

Andrology

Genital piercing has gradually become more 'popular' and may sometimes come as a surprise to the urologist who is examining or undertaking a procedure on the area in question. The first article in this section will be helpful as an 'aide memoire' to urologists. In the second article, the important question of premature ejaculation is addressed in a way that may be helpful to readers.

The urologist's guide to genital piercing

W.R. ANDERSON, D.J. SUMMERTON, D.M. SHARMA and S.A. HOLMES
Solent Department of Urology, St. Mary's Hospital, Portsmouth, UK

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INTRODUCTION

Over the past 10 years or so, there has been a clear increase in the number of people practising body piercing; in particular, many young people appear keen to adopt an individuality with this 'body art', which they may regard as an expression of identity. It is perhaps ironic that this perceived individuality is in fact shared with thousands of others.

No part of the human anatomy is apparently immune from this fashion, but an examination into the history of body piercing reveals that such decorations are far from being an invention of the late 20th century. Indeed, as discussed in this review, piercing has occurred for thousands of years, in societies throughout the world, and has been adopted through the spectrum of social class.

Urologists should perhaps be particularly aware of the seemingly bizarre practice of genital piercing, as their specialist knowledge may sometimes be required to manage the inevitable complications.

HISTORY

Although body piercing has been popularised in recent years by the practitioners 'Mr Sebastian' (the 'father' of UK piercing) and Fakir Musafar, Jim Ward and Doug Malloy in the USA, the practice of piercing has been mentioned in various texts for centuries. In the King James Version of The Bible (1611), there are three references in Genesis alone to the term 'ear ring'. For instance, Abraham

summoned his oldest servant to find a wife for his son Isaac and, on presenting Rebekah, one of the gifts he gave her was a '*golden ear ring*' [1]. In addition, there is anthropological evidence from sculptures and wall carvings to suggest that body piercing may be dated to at least 3000 BC. Piercings of the ear, nose and lips, as well as pierced sculptures and wall paintings, have been found in ancient burials of the Inka and Moche of Peru, the Aztecs and Maya of ancient Mexico, and in graves of central Asian and Mediterranean peoples [2]. Many of these piercings may have represented 'rites of passage', perhaps from childhood into adolescence, or adolescence into adulthood, whereas modern Western piercing usually represents a 'fashion' or 'identity' statement [3].

The Kama Sutra is believed to have been written at some time between the first and sixth centuries AD by the Sanskrit scholar Vatsyayana. It was first translated into English in 1883 as *The Aphorisms of Love* by the adventurer-writer Sir Richard Burton (1821–1890) and it contains reference to piercing of the penis, within the second chapter of the text [4]. By appearing in *The Kama Sutra*, genital piercing has perhaps been offered a degree of respectability and credence:

'The people of the southern countries think that true sexual pleasure cannot be obtained without perforating the Lingam (Hindu term for phallus), and they therefore cause it to be pierced like the lobes of the ears of an infant pierced for earrings.'

However, it is not clear from this description which part of the penis is pierced. Although

much of the genital piercing currently being practised is believed to be a relatively modern Western habit, piercing of the glans with a bone by a few early tribes in Borneo has also been documented [5]. So what can be concluded from this historical perspective? Well, quite clearly, Prince Albert was not the first.

LEGISLATION AND REGULATION

In the UK there is very little official legislation about body piercing, and this would appear to be the same in many countries throughout the world. Indeed, it seems that most of the practices being adopted by piercing clinics world-wide are based on a 'common-sense' approach, as well as using guidelines offered by organisations such as the Association of Professional Piercers or the Piercing Association of the UK. As is often the case (and, indeed, perhaps with urology) there is a fine line between self-regulation and no regulation. However, the work of such organisations as the European Professional Piercing Association, Association of Professional Piercers and Piercing Association of the UK will hopefully result in greater regulation of this industry and give rise to greater credibility.

Environmental health guidelines vary among regions within the UK, but ideally all UK piercing clinics should be registered with their local Department of Environmental Health. This would help to ensure that adequate standards are maintained regarding the awareness of potential hazards like HIV and hepatitis B and C, equipment hygiene and sterilisation of tools and piercings.

