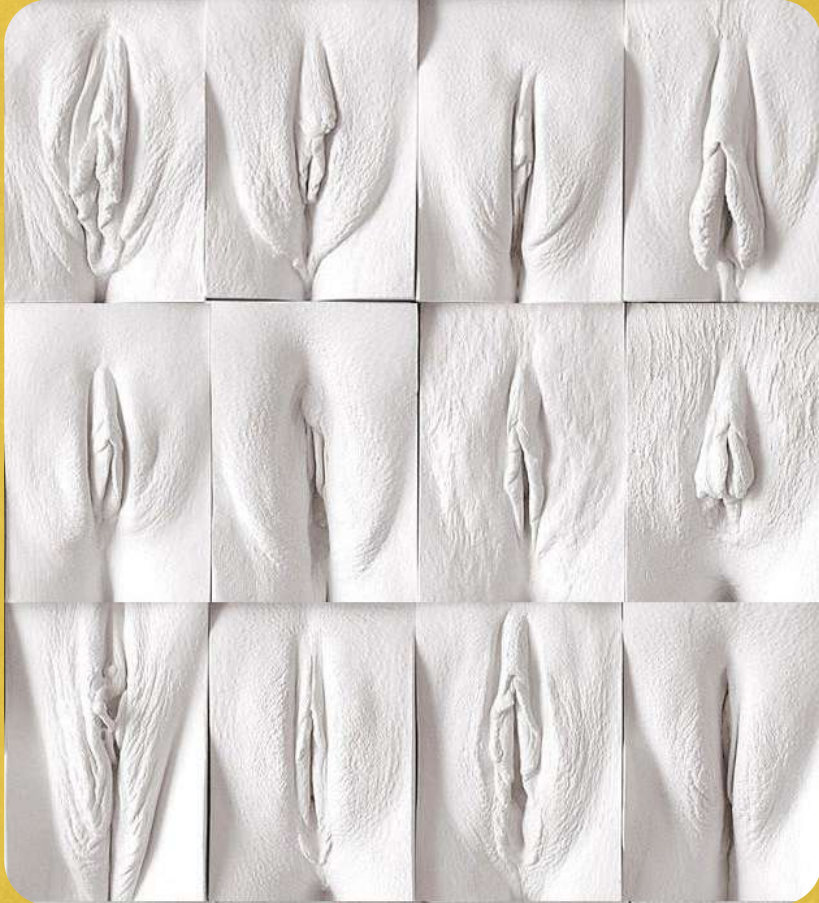
Modern Hood Piercings

Like most genital piercings, the majority can be traced back to Gauntlet in the '70s.

The Horizontal hood piercing was first popularized in the 1990s with the Vertical hood followed in popularity, eventually surpassing the horizontal version.



Jim Ward's the Gauntlet
1978 West Hollywood

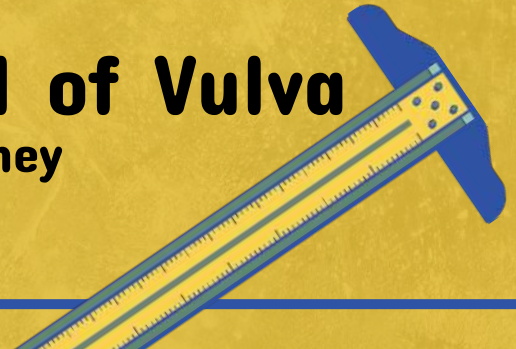


Anatomy

Of the vulva tissue

Great wall of Vulva

Jamie McCartney





Great wall of Vulva

Jamie McCartney

“Hill” Structure Vulva

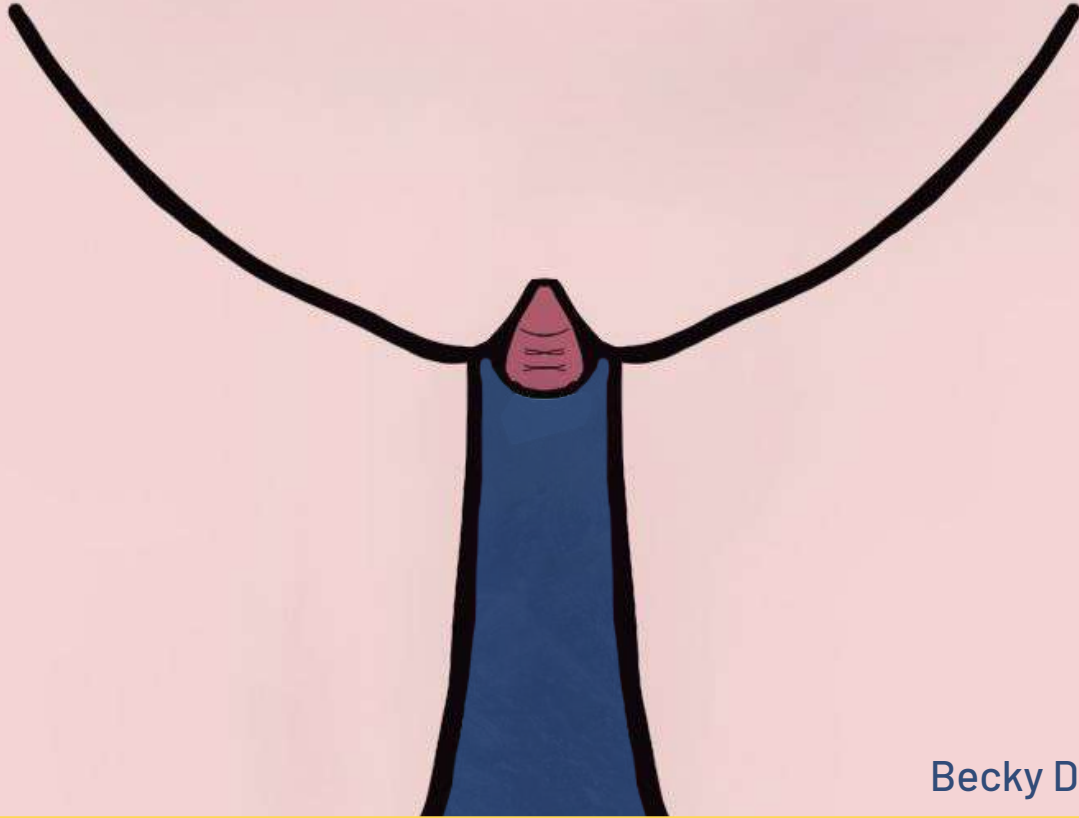


Image courtesy of
Becky Dill - @beckyadorned

“Valley” Structure Vulva

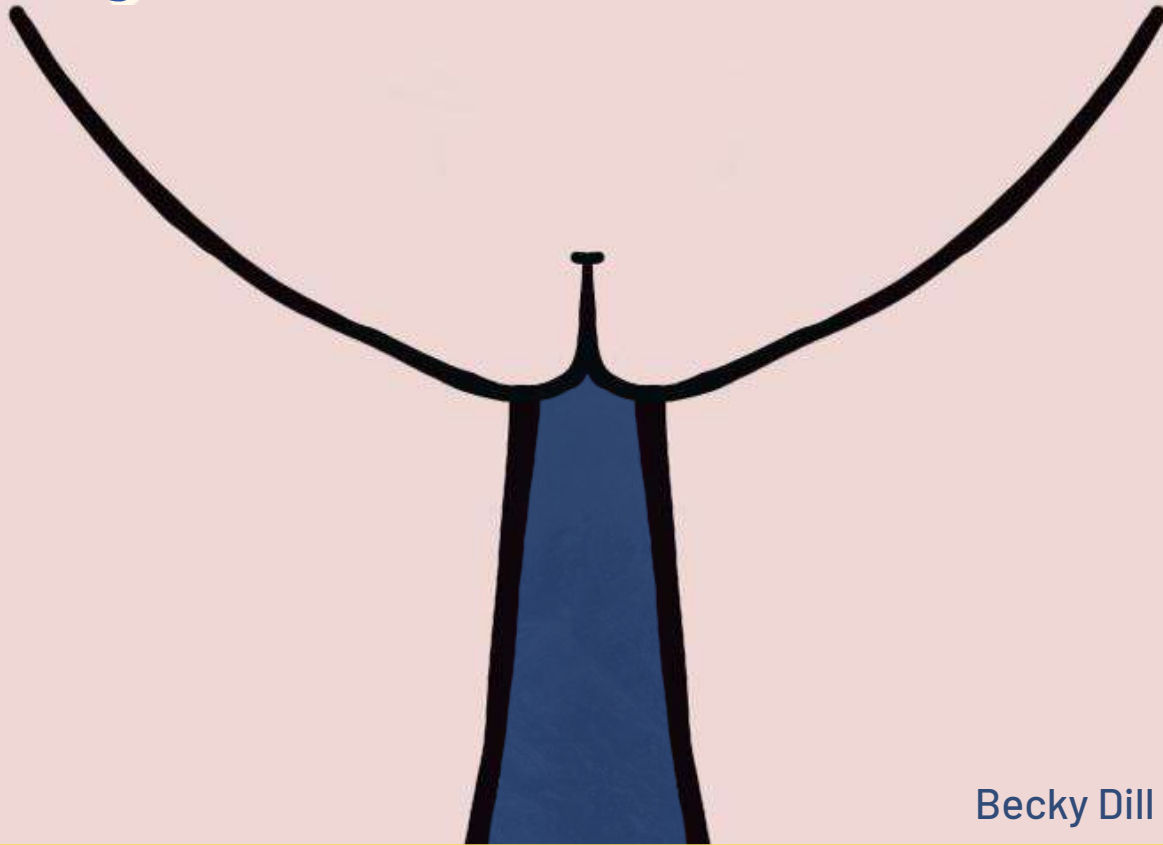


Image courtesy of
Becky Dill - @beckyadorned

Vulva Anatomy

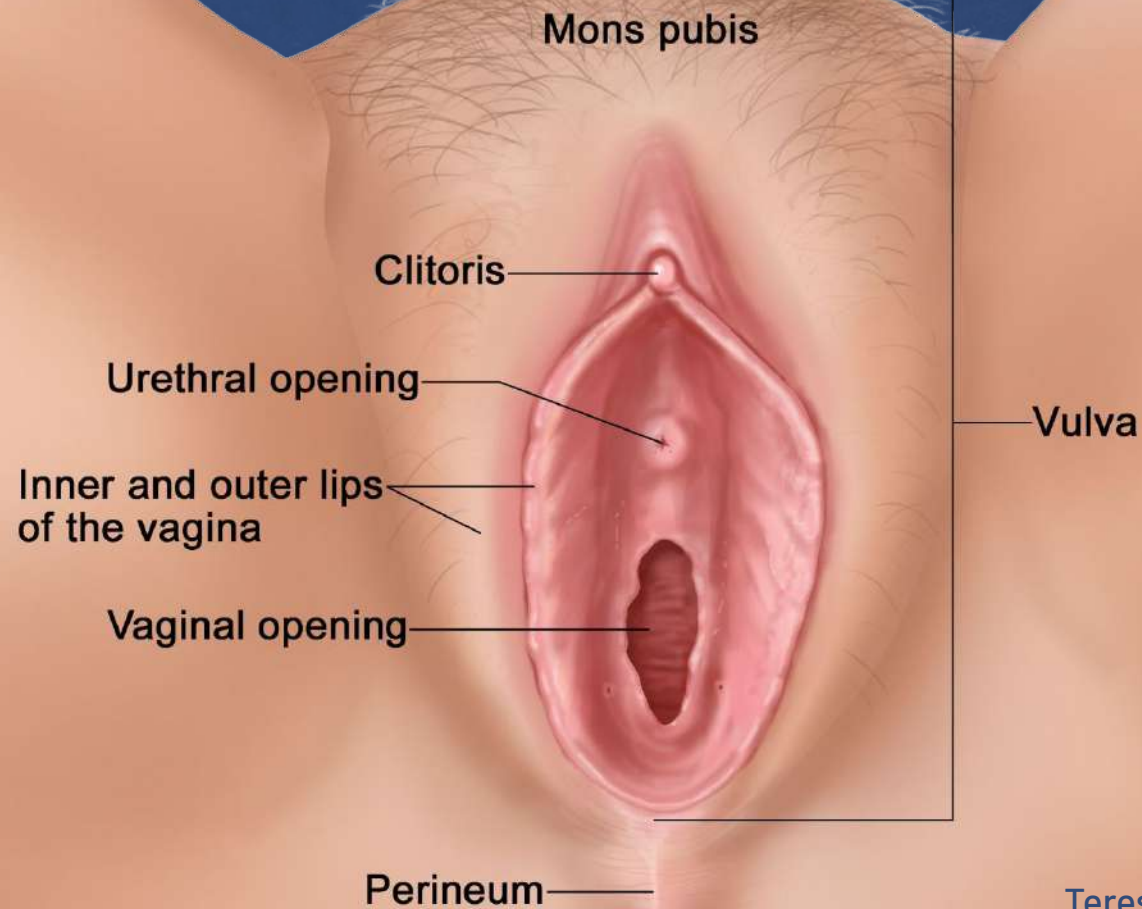
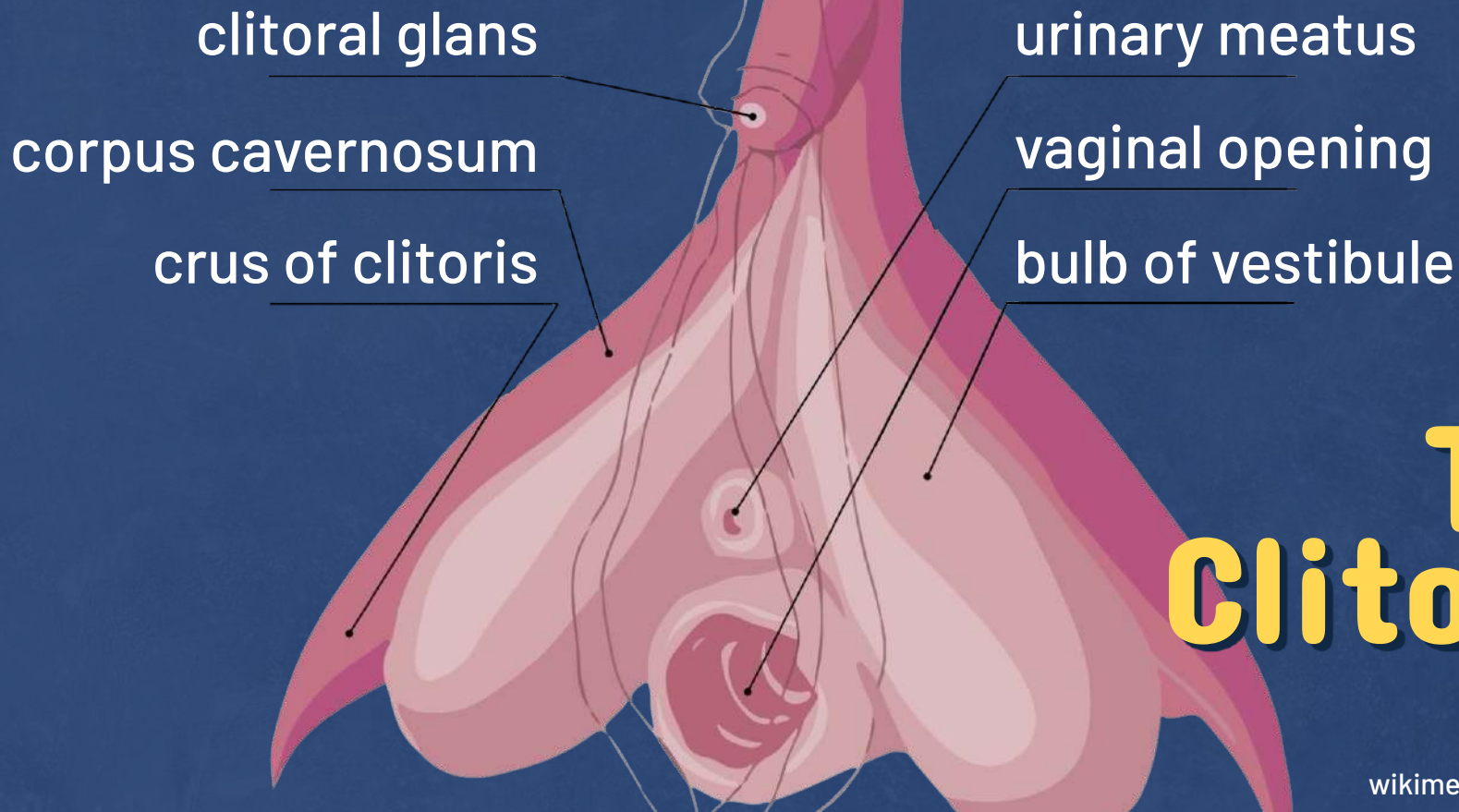


Image © 2014
Terese Winslow LLC.



