

# **StuFFing Safely**

# **Fisting Vaginal & Anal**

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Remember, don't bite the hand that fists you!

# Today's Topics

1. Legal aspects, Safety (incl. choosing a partner)
2. Myths about stretching out
3. Goals and time-frames
4. Basics on cleaning out (anal), lubes (types), gloves (STI considerations), hand prep
5. Techniques, positions, protective coverings
6. Warming up (oral and/or penetrative sex - why, why not)
7. Getting inside. Moving around
8. What it feels like for the bottom
9. What it feels like for the top
10. Anal Toy
11. Using relaxants
12. Knowing when to stop (aka there'll always be the next time)
13. Cleaning up
14. Aftercare
15. Injuries mild and major
16. Summary and recap

# Into: TERMINOLOGY or: YOU'RE GOING TO DO WHAT?!

Her: I like anal but I'm tight

Me:



## Into: TERMINOLOGY or: YOU'RE GOING TO DO WHAT?!

- Fisting, fist-fucking, hand-balling, or medically, brachiovaginal, or brachioproctic (anal/rectal) insertion – **inserting the hand into the vagina or rectum.**
- The most intense, invasive, but pleasurable act possible (**whole body “orgasm”**). Can be very intimate or part of role play (assuming safe guidelines are followed).

# LEGALITIES IN CANADA: JUST SO YOU KNOW

- Per court decisions (e.g., R. v. Welch, 1995 CanLII 282 (ON CA)., about BDSM, it is NOT legal if prosecution ensues, even if the recipient consents. **Technically BDSM is a grey-area.**
- Fisting might be considered extreme sexual assault with an object.
- Hypothetically, it could be also considered practicing a medical procedure without appropriate licensing.
- These scenarios are highly unlikely in the context of normal play, but **enthusiastic, competent consent and due diligence concerning safety** go a long way to preventing problems!

