Cross-sectional Study Examining Four Types of Male Penile and Urethral "Play"

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OBJECTIVES To provide further quantitative and qualitative evidence about men who insert foreign liquids and objects into their penis and/or urethra.

METHODS As part of a larger, cross-sectional study examining men (n = 445) with genital piercings (GP), 2 questions inquired whether the respondents had penile tattoos and/or inserted other materials, such as fluids and foreign objects, into their penis and urethra.

RESULTS Four different practices have been described in the literature: embedding (a) foreign objects and/or (b) liquids subcutaneously into penile tissue, as well as inserting (c) liquids and/or (d) foreign objects into the urethra. In our study, 354 (78%) men with GP responded to the 2 questions; 85 (24%) replied affirmatively and 68 (80%) provided comments. Respondents coined their practices penile and/or urethral "play." Two respondents embedded metal balls into their penis, 1 at age 13 injected water for penis enlargement; 11 inserted liquids into the urethra, and 63 reported insertion of 32 different objects, frequently urethral sounds or "sounding" (n = 33/52%) were mentioned. Major motivation themes focused on sexual stimulation and experimentation. Penile tattoos (n = 14) were also reported, mainly for esthetics. Few complications or STDs were reported.

CONCLUSIONS Basic demographic assumptions of those who participate in these actions were challenged, and this study provides evidence of a wider distribution of men using penile or urethral play, and "sounding." Clinician awareness of these practices are important to obtain accurate health histories, manage genitourinary tract complications, as well as provide applicable patient education. UROLOGY 76: 1326–1333, 2010. © 2010 Elsevier Inc.

Unusual genitourinary tract activities have been illustrated in sixth-century artist drawings,[1,2] and they continue to defy the clinician's imagination today.[3,4] The literature describes 4 different practices: embedding (a) foreign objects[2,5-10] and/or (b) liquids subcutaneously into penile tissue,[11-13] as well as inserting (c) liquids[14-17] and/or (d) foreign objects into the urethra.[18-21] While these unusual genitourinary tract activities (UGUA) may not seem common in clinical practice, the medical literature has been robust with case histories for many centuries, especially from international origins.[1-4] Gauthier first described a foreign body applied to the penis in 1755; in 1856, Denucé found 391 cases; and Monton's review of the literature from 1860 to 1916 found 455 titles and articles. By 1948, more than 1000 case reports were summarized in Dakin's book *Urological Oddities*. Since that time, other excellent literature reviews have followed.[2,3,13]

Genitourinary insertions can be internally or externally applied objects that vary in size, shape, and form, as solids or liquids, and sometimes include animal/plant life.[1-20] The literature describes insertions of knitting needles, drill bits, batteries, pencils, pearls, beads, and even a decapitated snake[3] to relieve bladder pain and frequent urination. Several forms of liquid wax (candle, bee, and sealing) into the urethra have been reported as early as 1897 by Packard.[14,16] From the bottom of a glass container of Tancho Pomade, a type of Japanese hair gel, smoothly polished beads have been formed, which are frequently embedded subcutaneously into the penis called "Tancho nodules."[7-9] Other terms for insertions are "Fang muk (Thailand), bulletus (Philippines), chagan balls (Korea), penis marbles (Fuji), "pearling" (Asian), or "goli"(India).[2,5,6]

For penile enlargements, inserting mineral oil, paraffin, silicone, and even foreign fat subcutaneously have been used.[2,3,11-13] Historically, most of the foreign body penile implant reports have originated from Thailand, Japan, Ko-

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rea, Russia, Philippines, Germany, Romania, and Asia.[2] Clinically, physicians also used this practice in the early 1900s for both therapeutic and cosmetic use to treat a wide range of medical conditions, including syphilis, hemorrhoids, inguinal hernias, urinary incontinence, and pulmonary tuberculosis.[12,13]

For all 4 different types of these UGUA, demographically most reports speak of involvement from primarily low-economic groups of men who obtained them from their "friends" or by self-infliction.[2-4,6,9,10,19] They report using their own unique "sterile" technique,[2] and obtained them while in the military, prison, gangs, and detention centers, or employed as unskilled workers internationally. Even in the presence of genitourinary complications, some with penile inserts refused removal.[9,11] While mental illness was suggested, other references cite "normal" appearances and responses; virtually no psychiatric evaluations were conducted.[2,3,9,18-20]