However, outside London and Edinburgh, this registration is only compulsory if the clinic is providing ear piercing as part of its service; with ear piercing, clinics must be registered locally under the Health and Safety at Work Act. According to the London Local Authorities Act 1991, local authorities in London may regulate ear piercing, body piercing and semipermanent make-up businesses through licensing and inspection [6]. In Edinburgh, acupuncture, tattooing, ear piercing and electrolysis come under a registration scheme operated by the local authority.

In September 2001, the Chartered Institute of Environmental Health published proposals for piercing legislation, and these calls were repeated in September 2002. Meanwhile, the Scottish Executive has been undertaking

public consultations since early 2001 regarding the legislation of the ~200 piercing clinics in Scotland [7,8].

The property itself does not require special licensing, as would occur with a private medical or dental clinic, nor does it need specialist medical defence cover. Public liability insurance is required, but there is no necessity for a doctor or nurse to be associated with the clinic.

Most clinics are reluctant to consider body piercing in persons aged <16 years, with or without parental consent, with the possible exception of ear piercing. However, piercing of children is not illegal. Genital piercing is usually not undertaken in persons younger than 18 years and should only be conducted after adequate counselling.

There is widely varying legislature relating to body piercing in the USA. The law varies considerably among states and is therefore too detailed to discuss here. The authors recommend the Association of Professional Piercers' website for further details [9].

In Australia, there have been recent propositions for an increased regulation of piercing clinics in Queensland, and these legislative measures are currently being reviewed (September 2002) [10].

TECHNIQUES

No piercing should be conducted unless a medical enquiry has been completed. Such issues as needle phobias, fainting tendencies, allergies to metals and local anaesthetics, current medication (e.g. warfarin) and bleeding tendencies must be addressed in a medical questionnaire. Ideally, a first-aider should be readily available on the premises. Any serious concerns should result in the piercing being refused. However, as many clinics will request that the patient signs a disclaimer from possible complications of the piercing, the possibility of abuse of this system by either the patient or the clinic is certainly real.

As with surgery, many of the techniques of body piercing are learned as a 'hands-on' apprenticeship. Some of the more adventurous piercers take a more proactive approach by either practising upon themselves or 'lending a pound of their flesh' to a trusted friend. Additionally, courses are offered in magazines about piercing and

through piercing organisations to help acquire the necessary skills, but these options are entirely voluntary.

The patients should be given a choice about whether to have a local anaesthetic or not. The local anaesthetic usually takes the form of a spray, e.g. xylocaine or ethyl chloride, or a topical cream, e.g. tetracaine or eutectic mixtures of local anaesthetic. The type of piercing is usually a spike, rod, barbell or ring, but may vary from one region of the body to another; certain piercings may be more prone to infection, 'cutting-out', etc. if one type or the other is used, and the patient should therefore be guided by the experience of the piercer.

The area of the body to be pierced is usually treated with an antiseptic and then grasped by surgical forceps, followed by a quick, confident piercing through the skin. Some piercers choose not to use forceps, as they are concerned about the possibility of delayed healing; certainly, this seems to make sense from a surgical perspective on tissue handling.

Relaxation of the patient throughout the procedure is all-important. Dressings may be required afterwards if there is any ooze of blood, mainly to protect the patient's clothes, but also for reasons of hygiene and reassurance. An aftercare information sheet should be offered to each patient and should be fully discussed with the patient before they leave the clinic. Follow-up should be available to anyone experiencing any concerns or problems.

TYPES OF GENITAL PIERCING

Most of the body piercings are individually named, but the renowned piercer Jim Ward, who developed the magazine *Piercing Fans International Quarterly* in the late 1970s, accepted that most of the names were contrived [11].

The most proximal of the male genital piercings is the 'Pubic Piercing' (Fig. 1). This has also earned the nickname, among some piercers, of 'Rhinoceros horn', which is perhaps more insulting to a typical rhinoceros than an average penis. It will usually take 4–8 months to fully heal. This will hopefully be time well spent, as this piercing is said to enhance the woman's clitoral sensation during intercourse when she is astride her partner.