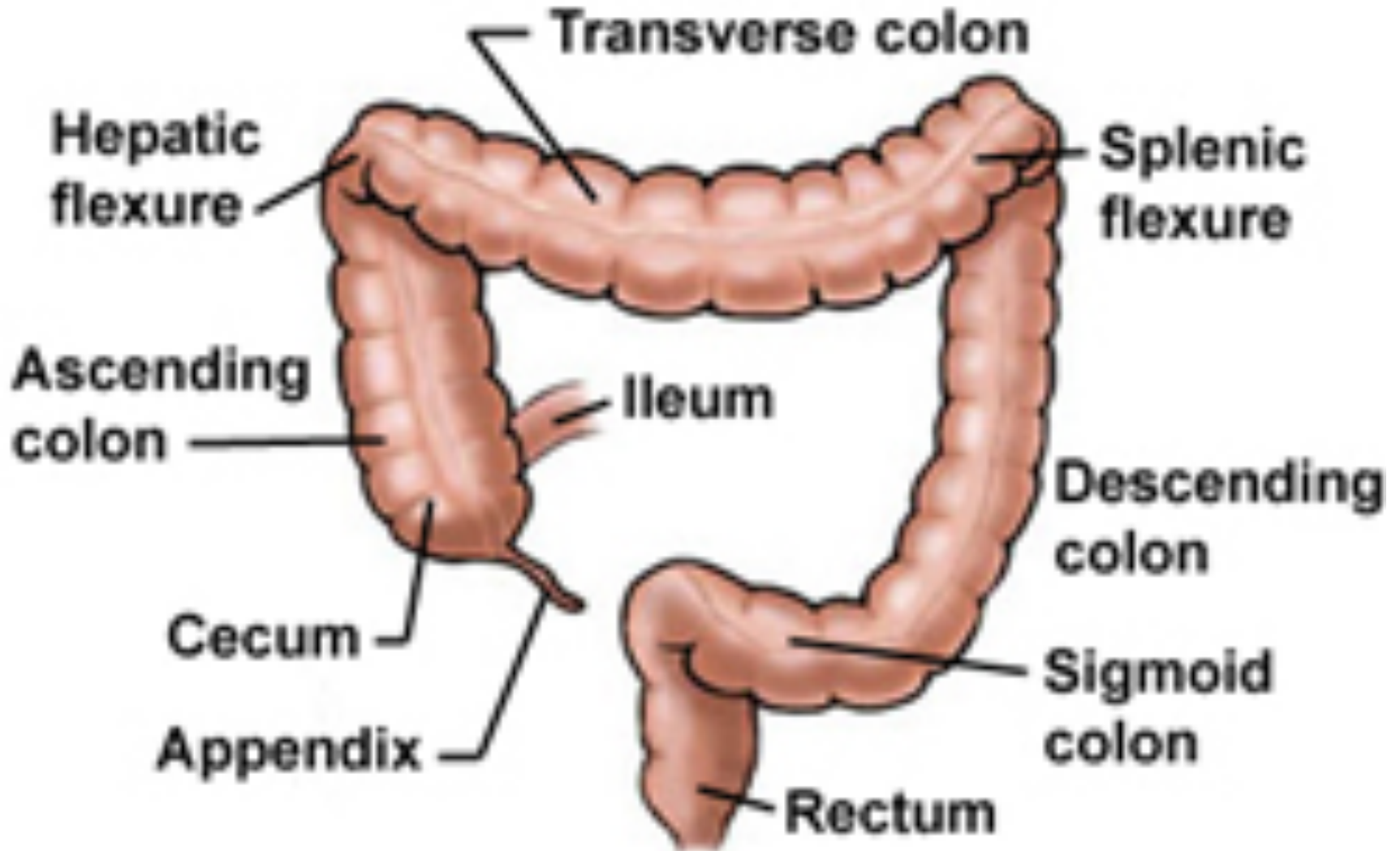
## WHAT IT IS AND WHAT IT ISN'T: SAFETY & CHOOSING A PARTNER

- Unless you're an experienced fisting bottom with a lot of flexibility, it is NOT a fist "punched" in and out of an orifice.
- When advanced hole pummelling, particularly the amateur ones (e.g., Xtube.com), it's people who've done this a lot. Often extensive prep and relaxant use are not shown.
- The act itself should involve no deliberate causing of pain – you're DOING IT WRONG if you are. And you are probably causing trauma...
- **So one of the two people (preferably the top) should be experienced at what they do. Really!**

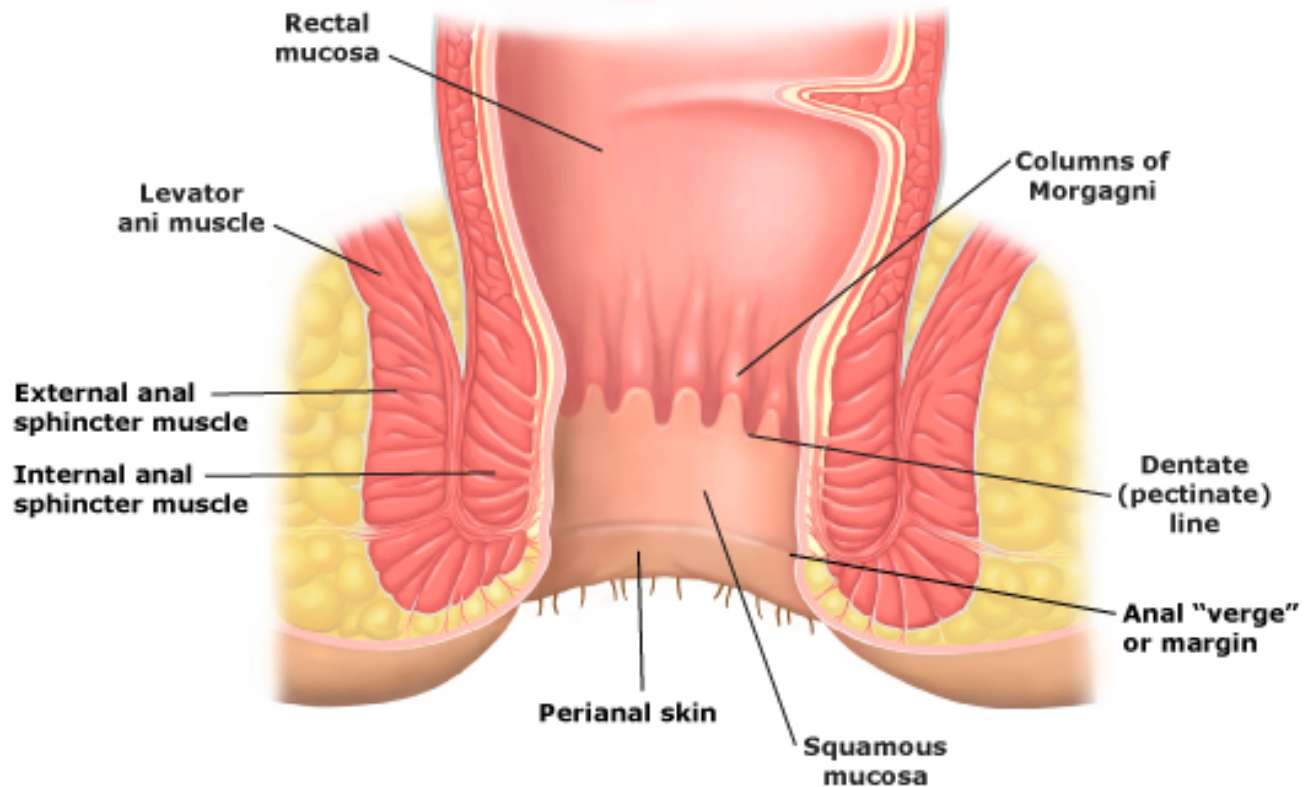
# MYTHS ABOUT STRETCHING OUT: LOOSEY GOOSEY?

- **Myths:** Looseness vs. Incontinence (bowel). The urban legend of diapers after \*any\* anal play.
- **Culture:** Shame, homosexuality fears for men (anal), male privilege for females having “tight” orifices (vaginal but also anal)
- **ANAL:** Some loosening of superficial anal tone for a time after play that returns with rest. Faster/easier relaxing of sphincters.
- Without damage there should be no loss of continence.
- **Kegels, baby, Kegels! to exercise muscle tone (vaginal and anal).**
- As opposed to: “destroyed holes” (particularly anal) - extreme anal fanatics (a whole different topic).
- **Go slow, move slow, and let things go further “next time” (if they can).** Never rush in any movement! Neither top NOR bottom. You can never go slow enough, but you can easily go too fast.
- **VAGINAL:** Stretching vs. Kegels. Muscular training.

