PIERCINGS WORKS AMSTERDAM

MONROE & MADONNA

PIERCING

The complete guide: anatomy, healing, jewelry, downsizing and tooth safety

Reguliersbreestraat 46, Amsterdam | Daily 10:30 - 22:00

Piercing professionals since 1998

Contents

CHAPTER 1

What are Monroe and Madonna piercings?

A Monroe piercing is, technically speaking, nothing more than a single labret stud placed in the skin above your upper lip, on the **left** side. It is named after Marilyn Monroe and her famous beauty mark. A Madonna piercing is exactly the same piercing, but on the **right** side, named after Madonna's equally iconic mole. Same technique, same jewelry, same healing - only the side differs.

That simplicity is the beauty of it. There is no cartilage involved, no complicated angle through a fold of tissue: it is a straight channel through the soft tissue of the upper lip area, from the outside of the face into the inside of the mouth. The flat disc sits inside against the gum line, the decorative end sits outside on your face like a beauty mark.

But 'simple' does not mean 'without consequences'. This is one of the few facial piercings where the jewelry permanently lives in contact with your **teeth and gums**. That is why placement, jewelry length and downsizing matter far more here than with, say, a helix or a nostril.

The short version

- Monroe = upper lip, left. Madonna = upper lip, right.
- Jewelry: labret stud, standard 1.2 mm (16G) gauge.
- Start length usually 8-10 mm, downsize to 6-7 mm.
- Healing: 6-12 weeks, fully stable around 3 months.
- Biggest risk: gum recession and enamel wear - preventable with correct placement and timely downsizing.

The vocabulary you will hear in the studio

Term	What it means
Labret stud	Straight bar with a flat disc on one end and a decorative end on the other.
Monroe	Labret in the upper lip, left side.
Madonna	Labret in the upper lip, right side.
Medusa / Philtrum	Labret in the centre, in the dip under the nose.
Lowbret	Labret placed very low, near the chin line.
Downsizing	Swapping the long healing bar for a shorter one after swelling drops.
Backing / disc	The flat plate on the inside of your mouth.
Gauge	Thickness of the bar in millimetres (1.2 mm is standard here).

CHAPTER 2

History and style: from beauty mark to statement

The beauty mark has been a deliberate style element for centuries. In 17th and 18th century Europe, people wore artificial 'mouches' - small patches of black silk glued to the face - and the position of the patch carried meaning. The upper lip signalled boldness. Marilyn Monroe turned that same spot into a 20th century icon; Madonna did the same on the other side in the 1980s.

The piercing version arrived through the Western body-modification wave of the 1990s. Where the labret and the medusa were often worn in alternative subcultures, the Monroe became the softer, more wearable cousin: from a distance it reads as a small metallic beauty mark rather than an obvious piercing. That is exactly why it has stayed popular for three decades while other trends came and went.

Which side suits you?

There is no rule. Practically, choose based on where a natural beauty mark would sit on your face, which side you sleep on, and whether you already wear other jewelry on one side. Look in the mirror and place a small dot of eyeliner on both sides before deciding - it is the cheapest test you will ever do.

Style tips from the studio

- A small, flat titanium disc end (2-2.5 mm) reads as an elegant beauty mark.
- A larger or sparkling end draws more attention and works well with bold make-up.
- Gold tones flatter warm skin; polished or black titanium suits cooler tones.
- Symmetry is not a goal: a slightly off-centre placement usually looks more natural than a mathematically perfect one.

CHAPTER 3

Anatomy and suitability: the honest check

Not everyone's mouth is built for a Monroe or Madonna. That is not a sales pitch - it is the single most important thing in this whole book. Before we pierce, we do a thorough anatomical check, and if your anatomy is not suitable, we will tell you honestly.

