Regardless of whether clinicians agree with the practice of GP,[2,4,6] it is part of the wearers' cultural expression.[32] Realistically, if GP wearers regretted their decision, they could readily remove the piercings.[11,13] Even those with Prince Albert piercings do not seem deterred with urinary flow changes.[2] From this review, GP are of value to them as a meaningful part of their lives that enhances their sexual satisfaction and helps them with sexual self-expression,[2,8,10,11,13] and because of that, most take very good care of their GP.[2,11,13] Culturally sensitive care perspectives,[1,4,10,32] gathering further GP knowledge, and striving to provide the best evidence-based medical care to MGP and WGP will further their seeking of health care advice and interventions from medical professionals.

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## References

1. Halliday KA. Body piercing: issues and challenges for nurses. *J Forens Nurs*. 2005;1(2):47-56.
2. Hogan L, Rinard K, Young C, et al. A cross-sectional study of men with genital piercings. *Br J Med Pract*. 2010;3(2):315-322.
3. Stirn A. Body piercing: medical consequences and psychological motivations. *Lancet*. 2003;361(9364):1205-1215.
4. Armstrong ML, Koch JR, Saunders JC, et al. The hole picture: risks, decision making, purpose, regulations, and the future of body piercing. *Clin Dermatol*. 2007;25:398-406.
5. Meltzer DI. Complications of body piercing. *Am Fam Physician*. 2005;72:2029-2034.
6. Anderson WR, Summerton DJ, Sharma DM, et al. Andrology: the urologist's guide to genital piercing. *Br J Urol*. 2003;91:245-251.
7. Angel E. *The Piercing Bible: The Definitive Guide to Safe Body Piercing*. Berkeley, CA: Crossing Publishing Group; 2009.
8. Ferguson H. Body piercing. *BMJ*. 1999;319:1627-1630.
9. Stewart C. Body piercing: dangerous decoration. *Emerg Med*. 2000; 32:92-98.
10. Van der Meer GT, Weijmar-Schultz WCM, Nijman JM. Intimate body piercings in women. *J Psychosom Ob Gyne*. 2008;29(4):235-239.
11. Young C, Armstrong ML, Mello I, et al. A triad of evidence for care of women with genital piercings. *J Am Acad NP*. 2010;22(2):70-80.
12. Tweeten SS, Rickman LS. Infectious complications of body piercing. *Clin Infect Dis*. 1998;26:735-740.
13. Caliendo C, Armstrong ML, Roberts AE. Self-reported characteristics of women and men with intimate body piercings. *J Adv Nurs*. 2005;49:474-484.
14. Khanna R, Kumar SS, Raju BS, et al. Body piercing in the accident and emergency department. *J Accid Emerg Med*. 1999;16:418-421.
15. Koch JR, Roberts AE, Armstrong ML. et al. Body art, deviance, and American College students. *Soc Sci J*. 2010;47(1):151-161.
16. Taylor P, Keeter S. Pew Research Center: Millennials: A Portrait of Generation Next. 2010. Available at: http://pewresearch.org//millennials. Accessed February 28, 2011.
17. Laumann AE, Derick AJ. Tattoos and body piercings in the United States: a national data set. *J Am Acad Dermatol*. 2007;55(3):413-421.
18. Mayers LB, Judelson DA, Moriarty BW, et al. Prevalence of body art (body piercing and tattooing) in university undergraduates and incidence of medical complications. *Mayo Clin Proc*. 2002;77: 29-34.
19. Millner VS, Eichold BH, Sharpe TH, et al. First glimpse of the functional benefits of Clitoral Hood piercings. *Am J Obstet Gynecol*. 2005;193:675-676.
20. Lehmann J, Jancke C, Retz M, et al. A hypoechoic lesion found on testicular ultrasound after testicular piercing. *J Urol*. 2000;164(5): 1651.
21. Kato Y, Kaneko S, Igucki M, et al. Strangulation of the penis by a ring. *Hinyoikka Kiyo*. 1987;33:1672-1675.
22. Ekelius L. Fournier's gangrene after Genital Piercing. *Scand J Infect Dis*. 2004;26:610-612.
23. Zermann DH, Schubert J. Strangulation of the scrotum. *Scand J Urol Nephrol*. 1997;31:401-412.
24. Goldman M, Xi G, Yi QL, et al. Reassessment of deferrals for tattooing and piercing. *Transfusion*. 2009;49:648-654.
25. Fiumara NJ, Eisen R. The titivating penile ring. *Sex Transm Dis*. 1983;10:43-44.
26. Pugatch D, Mileno M, Rich JD. Possible transmission of human immunodeficiency virus type 1 from body piercing. *Clin Infect Dis*. 1998;26:767-768.
27. Hounsfield V, Davies SC. Genital piercing in association with gonorrhoea, chlamydia and warts. *Int J STD AIDS*. 2008;19:499-500.
28. Alan Guttmacher Institute. Sexual and Reproductive Health: Women and Men. 2002. Available at: http://www.guttmacher.org/pubs/fb_10-02.html.
29. Willmott FE. Body piercing: lifestyle indicator or fashion accessory? *Int J STD AIDS*. 2001;12:358-360.
30. Miller L, Edenholm M. Genital piercing to enhance sexual satisfaction. *Obstet Gynecol*. 1999;93(5):837.

