

TRANSMODIFIED:

Considerations for Piercing
Medically Transitioning Clients



DISCLAIMER

- The views expressed in this presentation are that of a professional piercer and trans person, they may not reflect the views of the APP
- The intention of this presentation is to educate other piercers
- Everything is correct to the best of my knowledge- but gender science is always evolving! Some of this may change as we learn more
- Anon suggestions/feedback can be left at lynnloheide.com/hrtclass

Taking this Class does *NOT*

- Mean you have been trained by me
- Mean you are ready to offer all services on trans clients
- Mean you are done learning!



Meet Lynn!

- They/Them
- Piercing for 12 years
- Currently at Laughing Buddha in Seattle, WA
- APP Member for 7 years
- Been on HRT for 3 years
- Had 2 gender-affirming surgeries
- Proud Non-Binary Trans person, and proud to work extensively with the trans community



[@LynnLoheide](https://www.instagram.com/LynnLoheide)

The Impact of Language

Inclusive language is essential when working on transgender clients

- Use Anatomy-specific terms
- Piercings on Chests and Piercings on Breasts
- Penile and Vulva
- Androgenized and Estrogenized
- Ask Clients how they refer to their body
- Anatomy neutral language- tissue, skin, area, etc
- Gender-Affirming Services
- Mistakes happen- correct yourself and move on



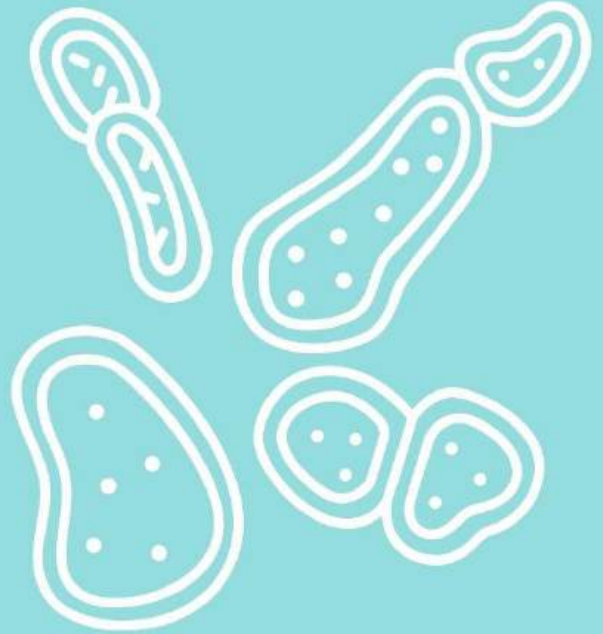


Hormones & The Endocrine System



Terms & Definitions

- **Hormone-** a regulatory substance produced in an organism and transported in tissue fluids such as blood or sap to stimulate specific cells or tissues into action.



Terms & Definitions

- **Puberty**- the period of life when adolescents reach sexual maturity and become capable of reproduction. Hormonal changes triggered during puberty cause these changes to occur.



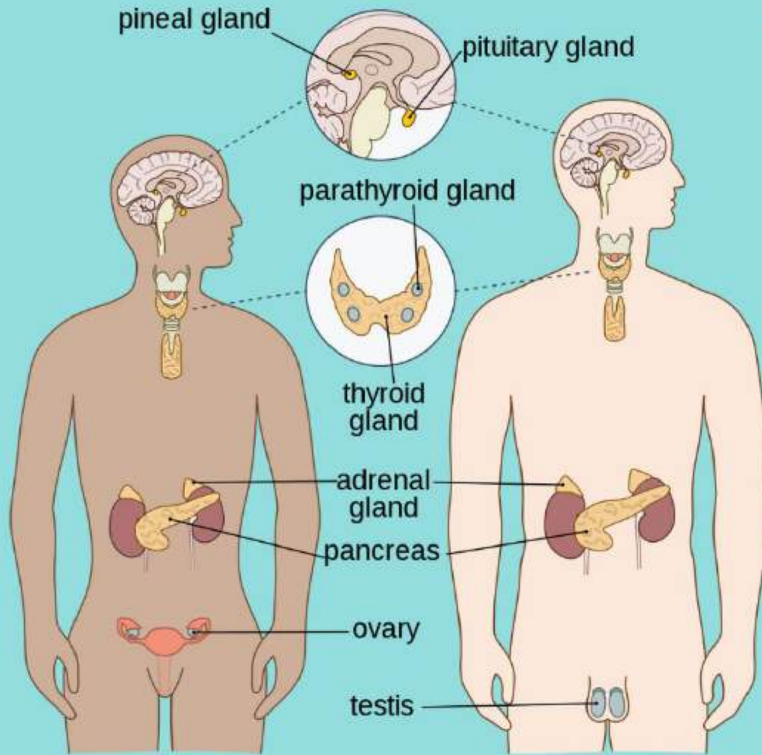
Terms & Definitions

- **Secondary Sex Characteristics-** a physical characteristic of an organism that is related to or derived from its sex but not directly part of its reproductive system.



