

Choosing to pierce your body for adornment is an important decision. Care should be taken in selecting a professional piercer whether you're piercing an earlobe or clitoral hood.

Performing body piercing is not easy; it takes time and dedication to acquire the ability to safely and skillfully perform the procedure. Piercing is a hands-on profession that must be learned through practical experience. Sound instruction ideally involves a lengthy apprenticeship with a qualified mentor (though many piercers are self-taught). The industry is minimally regulated in many areas so it's important to take your time and to do your research.

It is advisable to inquire how long your piercer has been in the field, how they learned, and what they do to update their knowledge - such as taking continuing education courses on anatomy, aftercare, aseptic technique, etc.

A potential piercer should earn your trust by demonstrating knowledge and competency. Before taking your money, a piercer should be willing to provide a consultation to inspect your anatomy, discuss jewellery selection, the complete procedure, potential risks and complications, the healing process, and aftercare guidelines. Aftercare information should also be provided in writing. If you are not impressed with their qualifications and customer service, keep looking.

Piercing for adornment usually provides positive results when performed by a qualified piercer. Hundreds of thousands of vulva piercings have been safely performed since gaining popularity in the 1990s. While there are scientific studies that show female Genital Piercing "FGP" may increase sensation, a professional piercer will never make such promises.

Professional piercers pierce genitalia only on informed and consenting adults who present government-issued proof-of-age photo ID (such as a Driver's license or passport). A signed release form is required as well.

ANSWERS TO COMMON FGP QUESTIONS:

- Genital Piercings can bleed freely for the first few days. Be prepared with liners or pads.

- Additional cleaning after urination is not necessary.

- In most cases you can engage in sexual activity as soon as you feel ready, but maintaining hygiene and avoiding trauma are vital; all sexual activities must be gentle during the healing period.

- Barriers such as condoms, dental dams, and waterproof bandages, etc. must be used to avoid contact with your partners' body fluids, even in long-term monogamous relationships.

- After sex, an additional saline soak or clean water rinse is suggested.

- You and your sex partner should wash your hands before touching on (or near) a healing piercing.

- Use clean, disposable barriers on insertable sex toys.

- Use a new container of water-based lubricant; do not use saliva.

CLEANING SOLUTIONS:

- Packaged sterile saline (with no additives, read the label) is a gentle choice for piercing aftercare. It is produced as a spray, wipe, or liquid. If sterile saline is not available in your region, a sea salt solution mixture can be a viable alternative. Dissolve 1/8 to 1/4 teaspoon (.75 to 1.42 grams) of non-iodized (iodine free), fine-grain sea salt into one cup (8 oz. / 250ml) of warm distilled or bottled water. A stronger mixture is not better; salt solution that is too strong can irritate the piercing.

CLEANING INSTRUCTIONS FOR FEMALE GENITAL PIERCINGS

- WASH your hands thoroughly prior to cleaning or touching your piercing for any reason.

- SALINE rinse as needed while healing. For certain piercings it may be easier to apply using clean gauze saturated with saline solution. If your piercer suggests using soap, gently lather around the piercing and rinse well. Use mild liquid soap and avoid harsh products, and soaps with dyes or fragrances.

- RINSE site as needed to remove cleaning solution residue. Moving or rotating jewellery is not necessary during cleaning or rinsing.

- DRY by gently patting with clean, disposable paper products. Cloth towels can harbor bacteria and snag on jewellery causing injury.

JEWELLERY HINTS AND TIPS:

- Unless there is a problem with the size, style, or material of the initial jewellery, leave it in the place for the entire healing period. See a qualified piercer to perform any jewellery change that becomes necessary during healing. (See the UKAPP website to locate a member, or to request a copy of our Picking Your Piercer brochure.)

- Currently in the UK, healthcare workers are compelled by law to anonymously (and inaccurately) record female genital piercings as a type of Female Genital Mutilation. If you would rather not have your piercing mislabeled (which skews important statistics), talk to your professional piercer about whether the piercing might be safe to temporarily remove prior to a check-up or procedure.

- If are planning to get a Female Genital Piercing, AND you have an upcoming NHS appointment, you may want to consider postponing your piercing until after your medical visit.

- Contact your piercer for a non-metallic jewellery alternative (retainer) if your metal jewellery must be temporarily removed (such as for a medical procedure). Review the APP brochure Preparing for Medical and Dental Procedures prior to your medical appointments.

- Leave jewellery in at all times. Even healed piercings that you have had for years can shrink or close in minutes! If removed, reinsertion can be difficult or impossible. This varies from person to person; if you like your piercing, keep jewellery in - do not leave the hole empty.

- With clean hands or paper product, be sure to regularly check threaded ends on your jewellery for tightness ("righty-tighty, lefty-loosey").

- Should you decide you no longer want the piercing, simply remove the jewellery (or have a professional piercer remove it) and continue cleaning the piercing until the hole closes. In most cases only a small mark should remain.

- In the event an infection is suspected, quality jewellery or an inert alternative should be left in place to allow for drainage of the infection. If the jewellery is removed, the surface cells can close up, which can seal the infection inside the piercing channel and result in an abscess. Until an infection is cleared up, leave in quality jewellery or an appropriate substitute.

WHAT IS NORMAL?

- Initially: some bleeding, localized swelling, tenderness, and/or bruising.

- During healing: some discoloration, itching, secretion of a whitish-yellow fluid (not pus) that will form some crust on the jewellery. The tissue may tighten around the jewellery as it heals.