What we look at

- **Lip thickness and tissue depth.** The channel runs through soft tissue. Very thin tissue leaves too little room for the disc to sit without pressing.
- **Gum line position.** If your gum sits high or has already receded, a disc resting against it accelerates recession.
- **Tooth position and enamel.** Protruding upper teeth put the disc in permanent contact with the enamel.
- **Jaw and bite.** Your bite determines where the disc lands when your mouth is closed.
- **Frenulum and muscle attachment.** The placement must avoid pulling on the tissue attachments inside your lip.
- **Existing dental work.** Crowns, veneers and braces change the risk profile and sometimes the timing.

The mirror test you can do at home

Pull your upper lip slightly outward and look at the inside with a mirror in good light. Choose the spot where you would want the outer end. Now check what sits directly behind it on the inside: is that a flat surface of tissue, or does a tooth or a strip of gum bulge out right there? The flatter the inner landing zone, the better the odds.

Reasons we may say no (or 'not now')

- Active gum inflammation or untreated cavities - see a dentist first.
- Existing recession at the intended spot.
- Fixed braces on the upper jaw: usually better to wait.
- Under the legal age without valid consent.
- Alcohol or drugs on the day, or heavy illness / fever.
- Anatomy where the disc cannot sit anywhere without touching enamel.

Being told no is not a rejection of you - it is a piercer refusing to sell you dental damage. In almost every case we can suggest an alternative lip or facial placement that works with your anatomy instead of against it.

CHAPTER 4

The procedure step by step

Step	What happens	Time
1. Intake	Health questions, medication, allergies, dental history, and what you want.	5 min
2. Anatomical check	We look inside and outside the lip, check gum line and tooth position.	5 min
3. Marking	A dot is marked outside; you check it in a mirror, sitting and smiling.	5 min
4. Disinfection	Skin outside and a mouth rinse inside.	2 min
5. Piercing	Sterile single-use needle, one smooth motion from outside to inside.	1 sec
6. Jewelry	A longer implant-grade titanium labret is inserted for the swelling phase.	1 min
7. Check & aftercare	We check the fit against your gum, and go through aftercare.	5 min

Why the marking phase is the real work

The needle takes a second. The marking takes as long as it takes. Your face moves: your lip changes shape when you talk, smile and drink. We check the dot with your face relaxed and in motion, because a dot that looks perfect on a still face can sit wrong the moment you smile. Never let anyone rush this step, and never be shy about asking for the mark to be moved a millimetre.

Come prepared

- Eat properly beforehand - a full stomach prevents dizziness.
- Brush your teeth before you come; a clean mouth is a safer mouth.
- No alcohol or blood-thinning painkillers (aspirin/ibuprofen) beforehand.
- Bring ID.
- Plan a quiet evening: talking a lot on day one is not comfortable.

CHAPTER 5

Pain: what it really feels like

Honest answer: it is sharp. The tissue around the mouth is well supplied with nerves, so the moment of piercing is a bright, hot pinch. And then it is over - it lasts about a second. Most clients describe the piercing itself as around 5-6 out of 10, and are surprised at how quickly the sting fades.

The part people underestimate is not the needle but the **swelling** in the days after. Your upper lip will feel thick, slightly numb and clumsy. Talking feels odd, drinking is messy for a day or two. This is normal, expected, and exactly why we fit a longer bar at the start.

Moment	What you feel	How long
The needle	Sharp, hot pinch	1 second
First hour	Throbbing, warmth, watering eyes possible	1-2 hours
Day 1-3	Peak swelling, thick lip, awkward speech	3 days
Day 4-10	Swelling drops, tenderness on touch	1 week
Week 2-3	Mostly comfortable; time to downsize	2 weeks
Week 4+	You forget it is there	-

Reducing the swelling

- Cold: suck on small ice cubes or cold water in the first 48 hours.
- Sleep with your head slightly elevated on an extra pillow.
- Avoid salt-heavy and spicy food during the first days.
- No alcohol and no smoking - both increase swelling and slow healing.
- Talk less on day one. Really.