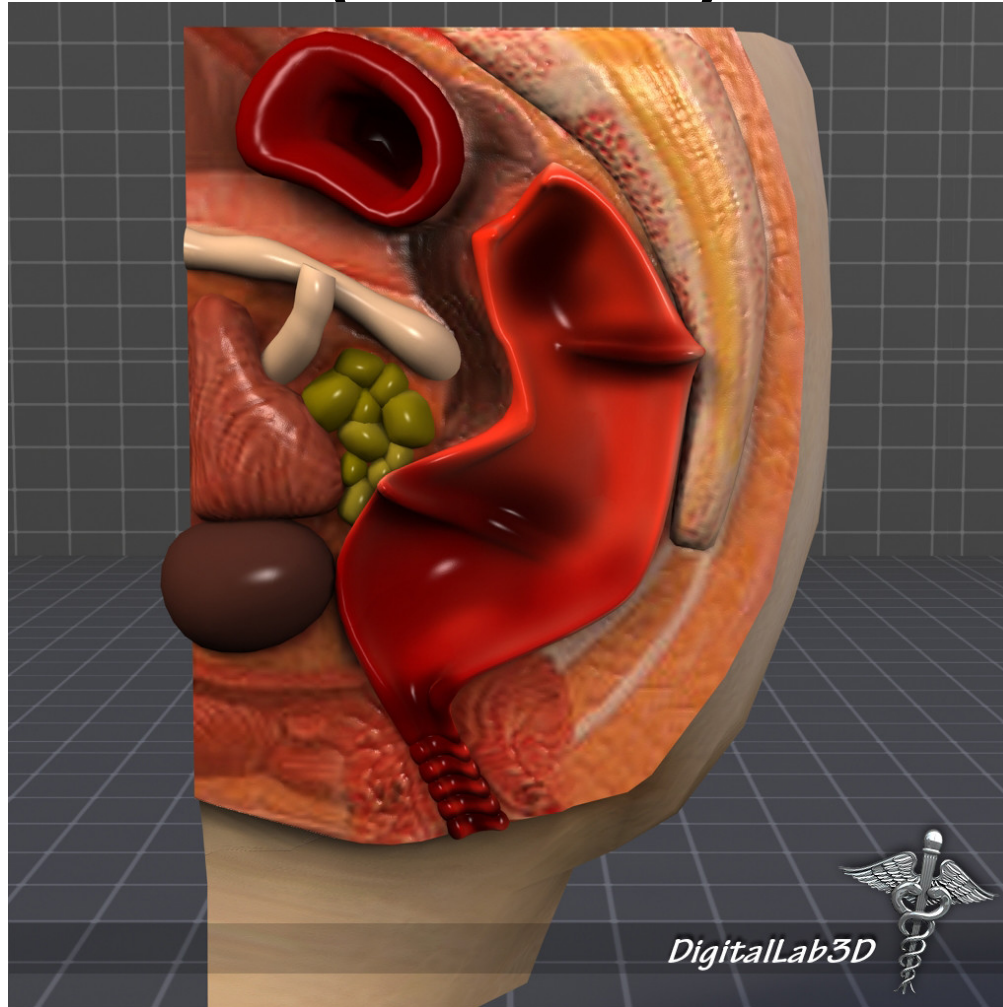
# Anatomy of the lower GI tract



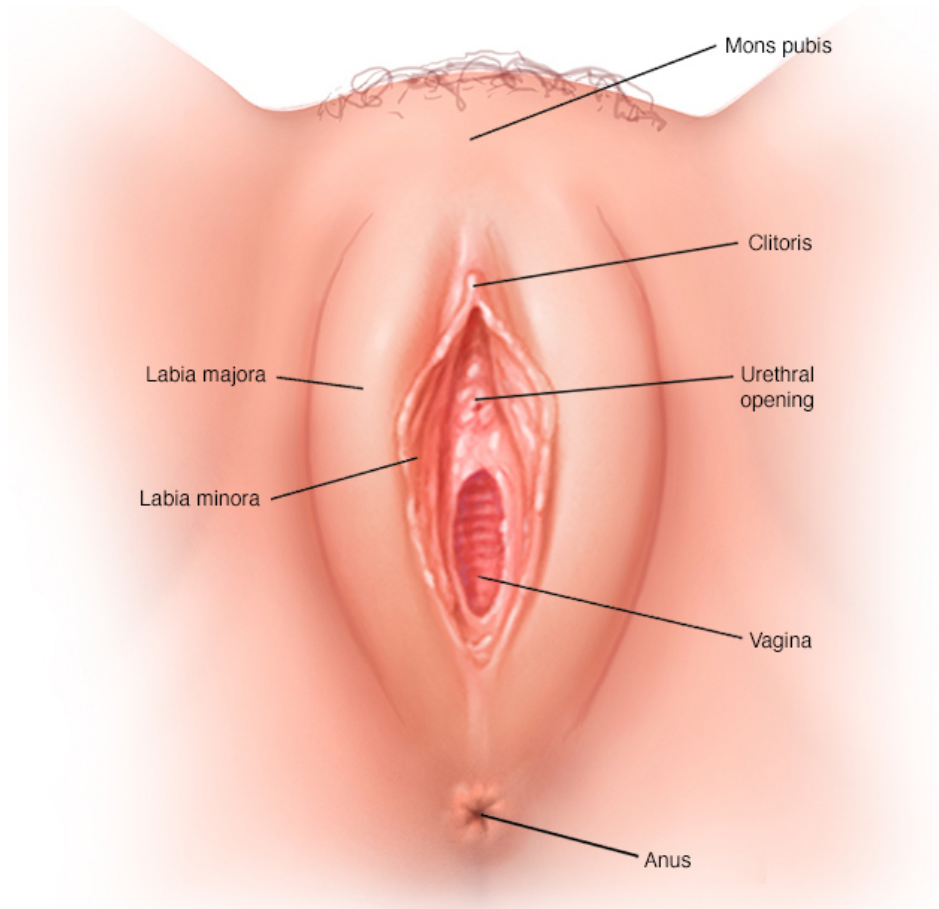
# Anal & Rectal Anatomy



# Anatomy: Anus, Rectum, Sigmoidal Colon (Side View)

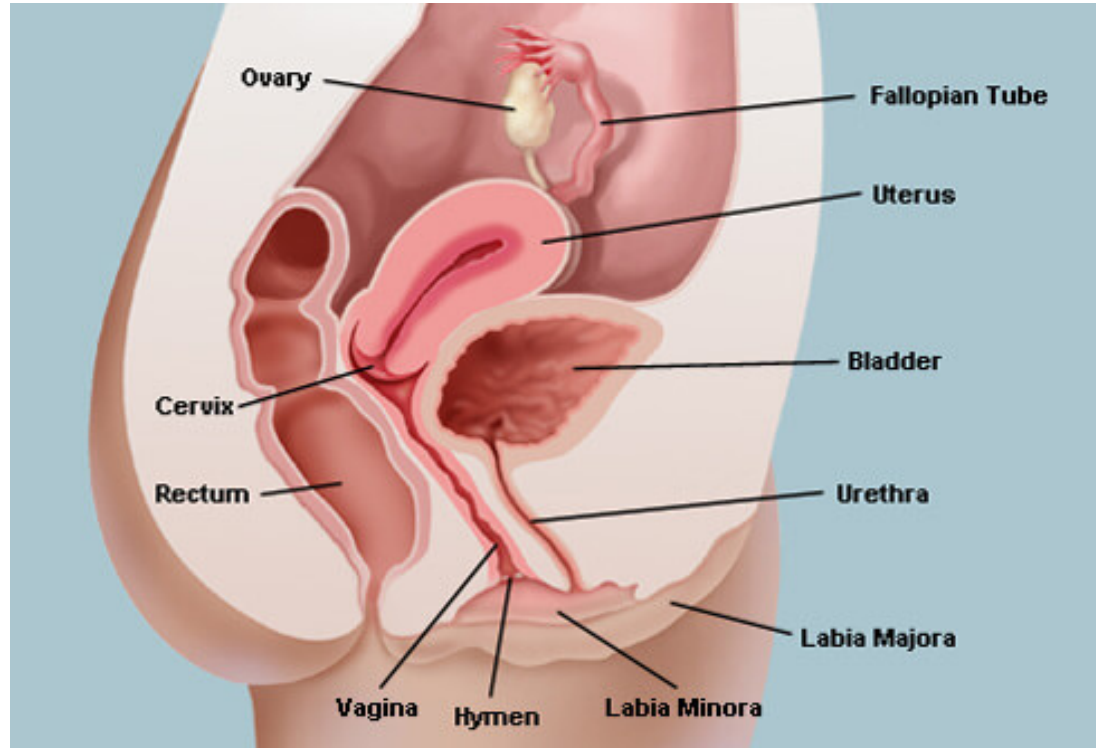


# Vaginal Anatomy (front view)



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# Vaginal Anatomy (side view)



# GOALS & TIMEFRAMES

- **Goal for either hole:** From taking a penis-sized object (or typically three fingers) to getting a hand inside to the wrist.
- **VAGINAL:** Many factors play into this. Young (and more flexible?), but not having ever given birth? Older, and therefore less flexible, but has given birth? Any surgery performed externally (episiotomy?) internally? (cervical, uterine?). Anecdotes:
  - 18 yr old (no pregnancies) – penis sized objects to full hand in 3 months of weekly play.
  - 37 yr old (no pregnancies) took 10 months to achieve the same.
  - 50+ yr old (2 childbirths, hysto via vagina), surgical scarring makes taking a medium-large male fist problematic. Not quite to the wrist (more like just to the heel of the hand).
- **ANAL:** Similar: In principal a lot slower than vaginally. Without any relaxants, could take anywhere from a few months with a very flexible, uninhibited young bottom, to several years or longer. Anecdotes:
  - 18 yr old female, penis sized objects to medium large male fist – 8 months,
  - 30 something male, already 2.5 inch diameter dildos to a medium male hand – several years.

# ANAL CLEANING: BECAUSE SHIT HAPPENS!

- **Why? Feces increases friction and the risk of damaging the inner lining of the rectum, and the chance of infection if any damage occurs. (not to mention aesthetics).**
- **Overview:**
  - **Use body temperature water for enemas** - nothing else (no additives!)
  - be VERY careful about using a hose directly from a pressurized water source (e.g. tap, etc.).
  - **Don't take laxatives** or medical bowel prep for anal play!!! (develop bowel dependence, too harsh, etc.)

# Co-preparation for Anal Fisting

## DIET:

### **Diet is an important part of cleaning out. Why?**

- If we learn our G.I. system's typical transit time (the time from when we eat food to when feces is ready to be eliminated), we can have a better idea of how much cleaning we will have to do.
- Learning transit time by eating "tracers" (things that do not digest well and remain visible in feces – corn niblets, etc.).
- Once we know how long it typically takes, we can avoid tracers (which add a lot of friction) in the transit period before we play. Most people: 24-36 hours.
- Fasting 12-24 hours before play is not a good idea, as there will usually be feces from before this already in the lower colon. And...fasting will make you weak and prone to fainting.