Clinician awareness of these different types of UGUA and devices are important. Complications from these practices can mimic other medical conditions and therefore need to be considered in the differential diagnosis.[7,10] For example, injections of paraffin hydrocarbons into the penis can cause a sclerosing lipogranuloma which must be differentiated from adenomatoid tumor, liposarcoma or lymphangioma.[2,9] Foreign body implants into the penis can be confused on x-ray examinations with urinary calculi.[8] In addition, an increase in Asian immigrants has confronted North American health care providers with unfamiliar cultural responses, diseases, and conditions.[2] Another clinical challenge is patient education where expert knowledge and counseling are required to differentiate in the discussion between safe and unsafe procedures.

Forms of body art can also be found on the genitals. Very few mention tattoos on the penis,[4,21] yet over the past 10-15 years there has been a clear increase in the number of men procuring genital piercings (GP).[22] The presence of various types and gauges of genital piercing jewelry also stimulate individual creativity. One reason for this increase in body art and modification could be the uncomplicated and accessible global Internet availability of information about these intimate piercings.

MATERIAL AND METHODS

It is difficult to obtain information on the hidden variable of UGUA so the authors took advantage of available Internet survey software for this study. This type of data collection methodology is being used more frequently in other disciplines and while thought to be a nontraditional approach, the Internet has been found to be an invaluable way to provide anonymity, yet obtain access to people with hidden variables.[22,24]

Original Study

In late 2008 and early 2009, a comparative cross-sectional study of men with GP was conducted for the purpose of providing further evidenced-based information for physicians.[22] This study used an 83 item Web-based survey created from a review of the literature, the Armstrong Team Piercing Attitude Survey,[23] and previous work with women with GP[24] to obtain quantitative and qualitative data.[22] Two scales, the Self-attributed Need for Uniqueness (SANU)[25,26] and a Self-Esteem Profile[27] were incorporated; their previous reliabilities were 0.80 and 0.75 respectively. The university institutional review board deemed the study status as Exempt. From 42 states and 26 international sites, 445 men with 656 GP completed the questionnaire. Results of the larger study have been published elsewhere,[22] and a sidebar provides further description of the average respondent in the larger sample.

Subsample of Those Performing UGUA

This article concentrates on a data subsample of men with GP who responded affirmatively with quantitative data regarding 2 survey questions inquiring whether they had penile tattoos and/or inserted other materials, such as fluids and foreign material, into their penis or urethra (ie, participated in UGUA). Qualitative data provided further evidence about their motivations, outcomes, and any possible complications experienced.

Data Analysis

The Predictive Analytic Software (PASW, 17.0 ed.) was used for data analysis to obtain frequencies and chi-square analysis.[28] In addition, cross-tabulations were used to compare means of this subsample of men having penile tattoos and conducting UGUA and the larger study of men with GP. Few significant differences were found in the 2 study samples, so this subsample was not determined to be an outlier of the larger group.

RESULTS

From the original study, 354 individuals responded to the question regarding insertion of materials into their penis or urethra. Our subsample became the 85 individuals (24%) who replied affirmatively that they had engaged in UGUA; 68 (80%) provided quantitative data about their actions (Table 1). Often respondents called their actions penile and/or urethral "play." The average subsample respondent declaring UGUA was 39 years of age, Caucasian, possessed undergraduate education, reported heterosexual relationships, good–excellent health, no or few friends with GP, and a salary range of $45 000-$74 999 (Table 2). Religious beliefs were grouped into either nonexistent or moderately to very strong. Although there were more white-collar workers in this subsample, it was not a significant finding; only 1 person reported unemployment. The only significant difference demographically from the larger sample was marital status (chi-square = 16.0; n = 5; P = .008). This subsample had more single respondents or living with a significant other, and nearly half were married with/without children.