FIG. 1. Pubic piercing



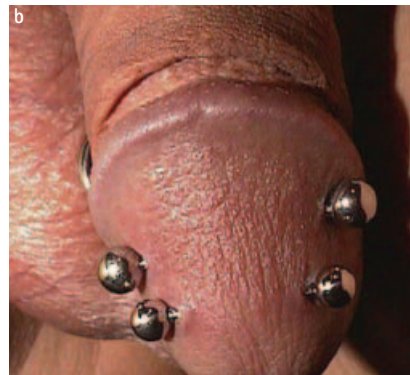
The Ampallang, also known as a 'palang' or 'pallang', is a transverse piercing of the glans in which the barbell either goes dorsal to, or through the urethra (Fig. 2a). The piercing is usually performed relatively dorsally and superficially which, perhaps optimistically, will avoid the corpora as well as the urethra. It is believed to have originated in Borneo where it is particularly associated with the Dyak tribe. Not surprisingly, this heavy-duty appliance has a reputation for blood loss, and bleeding may occur for up to a fortnight after the piercing. The healing time varies from 3 to 9 months, which is sufficient time to consider the possibility of having a double ampallang (Fig. 2b).

The vertical equivalent of the ampallang is the Apadravya (sometimes *apadavya* or *apadavrya*), whereby a barbell crosses the glans from dorsum to ventrum, traversing the urethra in the process (Fig. 3a); it usually heals in 2–5 months. Sometimes, the apadravya is placed more proximally in the shaft of the penis, rather than through the glans, and this piercing is referred to as a Shaft or Deep Apadravya (Fig. 3b).

The Dydoe is a ring piercing placed at the coronal ridge, either singly or multiple; it is believed to be Jewish in origin (Fig. 4) and usually heals by 6–8 weeks.

The foreskin has not managed to escape the desires of the piercer. Foreskin rings are relatively common and the piercing will usually heal within 6–10 weeks (Fig. 5). The piercing can sometimes be used as a 'chastity belt' when it links one lateral side of the foreskin to the opposite side. The foreskin is therefore difficult to retract, thereby making

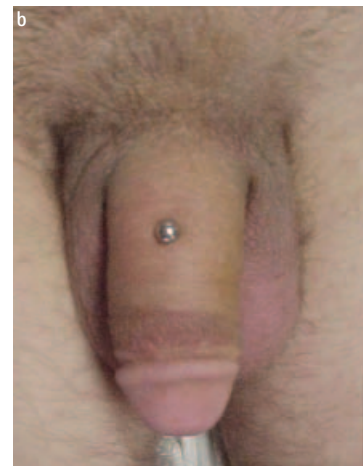
FIG. 2. **a**, Ampallang and **b**, double Ampallang



intercourse difficult (Fig. 6). Thus, the female can rest relatively well assured that her male partner is not indulging in extramarital activities.

The term 'Frenum' is given to piercings of the frenulum (Fig. 7a). This type of piercing is not recommended in men who are circumcised, as the relative avascularity of the circumcised frenulum can greatly prolong healing. In addition, the piercing can be more difficult to place in circumcised men. A frenum in an uncircumcised male will usually heal within 6–8 weeks. When the frenum is repeated down the length of the frenulum and midline raphe, the stepwise appearance is referred to as a Frenum Ladder (Fig. 7b). Many piercers choose not to place more than two or three 'rungs' at a time, partly for reasons of comfort, but also because of increased concerns over infections and cutting-out. However, there is no generally agreed limit to the number of piercings that can be placed at any one sitting. (Indeed, one of the piercers advising on this paper has assisted in the

FIG. 3. **a**, Apadravya and **b**, shaft Apadravya



placement of 75 piercings on a single individual at one sitting.)

The dorsal equivalent of the frenum ladder is termed the Jacob's Ladder (Fig. 8). However, it should be noted that some piercers refer to any stepped piercing along the shaft of the penis (dorsum or ventrum) as being a Jacob's ladder.

One of the best-renowned piercings of the male genitals is the Prince Albert (Fig. 9a), which consists of a ring piercing through the urethral meatus that exits through the ventral surface of the penis. Many proud owners describe this piercing as offering 'an intense urethral stimulation during intercourse'. The Prince Albert heals relatively quickly, in 2–4 weeks, and this may contribute to its popularity.

Some of the more considerate owners choose to attach various objects to their Prince Albert. One such device is the 'Dragonfly', which consists of six plastic, flexible barbells arranged like the wings of a dragonfly. This attachment is said to offer the woman additional satisfaction during intercourse by increasing vaginal stimulation.