## APPENDIX

### *Supplementary data*

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.urology.2011.05.066.

## EDITORIAL COMMENT

The authors present what is certainly the most comprehensive review to date of genital piercings (GPs) and have provided an invaluable resource for any urologist that encounters GPs in their practice.

I am as guilty as the next urologist when it comes to managing GPs. If I encounter one in my practice, especially when it obstructs performing a study or urinary flow, or it leads to some other type of urological problem, I tell the patient to take it out. However, this kind of attitude may be exactly what leads these patients to seek non–health care professional help for GP issues. They do not want to take them out. They come to us to tell them how they can keep them in.

Perhaps it is time that we begin to accept the new reality of GPs in the "Facebook" era, where individuality is everything and GPs feed the need to stand out among the ever-expanding crowd. Our colleagues in dentistry and otolaryngology have dealt with piercing issues for some time[1] and have collectively figured out methods to work with them. We must begin to do the same in the urological community if we are ever to understand the epidemiology of GPs and, more importantly, create an evidence-based approach to managing their associated complications while keeping the patients' wishes and desires in mind. This manuscript is a big step in the right direction.

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## Reference

1. López-Jornet P, Navarro-Guardiola C, Camacho-Alonso F, et al. Oral and facial piercings: a case series and review of the literature. *Int J Dermatol*. 2006;45(**7**):805-809.



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## REPLY

We appreciate your thoughtful reply to the article, your astute observations for clinical practice, and your interesting mention of other specialties that have made strides in patient management with piercings. We hope our purposeful dialogue about genital piercings (GPs) wearers will (a) provide colleagues with reliable information about the subject; (b) promote applicable, nonjudgmental health education; and (c) stimulate further research and publications about any interventional GP experiences (including both complications and/or non-complications), such as what the studies by Muensterer[1] and Deboer et al[2] have provided.

As we investigated GPs in various populations, the addition of an experienced, published Master Piercer of GPs to our author team was invaluable for realistic, procedural insights. The evidence became clear that uniqueness and individuality were common themes, along with an undertone of purposeful decision-making; patients like having GPs, and GPs bring them a sense of sexual expression and well-being. This made us ask how all of this relates to our own clinical practices. Were we choosing to simply pretend that this topic did not "exist?" Were we failing to even address patient concerns and wishes, by instead imposing a cloud of our own personal judgment and not including them in the clinical decision-making? Our own potential biases (location, complications, our lack of knowledge, etc.) became evident. How could our approach to care be safe, culturally sensitive, and evidence-based? These were tough and uncomfortable questions (and answers) for our team of both experienced and novice researchers, but it gave us the wonderful opportunity to "look in the mirror." As Susman, Editor of *Journal of Family Practice*, reminds us, "mental profiling can quickly skip into prejudice . . . how privileged we are to enter the lives of our patients and that appearances [of piercings and tattoos] are only skin-deep."[3]

These patient experiences also made us realize that although health care providers certainly have a responsibility for professional lifelong learning, we also should be aware of (and flexible to) some of the newer nontraditional activities present today. An excellent example is tattooing and general body piercing; could anyone have predicted 25 years ago that body art would turn into a mainstream lifestyle for the 18- to 30-year-old population? The Internet should also be another educational tool. Although certainly using our critical eye for validity/credibility issues, we trust in that medium to provide even more "heads-up" activities, which in the future will produce many more unique encounters for urologists.[4]


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## References

1. Muensterer OJ. Temporary removal of navel piercing jewelry for surgery and imaging studies. *Pediatrics*. 2004;114:e384-e486.
2. DeBoer S, Seaver M, Vidra D, et al. Breasts, bellies, below, and beyond: Body piercing jewelry and the transfer technique—when in doubt, don't necessarily take it out! *J Emerg Nurs*. 2011; June 27 [epub ahead of print].
3. Susman J. Perspicacity, profiling, and prejudice. *J Fam Pract*. 2007; 56(2):83.
4. Rinard K, Nelius T, Hogan L, et al. Cross-sectional study examining four types of male penile and urethral "play". *Urology*. 2010;76(6): 1326-1333.



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