

Getting Curious with Jonathan Van Ness & Dr. Evan Goldstein

JVN: Hey, curious people. I'm Jonathan Van Ness and welcome to getting curious. I need you to like, sit down and really put on your listening ears today. We're going deep. We are going so deep that we are going into our rectum and anal canal and overall anal health. Uh If you are an Ask JVN subscriber or if you are someone who went to my Fun and Slutty show in Louisville, Kentucky last year, you will know that I had a fistula in December of 2023. Um a fistula is a relatively gruesome and painful butt experience that I did have to live through last year and I wasn't going to talk about it, but then I realized that like, we need to talk about anal health because it affects so many people, whether you engage in anal sex or not. Um It also has an intersection with the medical system. Um and so really, it's like, I never knew the basics of anal health. I never like is douching safe. Is it unsafe? How do we have anal sex safely as possible? So, to talk about all of that, we are bringing in Doctor Evan Goldstein. Dr. Goldstein is the founder and CEO of Bespoke Surgical. A first of its kind health practice specializing in gay men's sexual health and wellness. He is one of the few surgeons dedicated to treating and restoring the human butt. And as a gay man, he understands both the physical challenges of anal play and recognizes the psychological and emotional issues that get in the way of engaging successfully, and pleurably. Dr. Goldstein has been featured in Cosmopolitan Well and Good Men's Health, Howard Stern and more. His new book, Butt Seriously: The Definitive Guide to Anal Health Pleasure and Everything In Between is a refreshingly inclusive and sex, positive backdoor bible for anyone looking to up level their sex life. Today, we're asking what is going on with our butt holes and make sure to stick around to the end of the episode where we will reflect on what we learned and what we're curious about now, and if we even answered our question. Dr. Evan Goldstein, welcome to the show. How are you?

DR. EVAN GOLDSTEIN: I'm so good. I'm so excited to be here and finally taking butts to the world.

JVN: Yes, because they deserve their, you know, we're always like praising, you know, the butt cheeks, like the form of the butt, but what's the anatomy? What is the internal workings of the elusive butt hole? Uh you know, what is, what is that anatomy? Can you walk us through it?

DR. EVAN GOLDSTEIN: Yeah, sure. It's, it's pretty straightforward. Um you know, there's muscle and there's skin, obviously, there's more to that intricacy. But when you look at and think about from, hey, I want to engage anally or, hey, how does my mechanism for pooping work? Three muscles just relax and the skin opens. It's kind of like an accordion. So we're asking things to open, we're asking things to close and that's basically it, there are glands there are you know

JVN: Evan, I'm sorry, I'm sorry, I, accordion? I didn't expect for us to get an accordion analogy. It's barely even 10 in the morning yet. When you say accordion, are you saying that our but hole canal like the tube that you know, we receive anal or expel our poop through is that the folds of the accordion that's like the middle part and then the keys are like the muscles like the piano keys?

DR. EVAN GOLDSTEIN: I think just more of the accordion is the effect of how is it actually opening. So if you look at someone's butt hole or you look at yours, you see to the left and right are these striations of extra skin,

JVN: Oh yea, I know what you're talking about, yes.

DR. EVAN GOLDSTEIN: Those fold and then to the front and the back towards the penis, vagina towards the tail bone, that is no real folds that are there, there's just kind of tighter skin in that space.

JVN: Ok, so like, so you're saying like on like from like seven to seven to like eleven and then like one to like five, we're giving folds but then between like eleven and one and then between like five and seven it's giving like, just tighter. It's like the top and the bottom of the butthole.

DR. EVAN GOLDSTEIN: Totally. And that's where most people tear, which we'll get into, which is what's called anal fissures. They usually tear in the area that does have those folds because the pressure for pooping and sex are that much greater in that space. So the Accordions are kind of like exactly that, that component that says, OK, I need to open, I need to close.

JVN: Yes. So basically, you know, you got your intestines, blah, blah, blah, then it gives colon, then it gives rectum?

DR. EVAN GOLDSTEIN: Yeah, yup.

JVN: Then anal canal.

DR. EVAN GOLDSTEIN: Canal, yup.

JVN: OK. Where's the sphincter come in? You know, we all hear about this fucking sphincter. What's, what's, where's the sphincter at play here?