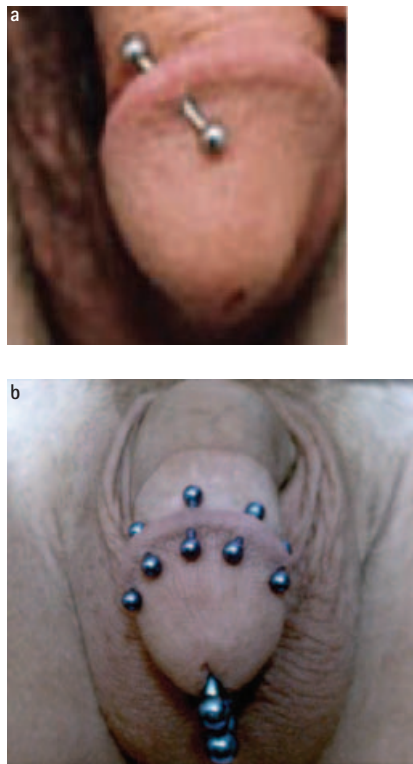
FIG. 4. **a**, Dydoe and **b**, multiple Dydoe.

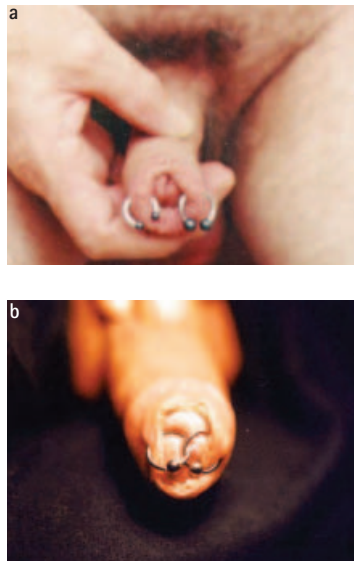
FIG. 5. Foreskin ring.



When the ring exits on the dorsum of the penis it is termed the 'Reverse Prince Albert' and heals more slowly than the standard piercing, in 2–5 months (Fig. 9b).

The derivation of the name Prince Albert is controversial; rightly or wrongly, it is widely held that Queen Victoria's husband, Prince Albert (The Prince Consort) had such a piercing when he was in his 20s. This was to assist the hang of his genitals within relatively tight trousers, which were considered to be the height of fashion in mid-19th century England. The piercing was formally referred to as a 'dress-ring' although 'word of mouth'

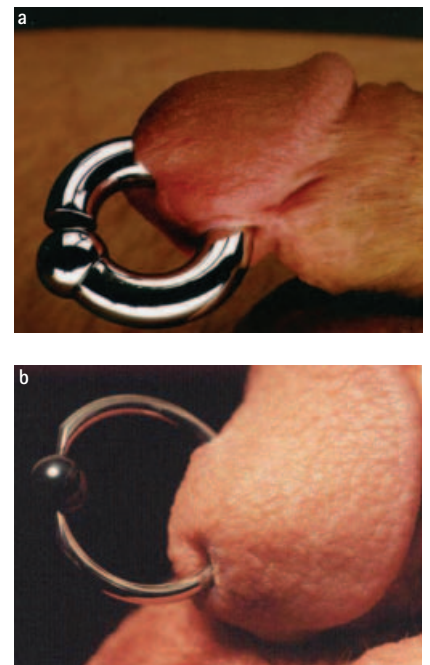
FIG. 6. Chastity rings.

FIG. 7. **a**, Frenum and **b**, frenum ladder.

about the royal connection soon earned the ring its nickname of 'Prince Albert'.

However, it has also been suggested that Albert had Peyronie's disease and that the piercing was a commendable, but probably futile, attempt at straightening his penis. Whatever the truth or fiction surrounding the etymology of this piercing, the link with Queen Victoria's husband has been dismissed by the legendary piercer Jim Ward as being a

FIG. 8. Jacob's Ladder.

FIG. 9. **a**, Prince Albert and **b**, reverse Prince Albert.

modern myth, designed to romanticise genital piercing [11].