When comparing the residence of the UGUA respondents in the subsample to the original, larger study of men with GP respondents the findings were not significantly different. Almost half (48%) reported different areas across the United States, with no clusters or trends of locations. When comparing our subsample UGUA respondent group that claimed international residences

Table 1. Self-reported data from 68 respondents on itemized materials applied or inserted into the penis and urethra

Self-reported Activity	Items Reported	Comments Reported	Complications (if any) Reported	Other Open-ended Comments
Insertion of liquids into urethra (n = 11)	Candle wax	• "during a drugged make out session"	• None reported	Was "with friends"
	Baby oil	• "play-piercing genitals and nipples"	• None reported	"also sound and am still practicing these actions"
	Water (n = 5)		• None reported	
	Aftershave	• "for sensation and experimentation"	• "no complications"	
	Hot wax (n = 2)	• "most recently at age 42"	• None reported	
	Dental gel	• "and this was done by me"		
Insertion of liquids into penile tissue (n = 1)	Water	• "when I was 13 with a syringe"	• "thankfully no complications"	"it wasn't a sterile environment"
Insertion of foreign objects into penile tissue (n = 2)	Teflon implants with beads 2 metal balls on shaft	• "experimenting what would/wouldn't work for me"	• "one bead rejected quickly", "second bead rejected in 4 months" "last one healed fine, but removed it after 1.5 years . . . . causing her discomfort"	
			• "no complications"	
Insertion of foreign objects into urethra (n = 63)	Pull chain	• "liked the sensation of insertion"	• "scratched inside of urethra . . . some very minor bleeding	"Teenager"
	Fork	• no comment	• None reported	
	Metallic bars (n = 3)	• urethral enlargement	• "no problem so far"	
	Catheter (n = 4)	• No comment	• None reported	
	Thermometers/plugs (n = 2)	• "sexual Exploration . . . . as sounds"	• None reported	"with my partner"
	Qtips/plastic tubes (n = 3)	• "done a few times . . . . age 23-25"	• "slight urethra irritation"	". . . getting a PA wand"
	Barbell piercing (n = 2)	• "wanted to test . . strangely erotic . . . . pleasing sensation"	• None reported	"unsure of age, at least 20"
		• "wanted to see what it felt like"		
	"Items" into urethra	• "for sexual pleasure"	• "had a few UTIs from inserting things too far"	". . . done this since my teenage years"
	Plastic tubes (n = 3)	• "urethral play"	• None reported	"only a bit before my first piercing at about 15"
	Pens/Sharpie marker	• "enjoyed sticking things in . . . . since I was young"	• None reported	"my wife can fit her whole pinky in . . .
	10-mm bullets	• "not whole cartridges"	• None reported	"tough thing to explain"
	Electrical wire	• "at age 10 . . . made me kinda cautious"	• "infection requiring medical attention"	"little finger up to the second knuckle"
	Finger	• done by partner	• "antibiotic ointment, so at least I wouldn't get an infection"	"lubricated with triple antibiotic ointment", "began at age 10 and still doing it at 68"

Continued

Table 1. *Continued*

Self-Reported Activity	Items Reported	Comments Reported	Complications (if any) Reported	Other Open-ended Comments
	Pencil eraser/pencil (n = 2)	• "at age 48" • "because it feels wild . . . urethra a really sensitive thing", "more adventurous now"	• None reported • "No permanent after effects or complications"	• "I have orgasmed" "lots of lube helped" "in sex play" • "been doing that about 3 years", "couple different times when I was younger"
	Urethral sounds (most frequently mentioned) (n = 33)	• curious about sounding" • "for sexual pleasure" • "stretching my urethra" • "done for most of my sexual life" • "seemed like a fun idea" • "tried 'sounding' once and I hated it" • "unpleasant" • "sounding play session" • "for masturbation" • "for arousal and stimulation"	• "UTI's are easy to get and sometimes not worth the effort" • "lube no issues" • "to the point of bleeding, but no real complications" • "no complications" • "sounding with no complications" • "a bit of tenderness"	• "to aid erections", "to enlarge urethra" • "sexual experimentation", "hated it" • "done as a teenager" • "inserted by partners"
	Knitting/crochet needle	• "did it for the sexual pleasure" • "experimented"	• None reported	
	Needles, metal, glass		• None reported	• No comment
	Prince's Wand (n = 2)	• No Comment	• None reported	
	Paintbrush	• No Comment	• "Once I had a bladder infection"	• "try to keep whatever I used very clean"
	Food	• "For sexual pleasure since 21"	• "No complications thus far"	
	Pills	• "Done for fun"	• "No complications"	
	Vinyl string	• "at age 14"	• None reported	
	Plastic spoon, glowsticks, copper wire	• "too many other objects to mention"	• "both major and minor bleeding . . . nothing that turned out to be serious	• "copper wire (not very wise)" • "done as recently as today" "have done it for 13 years"
	Plastic stretchers	• "to enlarge the piercings"	• None reported	
	Chopsticks	• "soundings"	• None reported	• "and similar objects"

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Sidebar 1

Synopsis of a Cross-Sectional Study of Men with Genital Piercings*

More men with genital piercings (GP) are presenting to health care facilities, yet a paucity of medical literature exists about their body modifications, health issues, and medical needs. Historically, they have turned to a piercer or the Internet for medical advice which may put their health at risk by receiving inappropriate guidance or delayed treatment by an experienced, well-informed clinician.