DR. EVAN GOLDSTEIN: It's part of that canal.

JVN: Oh.

DR. EVAN GOLDSTEIN: It's part of the canal. So, so when you think of like let's say the external opening, then the muscles are that 3 to 5 to 7 centimeters. It depends on females and males and trans, like a whole different kind of combination of length and then that goes into the rectum. So the muscles are an integral part of the anal canal. It keeps that super tight. So that during the day when you're podcasting and doing everything and living nothing is coming out of your butt.

JVN: So building blocks of good anal health are?

DR. EVAN GOLDSTEIN: Well, there's lots, I mean, it depends. First, I always talk about first just stepping out of state stigma and myth and societal pressures, you know, I mean, that was how the book, you know, I, the book that I'm launched with Butt Seriously really broke it down, which was to say we need to throw away the stigma of, hey, I must be gay if I'm engaging in anal sex. Um you know, or the stigma of anal sex is painful and that's normal or I should be bleeding and that's normal.

JVN: Yes.

DR. EVAN GOLDSTEIN: I take away like anal sex and I put it into pleasure trying to think of just like whole body pleasure and just how you approach everything of your life and finding that balance. Some people may have pleasure in their underarms.

JVN: Oh.

DR. EVAN GOLDSTEIN: Some people in their groin, some people, their toes, some people, the nipples, why not the anal region? And so I think first is for people to just say, hold on a second, the anal region is pleasurable. There's tons of appropriateness in that. And how do I now just start to bring that into my life? So that's kind of number one.

JVN: Destigmatizing.

DR. EVAN GOLDSTEIN: Yeah. Yeah, totally. And just having it. And this is what's so great about this is because again, through popular press and culture, we're pushing the narratives that it is and should be acceptable and it should be part of our daily uh world to have this conversation and be OK with it.

JVN: So lately, um you know, my tiktok algorithm is uh ever since my butt situation, I've definitely seen the Botox in the butt.

DR. EVAN GOLDSTEIN: Yup.

JVN: Um I've definitely seen a lot of people talking about like methods to douche methods to cleanse, prepare for sex. Uh also a lot of colorectal cancer like cannot get out of my fucking tiktok without seeing some young person with colorectal cancer, which really fucking stresses me out

DR. EVAN GOLDSTEIN: Awe sad. Sad!

JVN: Well, it's like, popular, it's like Muck Bang, colorectal cancer. It's just in there like I, I, I it's in my fucking algorithm now. Uh But one thing that I've been seeing lately with these like, you know, I'm a gay bottom nutritionist like butt expert. Uh You know, here's my advice. Uh A lot of them say like, you know, douching is like not as like healthy or whatever. Do you think that the way I douche gave me a fistula?

DR. EVAN GOLDSTEIN: It could be, it could be, but but

JVN: So what's up with douching? It's really not good? How am I supposed to bottom confidently? Metamucil in a prayer?

DR. EVAN GOLDSTEIN: No, no, no, no. I think that look, no matter what you or I say people are going to douche, right? No matter what. And I think so let's take a step back when people are doing the toy stuff on their own, the anal dilating, I want people not to clean out because I want people to see that regardless of what you're eating eight out of 10 times, you will actually be clean. People think that stool is stored in the anal canal and it's not. So if you are having a right good bowel movement and when you look at the nutritionists and you look at people that are talking about fiber and high protein. I always think of gut health first before, butt health, meaning how do you eat correctly? How do you do the fiber supplementation? I like nighttime fiber because we poop mostly in the in the morning. And so what happens is that when you're standing up and you're going to the bowel movement. So when you're taking fiber at night with a tall glass of water, it works while we're sleeping,

JVN: I would love to do fiber at night. But I got the HIV. So I got to take my pill.

DR. EVAN GOLDSTEIN: Yes.

JVN: So like, so what I just had my meta, the second round of Metamucil at like seven and pray to God that I don't fall asleep by 8:30?

DR. EVAN GOLDSTEIN: So no, it really depends with your world. You have to kind of figure out some people switch with doing the meds in the morning and then fiber at night. Some people do, like when they're brushing their teeth

JVN: I can't do my HIV med in the morning, I'll be all groggy and crazy.