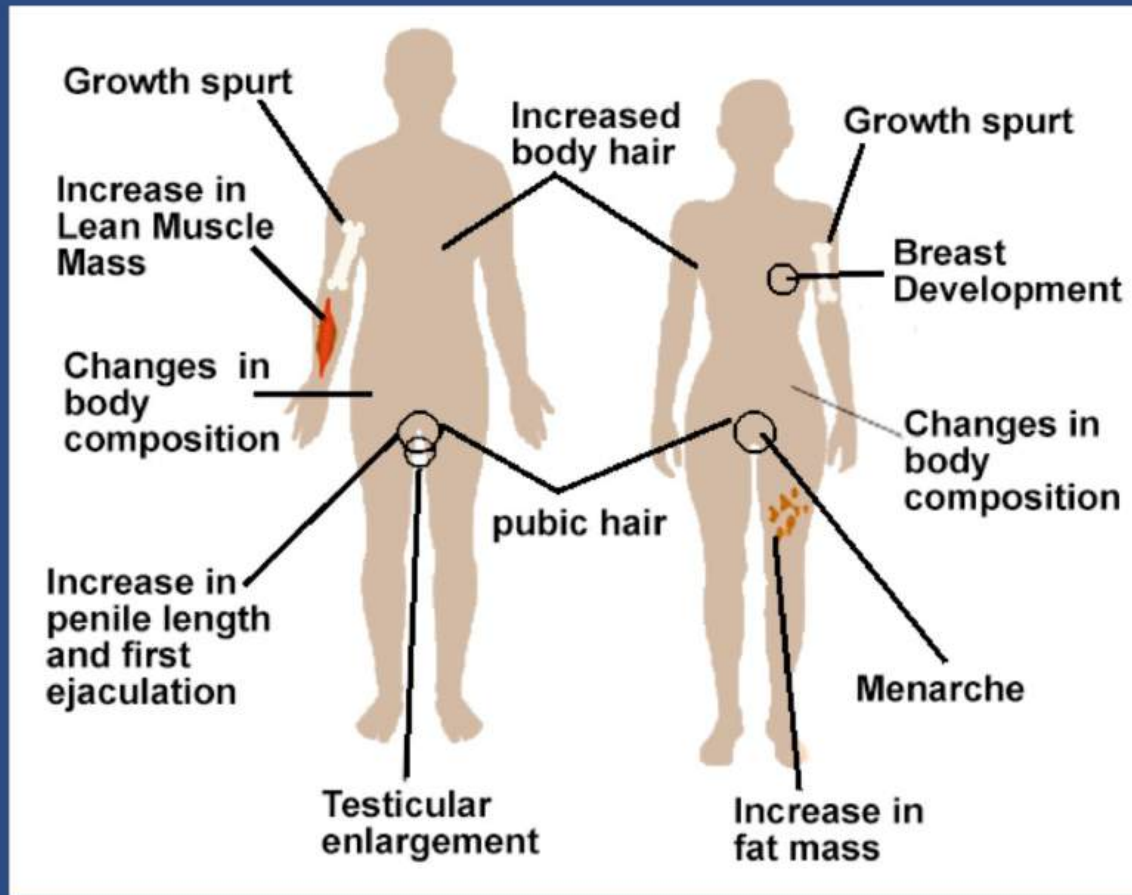


Terms & Definitions

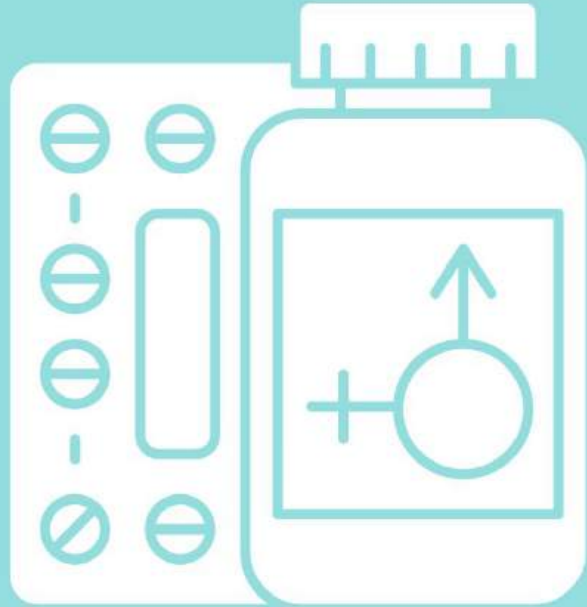


- **Endocrine System**- the glands and organs that make hormones and release them directly into the blood so they can travel to tissues and organs all over the body.
- **Ovaries**- a reproductive organ in which ova or eggs are produced, along with estrogen and progesterone. These hormones are released as part of the menstrual cycle.
- **Testes**- one of two egg shaped glands inside the scrotum that produce sperm and the hormone testosterone.

Hormone Replacement Therapy (HRT) is the use of hormones in medical treatment, in which sex hormones and other hormonal medications are administered to transgender and gender nonconforming individuals for the purpose of **aligning their secondary sex characteristics** with their gender identity.



Types of HRT



- **Masculinizing Hormone Therapy**- consisting of androgens and anti estrogens to encourage masculine secondary sex characteristics.
- **Feminizing Hormone Therapy**- consisting of estrogens and anti androgens to encourage feminine secondary sex characteristics.
- **Hormone Blockers**- consisting of medications that block the release of hormones during puberty to prevent secondary sex characteristics that don't align with a person's gender.

TESTOSTERONE



Testosterone (T) is a naturally occurring hormone generally produced in all bodies, however in different quantities for different bodies. Synthetic bioidentical testosterone is the most commonly used testosterone for HRT.



Testosterone can be taken a few different ways:

-Injections: These can be intramuscular in the glutes or upper thigh, or subcutaneously in the skin of the stomach.

-Gel: a topical gel applied usually daily

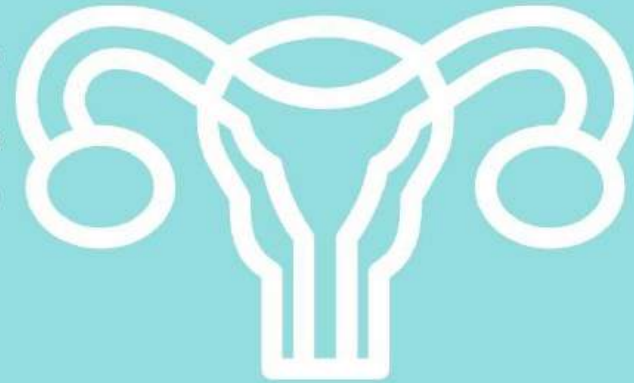
-Patches: the least commonly used method for taking T



Testosterone causes changes in secondary sex characteristics directly, by communicating with the cells of the body causing the development of these characteristics.

Testosterone also causes estrogen levels in the body to drop.

The primary effect of the drop in estrogen is loss of fertility, due to changes caused to the ovaries, uterus, and fallopian tubes thanks to an increase of testosterone.





Increase in Oily or Acne Prone Skin

Testosterone causes an increased production of sebum, an oily substance that protects our skin. Sebum is also responsible for acne and clogged pores.

Acne tends to present in similar locations to usual hormonal acne, on the lower third of the face, the neck and shoulders, and the chest and upper back.

Overall skin changes may also occur

People with high testosterone levels can have skin up to **25% thicker**, and clients may notice skin texture and thickness changes. Some folks will need a dermatologist to intervene and help get this skin on track.