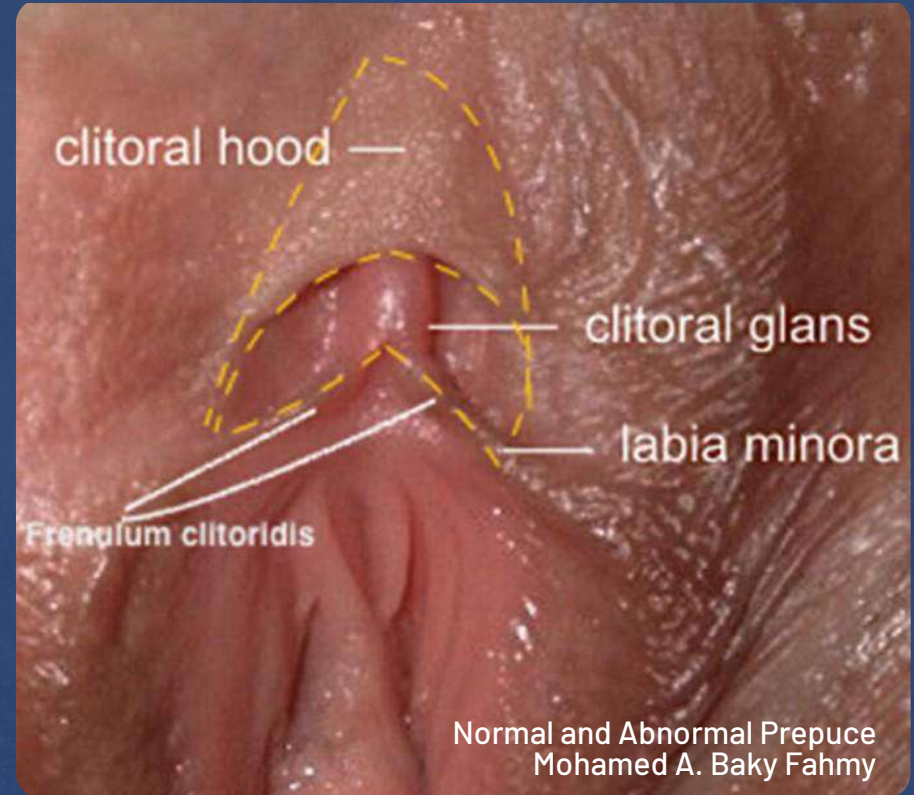
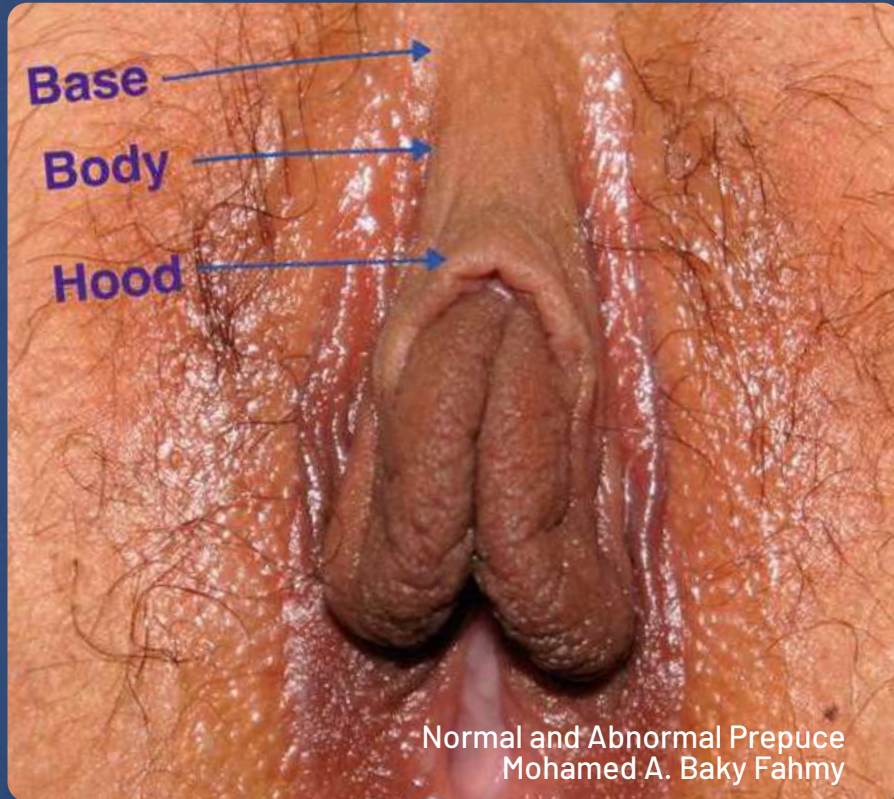
The Clitoris

Non-identical Anatomy



Normal and Abnormal Prepuce
Mohamed A. Baky Fahmy

Clitoral Hood (Prepuce)





Hood Apex

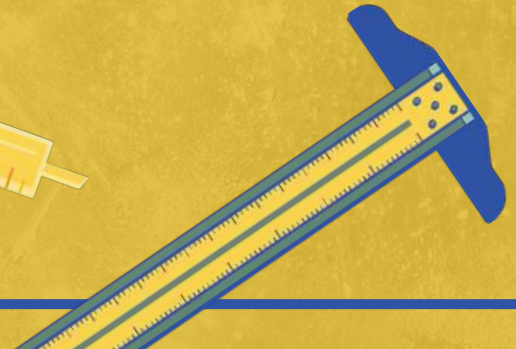
The clitoris & the hood connect underneath at an apex at the top.

Remember:

- Every vulva is different,
- Every clitoris is different and
- Every clitoral hood is different

Image courtesy of
Becky Dill - @beckyadorned

Vertical Clitoral Hood

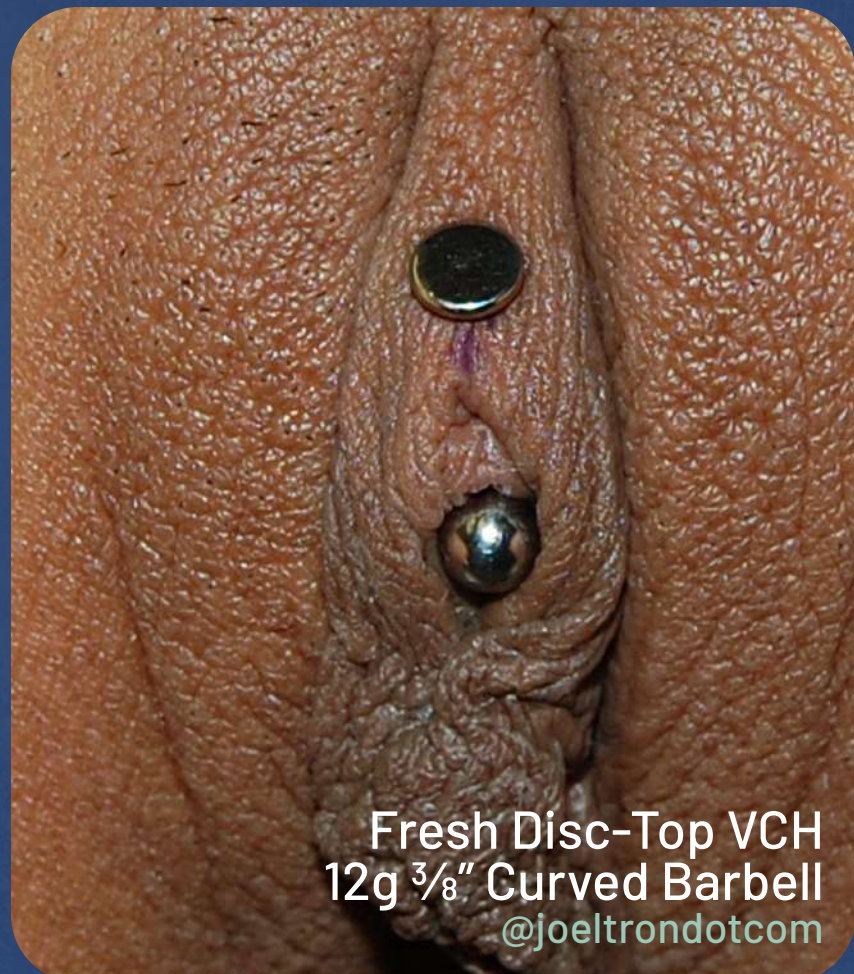


VCH Piercing

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.

Depending on anatomy, it usually passes through 2-4 mm of tissue.

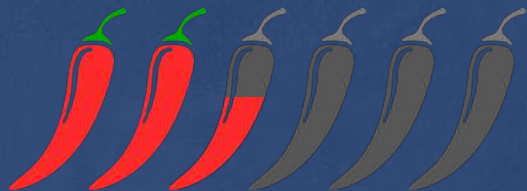


Fresh Disc-Top VCH
12g $\frac{3}{8}$ " Curved Barbell
[@joeltrondotcom](https://www.joeltrondotcom)

Vertical Clitoral Hood

Pain Level

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



Introduction

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.