DR. EVAN GOLDSTEIN: I agree. So then you have to switch it up and see how it fares with your world. But some people do the HIV meds at dinner and then before they sleep, when they're brushing their teeth, they do the fiber supplementation. It just kind of depends on how. But you want to not do fiber with your HIV meds because at the end of the day, it'll prevent some of the absorption issues. So that's why you need to space it out. But I think that the key is really looking at things differently. How do I shit correctly? And in the book, we talk about a pooping like a dog. If you look at dogs, most of them poop, it's totally perfect. They don't need to wipe and they're all good. It's because of their diet. So if you're doing appropriate diet work and you're using toys, show yourself that you don't actually need to clean. Now, even though I know you're still going to do it, you're kind of right. There are people that do more, gentle, easier, quicker cleans and then there are the deeper for either deeper play fists or hey, I am at the Eagle, we're going further. Regardless of what we say people are going to use the wrong instruments, they're going to over douche and they're going to use water. Now, what happens? Why is douching bad because the microbiome changes. So when you look at there's good bacteria and there's bad bacteria, but they are in equilibrium. They're in that balance that you spoke of before. When you wash with water and you wash vigorously and going forward, what happens is it fucks with that? It alters it. So now there's this species called Prevootella, which is a specific bacteria. If you or I went on the street and we randomly swabbed 20 people. You and I could tell who takes it up the ass by their microbiome by the swab. Because from douching from water based lubes from sex, the microbiome alters. And then what happens? Higher risk of HIV, higher risk of STD's, higher risk of local issues, fissures, fistulas, hemorrhoids, et cetera. So the key is now you may have gotten a fistula regardless because even people that don't engage anally, the anal gland that is there gets clogged. Ok. So don't

JVN: OK? OK Evan, because let me just say so, let me just say that just so happened that weeks after my fistula, this other person got one who doesn't engage in fucking anal sex.

DR. EVAN GOLDSTEIN: Exactly.

JVN: So it's like you can get it from, so, but basically

DR. EVAN GOLDSTEIN: Absolutely.

JVN: OK, but we gotta go back. So fisher tear of the butthole, correct?

DR. EVAN GOLDSTEIN: Yes, yes.

JVN: Fistula? Is this like God fucking Satan? It's not God. It's, it's a Satan evil Kelly Conway, Kellyanne Conway of a of a, of a, of a ailment where, where a, so basically like in your butt

hole, is it true that there's like these like anal glands? And if one of those anal glands gets infected

DR. EVAN GOLDSTEIN: Yes.

JVN: It turns into like an abscess like a ball of infection and then the ball like builds a tunnel to, to get them to get the infection out of your body.

DR. EVAN GOLDSTEIN: Yes.

JVN: That's what the fistula is?

DR. EVAN GOLDSTEIN: The fistula, correct. But there's there's obviously there's simple fistulas and complex fistulas. It kind of depends on

JVN: Mine was superficial just like me. I was so grateful to have this. I didn't need a drain. I just, I, you know, I just, I got my little fistulotomy and, and, and my doctor was like, no, there's really no way for us to tell you if it's like trans and I was like, I'm gonna have a trans fistula. I already know it, it's going to be complex. It's going to be trans. And then he was like, but no, then there's superficial, superficial ones

DR. EVAN GOLDSTEIN: Yes, yes.

JVN: And I was like, please let me have a superficial one. But, and I was like, there's no way that you can tell me like 30% of the time when the fish is above the butthole or like to the side of you can't tell me anything. And he was like, no, like, honestly, not until we get in. They're like, there's just, I was like, nothing. You can give me no fucking statistics? And he was like, it's, it's really anyone's guess. And so then when I came out of surgery, I was like Maid in Manhattan and then I started to sob and then I was like, oh my God, did I need the one or two and she was like, you did great. You just needed the one. And then I started sobbing harder and then they went and got my husband to bring him back and apparently that nurse said to my husband. Yeah, he's like, really emotional.

DR. EVAN GOLDSTEIN: The anesthesia can do that. That's for sure.

JVN: So, but, yeah, mine was superficial but I know there's like, isn't there? Like, there's five kinds of fistulas, isn't there?