# HOW MUCH OF THE LOWER G.I. TRACT TO DO WE WANT TO CLEAN?

- Anal fucking (average penis length insertion): cleaning of the rectum is usually sufficient\*.
- Wide but not deep toys, or a hand inserted only to the wrist: cleaning of the rectum might be sufficient, if there isn't much feces "coming down the pipe (sigmoidal colon).
- Deeper penetration (longer toys, hands inserted past the wrist (forearm or deeper): cleaning of the sigmoidal and descending colon is preferable.

\*depends on the person's rectum length and penis length.

# THE DO'S AND DON'T OF ANAL PREP

- **DO's:**
  - **Use body temperature water for enemas** - nothing else (no additives! No soap –it's an irritant.)
  - be VERY careful about using a hose directly from a pressurized water source (e.g. tap, etc.) – more later.
- **DON'TS**
  - **Don't take laxatives** or medical bowel prep for anal play!!! (develop bowel dependence, much too harsh, risk of serious dehydration and electrolyte imbalance, etc.)
  - **Don't take anti-diarrheal meds** (Immodium™ or Lomotil, etc.), because you'll just block peristalsis.

# CLEANING OUT WITH WATER: ENEMAS

- **TYPES:** Bulb (short and longer probe), Red Bag, Travel kit, Direct Hose through diverter (short or longer nozzle)
- **BULB:** Good for anal fucking at most. Can be useful as a “touch up” assuming there’s nothing major that needs to be re-done.
- **RED BAG:** traditional – Pro’s: low pressure – safe. Convenient. Con’s: 1 or 2 liter capacity. For deep cleanouts this means multiple refills.
- **TRAVEL KIT (ERGOFLO):** Pro’s: low pressure, safe. Can be used with any shower head that you can fit the “feed hopper” on. Con’s: fairly large wastage of water on the overflow.

# CLEANING OUT WITH WATER: BULB ENEMAS



# CLEANING OUT WITH WATER: “RED BAG”



# CLEANING OUT WITH WATER: ERGOFLOW by Perfect Fit



# CLEANING OUT WITH WATER: Showershot with diverter valve and hose



# CLEANING OUT WITH WATER: ENEMAS

## DIRECT HOSE CONNECTION THROUGH DIVERTER:

- **Con's (More important!): MAJOR RISK OF INJURY** through high pressure and/or high temperature. If the pressure isn't carefully regulated, you could potentially perforate the colon. Even at lower pressures, if too high, it can majorly irritate the inner lining of the colon or the internal "sphincters".
- **Pro's:** Pressure can be higher for those who are used to it, allowing for faster and more complete cleanouts. With higher pressures, water can be introduced higher into the descending colon and even the transverse, inducing peristalsis and more complete, deeper emptying (without having to insert a long "high colonic" tube).

# ENEMAS

## Common problems:

- **Some of the common problems:**
- **Under-cleaning:** (not enough rinses, or incomplete, leading to more than trace amounts being deposited on hands or toys, or even the risk of a “mud-slide” later during play.
- **Over-cleaning:** If the cleaning goes on for too long, or with too high a pressure, you risk inflaming the colonic tissues too much before you get to actual play.
- **Damage:** there’s always a risk of puncturing tissues from sharp edged tubes, or rough or damaged nozzles, rough insertion, or really high water pressure.
- **Temperature issues:** (too cold water will cause cramping; too hot will cause burns which cannot be felt internally), Trauma from high water pressure.
- **Tap water (city “drinkable grade” vs isotonic (0.9% saline) vs. filtered**
- **Immunosuppressed considerations**

## NO GLOVE NO LOVE?

- Why gloves and why not? **Roughness of skin/nails** vs. less feeling by fister (intimacy).
- Fingernails. Trimming and filing. Sharp edges!
- Nailbed mucosa and STI transmission. HIV and especially HCV (Hep C, D, etc.).
- What kind? Best: **Nitrile**. Tightest fit possible. **Best advice ever: Turn inside out!** (Smoother)
- No sharing! (including LUBES!!!!)

## NO GLOVE NO LOVE? (cont'd)

- Stay away from Latex (possible allergies). Often dusted with powder (friction!)
- Vinyl: very poor fit and feel (some newer stretchy-fit vinyl gloves now out on the market.
- Long gloves – BDSM or for risk aversion. (intact skin – transmission risk)

# NO GLOVE NO LOVE? (cont'd)



Loose glove – major friction



Reasonably tight glove

# VISCOSITY BREAKDOWN: THE LOWDOWN ON LUBES

- Very basic overview of what kinds are best for each of vaginal and anal fisting
- The IMPORTANCE of the **mantra “never enough lube”!!!**
- **Why regular lubes just don’t cut it\*** - lack of slipperiness, too thin, and dries out too quickly.
- Lube application order (anal) – **greasy then “slippery”**
- \*exception: vaginal dilation d/t childbirth and/or copious natural lubrication make insertion of a small hand without additional lube).