DIFFERENCE BETWEEN MEN'S AND WOMEN'S SKIN

MEN'S SKIN

THICKNESS

Thicker

SEBUM

More sebum (oilier)

AGEING

Show signs of ageing later

FACIAL HAIR

Thicker and more facial hair

HYDRATION

Less hydrated

PIGMENTATION

Darker skin

SKIN PH

Lower pH

TEXTURE

Rougher

WOMEN'S SKIN

THICKNESS

Thinner

SEBUM

Less sebum

AGEING

Show signs of ageing sooner

FACIAL HAIR

Thinner and less facial hair

HYDRATION

More hydrated

PIGMENTATION

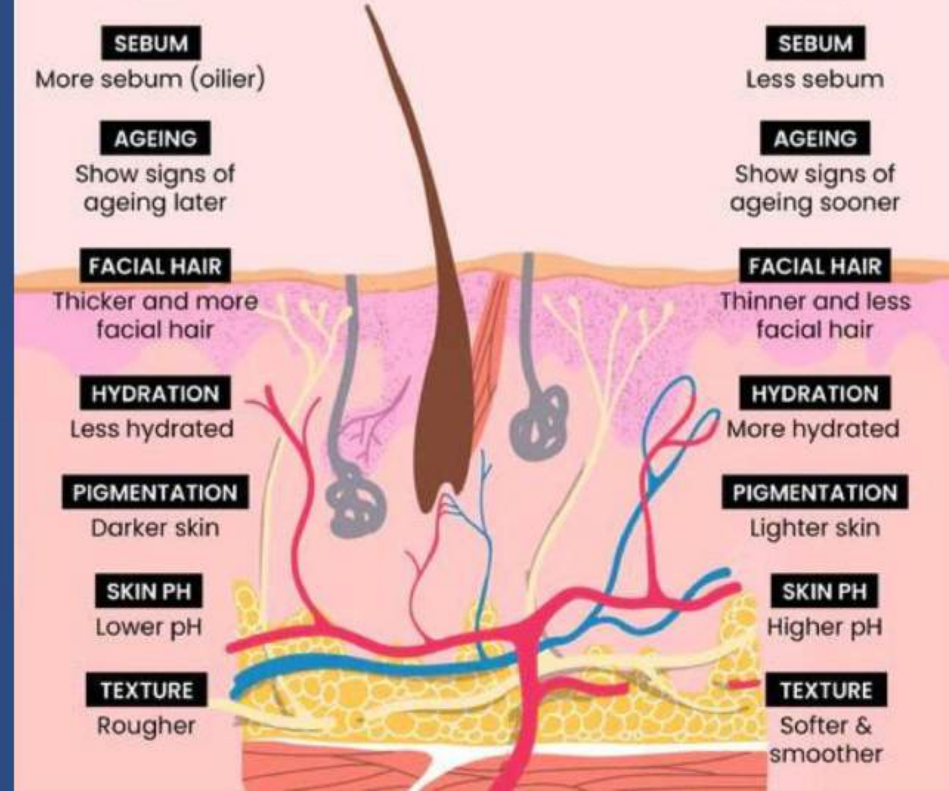
Lighter skin

SKIN PH

Higher pH

TEXTURE

Softer & smoother



- Acne can cause irritation around facial piercings, most notably bridge, eyebrow, and nostril piercings
- Struggles with oily skin can cause moisture irritations
- Some clients may need to be swapped to basic jewelry while their skin recovers
- When doing new piercings, we need to remember the skin is actively changing; longer and more difficult healing times are normal





Thickening and changing skin
can cause piercings to migrate
and even reject





-Increased and Darker Hair Growth on Face and Body: Testosterone encourages new hair growth and hair thickness.



Over the first 1-3 years you'll see the most dramatic changes in hair growth, texture, and pattern for most folks.

Piercings located in areas where new hair growth is happening may experience tenderness, itchiness, or irritation.

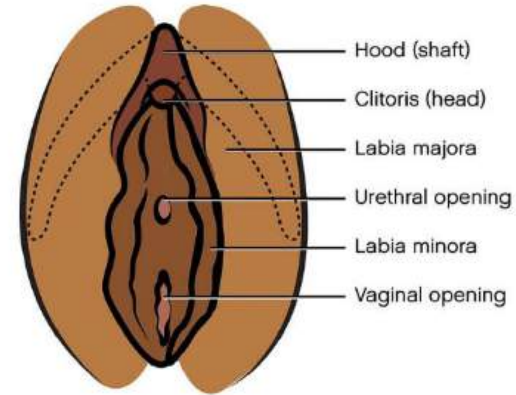
Labrets, philtrums, navels, and genital piercings are the most common areas clients may struggle with, but it can happen to any piercing as hair changes can affect the entire body- even the ears.

Enlargement of some genital parts, aka “Bottom Growth”

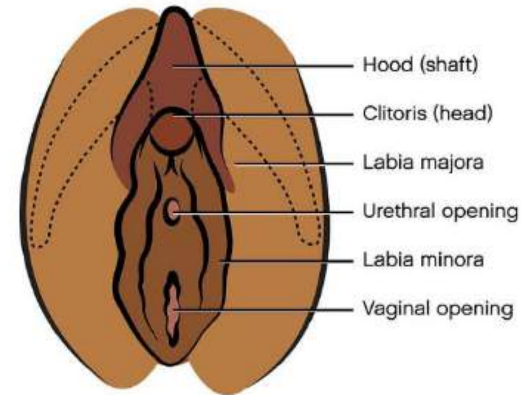
Genitals will change and enlarge, most notably the clitoris and the hood. It becomes larger and begins to have a more noticeable erection during arousal.

Bottom growth can sometimes be accompanied by tenderness, dryness, or itching.

Ex. pre-testosterone



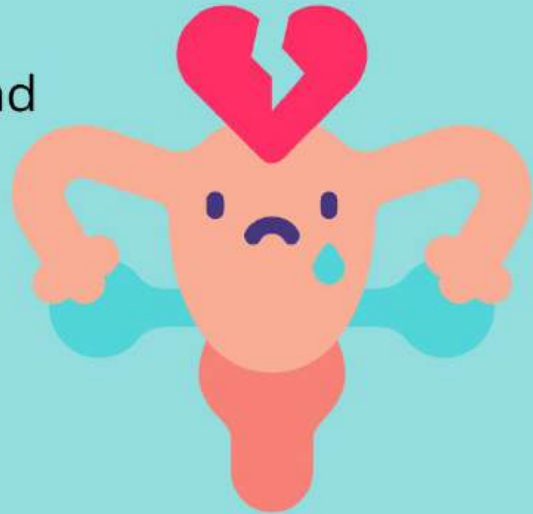
Ex. bottom growth from testosterone



Increased Dryness or Discomfort in Genital Area

This can include changes to a client's menstrual cycle, or a discontinuation of their cycle altogether. Periods may become irregular.