CHAPTER 6

Healing timeline week by week

A Monroe or Madonna heals from two sides at once: an outer skin wound and an inner mucosal wound. The inside heals fast - oral mucosa is one of the fastest-healing tissues in the body. The outside takes longer. Total: **6 to 12 weeks**, with full stability around three months.

Period	What is happening	What you do
Day 1-3	Maximum swelling, some blood-tinged fluid, warmth.	Rinse after every meal, cold, soft food, rest.
Day 4-7	Swelling clearly dropping, crusting on the outside.	Twice daily saline outside, rinse inside, no touching.
Week 2-3	Channel starting to form; swelling largely gone.	**Downsizing appointment.** Keep rinsing.
Week 4-6	Outside looks calm, tenderness only when knocked.	Normal food again. Keep hygiene up.
Week 6-9	Channel maturing, secretions stop.	First jewelry change possible if fully calm.
Week 9-12	Healed for daily purposes.	Mouth hygiene stays permanent, not temporary.
Month 3-6	Channel fully matured and stable.	Free jewelry choice; check gum yearly.

Healing is not linear

- A quiet week followed by an irritated week is normal, not failure.
- Irritation almost always has a cause: a knock, a too-long bar, poor sleep, or new make-up.
- Never judge healing by the outside alone - the inside of the channel is slower than it looks.

CHAPTER 7

Aftercare protocol

Aftercare for lip piercings is double: outside like a skin piercing, inside like an oral piercing. Both are simple, and both are non-negotiable.

Outside - twice a day

- Wash your hands. Always, before anything touches your face.
- Spray or dab the outside with a sterile saline / **Aphraheals** wound spray.
- Let it soak for 30 seconds so crusts soften, then dab dry with a clean disposable tissue.
- Do not rotate, twist or push the jewelry. Ever.
- More information and the full care protocol: **aphraheals.com**

Inside - after every meal

- Rinse with an alcohol-free mouthwash or a mild salt-water rinse (a quarter teaspoon of sea salt in a large glass of lukewarm water).
- Twice a day is the minimum; after eating and smoking is better.
- Keep brushing your teeth normally - gently around the disc, with a soft brush.
- Alcohol-containing mouthwash dries out the mucosa. Alcohol-free only during healing.

Do	Don't
Rinse after every meal	Touch or turn the jewelry
Soft food the first week	Hot drinks and spicy food in week 1
Sleep on your back or opposite side	Smoking and alcohol during healing
Change your toothbrush after a week	Sharing drinks, cutlery, cigarettes
Downsize on time	Kissing and oral contact in the first weeks
Keep the outside dry and clean	Make-up, lipstick, foundation on the site

CHAPTER 8

Downsizing: the most important step

If you remember one chapter from this book, make it this one. Your first labret is deliberately **too long**: 8-10 mm, so that the swelling of the first days has room. Once the swelling drops, that extra length becomes a liability. A bar that is too long swings, catches on teeth, presses the disc sideways into the gum and drags the channel out of shape.

Around **week 2 to 3**, when the swelling has visibly decreased, you come back and we fit a shorter bar - usually 6-7 mm, sometimes 5 mm depending on your tissue. It takes two minutes, and it is the single most effective thing you can do to protect your teeth and get a clean, straight healed piercing.

Signs it is time to downsize

- You can see a clear gap between the disc and your gum.
- The outer end has visible play and rocks when you touch it.
- The jewelry regularly clicks against your teeth when you talk.
- Your lip no longer looks or feels swollen.
- It is simply week 2-3 - book the appointment in advance.

What happens if you skip it

- The disc rubs the gum with every movement, leading to **gum recession** - which does not grow back.
- The outer end knocks against the enamel, causing chips and wear.
- The channel heals crooked or migrates, and the piercing sits visibly wrong.
- Excess movement keeps the wound irritated, extending healing by weeks.

Downsizing at Piercings Works is included in the aftercare for piercings done with us. Come by - no appointment needed during opening hours.