A variation on the Prince Albert theme, but involving a T-shaped piercing rather than a closed ring, is the Prince's Wand. This barbaric looking article is painfully demonstrated in Fig. 10 and is clearly not for the faint-hearted. The piercing is placed through the urethral meatus and the pre-existing ventral exit from a Prince Albert, and is therefore often considered as additional jewellery rather than a piercing in its own right.

Working downwards towards the scrotum, the term Hafada (or Hafad) is given to a particular type of scrotal piercing with a ring or barbell, placed high and laterally (Fig. 11). A single scrotal piercing will tend to heal within 2–3 months. As with the frenular piercing and Jacob's Ladder, scrotal piercings can be

FIG. 10. Prince's Wand.



FIG. 11. **a**, The Hafada and **b**, the scrotal ladder.



configured in a step-wise arrangement, usually along the midline raphe (Fig. 11b).

The term Guiche (pronounced 'geesh') refers to a piercing of the perineum, usually in the midline (Fig. 12). Occasionally it can be placed lateral to the midline, or through the anus as an Anal Ring (Fig. 12b).

Women have not been excluded from the world of genital piercing. Although there are fewer female genital piercings that are ascribed names, this may merely reflect the smaller volume of tissue with which the artisan can work. However, there may also be legal concerns over female genital piercing which may deter many a cautious piercer. For

FIG. 12. **a**, The guiche and **b**, the anal ring.

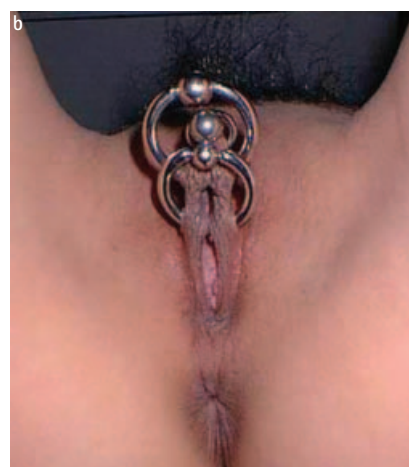


instance, in the UK, The Prohibition of Female Circumcision Act 1985 states that a person who:

'excises, infibulates or otherwise mutilates the whole or any part of the labia majora, labia minora or clitoris of another person is guilty of a criminal offence' [12]. It might therefore be argued that piercing of the female genitalia in the absence of a medical reason could be an offence under this Act. In addition, the WHO has defined four types of female genital mutilation (FGM): Type IV includes 'pricking, piercing or incising of the clitoris and/or labia' [13], and a person performing female genital piercing could therefore be guilty of Type IV FGM.

Despite these considerations, there appears to be no shortage of women who are willing to entrust their genitals to the hands of the piercer. The commonest female genital piercings are of the labia and clitoral hood. Either the labia majora or minora may be

FIG. 13. **a**, Outer labial rings, and **b**, female chastity rings.

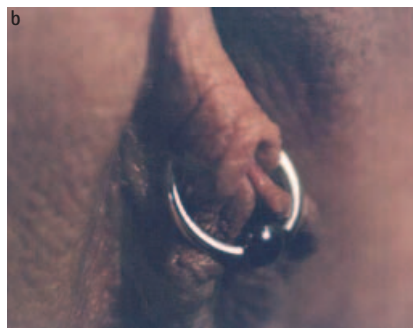


pierced, singly or in multiple fashion (Fig. 13a). As with the male foreskin, one or more rings may bridge the gap to give a 'chastity ring' (Fig. 13b).

The clitoris may be pierced in its prepuce or through the body: the former is much more common than the latter (Fig. 14a). The Triangle Piercing is a particular type of deep piercing of the clitoral hood but can only be performed in anatomically suitable women (Fig. 14b). It is said to offer an intense clitoral sensation during intercourse. Healing times for piercings of the labia majora tend to be 2-4 months, whereas piercings of the labia minora and clitoral body/prepuce tend to heal within 2-6 weeks.

The 'Christina', which is not a very popular piercing because of the long healing time and high cut-out rate, is a vertical piercing through the clitoral body which exits suprapubically (Fig. 15). The term 'Princess Albertina' is perhaps a little contrived, and is

FIG. 14. **a**, Clitoral body piercing and **b**, a triangle piercing.