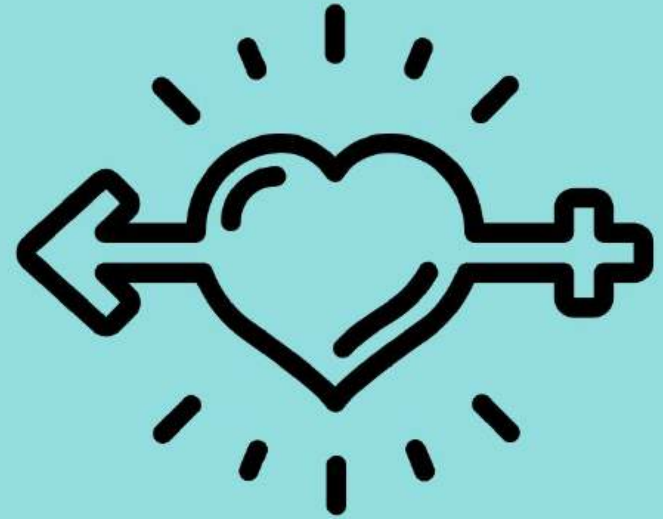
- Clients may need to try different jewelry, underwear, resume aftercare, or troubleshoot irritation
- Encourage clients to check their genitals regularly, and monitor changes
- Consider swapping to simpler jewelry temporarily
- Prioritize comfort and function during this time over aesthetics





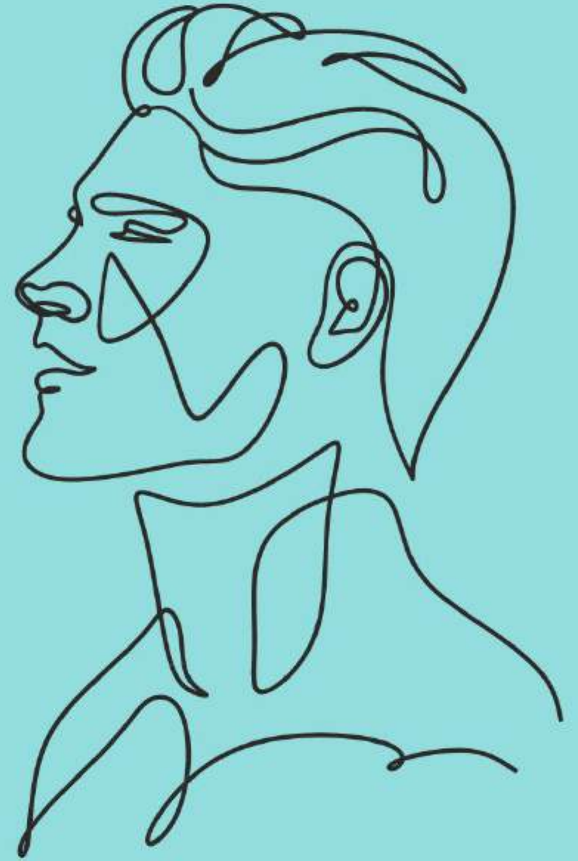
Worth noting that clients' libidos may change during their initial year on T, and many clients find new sex acts and sensations enjoyable as their body changes.

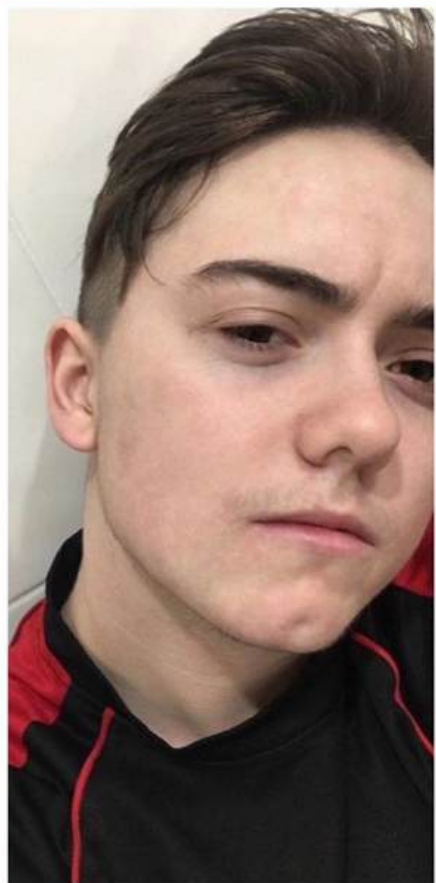
The function your client wants from their piercings may change, and their needs from both their piercings and you as their piercer may change as well.



More Angular Eyes and Face

- Facial fat can change and shift, creating a more masculine facial structure and shape
- Clients who are younger (under 20) may even see some bone structure changes
- Surface piercings on the face may experience irritation and even rejection
- You may need to use all the troubleshooting skills in your toolbox to help guide these clients, or may need to make the difficult call to retire them if needed





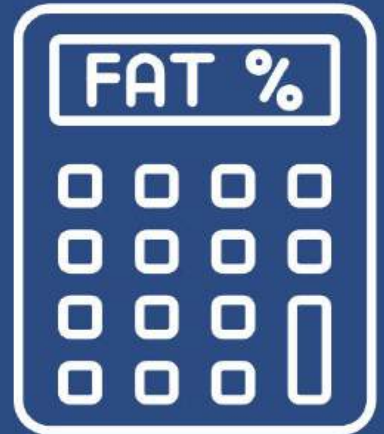
Increase in Muscle Mass

- Testosterone is used by cis and trans folks alike to assist in gaining muscle
- Many clients who are on T may couple that with working out to make the most of these changes
- You can discuss with them piercing hygiene and safety at the gym and during workouts



Body Fat Redistribution

- Body fat will begin to shift, with noticeable changes to the shoulders, arms, torso, and cheeks
- Decrease in subcutaneous fat thickness
- This redistribution can affect navel and facial piercings in particular
- Piercings may migrate and no longer sit exactly as they once did as body fat changes



Deepening of the Voice

The vocal cords often thicken on testosterone which can cause a deepening of the voice.

Recession of the Hairline

Sometimes known as male pattern baldness, a recession of the hairline and loss of hair can happen from taking Testosterone.

- Most folks on T will have some thinning of their hair
- Some clients take other medications to try to preserve hair
- Hair loss can be a very emotional subject



ESTROGEN



Estrogen (E) is a naturally occurring hormone generally produced in all bodies, however in different quantities for different bodies. Synthetic bioidentical estrogen, also known as 17-beta estradiol, is the most commonly used estrogen for HRT.