DR. EVAN GOLDSTEIN: There's lots yes, and I usually break it into simple and complex and so a fistula develops from an abscess. So, and an abscess develops from the gland. There are these glands about three centimeters inside our asses. And what happens is is that the glands can get clogged and when it gets clogged, instead of the glands just stopping to secrete its flu, it find the fluid finds its way out another way. So it develops into this really painful, swollen. You're like, oh, I think that's a hemorrhoid in the beginning and then all of a sudden it's like it rip roaring and then it becomes red and then potentially it either bursts itself or a doctor or physician, surgeon, emergency room, needs to open that and drain that. Then in the subsequent weeks, there's the connection from that gland inside to the opening on the outside, which develops into the fistula. And if it's superficial, it's basically in front of muscle, there's no muscle involved. If it's complex, it goes in and out certain elements of muscles and then that creates a whole different surgical approach. So you're quite lucky that it was just simple. And the question though is for me that I have with you is, it was the fistula abscess thing towards the tail bone like the back of the ass. Where was it? OK. So sometimes I must say it's not a true fistula there. Sometimes I see

JVN: Pilonidal cyst.

DR. EVAN GOLDSTEIN: No, no, no.

JVN: Oh.

DR. EVAN GOLDSTEIN: It's, it's actually a lot of people, what they do is they get a fissure which is a tear. But the way that the tear heals is it forms a tunnel underneath there. So then what happens is is that a a fistula in theory can develop in that space? It's ha I don't see a lot of true fistulas at the 12 o'clock position which is towards the tailbone.

JVN: Yeah mine was like, mine was like an inch and a half like above 12 o'clock.

DR. EVAN GOLDSTEIN: Yeah.

JVN: But my doctor said that to me said, look, they're normally not here like this is like,

DR. EVAN GOLDSTEIN: Yes, so it sounds like it's a fissure that developed it. Um and it's

JVN: But he, but he was in my asshole with like a full with the whole like thing.

DR. EVAN GOLDSTEIN: Yeah totally, totally, you go in with this little hook thing then you open it.

JVN: He said it was fistula as fuck.

JVN: Let's rewind to the douching.

DR. EVAN GOLDSTEIN: Yes.

JVN: So we shouldn't douche with water to be safer?

DR. EVAN GOLDSTEIN: So so, right. So that was one of the reasons why I started this company Future Method and Future Method was because of this because I kept seeing people coming to me where they were douching incorrectly, they were using water and they're doing it way too many times or they're doing the shower shot for deeper play and then that microbiome is changed and now it's basically raw inside. So I said, well, wait a second, why don't we create something that's not raw? And so we came up with a solution through Future Method that cleans you, but it doesn't fuck with the microbiome. And so like for every four ounces of water you're basically putting in a powder that's like a Crystal Light. But what it does is it neutralizes that water so that when you're irrigating, you're irrigating, you're cleaning, but you're not fucking with the microbiome and our bulbs are really smaller. We're trying to educate people that if you're doing fiber and you're doing pre and probiotics and you're doing those things that less is always more. And so in the book, we say, why don't you even titrate? Let's say you're doing five rinses, why don't you try to do four rinses the next time and show yourself that you're clean. A lot of people will use toys after they douche to get rid of the extra liquid, but also to pre-dilate and pre-lubricate and they could see if they're clean or not. And so I want people to be educated anatomically, but I also want people to understand. All right, how do I start to kind of minimize my own doing of complications because we do know the more that you douche, the more that you have higher incidences of XY and Z and then those can take you out of your game. And so the key component is that and that was really the purpose of Butt Seriously and Future Method which was to say, get rid of people using enemas, stop using shower shots. Let's make sure we're using solutions that are not toxic and understanding how do you go to the least amount

because no matter what you and I say people are going to do and I get that and I'm all good for it. I understand everyone wants to be squeaky clean. But we also want to make sure that we're doing it in a balanced way so that we

JVN: And we don't want a fucking fistula ever again.

DR. EVAN GOLDSTEIN: And you don't want a fistula ever fucking again.