In this study, several unsubstantiated assumptions about men with GP were challenged regarding the amount of STDs, GP complications, and overall demographics. Currently, their GP care information is still obtained from a piercer or the Internet. Clinician awareness of current body modifications, including GP is important to educate and inform adequately, give professional advice, and provide a realistic picture of structural complications.

demographics, risk behaviors, procedural motives, and postpiercing experiences about men with GP were examined, as well as depression, abuse, self-esteem, and need for uniquenessSimilarly published studies were also compared. The average participant was 36 years of age, Caucasian, possessing some college education, married or monogamous, heterosexual relationships in excellent health, who sought out annual physicals, reported no/few friends with GPs, and declared a salary of $45,000 or higher. Many admitted being risk takers yet with limited tobacco, alcohol, drugs, or STDs. Deliberate decision-making was present: 36% chose a Frenum/Frenum Ladder GP and 56% chose a Prince Albert GP, with 25% experiencing urinary flow changes. Motives included wanting one, trying something new, more sexual control, and seeking uniqueness. Their outcomes were related to their motives: sexual expression, uniqueness, and aesthetics, with improvement of personal and partner's sexual pleasure.

Table 2. Self-reported characteristics of men with genital piercings (GPs) who also participate in penile and urethral play

Variable	Current Study* N = 85
Demographics	
Age at time of survey	
20 or <	3/4%
21-35	35/43%
36-50	24/30%
51+	19/23%
Ethnicity	
Caucasian	75/92%
Martial status	
Single	19/23%
Living/significant other	11/13%
Married with/out children	39/47%
Education	
High school diploma	10/12%
Some college	21/25%
Bachelor's degree	22/26%
Graduate/doctoral degree	20/24%
Occupations	
Technical/vocational	19/26%
Professional (includes pilots, engineers, PhDs and lawyers)	36/49%
Students	13/18%
Unemployed	01/<1%
Salary	
<45,000	31/41%
$45,000+	44/59%
Strength of religious faith	
Nonexistent	30/36%
Moderately strong/strong	25/30%
State of health	
Good-excellent	73/87%
Health care visits	
Annual physicals	39/46%
Only when problems	33/39%
Feel sad/depressed W/GP	
Little/some	
Prepiercing	54/64%
Postpiercing	58/68%

* Numbers will not always add up to 100 because of missing data or multiple answers.

(Australia, New Zealand, Canada, and South Africa), there was no mention of respondent locations from Asian, Middle Eastern, and Eastern European areas, as noted in previous published case histories.

Depression, Abuse, Self-Esteem, and Need for Uniqueness

As in the larger study, 4 additional characteristics (depression,[29] abuse,[22] self-esteem,[27] and need for uniqueness [NU][25,26]) were examined that recently have been discussed in the tattoo and body piercing literature.[22,25,29] More than 60% of our subsample respondents reported a slight to small amount of "sad or depressed feelings"; those reporting this amount of depressed feelings before their GP were significantly more likely to continue these depressed feelings postprocedurally (chi-square = 57.0), = 12; P = .00). Their depressed feelings were significantly greater before their GP, than the larger group (chi-square = 15.0), = 4; P = .004). Less than 10% cited physical, emotional, or sexual abuse (Table 3), but this subsample (.875%) did have a significantly increased difference from the larger study (5/1%) of being forced to participate in sexual activity against their will (chi-square = 31.3), = 2; P = .00).