# ANAL LUBES

- Oil-based (vegetable oil/lard “Crisco(tm)”, commercial versions (Elbow-Grease(tm) etc.).
- Water-based & hybrid (K-Y, Astroglide usually not good enough.
- PEG (J, K, X lubes, FistPowder). Note the warning on J-Lube...
- Use of numbing agents (not recommended!) – also, numbing agent on many Euro types can be (ironically) irritating! [Laureth-9 (polidocanol) vs. banned benzocaine]
- Silicone gels getting more popular – not enough slipperiness for most. Sensitivity issues (anecdotally seems to be quite common)
- Homemade blends/Slam Dunk (using clove oil)

# VAGINAL LUBES

- Good results with PEG lubes (J, K, X, FistPowder).
- Regular types (K-Y, etc.) not slippery or thick enough usually – your results may vary.
- Grease/oil types generally **not good** for the vaginal mucosa.
- Coconut oil? Not sure of antibacterial properties upsetting vaginal microflora balance. Jury not in on this, although very popular.
- Need more research... Caveat about silicone or hybrids. Watch for irritation. No numbing agents ever!

# COMPLICATING PRE-EXISTING CONDITIONS

- Vaginal/uterine:
  - contraceptive inserts (rings, IUDS)
  - scarring, priory surgery
- Anal/rectal complicating issues:
  - hemorrhoids,
  - scratches,
  - Fissures
  - Prior surgery

## Warming up: Yes, but should you orgasm first?

- Any kind of general arousal is usually good – kissing, massage, oral-vaginal or oral-anal (if you assume the health risks).
- Insertables: toy or penis use before (warming up sizing) can be part of the slow dilation, particularly for anal play. All out fucking can “burn out” (irritate) the bottom, especially for anal play, if too vigorous.
- For men, it usually helps **not** to orgasm before getting the hand fully in the rectum. My data is inconclusive for women for anal fisting. (The residual muscular tensing post-orgasm can inhibit full dilation during fisting.)
- For women who can orgasm at least once before vaginal penetration, this can often help relax the vaginal muscles and allow more dilation (assuming low refractory period – not all women).

# Body Positions – protective coverings

- On back – “gyno position” – some women balk at this as too medical. Best access and face to face visuals
- On left side prone on flat surface (Sims) – can be most relaxing for some anal play
- Prone (on stomach) is relaxing for anal but can be problematic for angle of entry for vaginal
- Doggy – actively held legs in position causes glute tensing – can make entry more difficult, also requires a mirror to maintain eye contact
- Slings, straps, and fisting/fuck furniture
- **Incontinent pads (puppy pads)** most economical and easiest for clean-up, especially with various “super” lubes.

# Hand shapes during Fisting

- Swan's head (sock puppet)
- Moving to a gradually closed fist (very carefully once inside, avoided "grabbing" any internal tissues, scrapping, or poking)
- Retraction (reversal to the swan's head as the hand is being removed)
- Variants (reverse tugging to encourage dilation of sphincters from the inside)
- Movements:
  - Exploring (very, very slowly in tiny movements)
  - Rotating (again, 180 degrees should take no less than 20 seconds)

# TYPICAL PROGRESSION OF A SESSION: GETTING INSIDE

- Massage of the external area. Remind the bottom to breathe regularly and deeply, especially to breathe OUT during insertion pushing.
- **LUBING & FINGERING UP:** insertion of one finger with gradual augmenting to five.
- **HAND POSITION** is “vertical” in alignment with long axis of oval shape of vagina or anus. Sometimes insertion with the hand “upside-down” is the only way the hand will go in. Tops – welcome to the world of flexible gymnastics!
- **THUMB PLAY:** can be used to stimulate labial area/clitoris, or external perianal area for anal fisting.
- **MORE LUBE:** Lot of periodic re-lubing. For anal, if following the “greasy then slippery” doctrine, slowly pushing in greasy lube pieces and using fingers to smear it as a coating around the entire anal canal and eventually rectum. Only then is slippery lube, added, along with water spray as needed to re-wet.
- **KNUCKLE SANDWICH:** the knuckles presents the first wide point to insert. The key here is to press up to the point the bottom can take (and it should never be to the point of pain, just a strong stretching feeling), then a retraction. This is repeated, slowly pressing more each time to stretch and insert deeper, always without excessive force (feedback from the bottom is extremely important).

# TYPICAL PROGRESSION OF A SESSION: GETTING INSIDE (II)

- Eventually, with either orifice, if the bottom relaxes and stretches, **the large knuckles will enter**. This might occur over many sessions, so lots of patience is required by both parties. Having a hand that “collapses” aids in this greatly.
- **THUMB-IN:** Once the large knuckles are in, putting in the thumb itself doesn’t really increase the dilation. The space is already there for the thumb inside the finger space and the palm.
- **HEEL(ING) IT IN:** The widest point is the thumb joint and “heel” of the hand. This might take another whole set of play sessions.
- **WRIST SLIDE-DOWN:** Assuming you are slowly sliding down the heel of the hand, two things start to be required :
- **HAND TO FIST:** You should start to curl your fingers inside to gradually make a fist, or you will probably start poking at the top of the vagina near the cervix, or in anal fisting, reach the top of the rectum “blind pouch”.
- **ASS PULL-IN:** Once the hand/fist slides in enough past the heel of the hand, in anal play, the narrowing diameter of the hand tapering down to the wrist means that the anus/rectum will actually “pull” or “suck” the hand in.
- As much as this is amazing, the top needs to control this speed and prevent an overly fast pulling in, as this will overwhelm the bottom with too quick a stretching of the rectum by the hand.