CHAPTER 9

Jewelry, gauges and materials

The jewelry for a Monroe or Madonna is a **labret stud**, also sold as a lip stud or Monroe post: a straight bar with a flat disc on the inside and a decorative end on the outside. The flat disc is essential - a ball on the inside would press into the gum.

Property	Healing phase	After healing
Gauge	1.2 mm (16G) standard	1.2 mm; 1.6 mm on request
Length	8-10 mm for swelling	6-7 mm after downsizing
Material	Implant-grade titanium ASTM F-136	Titanium, 14kt+ gold, niobium
Inner end	Flat disc, always	Flat disc, always
Outer end	Small flat or low-profile disc	Disc, gem, ball, shaped end
Fitting	Internally threaded or threadless	Internally threaded or threadless

Materials: what is safe

- **Implant-grade titanium (ASTM F-136).** The standard for healing: nickel-free, light, biocompatible.
- **Solid gold, 14kt minimum.** Beautiful once healed. Not gold plating - plating wears through.
- **Niobium.** A good alternative, especially in anodised colours.
- **Avoid:** surgical steel of unknown origin, cheap alloys, plated jewelry, plastic bars during healing, and anything bought without a material specification.

Threadless vs. internally threaded

Both are correct. Threadless (push-fit) ends are quick and comfortable, and the smooth bar is kind to the channel. Internally threaded means the screw thread sits inside the bar rather than on it, so nothing sharp passes through your tissue. What you must avoid is **externally threaded** jewelry, where the thread scrapes the channel wall on every change - it is a hallmark of cheap production.

CHAPTER 10

Teeth and gums: protecting your smile

This is the chapter that separates a piercing you keep for ten years from one you remove with regret. Metal against enamel and metal against gum tissue are the two mechanical risks specific to lip piercings, and both are largely preventable.

Gum recession

Recession happens when the flat disc rests with constant pressure against the gum margin. The tissue slowly retreats, exposing the tooth root. It is painless at first and it does **not** grow back. Prevention: correct placement away from the gum margin, correct (short) bar length after downsizing, and a disc that is flat and appropriately sized - not oversized.

Enamel damage

The outer end can tap against the front teeth while talking, and the disc can grind against the inner surface. Over years this causes chips, micro-cracks and wear lines. Prevention: correct length, no habitual playing with the jewelry with your tongue, and switching to a jewelry end with a low profile if you notice contact.

Your dental routine with a lip piercing

- Tell your dentist you have a lip piercing and ask them to check gum height at each visit.
- Take a photo of your gum line now, so you have a baseline to compare with.
- Remove the jewelry for dental X-rays and cleaning.
- If you notice tooth sensitivity, a rough edge, or gum that looks lower on that tooth - contact your piercer and dentist immediately.
- Never let a nervous habit of clicking the bar against your teeth become permanent.

If recession or wear does start, the right move is to act early: a shorter bar, a smaller or softer-profile end, or - in the worst case - removing the piercing. Tissue damage stops progressing the moment the mechanical cause is removed, but what is already lost stays lost.

CHAPTER 11

Risks, warning signs and troubleshooting

Symptom	Likely cause	What to do
Swelling day 1-3	Normal inflammatory response	Cold, rinse, elevate head. Expected.
Swelling still bad after a week	Irritation, too much movement, poor hygiene	Increase rinsing, check bar length, contact us.
Clear/whitish secretion	Normal wound fluid	Rinse and dab dry, do not pick.
Thick yellow-green pus, fever	Infection	**Leave the jewelry in** and see a doctor.
Bar sinks into the lip	Bar too short, or swelling	Come in immediately for a longer bar.
Jewelry hangs loose, clicks on teeth	Swelling gone - too long	Downsize.
Gum looks lower on that tooth	Recession from disc pressure	Piercer + dentist, same week.
Red bump on the outside	Irritation, usually mechanical	Remove the cause; do not use creams or tea tree oil.
Piercing moves toward the surface	Migration / rejection	Come in for assessment.