Estradiol can be taken a few different ways:

- **Injections:** These can be intramuscular in the glutes or thigh.
- **Pills:** a sublingual tablet- This avoids it going through the liver, which can reduce risks of blood clots which are a concern when taking any form of estrogen.
- **Patches:** the lowest risk method for taking E, especially if you have preexisting conditions or are a smoker.



T-Blockers

T-blockers aka testosterone blockers are medications that affect how our body interacts with testosterone.

Anti-Androgen- these medications block testosterone receptors, enabling estrogen to work quickly while blocking the effects of the T our bodies naturally produce.

DHT Blocker- DHT blockers block the conversion of testosterone into dihydrotestosterone, which is a stronger form of testosterone in the body. DHT is most well known as being responsible for hair loss and balding.

Progesterone- Many trans women have self-reported changes with breast tissue and size, areola tissue and size, and improved mood and libido. Many clients may use this medication to assist in their transition goals.





Softer, less oily skin and less acne

Estrogen has been linked with increases in epidermal hydration, skin elasticity, skin thickness, and wrinkles.

Studies show estrogen can dramatically improve skin, including acceleration of cutaneous wound healing and improvement of inflammatory skin disorders such as psoriasis.

On the surface, clients on E will notice changes to their skins appearance, texture, and acne. But under the surface the cellular structure of their skin is also changing.

This change can also change how they perceive touch and texture, as well as temperature. They also may perceive pain differently.



- Skin Changes can cause irritation, particularly moisture irritations, around facial piercings, most notably bridge, eyebrow, nostril, and oral piercings
- Clients may need to experiment with new skincare routines and new products can cause irritation
- Clients may also be growing out hair, leading to moisture irritations on lobes
- Some clients may need to be swapped to basic jewelry while their skin recovers
- When doing new piercings, we need to remember the skin is actively changing; longer and more difficult healing times are normal



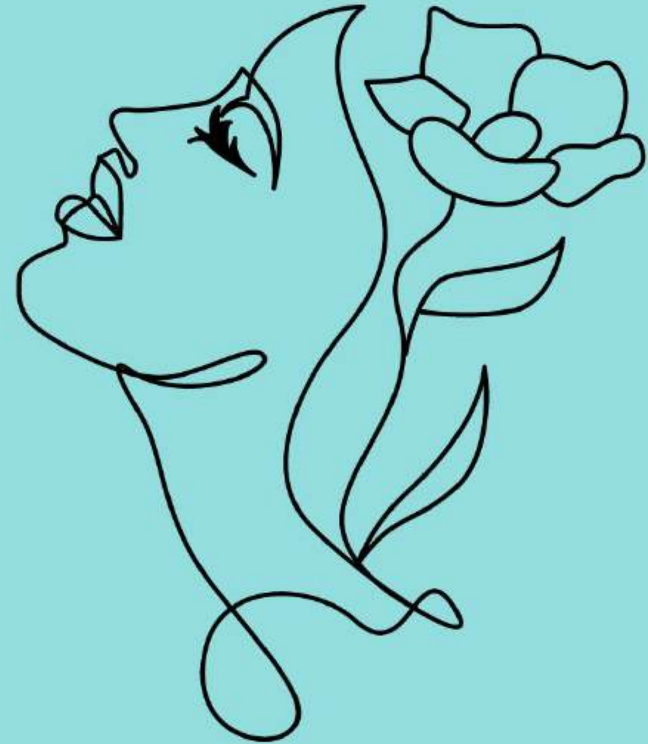


Body Fat Redistribution

Body fat will begin to shift, with noticeable changes to the hips, glutes, thighs, stomach, and cheeks. There is an increase of subcutaneous fat. The change in subcutaneous fat thickness can also cause changes in muscle definition.

Softer Eyes and Face

- Facial fat can change and shift, creating a more feminine facial structure and shape.
- Clients who are younger (under 20) may even see some bone structure changes
- Some trans women get FFS, a series of surgical procedures designed to feminize the face.
- Some clients may be getting laser hair removal, which can affect piercings in the area
- Other facial piercings may experience irritation and issues on and off until the tissue of the face stabilizes.





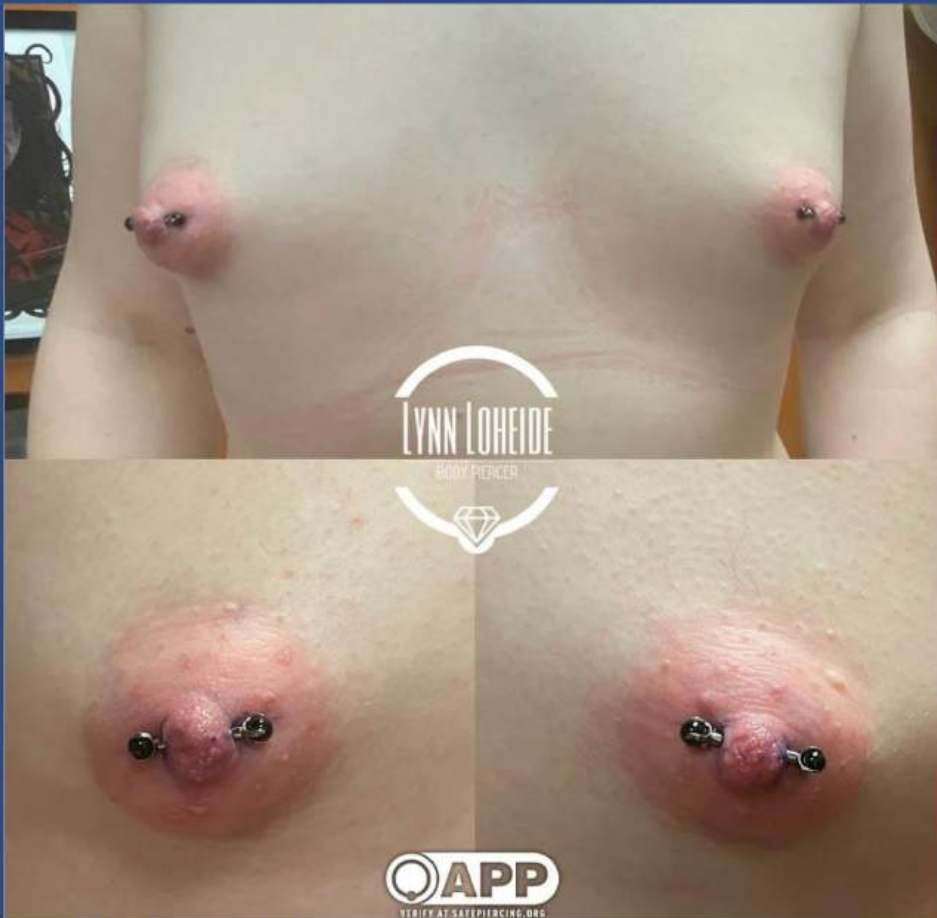
Breast Development

There is a lack of clinical data about timelines and changes, but 3-9 months is common for initial changes and 2-5 years for full changes.