# TYPICAL PROGRESSION OF A SESSION: MOVING AROUND

- At this point, often the bottom is mildly freaking out that a hand is INSIDE. They will either ask you to a) **TAKE IT OUT RIGHT AWAY!!!** or b) **DON'T MOVE!!!** Listen to them! If they can handle holding in, it can be a VERY intense, even spiritual moment. Don't be surprised if the bottom becomes very emotional. But, if the bottom asks for it to come out, NEVER, EVER, pull out quickly.
- You need to withdraw things slowly to allow the tissues to dilate enough to allow withdrawal without bruising. Since the bottom is often tensing at this point, it's imperative that you get them to breathe slowly and sloooowly and smoothly withdraw your hand.
- If you **CAN** stay inside, you can with the bottoms permission, make slow movements to discover what feels good for them. Gentle small in/out movements? Rotation? It's a process of discovery. Periodic removal and re-lubing is necessary when either party feels that things are "pulling" or "dragging" instead of "sliding".

# TYPICAL PROGRESSION OF A SESSION: WHAT IT FEELS LIKE FOR THE BOTTOM

- Intense fullness. Oh My Gawd is the usual exclamation! :D
- Apprehensiveness - large knuckles stretch past the opening, and even more so with the heel of the hand. Panic about trapping the hand inside.
- A constant tug between enjoying the intensity and checking if something doesn't feel okay.
- The hand sliding in from the widest point can feel like taking the downhill on a roller coaster (yes, it can be **that** exhilarating).
- For some, the best feeling is the reverse tug on the anal sphincters from the inside as the hand is withdrawn slowly, sometimes only to the widest point.
- Male bottoms often feel intense prostate stimulation with hand movement inside and may orgasm spontaneously.
- Most male bottoms will not stay hard or get hard.
- With anal play, often there can be a (false) feeling of needing to defecate, similar to early anal penetration sensations by penile or smaller sized objects.
- Males bottoms report a feeling of needing to pee on occasion (pressure on the bladder). Did not experience this with female bottoms, although my data is limited.
- Females occasionally report this with vaginal fisting, although squirters will find squirting evoked with the intense sensations, if they squirt without orgasming.

# TYPICAL PROGRESSION OF A SESSION: WHAT IT FEELS LIKE FOR THE TOP

- **VAGINAL:** The vagina feels fairly thick compared to the anus/rectum. There is more smooth muscle under the mucosal layer in the vagina because of its purpose. Depending on the person, it will feel like it yields fairly easily inside, but will be tight around the opening (at the labia minora), unless its already stretched.
- The vagina will feel like a blind pouch. If you are careful and observant, you might feel the cervical “button” (the actual cervix) at one point at the back of the vagina.
- Once the vagina is dilated, it will feel approximately the same width from the opening to the cervical end.
  
- **ANAL:** The anus (anal canal) is a double ring of muscle under a mucosal covering. It feels much smoother inside than the vagina. As your hand progresses inside you feel a widening as you enter the rectum. The back of the rectum feels like the vagina..a blind pouch. Usually, only an experienced top can usually feel and locate the “fake” sphincter of the pubo-rectal sling opening to the sigmoidal colon.
- Even with a fair amount of relaxation, the anus (anal canal) will always feel “tighter” to the top than the rectum. There will be some resistance to pulling your hand out, unless the bottom “pushes” you out with a muscular contraction.

# ANAL TOY PLAY:

- **Sizing:** It's always better to go incrementally. Start with a toy just slightly bigger than you're used to inserting. When you have "mastered" that size (easy insertion at the beginning of your session), you can move up to the next size.
- **Types:** You can use plugs, "trainers" (hollow-type plugs), or dildos. Whatever kind they are, if they go in easily, they should have a base that prevents them from getting lost inside. Really! I strongly suggest you avoid anything long enough to push into the sigmoidal colon until you are much more experienced. Unless you have a very thin, longer toy. Even then... there are advanced risks beyond the scope of this lecture.
- **Material:** I strongly suggest quality silicone toys. They are more expensive, but are safe to use without a condom barrier. TPR, "jelly", vinyl, or rubber (real or synthetic) can all release chemicals that can be absorbed by your body. Some of these can be toxic. Some brands that have good quality silicone are: Square Peg Toys, Oxballs, Mr. Hanky Toys, and Bad Dragon (if they're still around), or similar. Beware of cheaply made dubious composition toys.

# ANAL TOY PLAY:

- **Safety:** You have to be even more careful with toy play than with fisting. Toys are “dumb” – they can’t detect any problems. People playing with toys are often more relaxed since it’s solo play. They also often want to “push” a bit further, trying to go more quickly than is prudent. A lot of injuries occur with toy play, especially when going for the larger sizes.
- **Positions:** Without some way to attach the toy to something (similar to a strap-on harness), the best position is squatting on the toy. If you have knee, hip, or back issues, this may not be possible. If you can, you have to be very careful about support. Gravity is on! As you slide on the toy, you need to adjust the angle of penetration. Often it can make the difference between going further and just putting too much pressure on the side of the anal canal.
- **Lubing:** All important. A big consideration is that super-slippery lubes tend to slide right off the toy. Smearing a greasy lube layer on first helps the slippery lube stay on the toy. Frequent reapplication of lube is vital, as is re-wetted with a spray bottle.

# STAYING AWARE & SAFE: THE ISSUE WITH USING MIND-ALTERING SUBSTANCES

- General warning about **deadening perception**.
- Alcohol – just enough to relax if very anxious.
- Cannabis – probably too mellow for beginners.
- Nothing harder! Nasty results with meth, etc.
- Most common for anal: “Poppers” nitrates – Canadian legalities, short-term and possible long-term risks.