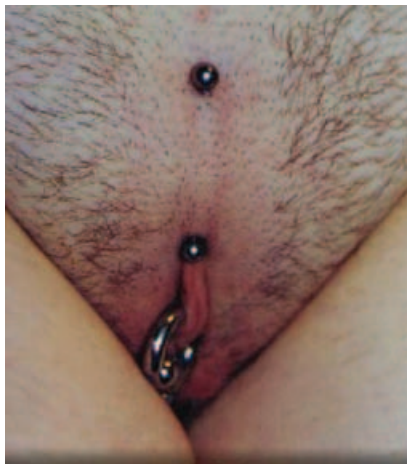


the female equivalent of the Prince Albert; the ring enters through the urethra and exits between the urethral and vaginal openings.

COMPLICATIONS

Perhaps because there are few regulations within the piercing industry there are no current official figures on complication rates for these procedures that would stand thorough scrutiny. Concerns over the possibility of hepatitis B and C and HIV transmission from body piercing are probably well founded [14,15], and precautionary measures are to be welcomed. However, many of the patients who have possibly contracted these infections from body piercing have more than one risk factor for these conditions, and it may therefore be difficult to fully implicate piercing as the cause of transmission.

FIG. 15. The Christina piercing (with additional labial piercing).



As with any surgical procedure that involves piercing the skin, the possibility of bleeding and infection must be considered. Localised cellulitis should be treated with antiseptic wound hygiene, and possibly antibiotic cream or oral antibiotics. However, the piercing should **not** be removed in the first instance, as there is an increased risk of loculating an abscess.

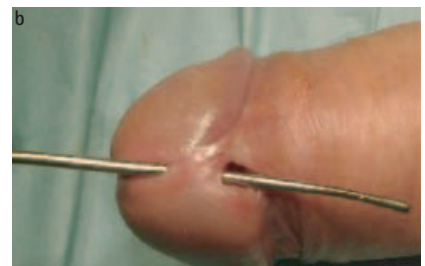
Hall and Summerton [16] described bivalving of the urethra from a Prince Albert piercing 'cutting-out' and termed this situation 'Prince Albert's revenge'. The authors of this review have recently had experience of a young man who had become bored with his Prince Albert and decided to have it removed. Unfortunately, this left a permanent urethral fistula that required a two-stage repair (Fig. 16).

Other documented complications include priapism, paraphimosis and recurrent condyloma acuminatum [17–19]. Although some of the complications may not appear in medical publications, perhaps because they are under-reported, consideration should be given to the possibilities of:

- Allergic reactions;
- Difficulty with hygiene (although some piercers argue that the tender, loving care that is usually offered to a genital piercing may improve the overall hygiene of the genitals);
- Urethral stricture;
- Keloid and hypertrophic scarring.

Due consideration should also be given to possible complications to the partner of the individual who has been genitally pierced. A

FIG. 16. **a**, Urethral fistula from a Prince Albert, and **b**, the probed fistula (not a piercing).



review of some of the 'piercing websites' reveals anecdotal complications which include:

- Trauma to the vagina or anus;
- Choking on swallowed piercings;
- Teeth-chipping;
- Trapping of piercings between the partner's teeth.

DISCUSSION

Ears and noses seem to lend themselves to piercing with greater subtlety than do our humble but well-meaning genitals. Arguably, there also appears to be a greater general acceptance towards nose and ear piercing among the public than there is towards stabbing one's genitals with a ring or barbell.

Clearly, most genital piercing is a variation on a theme, but there is a spectrum of different types of piercing, each proudly boasting a name. Many of the images will bring curiosity from the casual onlooker, not just through an interest in the degree of pain that is surely involved in this seemingly masochistic practice, or the extent to which the sex-life is *genuinely* improved, but also why an individual would wish to deliberately mutilate his or her genitals.

At least for the foreseeable future it would appear that there will be individuals who are prepared to surrender their genitalia in the name of such 'body art'. However, as with

other forms of art, that which may be seen as artistic by one person may be vulgar to another. Possible health risks in the short and long-term should not be underestimated with body piercing. The need for proper legislation in this area is well overdue.

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Correspondence: W.R. Anderson, Solent Department of Urology, St. Mary's Hospital, Portsmouth PO3 6AD, UK.
e-mail: info@domainsymptom.com