Vertical Clitoral Hood



Image courtesy of
Becky Dill - @beckyadorned

Vertical Clitoral Hood

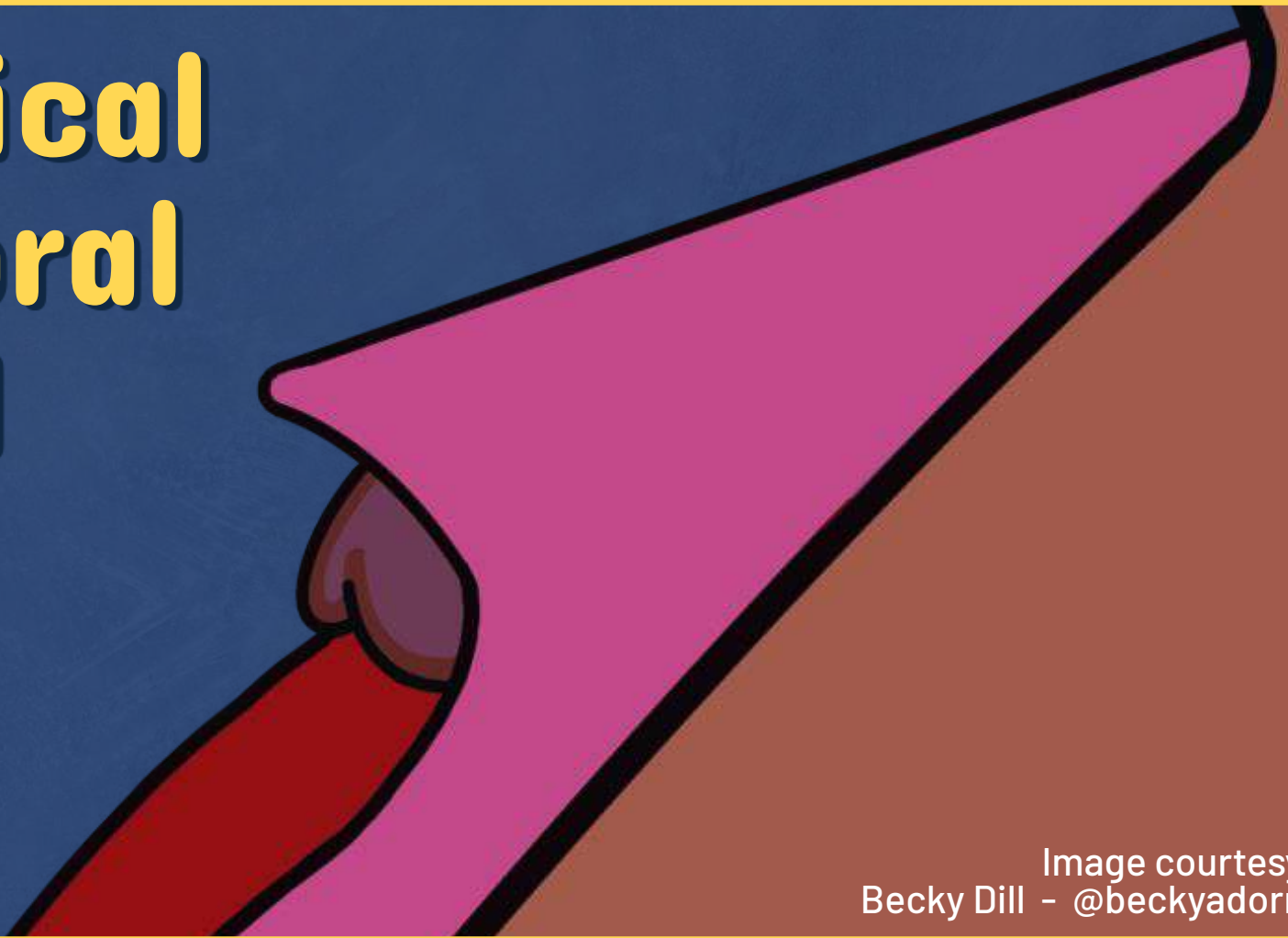


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Vertical Clitoral Hood

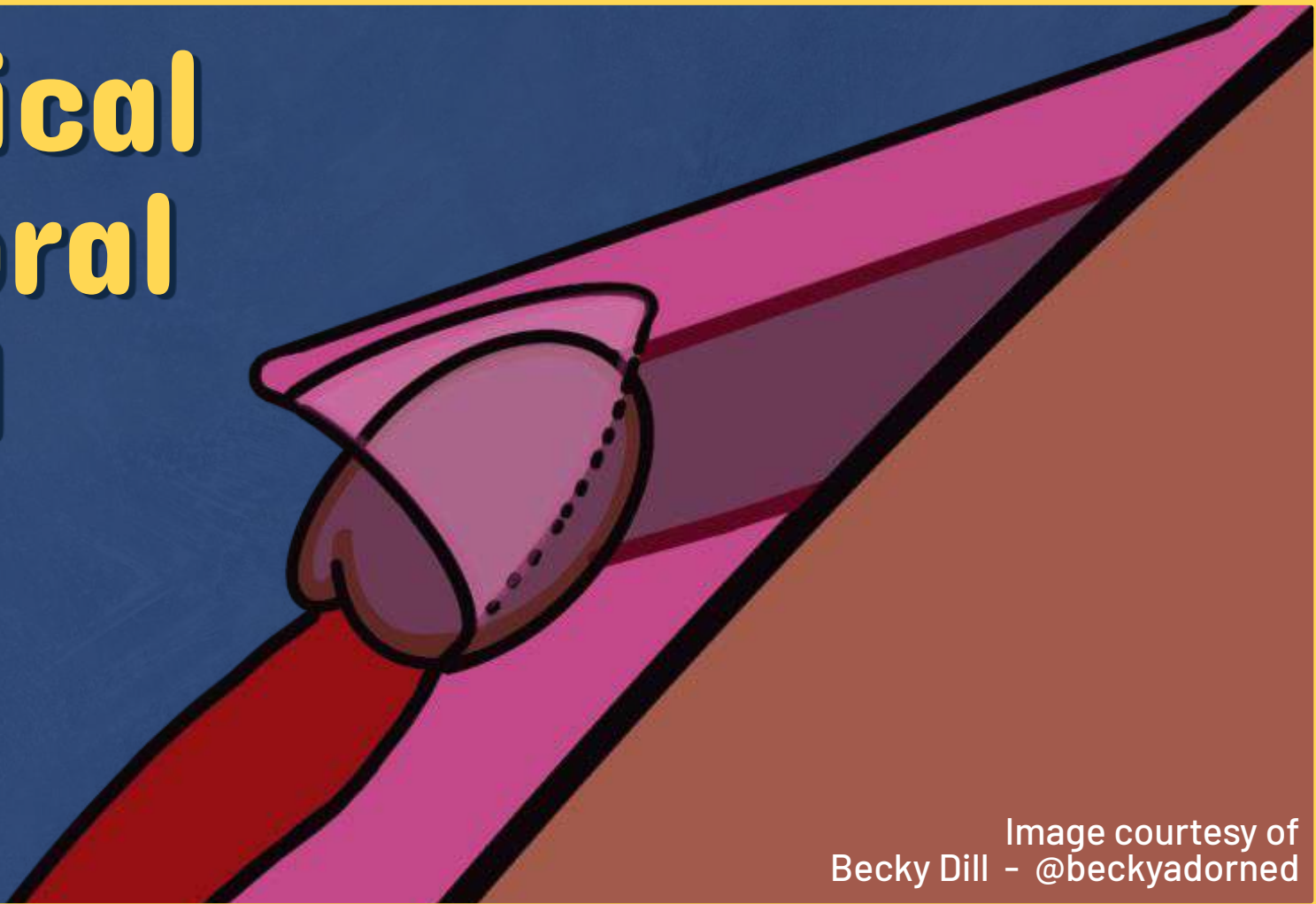


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Becky Dill - @beckyadorned

Vertical Clitoral Hood

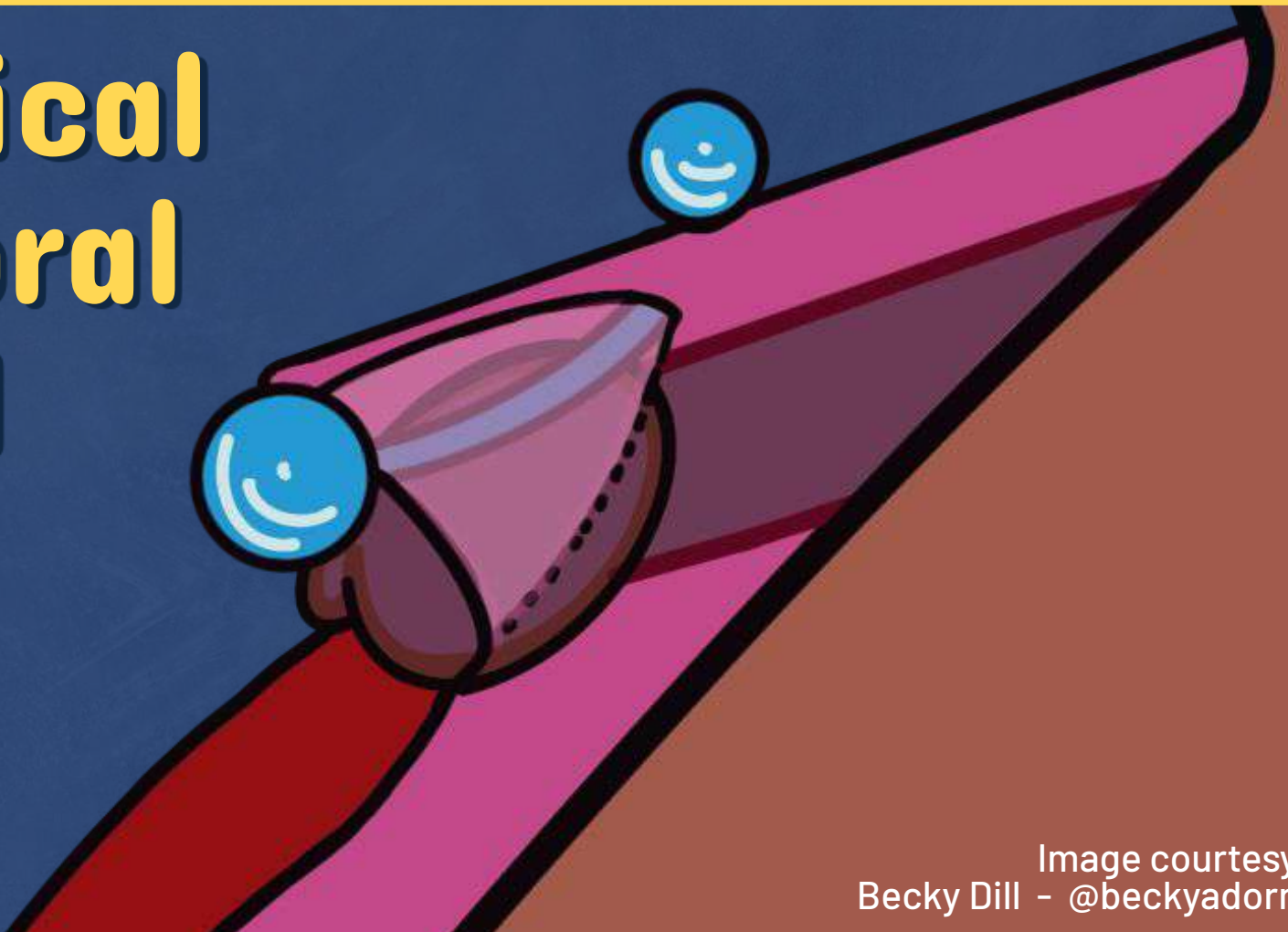


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Becky Dill - @beckyadorned

Vertical Clitoral Hood

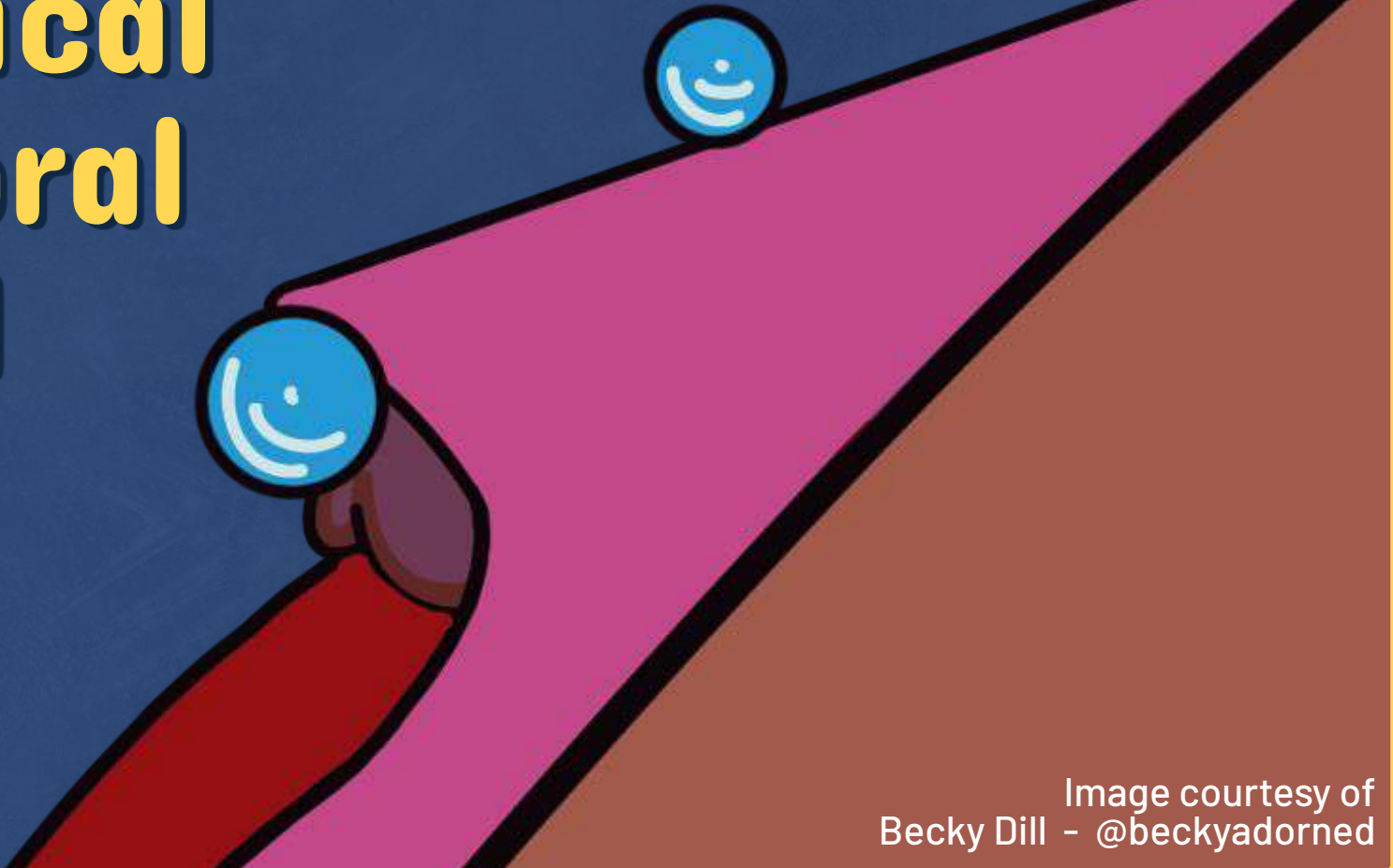


Image courtesy of
Becky Dill - @beckyadorned

Vertical Clitoral Hood

Cons

- Some may experience an uncomfortable overstimulation

Healing Time

Inflammatory period: 3-5 days

Initial healing: 2-4 weeks

Maturation: 3-4 months

Pros

- Not always necessary to downsize due to little vertical swelling
- Minimal discomfort for client
- Fast healing due to thin, highly vascular mucosal tissue
- Direct contact to the clitoral glans
- Great reference point for partners to navigate and find the clitoris

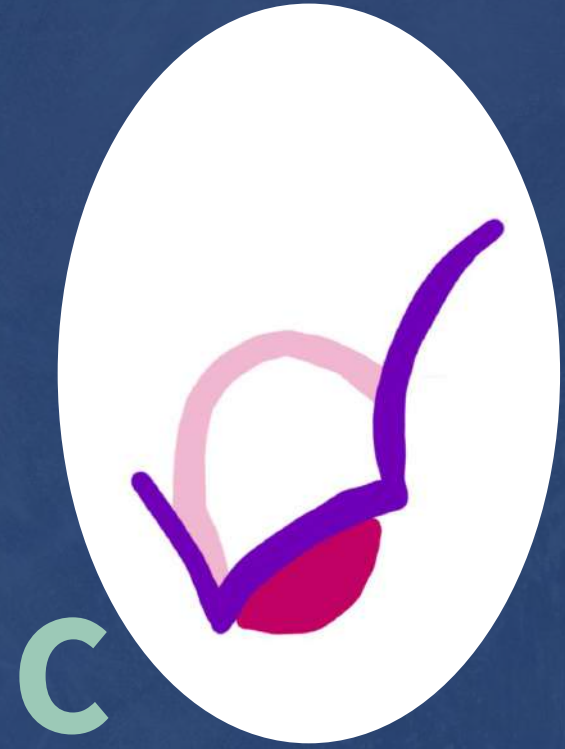
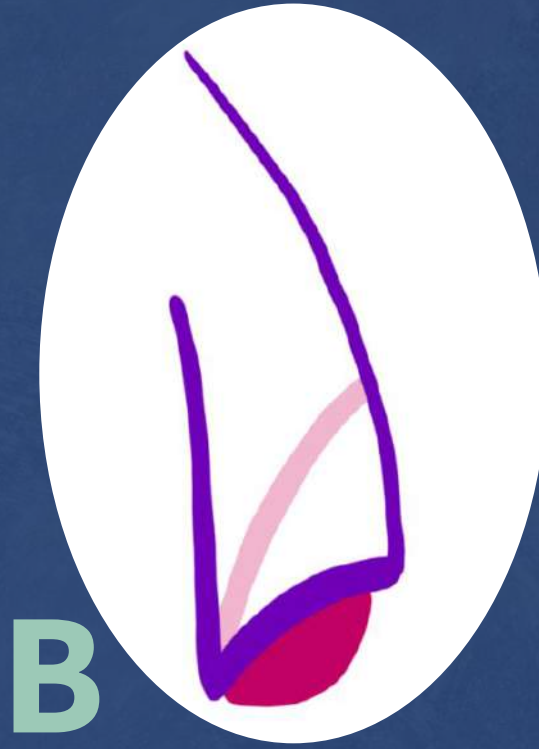
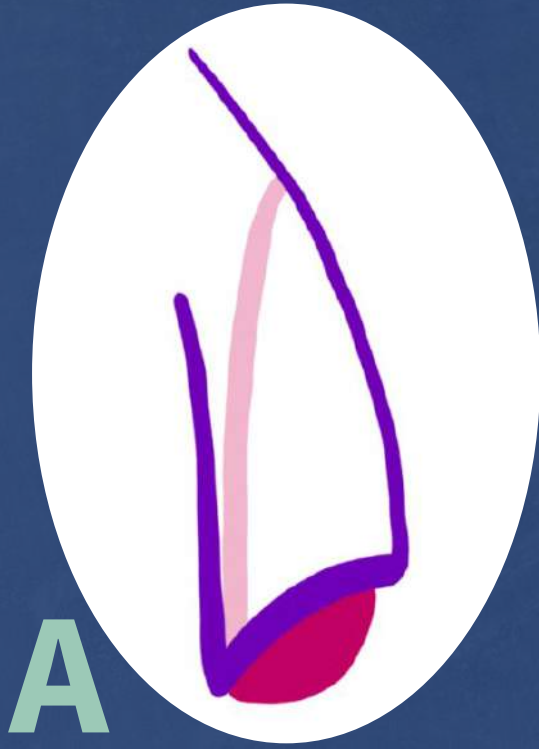
Vertical Clitoral Hood