Table 3. Self-reported risk behavior from men with genital piercings (GPs) who participate in penile and urethral play

Variable	Current Study* N = 85
Risk behavior	
Age at first intercourse	
12 or less	5/06%
13-15	16/20%
16-18	37/47%
19+	21/27%
Sexual orientation	
Women	63/75%
Bisexual	12/14%
Risk taker before GP	43/52%
Remains risk taker	42/50%
Feeling deviant with GP	47/55%
Cigarettes smoked	
None	62/80%
½-1 pack daily	14/18%
Monthly alcohol consumption	
1-3 times	34/41%
5+ drinks at one sitting, 1-3x	50/63%
Drugs used monthly	
None	68/88%
1-15 times	05/07%
Sexual partners in 6 mo	
No one	11/13%
One	49/60%
Two or more	21/26%
General body piercings	
None now, but previously	06/08%
1-4 piercings	42/57%
5+ piercings	26/35%
Tattoos	
None	43/51%
1-4	30/36%
5+	11/13%
STDs before GP	11/13%
STDs after GP	2/02%
Have felt abused (physical, mental, sexual)	11/13%
Forced sexual activity against will	7/08%

* Numbers will not always add up to 100 because of missing data or multiple answers.

To extract a profile of self-esteem[27] for this subsample, 8 questions were asked both in the pre-GP and post-GP piercing survey sections; internal consistency (Cronbach alpha) of the scales were 0.79 and 0.75 respectively. Just as in the larger study, their responses to both the preprocedure (M = 22.3, SD = 4.84) and the post-piercing time (mean = 23.0, SD = 3.93) were highly correlated at 0.78 (P < .000). Two statements triggered split, negative, and positive responses with "I make demands on myself that I would not make on others" and "I blame myself when things do not work the way I expected."

A 4-item scale called the Self-Attributed Need for Uniqueness (SANU)[26,27] was used to examine this subsample's seeking of uniqueness. When all 5 responses of the scale were totaled,[20] the mean was 11.06 documenting a more positive perspective for intentionally wanting to be different, distinctive, and unique (Cronbach alpha 0.88).

Risk Behaviors

This subsample reported preprocedural GP "risk taker" tendencies and cited a continued significant direction for risk taking postprocedurally[22] (chi-square = 62.9) = 16; $P = .000$) (Table 2). Some risky behavior was observed; over half had other general body art, with between 1 and 4 piercings, as well as tattoos. Monthly alcohol use was infrequent, but when consumption was asked, they reported 5+ drinks. Other answers that did not confirm to the "risk taker" image were their monogamous, heterosexual relationships and limited tobacco/drug use. The subsample's average age for first intercourse was 17.23 (national male average 16.9),[30] whereas 6 (7%) reported never having had sexual intercourse. Few reported sexually transmitted diseases (STD), and Chlamydia was the most frequently STD mentioned (3/4%).

Penile and Urethral "Play"

Our subsample's 4 common forms of UGUA, as well as their comments and complications are found in Table 3. Some reported multiple forms of penile and/or urethral play activities. Respondents (n = 11) inserted a variety of liquids into the urethra, with water as the most frequently mentioned liquid. Only 1 respondent mentioned penile enlargement activity; he had done this at 13 years of age and his "experience didn't feel good" so he stopped further action. Other respondents reported inserting metallic beads on their penile shaft near their Prince Albert piercings; their motivations for these insertions were additional personal and partner sexual enhancement.

Sixty-three men with GPs reported inserting various objects (n = 32) into their urethra and their motivational comments centered on sexual stimulation/pleasure and/or experimentation. Frequently, urethral sounds (33/52%) and the term "sounding" were mentioned but other objects included pencils, glowsticks, knitting needles, and glass rods. Few specified lubricants with these urethral insertions. The ages for initiating these practices were in their teen years, up to 25 years of age. Two respondents mentioned their enjoyment of the practice with a partner. One respondent started at 10 years of age and he continues the practice now at 68 years of age. Three respondents mentioned a Prince Albert Wand, a hollow metal tube that is inserted into the urethra in conjunction with a Prince Albert GP, as a urine conduit or as a "penis plug."

Complications

Most of these activities were not singular events. One respondent said "I have been doing this for about 13 years now, off and on with no problems." Although some urethral irritation (n = 4) and urinary tract infections (n = 5) were cited, overall, only a few complications were reported. Another said "I had major and minor bleeding but nothing that has turned out to be serious."