# KNOWING WHEN TO STOP: AKA THERE'LL ALWAYS BE A NEXT TIME

The tendency is to want to keep going when you've got things where you want them, but, it's time to stop when...

- you're starting to feel like there's more feelings of soreness/irritation than there is of pleasure. Even if more lube is applied.
- you start to feel things tightening up again despite wanting to continue (and not from pre-orgasmic tensing).
- Any new feeling of pain or discomfort that arises, especially during insertion or removal.
- Any trace of blood that isn't a minor momentary amount shows up. (a trace is a minor streak or blob that doesn't keep showing up each time a hand or even a finger is inserted and removed). A capillary (very small blood vessel) can pop but they usually stop bleeding after a few moments.

# POST-SESSION

- **Bottom:**
  - Can be very woozy from having experienced extreme sensations. (Anal: vagal nerve stimulation – low blood pressure / heart rate). Protect from falling as they get up. Exacerbated by any use of relaxants, etc.)
  - Will often need to rest for a while.
  - Cleaning up usually required.
- **Top:**
  - Can have sore hands (from tight orifices and maintaining hand shapes for prolonged periods of time), arms (wrists, shoulders) and back from holding oneself in the required positions for optimal penetration.

# CLEANING UP

Things you want to do after a session:

- Gently (very gently) dab / wipe up excess lube from the appropriate area. Anal bottoms might want to put a piece of towel paper to prevent “spills” until they void any excess lube.
- Clean up the mess! Don’t leave lube containers around to spill or used pads, etc. lying around.
- Anal bottoms should void any excess lube and gently clean with a non-irritating soap.
- Optionally anal bottoms can gently “hose” a bit afterward to help flush out remaining lube.

# AFTERCARE

## Things you want to do after a session:

- Usual aftercare comfort rules (hugs, whatever works for the bottom) apply! Tops should get hand/arm/shoulder massages (still waiting for these ;-).
- Do your Kegels as soon as you feel strong enough.
- Expect some soreness for a day or two (usually more for anal than vaginal).
- Avoid being constipated by increasing fiber and liquids in diet, to get the GI system back to normal. It is typical that things “lock up” (lack of peristalsis) occurs after a lot of anal play.
- Don’t be alarmed if you see some white on your stool for the first bowel movement, if you used greasy lube.
- Do watch for the presence of red (frank) blood on the stool. Any amount that continues after one or two bowel movements indicates an injury that is not healing (see injuries slides).

# RECOVERING FROM A MINOR INJURY (not medically treated)

- FIRST: how do we define “minor”? Pink vs. red. Drops vs. drips vs. non-stop bleeding of any rate. 12-24 hours vs. continuing to bleed. If not minor, see Major slide!
- REST, REST, and MORE REST from play
- “Watchful waiting”.
- Vaginal - fairly resilient – much quicker healing times
- Anal – Can be slow, depending on the severity. Most minor (a week to a couple weeks), to a tear (months ++ +)
- Resume very slowly and start from much smaller dilations.

# TRUTH OR CONSEQUENCES: THE BAD

- Muscular bruising or mucosal tears, fistulas, punctures of internal tissues into the abdominal cavity, internal muscular damage (especially pubo-rectal sling, an important aspect of bowel continence).
- Vaginal: Above, plus damage to other reproductive organs (!)
- Bleeding, peritonitis (infection of abdominal cavity), **death**.
- Vaginal air embolism (very, very rare but **potentially fatal**).
- **Typical reasons: Too fast, bad technique, forcing big toys or cleaning tools (warmup), desensitized due to type of lube or use of recreational drugs. Inexperienced, overenthusiastic top.**
- **When to go to the ER** and being frank about what happened. Pink vs. red. Drops vs. drips vs. non-stop bleeding of any rate.
- **INJURY MODALITIES:** Inexperienced player injuries typically have tearing injuries from rushing dilation. It's rarer to have perforations unless lots of drugs involved. Experienced player injuries tend to be more internal injuries from overconfidence

# BASIC FLYING BEFORE ADVANCED AEROBATICS

- No mixing with other BDSM until you're very **comfortable and competent** with fisting and each other.
- Why can't we jump in with a hood and a gag (even though we might crave it during a fisting)? Feedback via facial expressions and body language. Verbal expression can be contradictory. **Know thy partner!**

# SUMMARY

- An experienced & safe top is HIGHLY suggested!
- Read & watch good how-to videos (and books, if you can find any!).
- Allow for relaxed, un-rushed play.
- Always go slow. If you're the top, always go slower than the bottom wants. There's always another play date!
- Prepare adequately.
- Use lubes & gloves that don't wimp out.
- Don't medicate against reality\*
- Don't mix fisting & other BDSM until you're both experienced.

# References & Resources

- **Anal Pleasure & Health. A guide for men, women, and couples. By Jack Morin, PH.D.** 4<sup>th</sup> Revised edition. 2010. Down There Press. ISBN 978-094208377  
(general, anal pleasure with only a passing reference to fisting. Note: the references in this book to fisting-specific books which are mostly gay-male centric. That isn't a problem although a lot of references to lubes and gloves are dated.)
- **Trust: The Hand Book: A Guide to the Sensual and Spiritual Art of Handballing. Bert Herrman.** ISBN 978-0962475153 (More how-to info than Tim Brough's First Hand.)
- A recent how-to, not yet evaluated: **Fist Me! A Complete Guide to Fisting. By Stephan Niederwieser.** ISBN 978-3867875271