JVN: OK, so also just sidebar this one time when I was 22 I felt weird and then I bent over and I looked in the mirror and it was giving like um it was like a white pearl like like on like the top of my butt hole. And I was convinced that was a hemorrhoid. And so then I shoved all these like suppositories in my butt and I didn't realize that a suppository meant you like literally had to like, you know, put this like fucking thing up your ass and then I googled hemorrhoids and I was like, well, that is just not what this is. And so then my friend's dad is a doctor and I was like, look, this is really uncomfortable, but like, I'm going to have to show you my asshole. Um And then he was like, well, that's not a hemorrhoid, that's just a blocked oil gland. You seem to like, put like a hot compress on that and it'll go away. And so I literally put a hot compress on and then when I took the hot compress off, it was not there anymore. And I was like, how easy. But do you think that was like a precursor like 15 years ago to my fistula?

DR. EVAN GOLDSTEIN: Yes. Yes. Totally. And you know what, what I see even people before they're engaging anally, you know, a lot of people in high school college uh we young, we eat like shit when nobody teaches us the right ways to poop, we don't understand. And so what happens is, is a lot of times you may have had a tear and then the tear healed but the way that it healed is with that and then through sex, through douching, random, it could have not been sex at all just from the traveling that you're doing and the stress in that space, it could have exacerbated this and become this full blown fucking annoyance in your hole.

JVN: You know, I know people, I have a shower shot, you know, in my house. I maybe used one this weekend. Um So fuck. So and then I was like, oh well, if I just like wash it in like really hot water, just keep that rim thing real nice and clean, like, it'll be fine. But it's so, so we don't really do, but I don't turn it on really hard. I don't turn it. I always turn it on like this tall. Like, I just, like, I make like the water come out just like a little bit, like, not a crazy amount.

DR. EVAN GOLDSTEIN: Totally.

JVN: But that still isn't great?

DR. EVAN GOLDSTEIN: Well, I think again, looking at all of these things. It's yeah.

JVN: If you were a fistula survivor, would you be like, I'm never douching again.

DR. EVAN GOLDSTEIN: No.

JVN: Like I'm just, I'm only doing fiber in my, my husband. It just is what it is.

DR. EVAN GOLDSTEIN: I think that a lot of times you're probably so clean and you don't think you are. Yes, you could shower and clean the external hall. You want to put your finger there. But I would say like maybe you do some toy stuff on your own to show yourself like let's say, oh I was going to have sex. Great. Use a toy and like take it out and like you can look at it and be like, wow, I'm actually super, super clean.

JVN: Where do I get those toys from? Again?

DR. EVAN GOLDSTEIN: Future Method I'm going to send you. Don't worry, I will send you, but it's Future method.com.

JVN: So basically you put this powder in the water and that neutralizes like the nasty tap water

DR. EVAN GOLDSTEIN: Yes.

JVN: And there's no like purified water or like vinegar or like there's like we don't vinegar in our butt holes. But there's nothing we can put in there that's like way safer. It's just like add the powder?

DR. EVAN GOLDSTEIN: Exactly. Because I think the key component whenever you're looking at any of the other preservative type stuff, what happens is, is that those preservatives really fuck the microbiome. So, we've done studies with the University of Minnesota and we've looked at whether you're using enemas or you're using straight up water. I would say the key is if you're able to drink that water, you should it, then, then it's totally fine to neutralize it with that powder. So for every four ounces you put the powder in and then that creates an environment that mitigates risk. So many people are showering, they are using way too much. And then what happens is they've caused an internal hemorrhoid or they're swollen even before they had sex. Now, sex is that traumatic in a of itself potentially where now think about how all of that compounds and people can have issues.

JVN: How are people that are newer to anal, uh how can they engage safely and like what are our best practices for like having a healthy butthole? Like such as like not sitting and reading the news for 20 minutes on the John like our dads did. And then like finally, you know, a doctor was like, look, you can't be sitting on the fucking toilet for a long ass time like reading the fucking news because you're going to get hemorrhoids.

DR. EVAN GOLDSTEIN: Totally.

JVN: So like, like what do people need to know for like good healthy butts?