Initial Jewellery

- 12g 1/4" (6mm) to 7/16" (11mm) barbell. Curved, Straight or J-Curve depending on anatomy
- Commonly a 3/16" (5mm) or 7/32" (5.5mm) bottom bead is common
- 5/32" (4mm) bead or 3/16" (5mm) lower profile rounded top, like a cabochon or m&m



Variations of clitoral hoods



Images courtesy of
Becky Dill - @beckyadorned

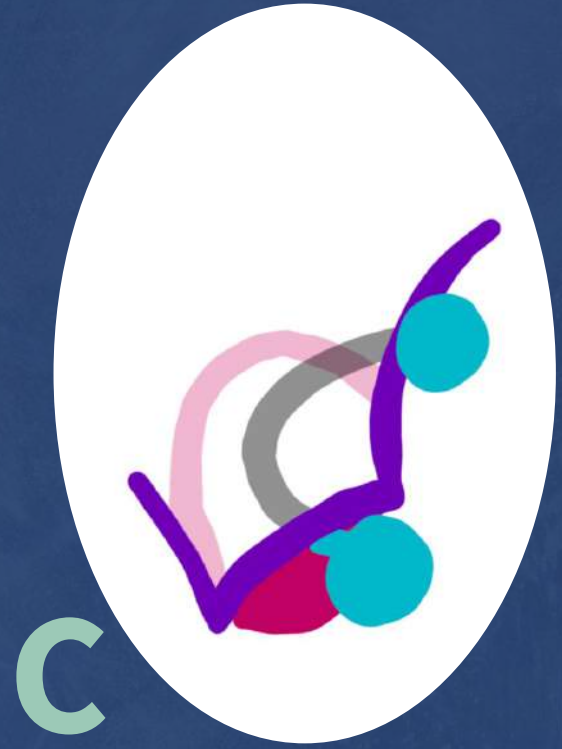
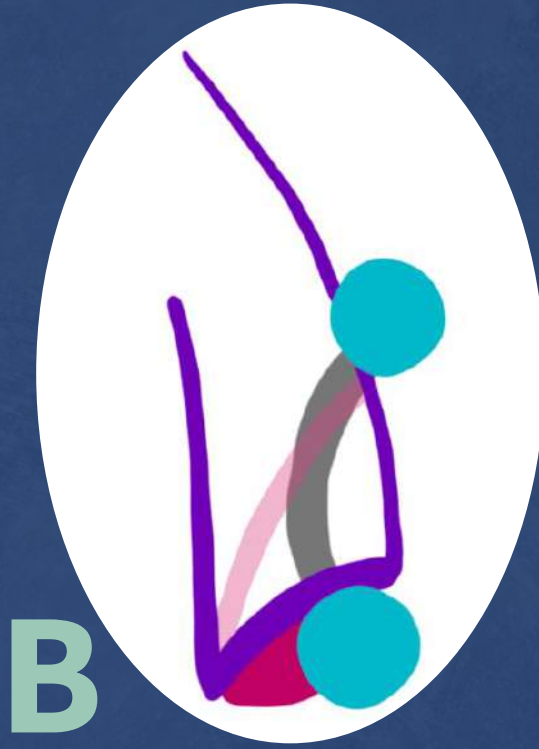
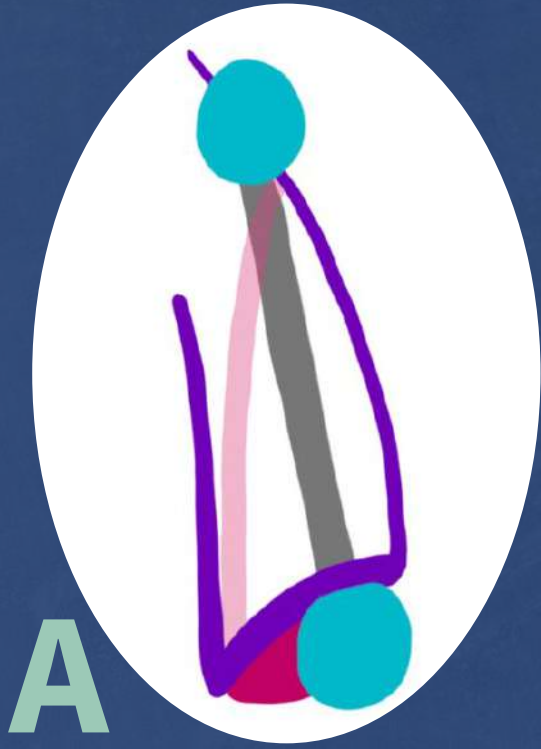
Vertical Clitoral Hood

Healed Jewellery

- Initially jewellery is often suitable for healed long term wear
- Rings can be sometimes worn, depending on the anatomy
- Aesthetic attachments, like dangles or “slave rings”
- Prong-set ends or faceted shapes



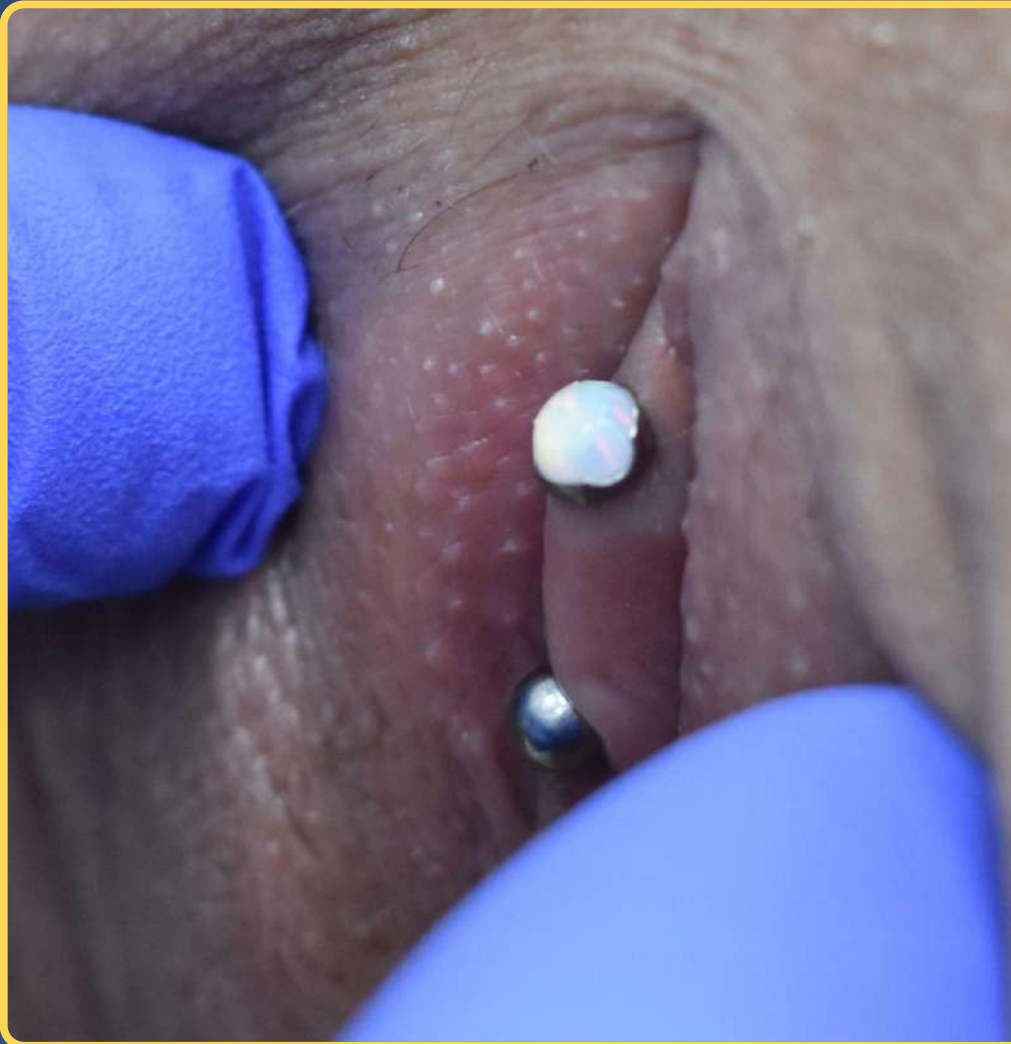
VCH Jewellery for variations



Images courtesy of
Becky Dill - @beckyadorned



VCH Piercing
12g 7/16" Curved Barbell
[@joeltrondotcom](https://www.joeltrondotcom)



VCH Piercing
12g 1/4" Curved Barbell
[@joeltrondotcom](https://www.joeltrondotcom)



Fresh Larger Gauge VCH
8g 1/2" Curved Barbells
[@joeltrondotcom](https://www.joeltrondotcom)



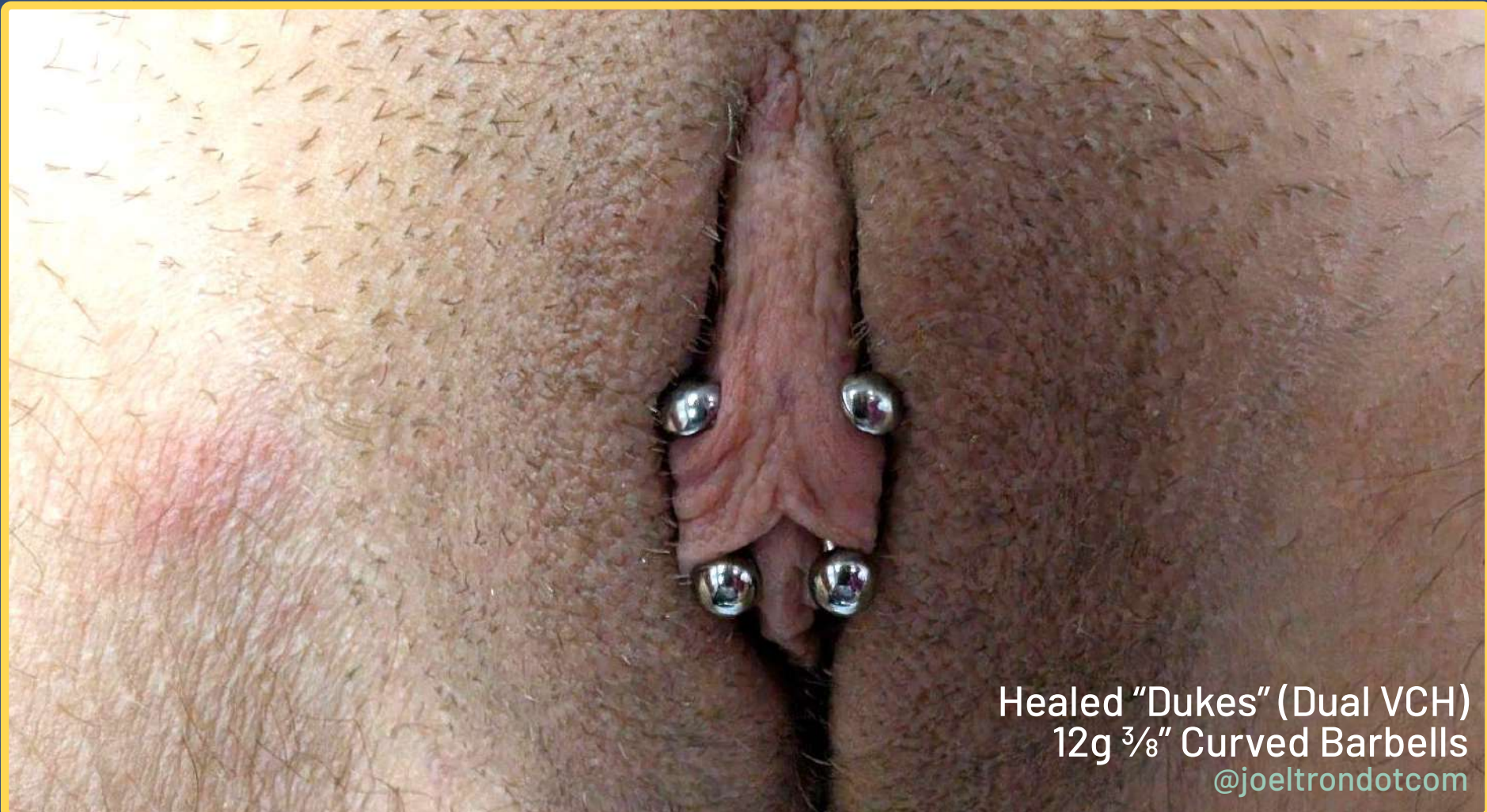
Fresh Bullet+Cab VCH
12g $\frac{3}{8}$ " Curved Barbell
[@joeltrondotcom](https://www.joeltrondotcom)



Healed VCH
12g 5/16" GNC Barbell
[@joeltrondotcom](https://www.instagram.com/joeltrondotcom)



Fresh VCH
12g 5/16" Cab Barbell
[@joeltrondotcom](https://www.joeltrondotcom)



Healed "Dukes" (Dual VCH)
12g $\frac{3}{8}$ " Curved Barbells
[@joeltrondotcom](https://www.joeltrondotcom)



Image courtesy of
Becky Dill - @beckyadorned

Vertical Clitoral Hood

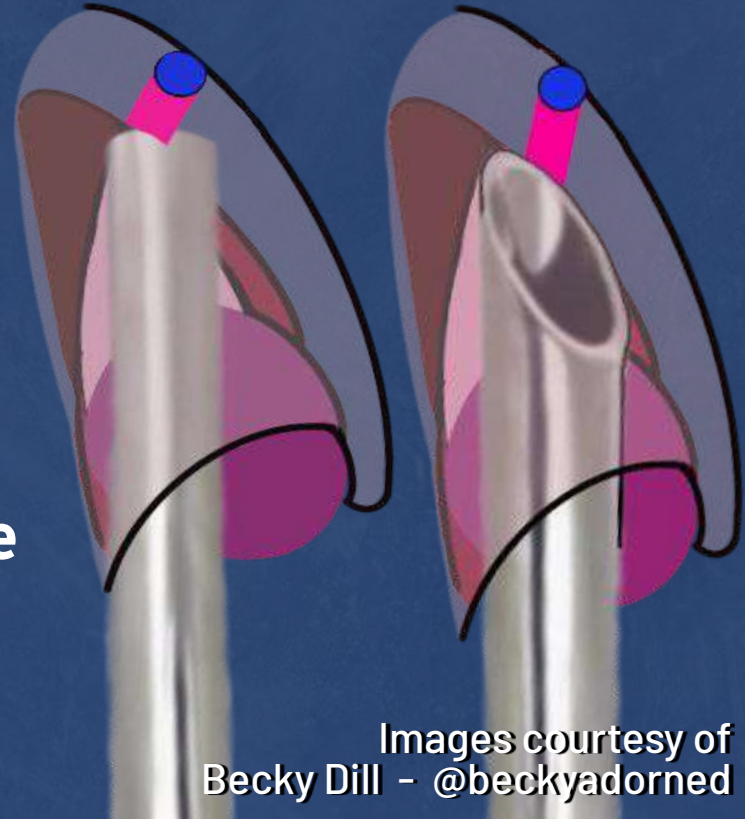
Receiving tube (Top Down) Procedure

- Insert a well lubricated 90° receiving tube well under the hood
- Guiding the skin over the tube can help reduce tissue rolling
- A rounded needle blank (8g/6g) may also be used as a disposable tube, but care needs to be taken due to their thinner walls
- Brace the tissue on either side to spread the tissue at the top
- Pierce downwards into receiving tube, generally with your bevel away, ensuring you are piercing perpendicular to the hood tissue
- Don't be afraid to use an insertion taper (or have one on standby)

Pierce with a 45° Tube?