- Once healed: the jewellery may not move freely in the piercing; do not force it. If you fail to include cleaning your piercing as part of your daily hygiene routine, normal but smelly bodily secretions may accumulate.

- A piercing might seem healed before the healing process is complete. This is because tissue heals from the outside in, and although it feels fine, the interior remains fragile. Be patient, and keep cleaning throughout the entire initial healing period.

WHAT TO DO

- Exercise during healing is fine; listen to your body.

- Make sure your bedding is washed and changed regularly. Wear clean, comfortable, breathable clothing that protects your piercing while you are sleeping.

- Taking showers is safer than baths, as bathtubs can harbor bacteria. If you bathe in a tub, clean it well before each use and rinse off your piercing when you get out.

TO STAY HEALTHY

- The healthier your lifestyle, the easier it will be for your piercing to heal.

- Get enough sleep.

- To help healing and bolster your ability to fight infection eat a nutritious diet. If you don't, consider taking nutritional supplements daily.

(CONTINUED ON BACK)

WHAT TO AVOID

- Avoid cleaning with alcohol, hydrogen peroxide, Dial® or other soaps containing triclosan, iodine, or products with any harsh ingredients, such as Dettol, TCP, surgical spirits, Savalon™, tea tree oil, turmeric, etc., as these can damage cells. Also avoid ointments as they prevent necessary air circulation.
- Avoid Bactine®, pierced ear care solutions, and other products containing Benzalkonium Chloride (BZK). These can be irritating and are not intended for long-term wound care.
- Avoid over-cleaning. This can delay your healing and irritate your piercing.
- Avoid undue trauma such as friction from clothing, excessive motion of the area, playing with the jewellery, and vigorous cleaning. These activities can cause the formation of unsightly and uncomfortable scar tissue, migration, prolonged healing, and other complications.
- Avoid all oral contact, rough play, and contact with others' bodily fluids on or near your piercing throughout healing.
- Avoid stress and recreational drug use, including excessive caffeine, nicotine, and alcohol.
- Avoid submerging the piercing in unhygienic bodies of water such as lakes, pools, hot tubs, steam rooms, etc.
- Avoid all beauty and personal care products on or around the piercing including cosmetics, lotions, and sprays, etc.
- Don't hang charms or any object from your jewellery until the piercing is fully healed.

HEALING TIMES

- Healing times for FGP generally fall into the two categories below. Remember, everyone heals differently. These examples are given as general guides; your healing time may be faster or slower.
- The most common FGP, such as clitoral hood and inner labia are the fastest, often healing in 8 weeks (2 months) or less.
- The less common FGP, such as triangle and outer labia are a bit slower, sometimes taking 16 weeks (4 months).

UKAPP stands for the United Kingdom's Association of Professional Piercers. We are a not-for-profit health and safety organisation dedicated to spreading safe piercing practice through the use of education, made available to both industry professionals and the public. We are creating a peer review network for piercers to protect clients and the industry as a whole.

OTHER BROCHURES INCLUDE:

Choosing Your Piercer

Understanding Body Jewellery

Suggested Aftercare for Body Piercings

Suggested Aftercare for Oral Piercings

Problematic Piercings

This brochure is not intended to endorse only UKAPP member piercers and its use does not imply membership in the UKAPP. A current list of UKAPP members can be found at:

WWW.UKAPP.ORG.UK

Disclaimer: These guidelines are based on a combination of vast professional experience, common sense, research, and clinical practice. These suggestions are not to be considered a substitute for medical advice from a doctor.

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PIERCINGS OF THE VULVA "FEMALE GENITAL PIERCING"

¹ Although this brochure uses the common vernacular "Female Genital Piercing" or "FGP" as found in scientific literature, it's important to remember that over time language and understandings change. Currently, there are strong cultural shifts among many to remove implicit gendering biases and assumptions of the secondary sexual characteristics. As such, many professionals are dropping the "male" and "female" from their vocabulary when referencing genitals, preferring instead to only reference the anatomical structures, such as "vulva piercings" for the general area. The UKAPP supports both approaches depending on the context and situation.

² To date, there have been no large, long-term scientific studies of body piercing. As such, this estimate is extrapolated from individual shops' statistics as well as opinions from industry experts.

³ Young, Cathy, Myrna L. Armstrong, Alden E. Roberts, Inola Mello, and Elayne Angel. "A Triad of Evidence for Care of Women with Genital Piercings." *Journal of the American Academy of Nurse Practitioners*, (2010). DOI: 10.1111/j.1745.7599.2009.0479.x

⁴ Millner, Vaughn S.; Eichold, Bernard H.; Sharpe, Thomasina H.; Lynn, Sherwood C. (2005). "First glimpse of the functional benefits of clitoral hood piercings." *American Journal of Obstetrics and Gynecology*. 193 (3): 675-676.

⁵ See the APP brochure Preparing for Medical and Dental Procedures for more information.

⁶ https://www.safepiercing.org/docs/APP_MedProcPrep-print.pdf

⁷ https://www.safepiercing.org/docs/APP_MedProcPrep-print.pdf

⁸ "Nutrition Guidelines to Improve Wound Healing" *Cleveland Clinic* 2008. 4 Jan. 2013 http://my.clevelandclinic.org/healthy_living/nutrition/hic_nutrition_guidelines_to_improve_wound_healing.aspx 2 "The ubiquitous triclosan" *Pesticides and You* 24:3 *Glaser, Aviva* (2004): 12-17