This can include growth of nipples, including becoming puffy, changing color, changing texture, changing shape and size, growth of buds below the nipples, growth of the surrounding tissue, from subcutaneous fat changes to the development of AAA-A cup breasts.

Progesterone can push growth to B-C cup





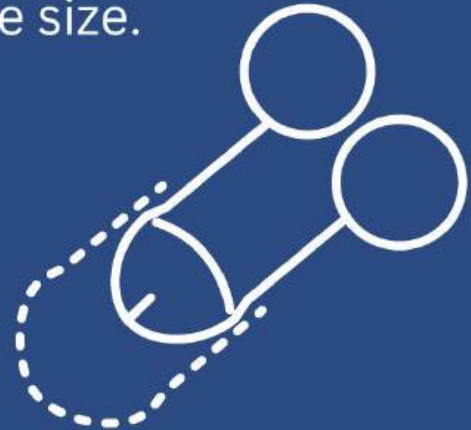
- 1 year minimum guideline (flexible)
- Nipple Piercings may need to be lengthened multiple times or allowed to “grow into” a longer bar
- Migration and rejection are common issues, a photo journal helps track
- Simple jewelry is easiest to manage
- Soreness and tenderness are common
- 12g for stability with growth and changes is ideal when possible.

Bottom Shrinkage

Decrease in size of some parts of the genitals, decreased libido and sexual function.

Clients may notice a decrease in erections, or in the length of time they can sustain erections for. The penis and testes may shrink in size, glans ridge may become less defined, and foreskin may be harder to retract. although the scrotal sac usually remains around the same size.

Testes can shrink by more than half of their original size. Sperm counts may drop, and over time you may lose the ability to create sperm entirely.



Top Surgery

Some clients may choose to also surgically transition, with top surgery being one of the most common procedures.

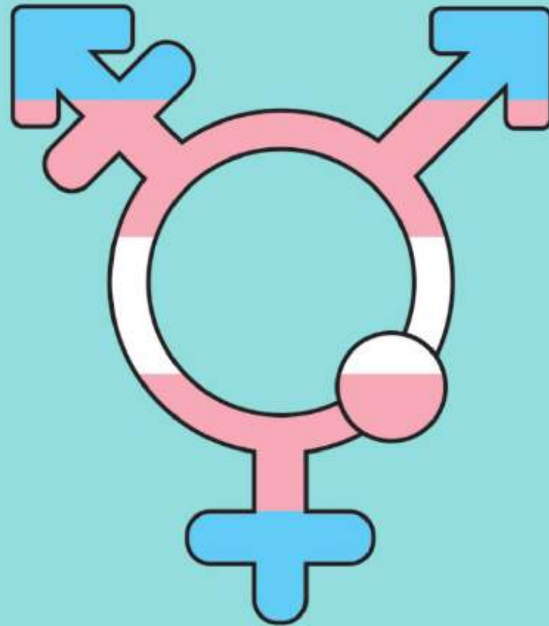
- Masculinizing top surgery usually includes the removal of excess fat, tissue, and skin, removal of breast tissue, and in some cases replacement and reshaping of the nipple.
- Feminizing top surgery often includes an increase in breast size and shape, utilizing implants, tissue expanders, fat transfers, and occasionally reshaping the nipple.
- Nonbinary top surgeries may combine elements of both procedures to reshape the chest to align with gender identity.







Gender Affirming Piercings



Gender affirmation is an umbrella term for the range of actions and possibilities involved in living, surviving, and thriving as our authentic gendered selves.

Gender Affirming Piercings are any piercings that help an individual affirm and feel secure in their gender identity or allow their body to better align with their gender expression. **Any** piercing has the potential to be gender affirming for clients, cis and trans alike.



Earlobe Piercings

“To one extent or another, every cross dresser must overcome fears: fear of being thought 'strange' when you buy women's under- clothing, the fear of being recognized, pointed at, discovered. Fear of rejection.

But if you want, if you really want, to own those under garments or to go somewhere dressed or to meet people, then you defy your fears and buy what you please, step through that door, and even risk rejection.

And after a while, you're no longer afraid.

What I wanted was rather simple: my ears pierced.”

From Jessie Collins, *The Transvestite World* No 41, 1973

Earlobe Piercings

- Popular rite of passage for girls and women around the world
- Long history in LGBTQ community
- Remains a rite of passage for trans women all over the world

- Watch for moisture irritations and discuss drying the area and hair as part of aftercare
- I generally give 3-5 month healing time, often closer to the 5 month mark due to changes from E
- Offer to assist clients with changing jewelry in and out at first
- Rio Grande supplies implant-grade titanium earring hooks for swapping popular designs onto safer materials

Specific Considerations for Genital Piercings





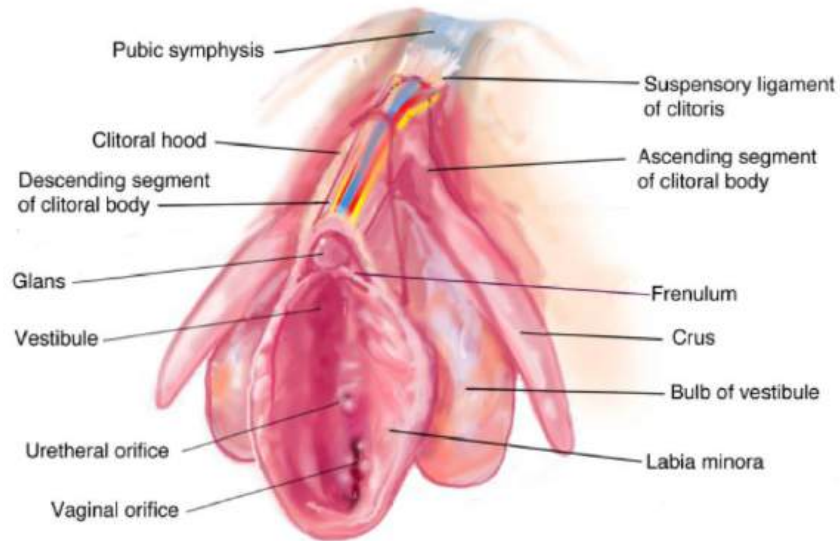
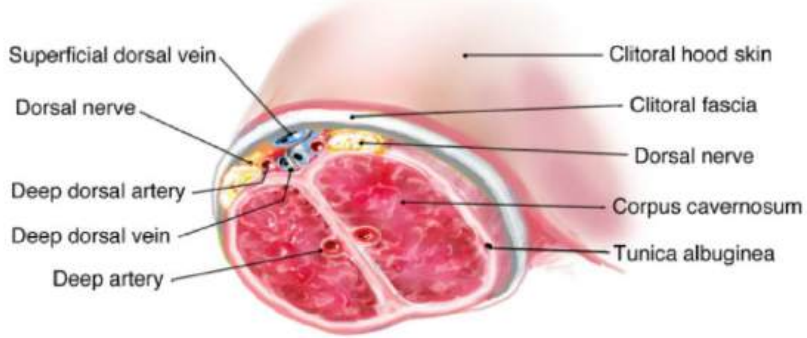
- Existing genital piercings can be affected by migration and this migration in hood placements can split the hood or damage the clitoral shaft, causing sensation loss
- Consider having clients take a photo log to monitor migration when starting T
- It is suggested to wait a minimum of 1 year before new piercings, to allow bottom growth to stabilize