Piercing at the apex of the hood ensures more clitoral contact with the jewellery and enables you to pierce higher - into the apex.

45° needle receiving tubes are GREAT for referencing the apex, the very top of the clitoral hood where it connects to the clitoral shaft.



Images courtesy of
Becky Dill - @beckyadorned

VCH Troubleshooting

Procedural Problem:

- Tube “slips” out from the hood when placing
- Tube won’t go under the hood, or not very far
- Tube is rolling/bunching the hood tissue up
- You can’t locate the apex of the hood
- Hard to determine your tube depth



A possible solution:

- Try a smaller tube, with plenty of lubrication!
- You will be surprised how much of a difference it can make.
- Just ensure your needle (especially if crushed) still fits with room.

VCH Marking



Marking

- Mark at the apex of the hood (absolute top of the hood)
- Mark along the centerfold of the prepuce, hood, unless necessary to ensure clitoral shaft contact
- Marking with a receiving tube inserted can be very useful

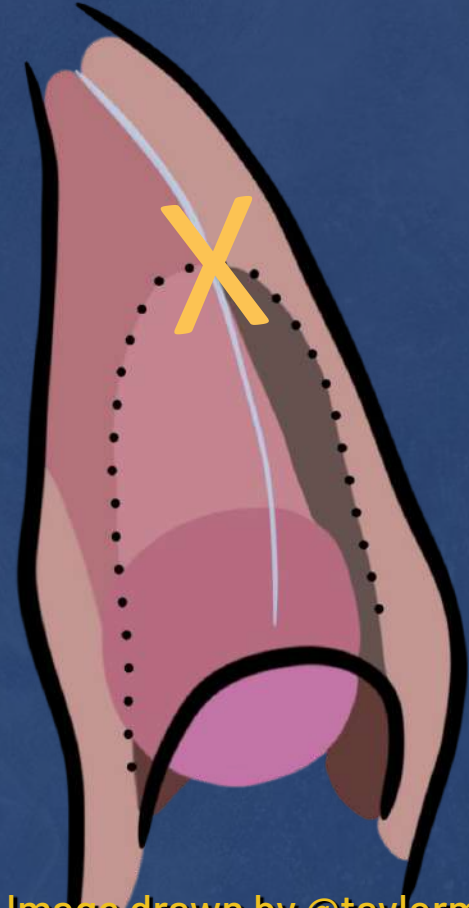


Image drawn by @taylormae4242
from references by @beckyadornedde

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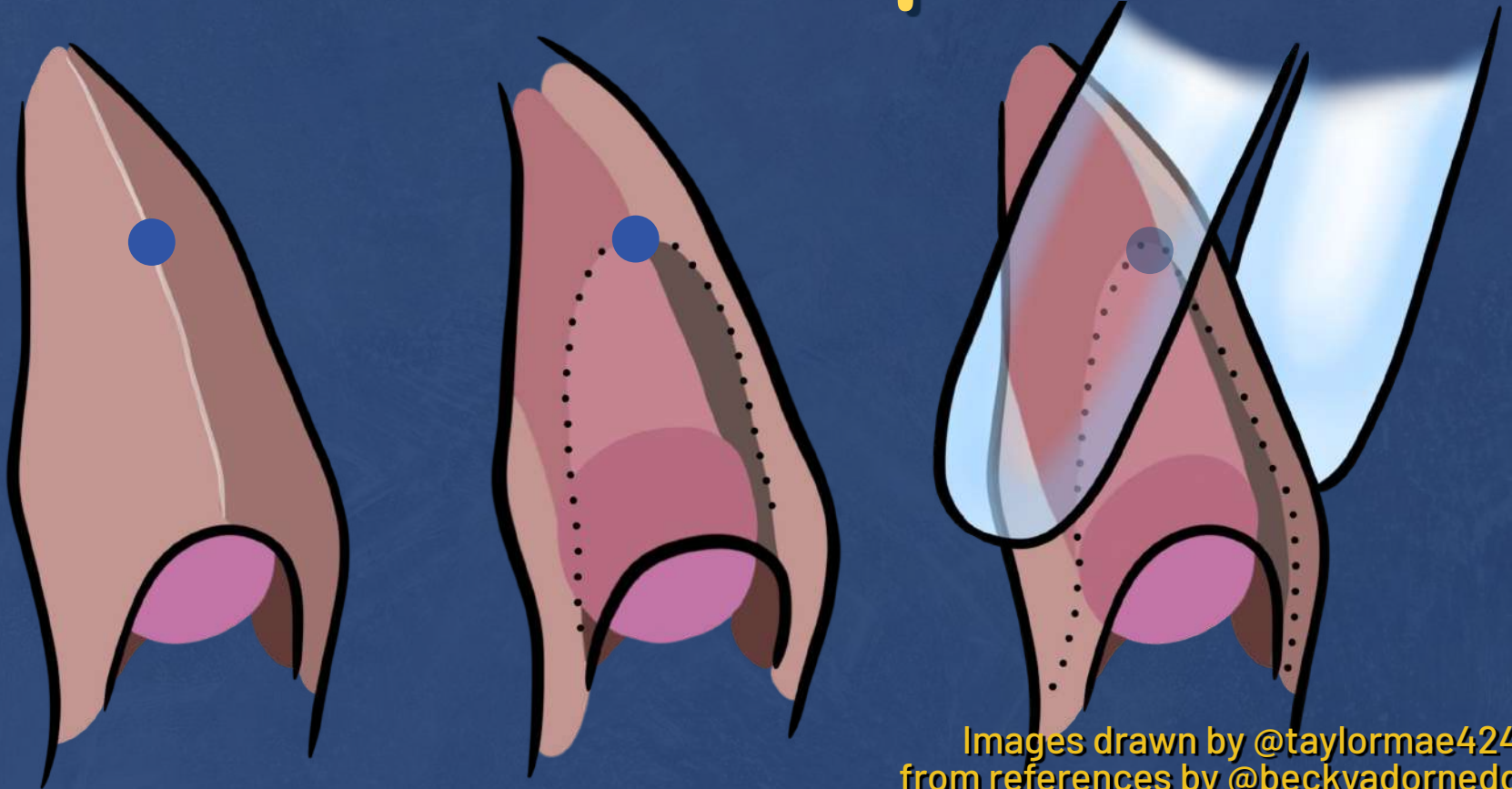


Vertical Clitoral Hood

Freehand “Bottom-Up” Procedure

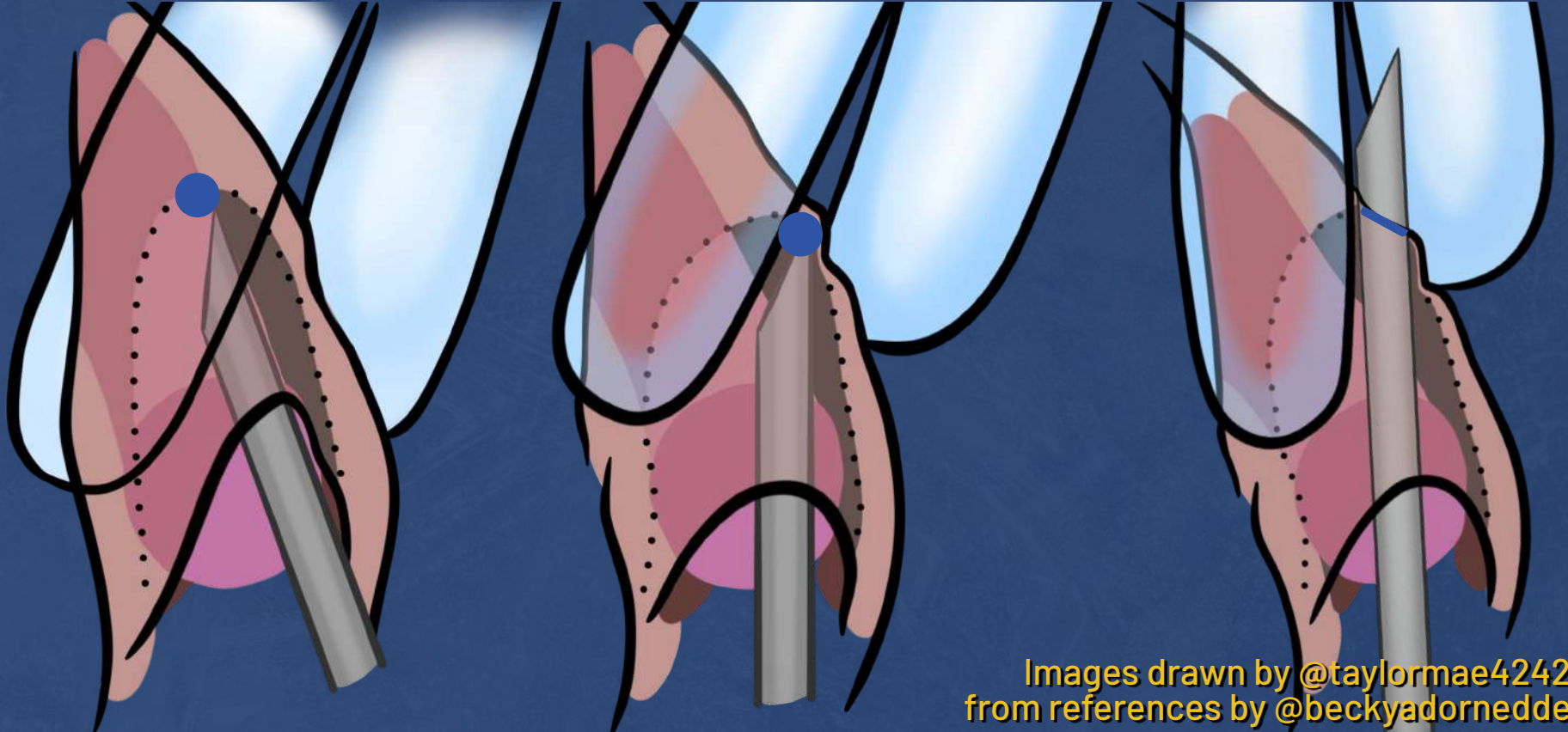
- **Pull the hood away from the glands by gently pinching in the center of the hood, below the apex, and lifting up and away**
- **Place a well lubricated needle under the tented hood, with the open bevel side facing towards the clitoral shaft**
- **Allow the hood tissue to rest on the needle and prepare your client. Do not move the tissue or needle at this point**
- **In a smooth motion, push the hood on either side down onto your needle tip while scooping your needle in an upward direction**

Freehand “Bottom-Up” Procedure



Images drawn by @taylormae4242
from references by @beckyadornedde

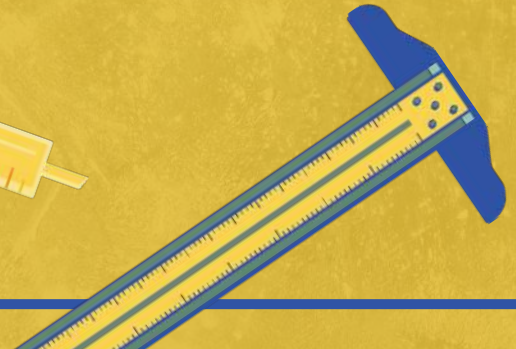
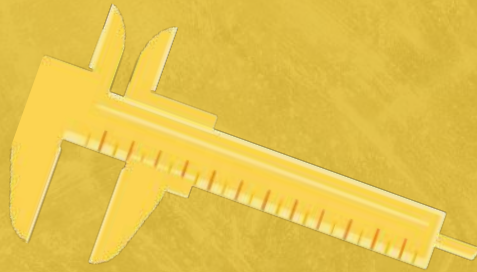
Freehand “Bottom-Up” Procedure



Images drawn by @taylormae4242
from references by @beckyadornedde



Horizontal Clitoral Hood

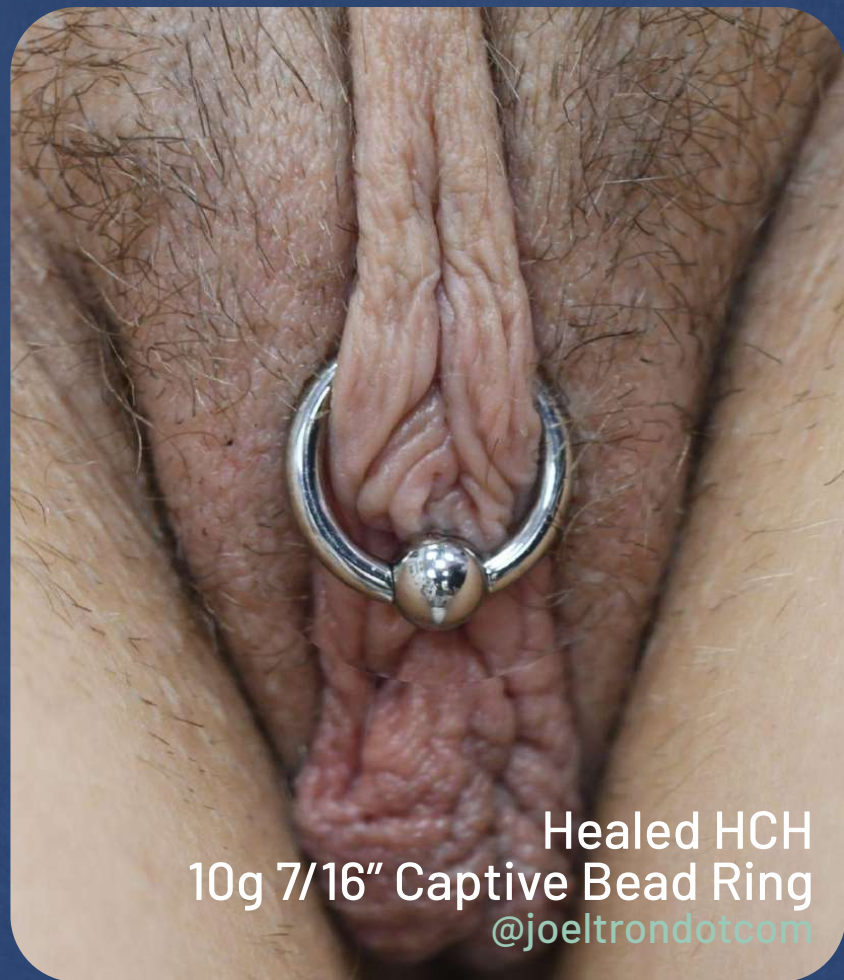


HCH Piercing

Placement

As the name implies, the piercing is done horizontally through prepuce (hood) above the apex of the clitoral hood.