Golden rule with infection

- Never remove the jewelry when you suspect infection. The outer opening closes fast, trapping the infection inside the tissue.
- Keep the channel open, keep rinsing, and get medical advice.
- A piercer treats irritation. A doctor treats infection. Know the difference and use both.

CHAPTER 12

Lowbret and related lip piercings

A **lowbret** is technically the same piercing as a Monroe or Madonna, but placed much lower - close to the chin line, entering the mouth deep in the lower vestibule. It looks striking and unusual, but be clear about the trade-off: the risks are higher. Gum and tooth contact is more likely, swelling tends to be more intense, and far fewer people have the anatomy for it. If you are interested in a lowbret, the anatomical check is even more critical than usual.

Piercing	Placement	Difficulty / risk
Monroe	Upper lip, left	Standard - suitable for most anatomies
Madonna	Upper lip, right	Standard - suitable for most anatomies
Medusa / Philtrum	Centre, dip under the nose	Standard, but very visible when misplaced
Labret	Centre, below lower lip	Standard
Vertical labret	Through the lower lip, two visible ends	No inner disc - lower tooth risk
Lowbret	Very low, near the chin line	**High** - deep inner placement, more gum contact
Ashley	Through the lower lip, disc inside the mouth	Higher tooth/gum risk
Snake bites / Angel bites	Paired placements	Double healing load, double hygiene

Combining piercings

Can you have a Monroe and a Madonna at the same time - the so-called 'angel bites'? Technically yes. Practically, most piercers advise spacing them out by at least two months. Two fresh oral wounds mean twice the swelling, twice the hygiene burden, and a much less comfortable first fortnight. Heal one, downsize it, then add the second.

CHAPTER 13

Daily life: eating, kissing, sport, make-up

Eating and drinking

Week one: soft, lukewarm, not spicy. Yoghurt, soup that has cooled, pasta, eggs, smoothies (spoon, not straw). Avoid crusty bread, chips, and anything you have to bite hard. Rinse after every single meal. Hot drinks widen blood vessels and increase swelling - let your coffee cool.

Talking

Speech feels clumsy for two or three days because your lip is thick and your brain is startled by the new object. It resolves on its own. Resist the urge to constantly explore the jewelry with your tongue - it is the fastest route to tooth contact and irritation.

Kissing and oral contact

Not during the first weeks. Another person's mouth is a source of foreign bacteria in an open wound, and the mechanical tugging is exactly what an unhealed channel cannot tolerate. Wait until the piercing is calm and downsized - realistically four weeks or more.

Sport and swimming

Non-contact sport is fine from day one. Contact sport: use a mouthguard, or better, wait until healed. No swimming pools, saunas, hot tubs or open water for the first four weeks - standing water is a bacterial risk to an open channel.

Make-up, lipstick and skincare

Keep foundation, concealer, lipstick and lip balm away from the site during healing. Cosmetic products carry pigment and bacteria into an open wound and are a very common cause of the 'mystery bump'. Once fully healed, normal make-up is fine - just clean around the jewelry properly at the end of the day.

Work and visibility

A Monroe is a visible facial piercing. Some workplaces have a policy. A clear glass or titanium retainer disc is available and is far less visible than a metal end - ask us for one if you need to be discreet. Never remove the jewelry entirely during healing to hide it: the channel closes surprisingly quickly.

CHAPTER 14

25 frequently asked questions

When can I downsize my bar?
Around week 2-3, once the initial swelling has clearly decreased. Your piercer will tell you, but waiting too long is a genuine cause of tooth problems.

Can I get a Monroe and a Madonna at the same time?
Technically yes, but most piercers recommend spacing them out so mouth hygiene is easier and healing is less taxing on you.

What happens if the bar rubs against my teeth?
It can cause enamel erosion and, over time, chips or cavities. Make sure the placement is correct and downsize on time. If you feel tooth sensitivity, tell your piercer immediately.