DR. EVAN GOLDSTEIN: When you feel the urge to go to the restroom go but 20 or 30 seconds or less, that shit should come out of your ass. If you're sitting for longer, then you're creating an environment where there's more pressure in the space, the muscles become potentially too tighter. The hemorrhoids which are these veins that are there on purpose. Everyone has hemorrhoids, symptomatic hemorrhoids, pain, bleeding. Most people don't have obviously at some point in our lives, we can get those. But why do they happen? It's all about pressure. So if you're sitting too long on the bowl, if you're constipated, if you're at the gym and you're doing deadlifts and squats and kettlebells and you're creating too much pressure in the space. If we're having anal and we're not fully relaxed, we've overdouched, we are too tight in the space. We're not using enough lube, it's pressure. The ass only understands pressure. It doesn't matter what we're doing. So the key is how do you mitigate pressure? Well, we make sure the poops are soft and easy. We're not sitting too long on the bowl. We're doing that yoga, appropriate breathing, learning how to relax the pelvic floor. We're doing toys, toys, even in the hetero, I never want to be penetrated space, people should be, whether it's through fingers or through toy work should be expanding because what happens is is that you're learning how to control the mechanism of those three muscles

that we spoke about. And so when you start to do that, you have better shits which then hopefully lends you to exploring anally because when we know there's what's called the P spot, which is where the prostate is in prostate bearing individuals. It's the a spot in non prostate bearing. And it's literally in between the rectum, the prostate, the vagina, the uterus, all those areas are these nerve endings that are so powerful. And when you look at the hetero boys that are engaging in anal and they're like, oh my God, that orgasm was amazing. It was all because they were able to actually hit and tap into the prostate or the A spot and they've never been able to do that before through regular run of the mill generic sex. So all of these things you start to kind of say, OK, how do I first get myself to shit correctly? Even wiping. I tell people I was on Stern not too long ago because he was like, oh, I always stand up when I wipe when I shit and people make fun of me. But actually it's the right thing to do

JVN: I also stand up to wipe, I know, who wipes sitting down?

DR. EVAN GOLDSTEIN: So many people. But the more that you sit, the more blood goes there, the more

JVN: I mean, I guess I'm just the most intuitive bitch around because I have been wiping standing up my whole fucking life.

DR. EVAN GOLDSTEIN: And the people are like, oh but what if I shit myself, you know, you sit, you wipe one or once or twice when you're there so you don't shit your leg. But then like stand up and finish wiping standing up. Because what happens is the blood believes the mechanism of that pressure.

JVN: I mean, if you have that many dingleberries that you're afraid of like shitting on your leg, when you stand up, then you need, you totally need more fiber huh?

JVN: Skin. Stretching skin, strengthening skin. We love skin care over at Pretty Curious. It's a big, it's a big topic for us.

DR. EVAN GOLDSTEIN: Yes.

JVN: Uh, I lately did see on someone's tiktok. I think this like butt serum.

DR. EVAN GOLDSTEIN: Yeah yeah, totally.

JVN: It's like a, it's like a butt thing. Um, do like can thin skin get stronger, can we?

DR. EVAN GOLDSTEIN: Yes. So, so it can, I think that, you know, when you look at is the hole serum actually doing something in that space. Um, I think the reality is a lot of it is just calling attention to better hygiene in that space. How do you make sure that you're wiping less that you're not using wet wipes that you're showering at night before you go to bed. A lot of people don't shower at night just because they're busy. They're tired, they get in, but the reality is we poop during the day we're wiping, we're sweating, we're in his grime there. You need to get back there and you need to do the right thing with future method. We came up with an anal exfoliant because a lot of people post sex with silicone lube with excrement with cum, it's harder to get all that excrement off. So by using an appropriate exfoliant, you're setting the stage for success, we also have a soothing cream that rehydrates and replenishes. But again, whether you're using ours, whether you're using Cetaphil, it's just calling attention, I think to the space. Also, I tell people to dry that area, hair blow like I hair blow my (inaudible) at night.

JVN: I do too.

DR. EVAN GOLDSTEIN: Why? You need to because moisture is a problem, right? It leads to bacteria, fungal issues and then yes, you can moisturize it just like you would on your face, but you need to make sure it dries be naked, let it breathe. Don't just pull up your underwear and go on with your world. Also sleep naked or loose fitting clothes, make sure that you don't just put like your sheets for the winter. You know, people use winter blankets during the summer. Don't things need to aerate in that space. When you're thinking about skin, we need to toughen it. Retinols are really good just like they toughen the collagen in the in the face. I tell people there's a lot of good retinol creams that strengthen. I'm more of using toys, right? The glass but we just launched with a cone. It's a silicone cone.