Depending on anatomy, it usually passes through 8-10 mm of tissue.



Healed HCH
10g 7/16" Captive Bead Ring
[@joeltrondotcom](https://www.joeltrondotcom)

Horizontal Clitoral Hood

Pain Level

Although the hood tissue is not overly sensitive, piercing horizontally passes through significantly more tissue.



Introduction

Usually considered to be more aesthetic than functional, when compared to a vertical oriented clitoral hood piercing, they can offer an increase in sensation when appropriately placed.

Horizontal Clitoral Hood

Cons

- Anatomical viability is lower
- Jewellery may “twist” and be uncomfortable for the wearer

Healing Time

Inflammatory period: 12-18 days

Initial healing: 3-4 months

Maturation: 4-6 months

Pros

- Tactile/visual reference for partners during sexual activities
- Can provide clitoral stimulation
- Stimulation may occur directly or indirectly depending on anatomy

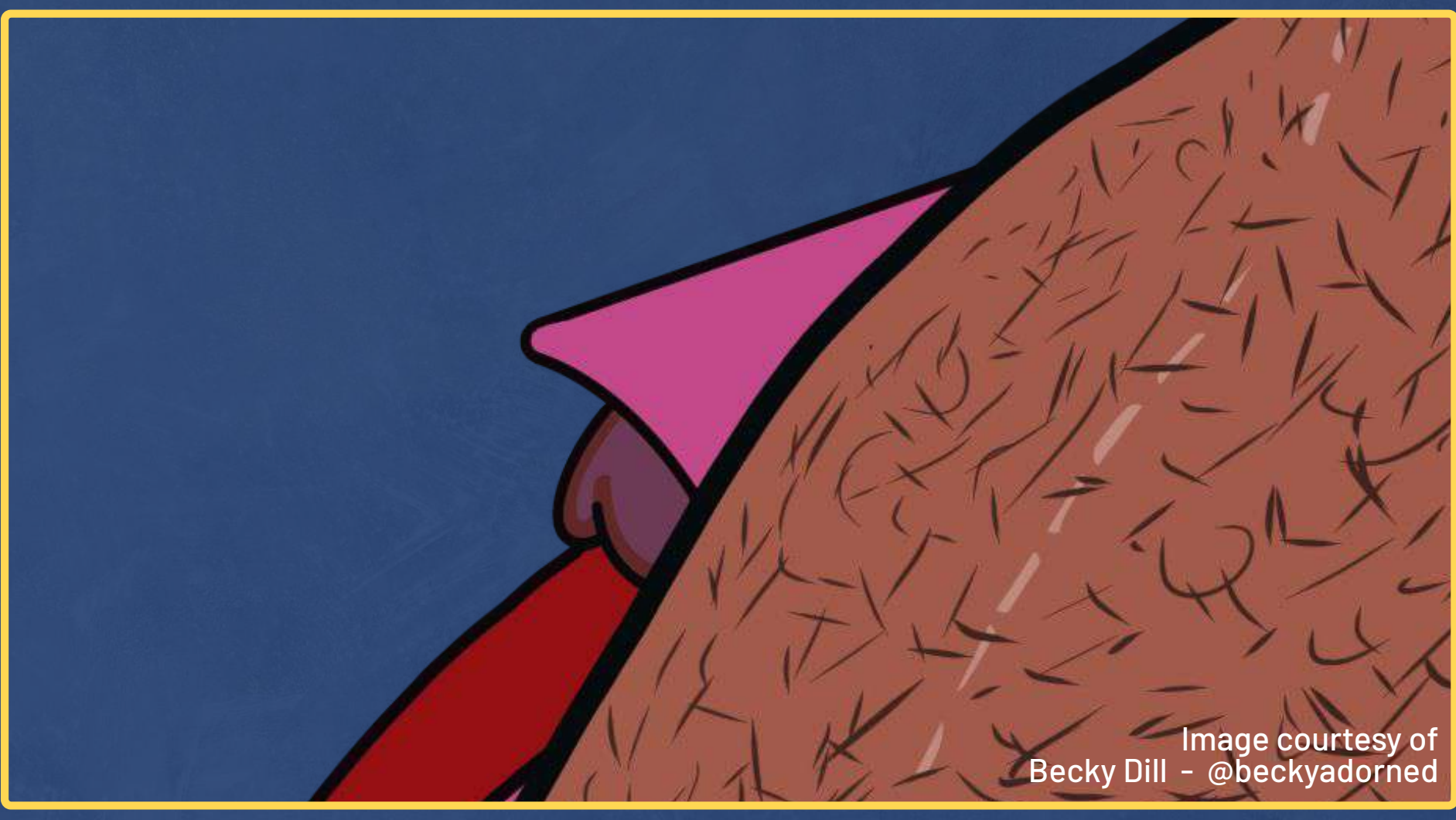


Image courtesy of
Becky Dill - @beckyadorned

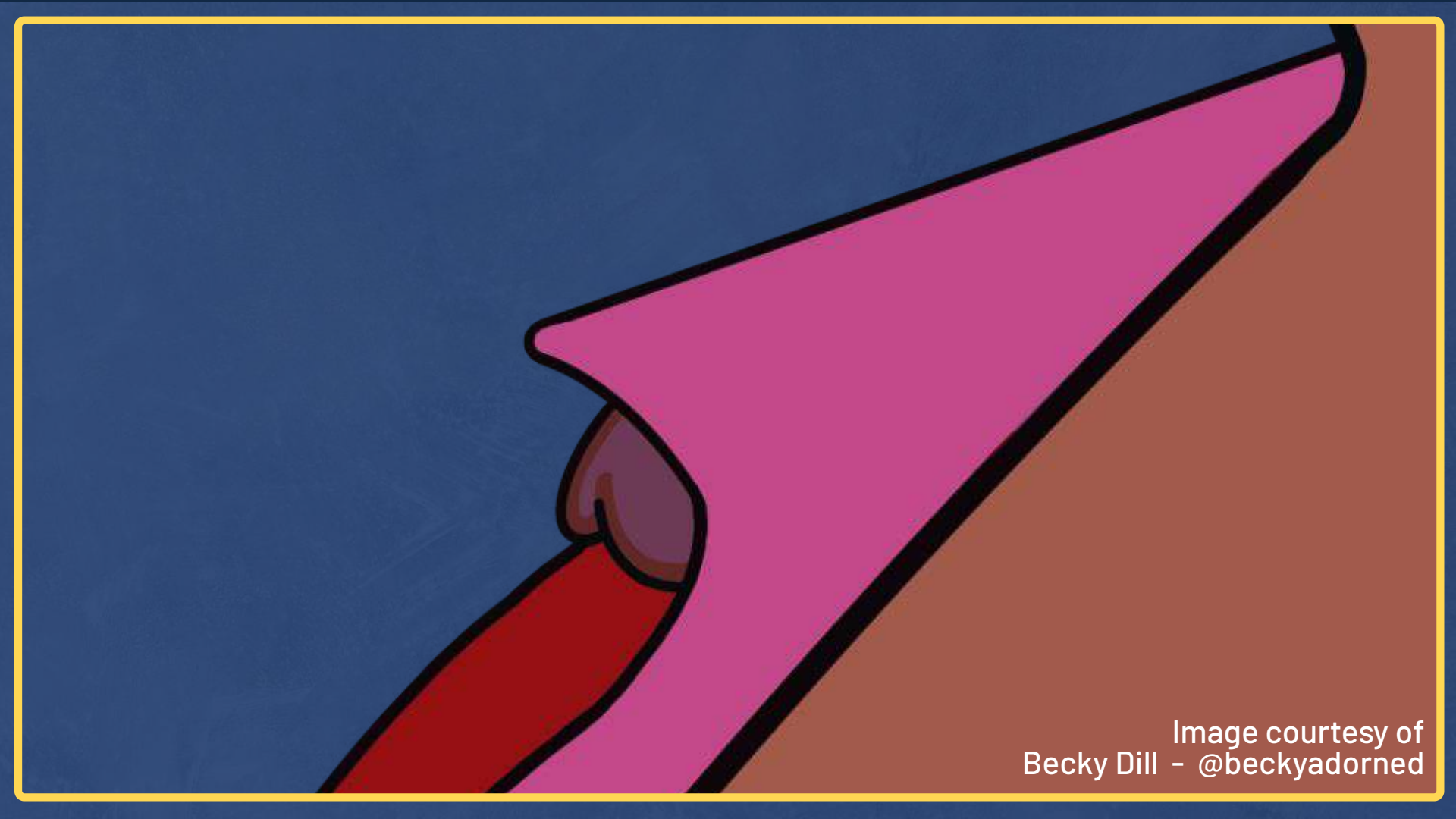
A stylized illustration featuring a red pen with a black outline, positioned diagonally as if writing on a pink notepad. The notepad also has a black outline and is set against a solid blue background. The entire scene is framed by a thin yellow border.