- You should use *client-approved* affirming language when discussing this area- T-Dick, Foreskin, Shaft, Glans, or Tissue

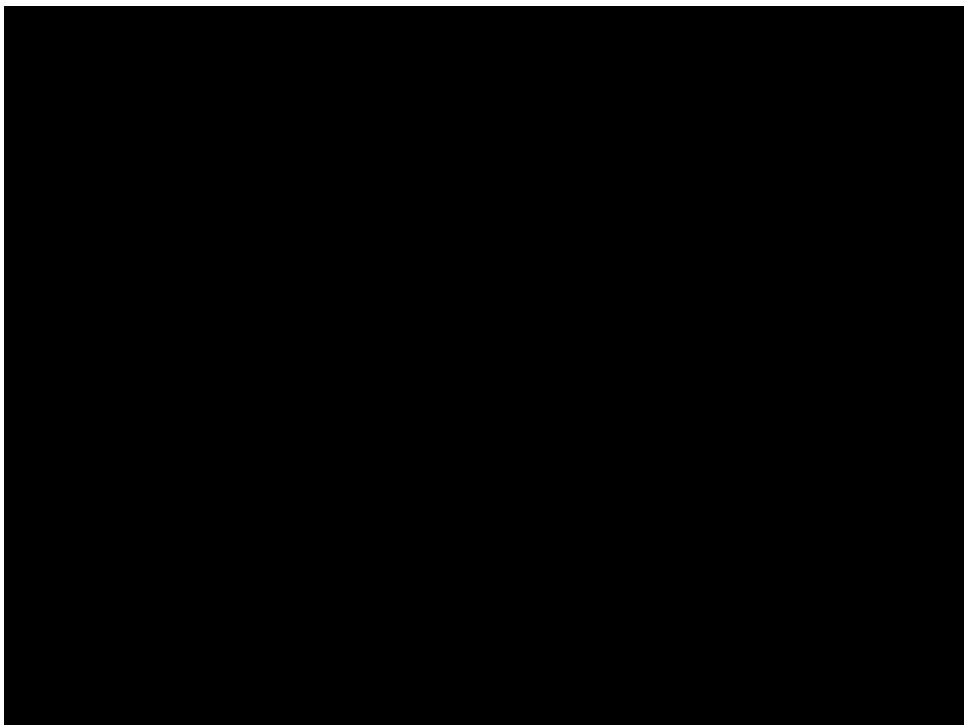


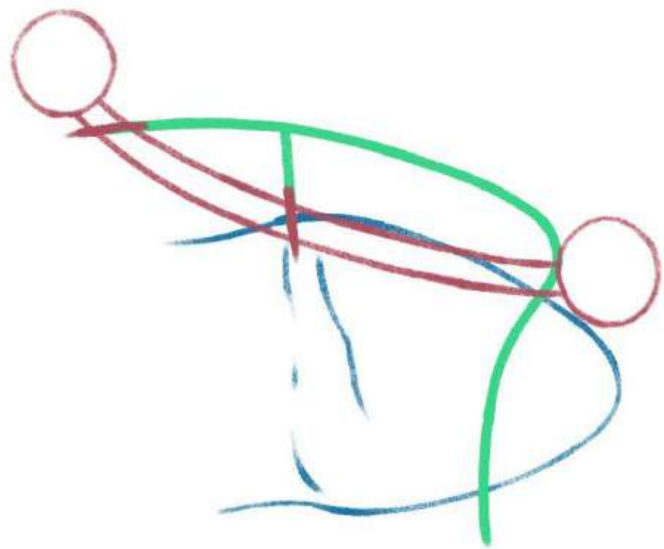
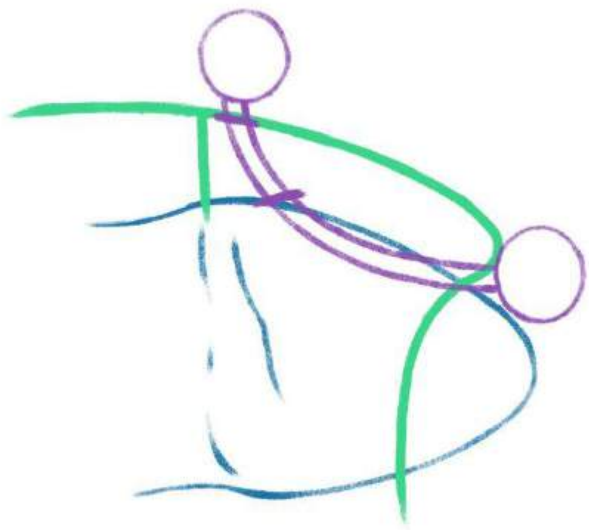
12g 7/8 Curve

- Hoods can thicken and lengthen greatly, 12g minimum for stability, and longer jewelry than usual may be needed. Expect tissue to respond differently when piercing
- Greater protrusion from the body may mean increased rubbing or chafing in clothing.
- Glans can become erect on HRT and hood/glans piercings should accommodate for erectile changes
- Duke piercings work better in pairs due to the growth of the glans but can be done separately



When Piercing the hood it's important to pierce through only the loose, free-moving tissue at the end. Deeper tissue, especially with bottom growth, is more akin to shaft skin on a penis and contains important nerves and blood vessels.