JVN: But retinol is a liquid exfoliant.

DR. EVAN GOLDSTEIN: Well, but the thing is, is that remember the facial architecture even around your lips, there's no difference between the skin here and on your lip, your ass, your ass itself is very similar. It's the same makeup. It's got your, you know, your columnar cells, it's got your squamous cells and they meet at the same space.

JVN: But Evan, all of our skincare people have been telling us on Pretty Curious. They're like, you know, Eastern European is more like soothing, no retinols, no retinoids. Like we're just going to like really like keep and then, but American is a little bit more aggressive. So I'm just, I'm surprised to hear it to put a retinol on our asshole.

DR. EVAN GOLDSTEIN: Well, I think that what we're trying to do is figure out what works. And so what we do, there are people that have tough holes where the skin is really, really tough. And then there's lots of people that have really thin holes. So we came up with a silicone cone that stretches the skin in a very controlled way. It's three colors and you're able to know how far you're inserting it. But what it does is just by creating friction against the hole, we're strengthening it. Think if we're going to the gym, we're lifting weights, we get a callous from the bar on our hands. Same concept if we're using a glass toy. If we're using a cone, if we are creating a controlled friction, the skin is going to get tougher in a good way because again, we needed to expand like that accordion that like we spoke about an hour and 20 minutes ago.

JVN: How would you recommend for patients to advocate for themselves in terms of anal health when they may live in places where like, you know, clinics like yours don't exist or they don't have, you know, really good uh doc or just they don't have a queer community in terms of like medical care and more specifically anal care. How do people advocate for themselves?

DR. EVAN GOLDSTEIN: I think that was one of the huge driving forces and impetuses of the book was because people are looking to Google, they are searching, they're looking for the right sexual education. And so, and they don't have access to me and or this practice. So a lot of it was how do we just educate the younger generations in a really great way so that they don't have, have issues that they are able to understand? And in it, we talk about like, what are the questions that I ask patients sexual history? How do we talk about sex in a really positive way? What do we look at desires? We look at understanding well, what's your anatomy? But what's your mental psyche? What's your relationships? What's your kink? Right? And in it, we go over the right questions that people should be asked by their physician. But if they're not what they can potentially offer and you need to find people that

are comfortable that understand that and are giving you back that approach there. Now, a lot of people like I do zoom from all over the world because people don't have access to that care. People fly in, the key for us is to allow for you to feel empowered. And I'm just hoping even with this book, like it's for practitioners, I'm hoping that medical schools and practitioners are picking this up to say, well, wait a second, people do engage anally people do have sexual desires that I may not necessarily do, but how do I change my practices to fit that so that people feel comfortable? I did a study early on that showed 92% of even gay physicians will not talk about gay sex. So when you look at that, you say, well, hold on a second. That's just a failed system. Well, what are people doing? They're going to Google, they're going to look online, they're doing all these things that can lead people into the wrong aspects. So the key is setting the stage for you to first feel empowered and have the right education and then going in. And if you can't find it in Kansas City, then like we got to go other places because it is really, really important to set the stage for your bottoming success.

JVN: For people do need to advocate for themselves or don't have what they need in their local community, I heard you saying like Zoom, telehealth is a thing we can find this.

DR. EVAN GOLDSTEIN: Yeah, totally.

JVN: But obviously like insurance hellscape and access and like money is terrible. So if you can't afford that, then like, maybe it's about the book, it's about getting your book would be another way to start.

DR. EVAN GOLDSTEIN: I think it's a combination of all and like, and I do a ton of work pro bono and like the whole point for me is to help the community and I do a lot of Medicaid, you know, 50% of my practice is, is still Medicaid and uninsured. And it's just a matter of, for me, it's like kind of the Robin Hood approach to anal, which is like, there are people that can pay for it and there are people that can't, but at the end of the day, it evens out. So the key is how do we get access to the masses,

JVN: Wow. Robin Hood of anal. So many sentences that I just didn't know that we were gonna say today that we have. Um So if you're like me and you have just fallen in love with Evan over the past hour and a half, what made you want to get into this?

DR. EVAN GOLDSTEIN: Oh fuck.