Image courtesy of
Becky Dill - @beckyadorned

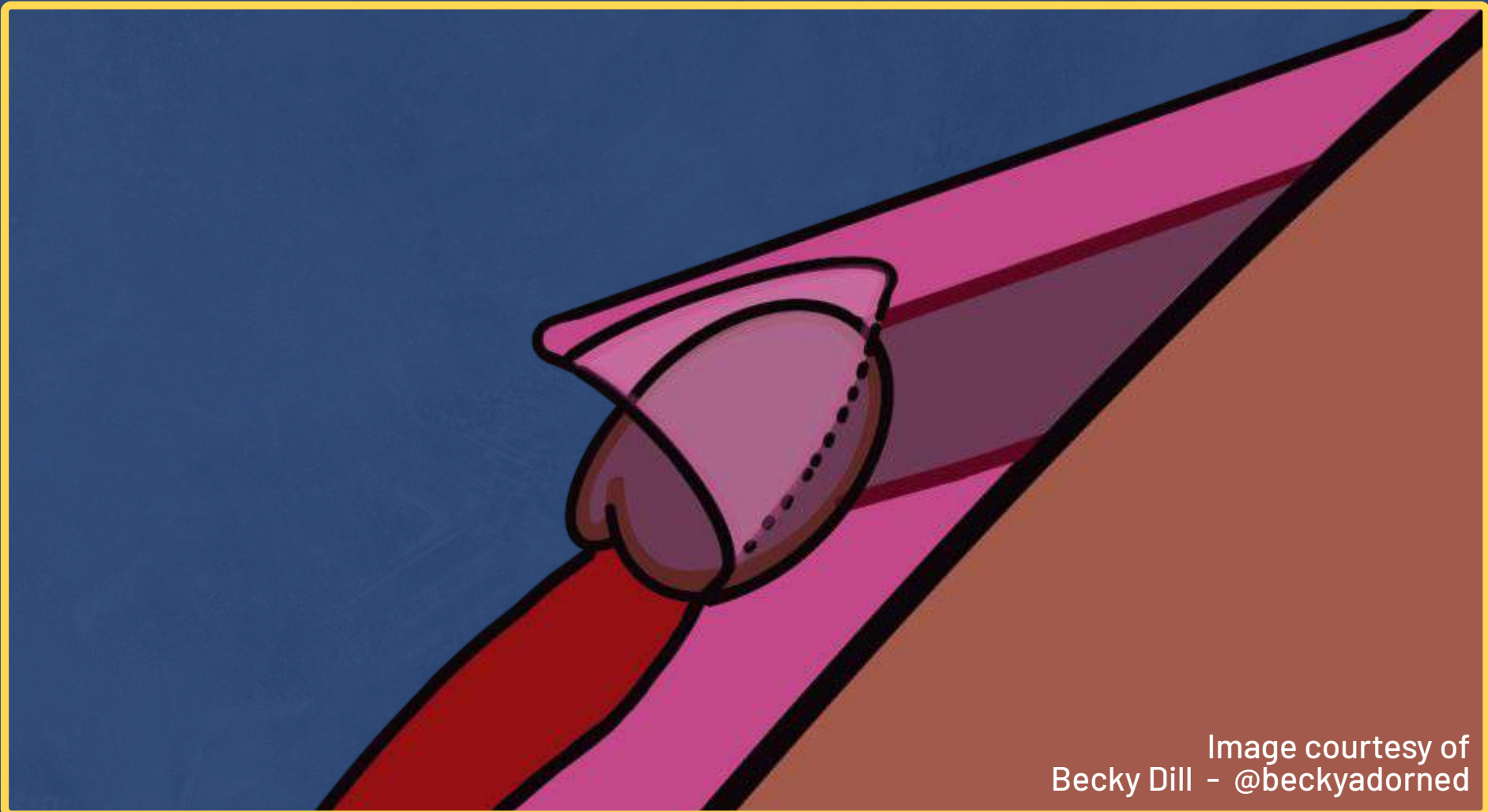


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Becky Dill - @beckyadorned

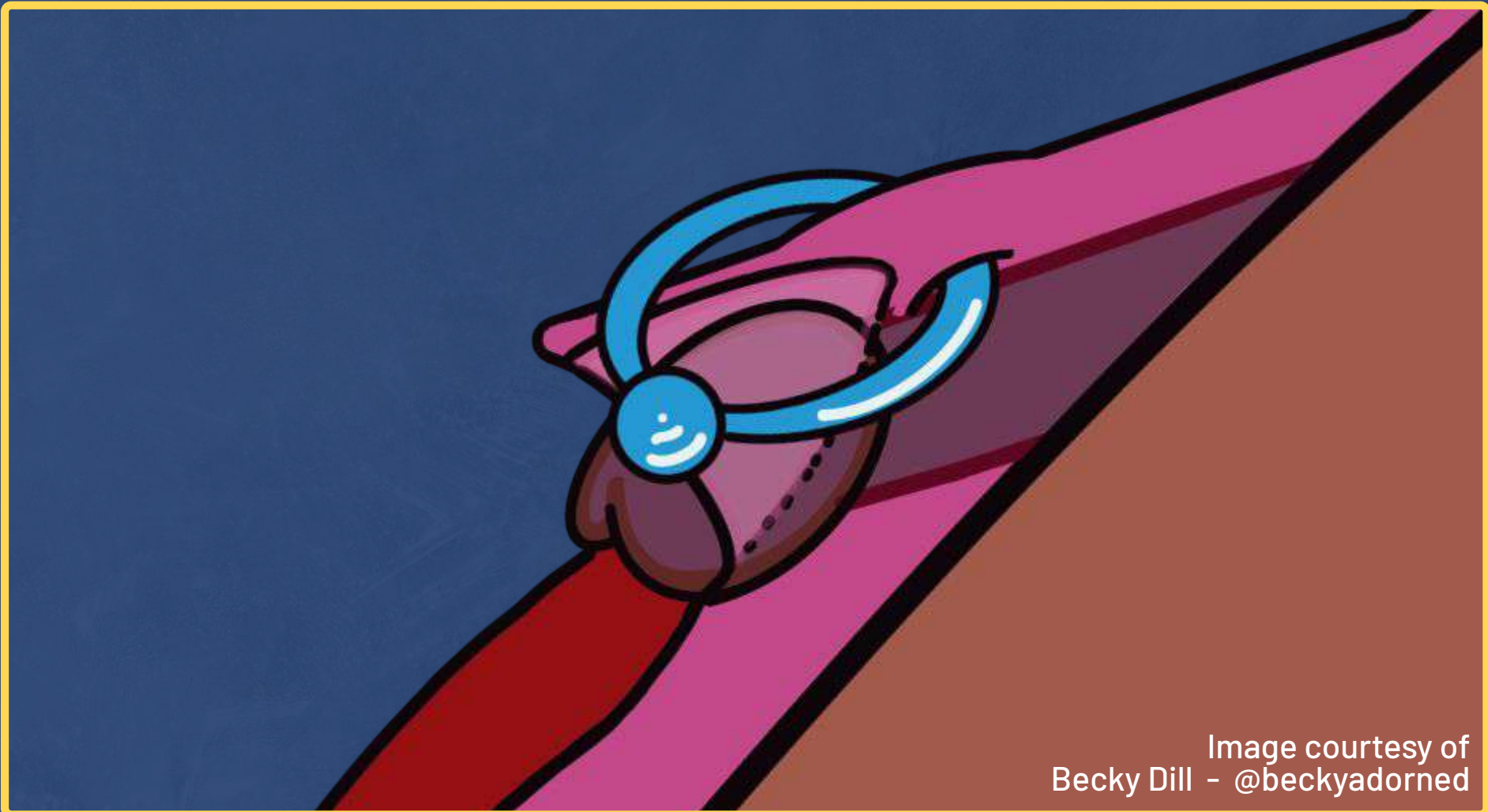


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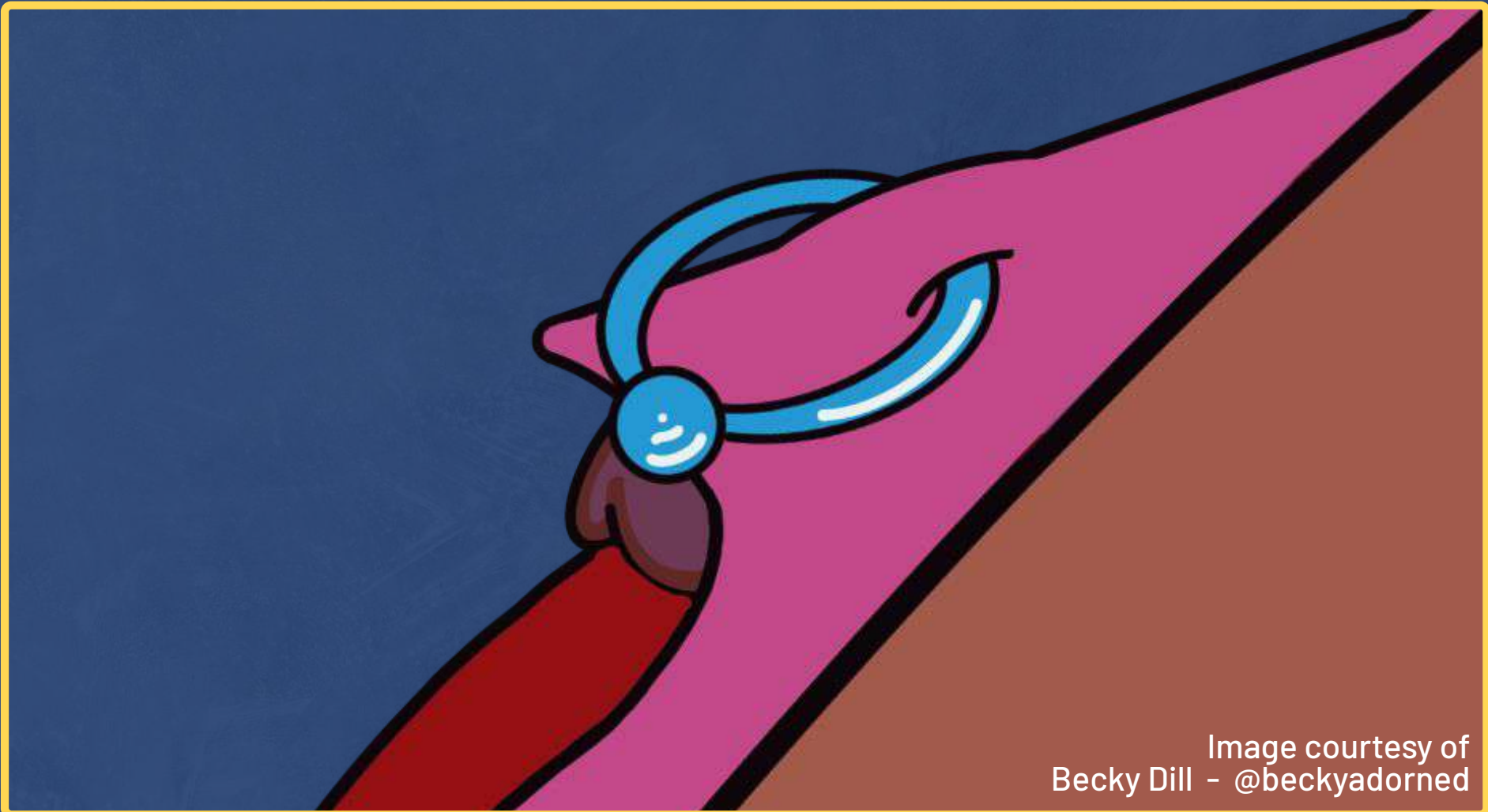


Image courtesy of
Becky Dill - @beckyadorned

Horizontal Clitoral Hood



Anatomical Considerations

- **Ideal for candidates with a definable “hill” of hood tissue that protrudes from the labia minora**
- **The hood tissue must need to be able to be physically isolated from the clitoral nerve bundle**
- **Major structure that applies pressure onto the jewellery, causing it to tilt and may cause irritation**
- **If direct stimulation is desired, natural visibility of the clitoral glans is necessary**

Not suitable for a HCH

Hood with a deep midline groove, which could be problematic for HCH placement, if it cannot stay lifted in the center for the procedure.

Courtesy of Elayne Angel



Not suitable for a HCH



Poorly placed HCH on unsuited anatomy as they have a poorly defined flat hood

Courtesy of Elayne Angel

Horizontal Clitoral Hood

Initial Jewellery

- Most ring styles are suitable:
 - Captive Bead rings
 - Circular Barbells
 - Fixed Bead rings
- 12g-10g is suggested
- 7/16" (11mm) - 9/16" (15mm)



Healed Jewellery

- Smaller diameter (downsize) of the initial ring jewellery
- Straight barbells, if the majora accommodates
- Aesthetic attachments
- Decorative rings

HCH Marking



Marking

- Mark **ABOVE** the apex of the hood, so you are not exiting inside it
- 'Placement rings' are your friend!
- Go with the natural folds and creases and try and pierce in a fold
- Keep in mind their **majora** when legs are together, as you need to factor room for jewellery too

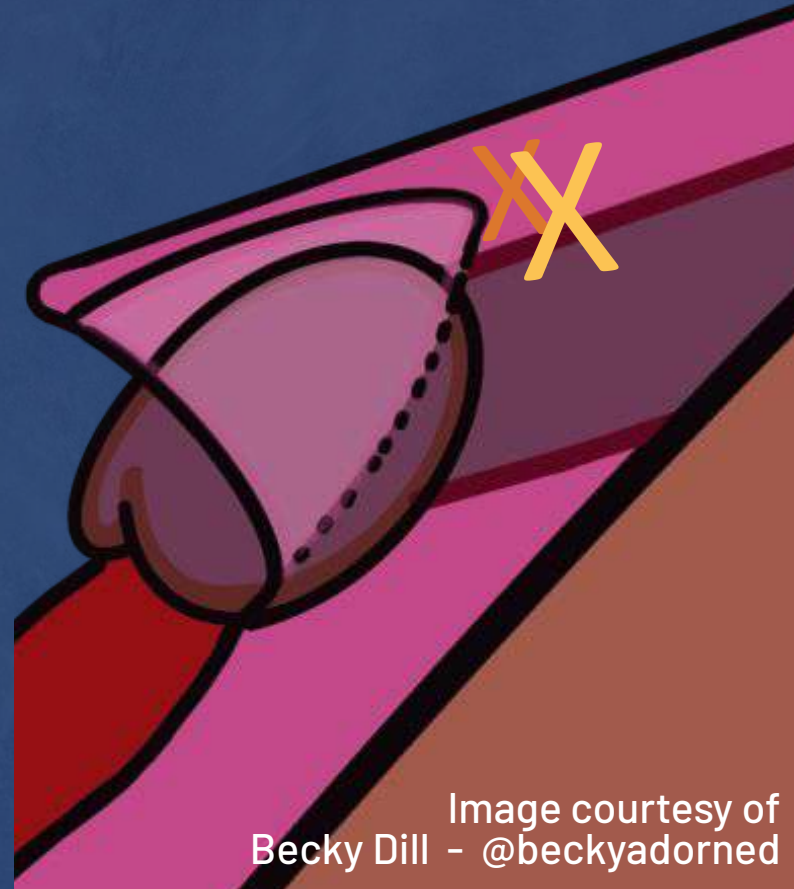


Image courtesy of
Becky Dill - @beckyadorned



Healing HCH
10g 9/16" CBR
[@joeltrondotcom](https://www.joeltrondotcom)



Healed HCH
10g 1/2" CBR Cluster
[@joeltrondotcom](https://www.joeltrondotcom)



Healed HCH
10g 9/16" CBR Cluster
[@joeltrondotcom](https://www.instagram.com/joeltrondotcom)



Healing HCH
10g 9/16" CBR
[@joeltrondotcom](https://joeltrondotcom)