Can I talk, eat and drink normally?
At first it feels strange and your tongue will constantly want to touch it. Within a few weeks it feels almost natural. Soft food helps in the first week.

How long does it really take to heal?
6-12 weeks, though your lip may still feel tender after that. Fully stable is usually around three months.

What if my anatomy is not suitable?
We will tell you honestly before you commit. There is no shame in it - your health and your teeth matter more. We can suggest other lip or facial piercings that suit you better.

How much does it hurt?
Sharp for about one second, roughly 5-6 out of 10. The swelling in the days after is the bigger inconvenience.

Does it leave a scar if I remove it?
Usually a small dot, similar to a faint beauty mark. It fades considerably over months but may remain faintly visible.

Can I close it up temporarily?
Not during healing - the channel closes within hours to days. Once fully healed, some people can leave it out for a few hours, but it varies per person.

Which gauge is used?
1.2 mm (16G) is the standard for Monroe and Madonna.

Why is my first bar so long?
To leave room for swelling. A short bar in a swollen lip would sink into the tissue - which is a genuine emergency.

Can I use a hoop instead?
No. A Monroe/Madonna needs a flat inner disc. A ring would sit wrong and pull the channel.

Is a magnetic or fake Monroe an alternative?
Yes, if you just want the look. But do not wear a fake one over a fresh piercing.

Can I smoke during healing?
You should not. Smoke slows wound healing, dries the mucosa and dramatically increases irritation. If you do, rinse afterwards every time.

Alcohol?
Not in the first days - it increases swelling and bleeding. And never before the appointment.

What mouthwash should I use?
Alcohol-free. Alcohol dries out the oral mucosa and irritates the healing channel.

Can I brush my teeth normally?
Yes, gently around the disc with a soft brush. Change your toothbrush after the first week.

Do I need to remove it at the dentist?
For X-rays and professional cleaning, yes. Bring a spare and clean hands.

Will I lisp?
Only briefly, from swelling. A Monroe sits in the lip, not the tongue, so it does not affect speech long term.

Can I wear a mask or helmet?
Masks are fine. Full-face helmets: be careful when putting them on and off in the first weeks.

How much does it cost?
Ask us for the current rate - the price includes implant-grade titanium jewelry, the anatomical check, aftercare advice and the downsizing appointment.

Do you pierce with a needle or a gun?
Needle only. Always sterile, always single-use. A gun crushes tissue and is never appropriate for lip piercings.

Is there a minimum age?
Yes, and we always check ID. For minors, valid consent rules apply - contact us before you come.

Can I go on holiday right after?
Better not in the first two weeks: sun, pool, sea water and unfamiliar hygiene are a bad combination with a fresh oral piercing.

What if I change my mind after a week?
Come in and we will remove it properly and tell you how to care for the closing channel. Removing early is always better than nursing a piercing you regret.

CHAPTER 15

Visit Piercings Works Amsterdam

Monroe and Madonna piercings are classics, and they look genuinely beautiful when they are placed correctly. The whole story comes down to three things: an honest anatomical assessment, precise placement, and managing the swelling phase properly with a timely downsize. Do those three well and you have a piercing you can wear for decades without a single dental problem.

Piercings Works Amsterdam

- **Address:** Reguliersbreestraat 46, Amsterdam - just around the corner from Rembrandtplein.
- **Open:** daily 10:30 - 22:00. Walk-ins welcome.
- **Appointments and webshop:** www.piercingzette.com
- **Aftercare:** Aphraheals - aphraheals.com

What you can expect from us

- Implant-grade titanium (ASTM F-136) and solid 14kt gold - nothing plated, nothing anonymous.
- Sterile, single-use needles and materials for every client.
- Piercers who have been working since 1998.
- A thorough anatomical check before we pierce - and an honest no when the anatomy is not suitable.
- Free downsizing and aftercare follow-up for piercings done with us.
- Time. We do not rush a marking, and we do not rush your questions.

Your health comes first. Come by for a consultation - we will make sure you get it right.