Penile Tattoos

Fourteen (4%) men in the subsample reported having penile tattoos, and 6 of them also participated in the penile and urethral play.. Ages at the time of tattooing procurement ranged from 17 to 54 years. Most of the tattoos were done by studio artists, but 3 respondents mention self-infliction. Designs included tribal flames, sunburst, stem and rose, heart, cross, and wife's name. Reported motives for the penile tattoos were esthetics,[2] as well as sexual[1] and personal pleasure.[1]

COMMENT

Although seemingly an uncommon practice, the 4 common types of penile and urethral play, surprisingly have numerous case history reports mentioned in the international medical literature, over many centuries.[1-4] This UGUA could even be more common than this study suggests, as patients are uncommonly asked about the practices and perhaps even less likely to admit to engagating in them unless in need of treatment. Yet, cautionary notes to any generalizability of this subsample of UGUA data should be made for limitations and reporting/survey bias.[28] This was a nonexperimental, cross-sectional study and Internet survey methodology allowed the respondents to self-select their participation and use their personal judgment to interpret the survey questions. Respondent locations and socioeconomic information could reflect use of Internet accessibility and abilities. Socially desirable responses could have been entered. In addition, this methodology could allow people with strong negative or positive feelings to complete the study. Studies, such as with our comparison to the larger sample, in which there was no difference between the larger group and the subsample may be the result of low statistical power and small sample size, rather than absence of a difference. Yet even with considering these limitations, the authors believe that the respondents did contribute further quantitative and quantitative evidence about their UGUA as random sampling is almost impossible in a population with hidden variables (men with GP and UGUA).

Our respondents in this subsample challenged some of the basic demographic assumptions found in the literature for participants of these UGUA. Our national and international subsample was less ethnically diverse with more Caucasians, better educated, having higher financial status, and employed in more professional occupations, as well as an older mean age for their first sexual activity. Very few STDs were reported. They reported different areas of residence indicating that there could be a wider distribution than previously thought of those

participating in these UGUA. With this variety of UGUA there could be an assumption of a mental illness or a sexual inferiority complex[2,3,9,18-20] yet with most of the UGUA case reports, as well as this study, there were no mental health evaluations conducted. Certainly, our subsample demographics and social background do not seem to fit the picture of the low-performing, socially deviant personality presented previously.[2-4,6,9,10,19,22-24]

As with the larger sample, and in many body art studies,[23,24,29] this subsample did not deny their propensity to being risk takers. Yet, risk takers are not synonymous with deviance, but more into achieving individualization.[22] This was further evidenced in their motivational comments around sexual pleasure and/or experimentation, as well as their moderate need for uniqueness[25,26] on wanting to be different, distinctive, and unique. Their small amount of depression[29] was significant, as well as forced sexual activity against their will.

The amount and variety of objects inserted into the urethra continues to "defy the clinician's imagination"[3] with the most frequently mentioned inserts being urethral sounds. Although urologists are certainly familiar with these medical devices for removing strictures, Wikipedia lists the second definition for them as "a popular form of sexual stimulation." "Googling" the term "sounding" yielded 398 000 responses in 0.08 seconds, complete with descriptions, instructions for insertions, lubricants, tips, diagrams, and pictures "for immediate male stimulation." Certainly, these Internet sources have questionable validity/credibility versus peer-reviewed medical literature, yet research often tells us any information regarding body art practices, including GP, are most often obtained from a piercer or the Internet.[23,24] Object movement up the urethral tract, or with the use of a small vibrator is said to be stimulating. Urethral play, as mentioned in our study can either be done with rigid devices, such as 5 different urethral sounds (Hegar, Dittel, Henk, Pratt and Van Buren) usually inserted halfway into the glans, or with soft catheters that are introduced deeper up to the bladder and sometimes allowed to curl several times.

These UGUA are constantly challenging the normally sterile urinary tract.[11-13] While urinary tract infections are one of the most common bacterial infections encountered in clinical practice yet, very few complications from these UGUA were reported which certainly speaks of the genitourinary tract resiliency and the respondent's general health. None of their "problems" resulted into major complications requiring medical attention, so there is still the impetus to continue their practice.

To our knowledge, this is only the third article found in the medical literature presenting information about penile tattoos.[21] As in study by Pehlivanov et al[4] and our own, the largest motivator for penile tattoos was esthetics (80%); the demonstration of bravery and imitation from friends were also mentioned as well as the improvement of sexual and personal pleasure.

CONCLUSIONS

Awareness of these different types of UGUA, devices, and motivations are important as clinicians encounter individuals presenting with genitourinary complications. An understanding of these practices will allow clinicians to obtain accurate health histories as well as to provide applicable patient education.

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