Fresh Triple HCH - 10g/10g/8g
Circa 2010 - @joeltrondotcom

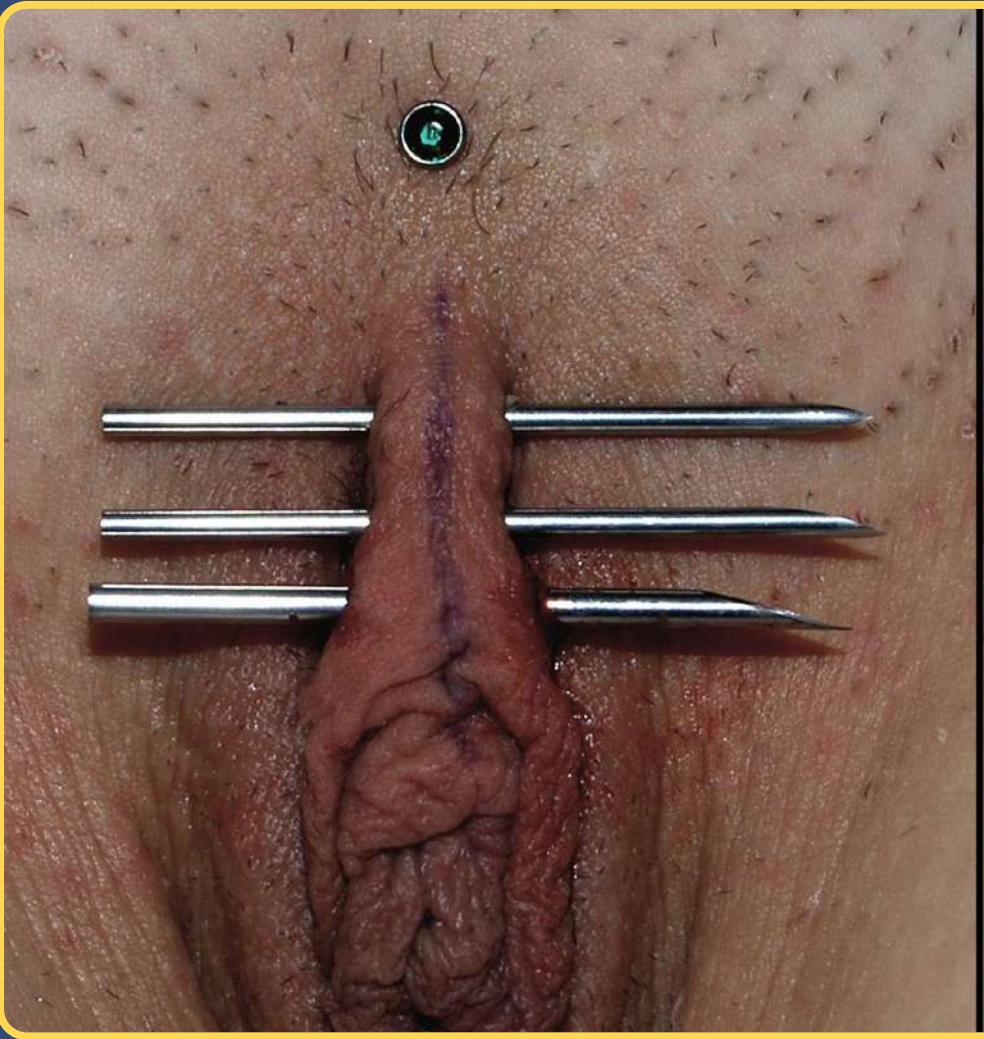




Image courtesy of
Becky Dill - @beckyadorned

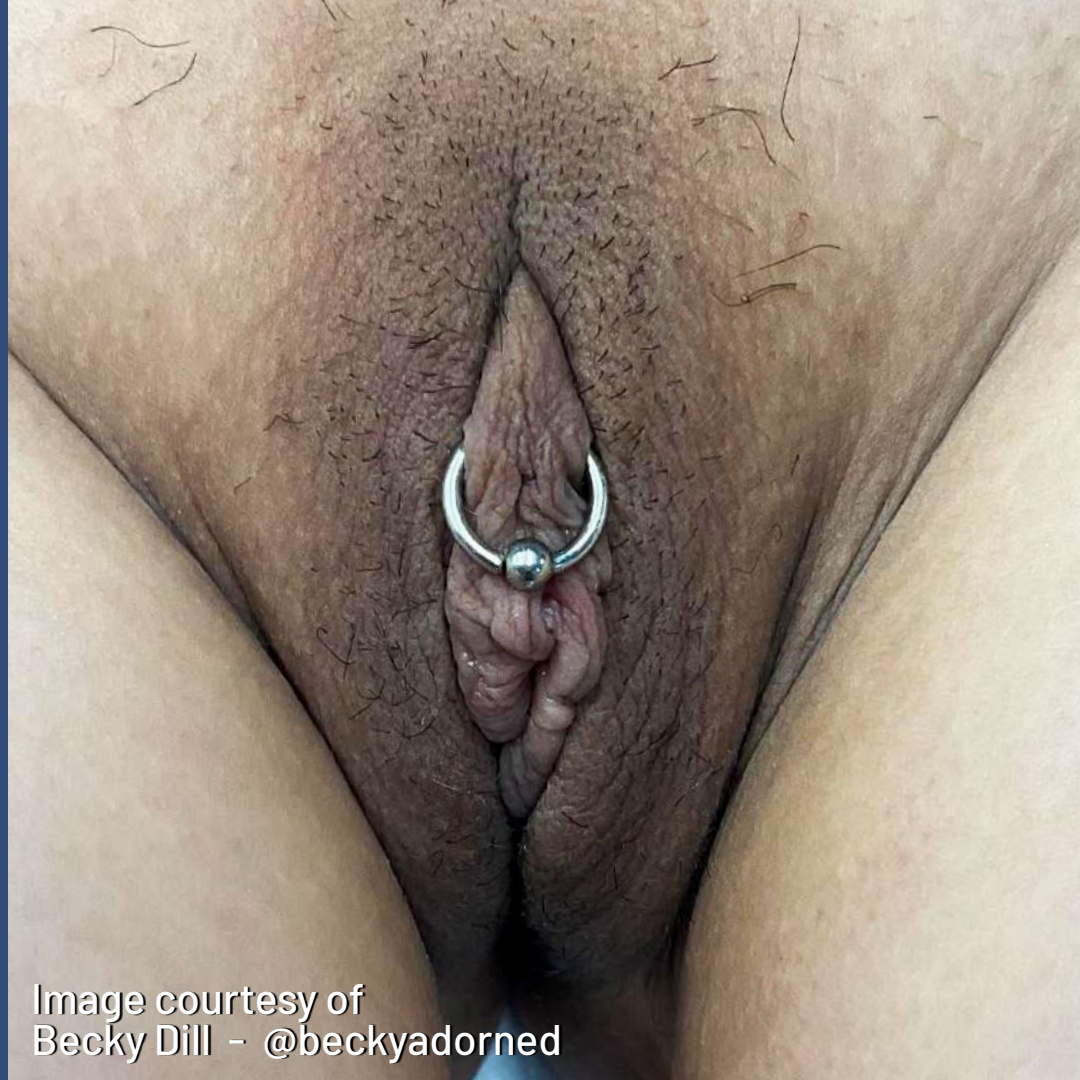


Image courtesy of
Becky Dill - @beckyadorned



VCH and HCH Combo
Becky Dill - @beckyadorned

Horizontal Clitoral Hood

Clamped Procedure

- Using a gentle pinching motion, isolate the hood tissue from the clitoral glans just underneath where you are planning to pierce
- Apply clamps above pinched tissue, before releasing fingers
- Minimise any pulling of the clamps away from the body while piercing and ensure the clamps remain straight while existing
- Remove clamps and insert jewellery. A slight rotation will give more room during transferring of jewellery and removal of sharp

Horizontal Clitoral Hood

Freehand Procedure (pinch method)

- Using a gentle pinching motion, isolate the hood tissue from the clitoral glans just underneath where you are planning to pierce
- Gauze can offer a decrease in slipping while holding this position
- Pierce on a slight downward angle with your bevel towards the clitoral shaft so your wound shape upwards towards your exit

Horizontal Clitoral Hood

Freehand Procedure (brace method)

- Using a gentle pinching motion, isolate the hood tissue from the clitoral glans where you are piercing with your dominant hand
- With your other hand, place your thumb and index finger either side of your exit mark underneath your pinching hand
- Release your pinching hand and pierce on a slight downward angle with your bevel towards the clitoral shaft so you wound shape upwards towards your exit in between your branching hand

HCH Troubleshooting

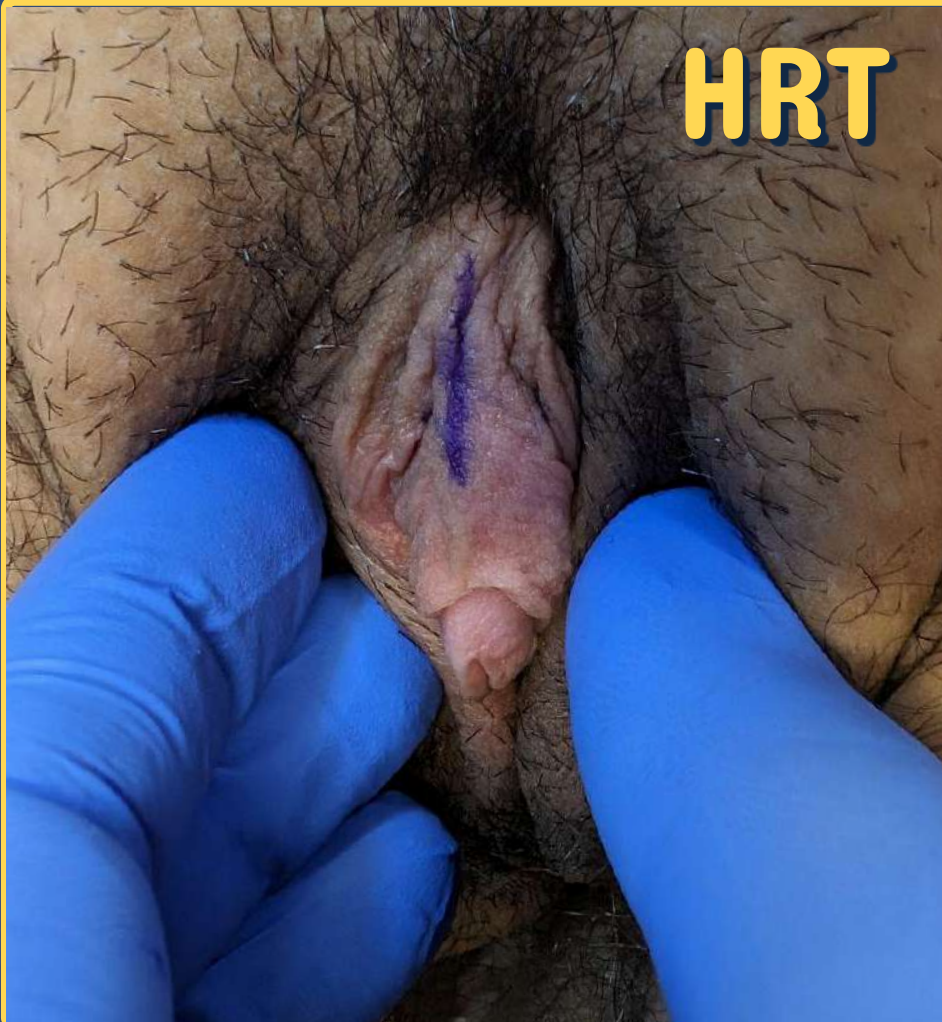
Symmetrical pressure bumps:

- A larger diameter jewellery may help to reduce pressure
- A widened circular barbell “tucked” behind the minora folds when the diameter is not suitable to enlarge

One side pressure bump:

- May be an indication of twisting occurring as a result of pressure from the majora when legs are crossed
- Jewellery may be getting “pushed out” on that side if the diameter is too large to comfortably fit between the majora

HRT “HCH”



HRT “HCH”



@joeltrondotcom

HRT “HCH”





Aftercare

And lifestyle considerations



Piercing Aftercare



Wound care



- Sterile saline mist twice daily, convenient to do when using the toilet.
- Rinse thoroughly with warm palatable water while showering to allow crusties, discharge and dead skin cells to rinse off.
- Avoid directly removing any crusties, clotting or discharge.
- Allow the area to naturally dry after cleaning before returning clothes.
- Avoid rotating or moving jewellery as its not necessary and can irritate.

Piercing Aftercare



Bleeding

- The vulva is highly vascular and bleeding and localised bruising is normal and to be expected during the first week.
- Bleeding volumes can be similar to a light menstrual flow or spotting.
- Caffeine, alcohol, and other medications may increase bleeding.
- Instruct your client to reach out if they are concerned with the amount of bleeding or if it continues after one week post piercing.

Piercing Aftercare



Sexual activities

- Gentle sexual activity may resume once your client feels ready.
- Avoiding direct contact and trauma are vital during healing.
- Barriers such as condoms or dental dams should be used to avoid body fluid, even in long-term monogamous or fluid relationships.
- Positions that allow the client more control to reduce direct contact with the piercing are recommended while getting used to it.

Piercing Aftercare



Discharge

The vagina produces natural discharge that helps carry away bacteria and dead cells, which is a key part of the self-cleaning process.

It is common to have an increase in the amount and viscosity of the discharge while healing as the body is in an immune response.



Hand washing

Clients should limit directly touching their healing piercing, unless crucial, and hands should be thoroughly washed and dried before.

General Aftercare



Body Wash

- Showering before/after sex is suggested as it will remove any dried discharge that may cause irritation with movement as well as lubricants or bodily fluids that may collect around jewellery.
- Only soaps designed for genital cleaning should be used as scented soaps contain harmful chemicals and perfumes which can irritate.
- Cetaphil, QV, Dermaveen, Aveeno, Hamilton, are generally safe.
- Unperfumed moisturisers, like sorbolene, can be used as body wash.

General Aftercare

- The vulva has a self-cleaning microbiome, with Lactobacillus bacteria, which helps maintain a healthy, acidic environment.
- 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 solutions or any product that has not been recommended by your doctor or nurse.
- While healing, avoid submersion in swimming in pools, hot tubs, or natural bodies of water, as they contain bacteria.

Lifestyle Considerations



Clothing while healing

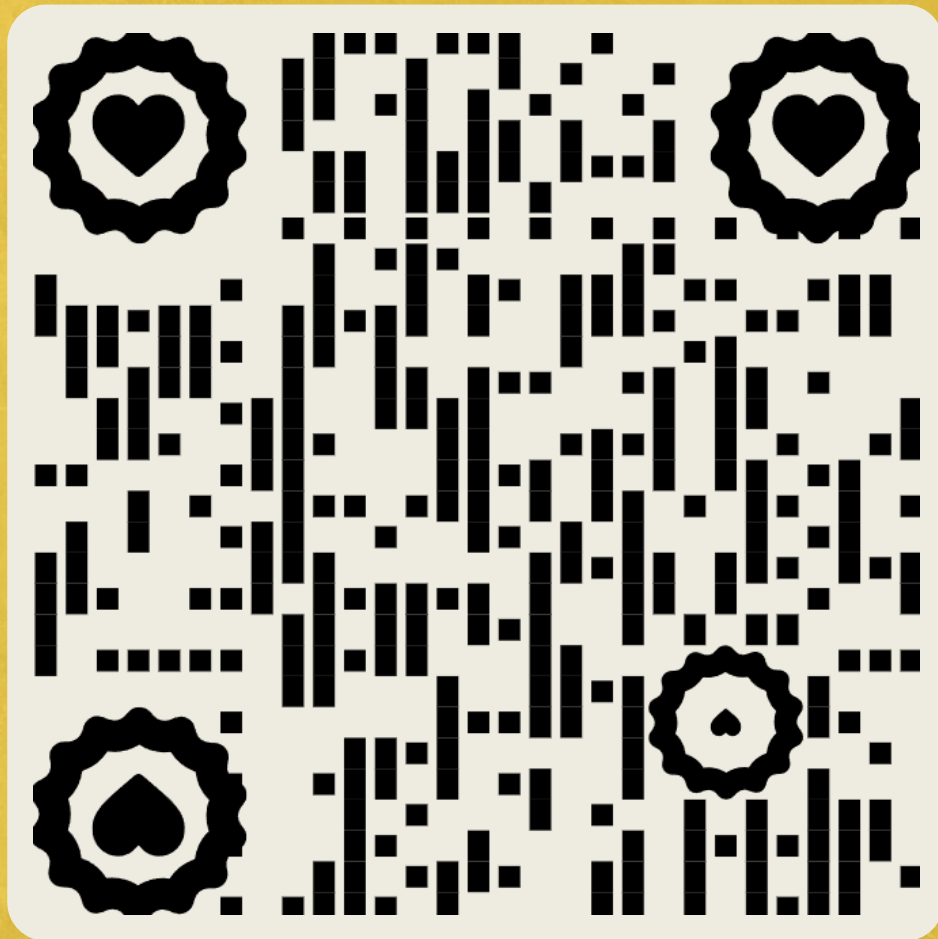
- **100% cotton, silk, bamboo, or fine merino underwear allow the area to breathe. Avoid synthetic materials as like nylon and spandex.**
- **Sanitary pads can also be worn to assist in cleanliness, and offering padding, but are only needed during the initial inflammatory period.**
- **Keeping the area in good air circulation and free from excessive moisture results in faster healing and best to support vaginal health.**

Lifestyle Considerations



Sex toys

- High quality silicone toys are generally preferred as they are less porous, making them easier to clean, but also translate vibrations.
- Rose (air pressure) toys may not work as jewellery breaks suction.
- Only water-based glycerine lubricants should be used, if desired.
- Sharing of toys or bodily fluids should be avoided during healing.
- Suitable alcohol-free cleaners should be used and allowed to air dry.



Extra Special Thanks



Becky Dill



Bree

Montgomery



Luis Garcia



Shorty Piercer



Ryan Ouellette



Hika



TayTam



Anisah



**The APP and AUPP
board members and
volunteers for always
fighting the good fight.**



**All your time, effort,
sweat, tears and fishy
jokes are appreciated.**

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