- A “PA” on androgonized anatomy wouldn’t work as it wouldn’t be transurethral- but a glans piercing is a great alternative (most similar to an ampallang or apadravya)

- Large gauge outers are a popular project that can simulate a scrotum and feel very affirming. Care should be given to assess placement both laying, sitting, and standing. SPR’s are ideal for this





- Triangles are very popular for transmasculine clients
- I suggest 12-10g minimum based on anatomy
- Wide-spread circulars that can tuck back against the body are often the most comfortable for healing-CBR's can remain pulled forward and cause irritation
- I see more migration issues on androgenized anatomy for triangles, and suggest monthly followups and proper downsizing
- Placement may vary based on bottom growth, protrusion, and clients goals

- Length and diameter of pieces may change, with many folks downsizing as things shrink.
- Tissue changes may cause placement to shift, including migration and rejection.
- Sexual function can change on E, and piercing can become a major part of clients' new sexual experiences.
- Have transparent, realistic conversations with your clients about the sensations they are seeking and how they use their piercings as a part of this. Sometimes we can find piercing and jewelry combinations that work so well that clients can use them to maintain sexual function even years on E.





-Clients with foreskin may begin to see self-lubrication around the glans. Fluids in general can increase or fully disappear, and may need to be known for hygiene recommendations.

-Tucking is very popular for transfemme clients. Moisture buildup from tucking tools and tight clothing can create hygiene issues. Tucking apparel tends to be thick and not very breathable, and tape may be pulled on and off multiple times during wear.



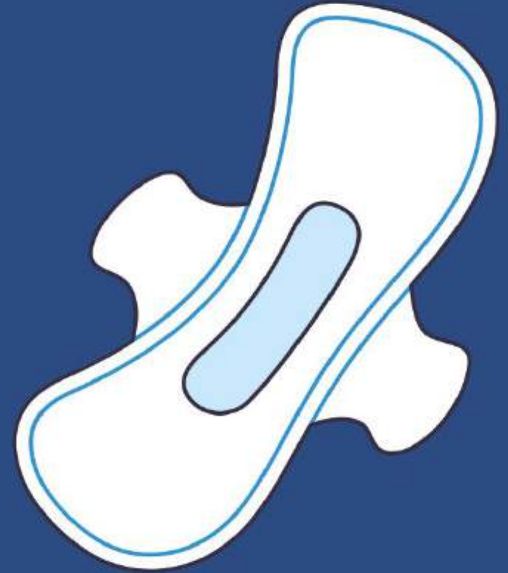
1 Month old PA swapped to a curve to better accommodate gender-affirming clothing

- Estrogenized anatomy can have looser skin, which can create unique challenges when piercing.
- Clients may more often be “growers” on estrogen
- Different jewelry needs may be considered with gender-affirming clothing
- Consider plans for laser hair removal or electrolysis and how piercing may effect this



- Fresh and healed Dydoes can migrate or reject from tissue changes on E
- Frenums, hafadas, and lorums can shift position due to genital shrinkage, and can also become shallow, and even reject
- New frenum piercings should be placed with care to accommodate for loose tissue and changes to erection
- Testicles can shrink up to half the original size, although the scrotal sac remains the same. This can cause shifts in placement, including migration, and loose skin can make placement and marking challenging.

- Menstrual pads given for bleeding post-piercing can be an affirming experience (and they work great!)
- Clients on E may struggle from erectile dysfunction and piercings, particularly those that pass through the urethra or glans, can help restore and retain function.
- Any piercings passing through the urethra can cause changes to urination - this can be a positive for transfeminine clients!



Troubleshooting



Troubleshooting on HRT can be tricky- there is no external cause to fix. The most we can do is create an environment where the body can recover as best as possible. Some things that assist with this are

- Simpler jewelry that's easier to clean
- Longer jewelry to accommodate swelling and skin changes
- Being mindful of new skincare routines and products
- Staying hydrated
- Nutrition and supplements
- Regular virtual checkups

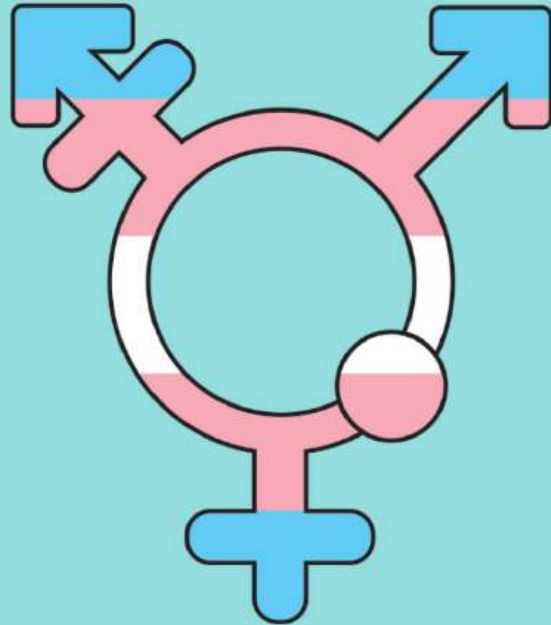


Notable Irritations I see from HRT include



- Increased moisture irritations on facial and ear piercings, often combined with an increase in oily skin (most notable on T)
- Eyebrow/Bridge irritation bumps, on both fresh and existing piercings (most often on T)
- Rejecting surface piercings
- Irritation and migration of navel piercings fresh and healed (most notable on E)
- Migrating and rejecting nipples. On E from too short or thin of jewelry, or rapid nipple growth. On T often from binding

Gender Affirmation



- Have a section for pronouns and Legal Name/Chosen Name
- It's not preferred, it's just their pronouns
- Having gender-neutral bathroom signage, and menstrual products accessible in the bathroom
- Having studio signage that makes it clear all are welcome





- Be mindful of the music you choose to play in the studio- lyrics and language especially
- Language you use online and in person
- Having queer/trans staff members
- Make representation in your portfolio a priority

Check-in with what language works for different clients

“What language do you use to describe this part of your body? What terms will be comfortable for you to use today?”

Don't assume what a client may want or need - trans people are not a monolith and everyone will have a different experience, different needs, and different goals.

Prepare to be more emotionally present and hold space for potentially complex emotions. True gender affirming work isn't just doing a piercing- it's guiding clients through an experience



Special Thanks

Luis Garcia @luisgpiercing
Joeltron @joeltrondotcom
Robbi @robbielsewhere
Eden Thomson @edelbugs
June Bug @jeweledbyjune
Angel @arkangeljoy

The entire Laughing Buddha Staff



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