JVN: You were just minding your own business. And was like, what? I'm going to become a proctologist?

DR. EVAN GOLDSTEIN: I was, I was actually doing heart surgery, believe it or not. And I was married to a woman at the time I was back and forth with my bisexuality. And then I finally, it was like, hold on a second. And I met Andy and my current partner. We've been together for 18 years. We have two kids together that are almost 13. And I finally came out and when I came out and I was so free and lived, you know, totally liberated. And that was a lot of that is in the book. And I even had my own anal fistula by the way in the book.

JVN: You're a fistula survivor too?

DR. EVAN GOLDSTEIN: So totally, totally, totally.

JVN: I'm not going to ask you about your fistula life, I'm so sorry. But I do have like so many questions if that's OK.

DR. EVAN GOLDSTEIN: But when I was in heart surgery, I was miserable and the time it was like 20 something years ago and I just was like, I don't want to do this, this is miserable. And I remember walking home and I, I quit heart surgery. I was like, I'm done. I said, what can I do? And I said, look, I don't care if I fix your face. I don't care if I fix your ass or your heart. I wanted to give to the community. And I realized that it was missing sexual education, a practice like ours, sex is really important. The ass is really important from an aesthetics perspective. So I bridged plastic surgery with colorectal and I said, hold on a second. People do care how it looks people do care how it functions and sometimes people or given something that's not functioning the way that they want to. And I saw a lane and, you know, I mean, like when you are niche and you are in a lane that nobody is in, you are able to really do really good things and get out to the world. And then it was, as I finally learned the profession because nobody was teaching me this, this was, you know, run of the mill, anal surgical stuff for hemorrhoids and fissures. But now I needed to get it for people that fisting and having sex. And when you see 90 people a week and you do 15 surgeries a week for 15 years, you start to see patterns and community based practices and you start to see all of these different facets which are so interesting and then you start to say, OK, well, how do we change it because people are not going to really listen to us in certain things. How do we either put it into the product? Put it into the education? How do we put it into the access to the care? And I just started to say, wow, why isn't this existing years ago? And we're like the first out, fully open living humans since the HIV AIDS epidemic where it killed a tremendous amount of people. So now it's not just HIV. Right? Because HIV is controlled, we got this there's so much more to queer community based life and I felt why not? I don't care if I fix the hole. You know how many emails I get of saving people's sexual lives from all over the world. And it gets me up every day at 530 in the morning to do it because sex is so powerful and if you don't have that, it's a limiting factor.

JVN: How has like the Affordable Care Act? How has the Obama administration? How has the like, why isn't there as many queer out doctors? What, what is in the way of there being more clinics like yours in places like Nashville, Austin, like I live, we have the kind clinic here in Austin, which is great. It's, you know, STI testing and they do really important work. Um but, you know, Planned Parenthoods aren't really talk, I mean, what is it? And, and actually I wanted to ask my doctor, my colorectal surgeon. I was like, how many cases, like, do we see of fistulas like per 100,000 people? And he's like, well, it's really hard to find, you know, people don't really want to study this. People aren't really talking about this. What are the barriers to like anal health and queer health and like to becoming mainstream? And people like talking about it?

DR. EVAN GOLDSTEIN: Well, I mean, that was one of the impetuses of me hiring a publicist years ago, which was to say we have to start talking about it because the government is not talking about anal sex, let alone gay and queer sex. They're just not. And I don't think in our lifetime, I mean, hopefully with us pushing the narratives and we work really closely with Future Method with an organization called SIECUS, which is Sex Education for Social Change, which is pushing the government to really start having access and creating curriculums and putting it into place. I think it's coming right. And now like, like you're so important to me for this because again, it's pushing the narratives and it's normalizing the conversation and it's starting to take away all of these taboos where we could start talking about it and meeting people where they are. And when I started this 15 years ago, I sat with my pr team and I said we need to make Evan Goldstein the standard of anal sex from a curriculum based approach. How are we going to achieve that if someone Googles anal sex,

what are we going to do? And so we started to kind of we in the beginning, no one would talk about it. So I blogged, I did medium posts and I was like, fuck it. I'll write about it. And then finally, we started to see Men's Health. We started to see Vogue. It's interesting, I saw a lot of more women centered publications talking about anal sex, much more than more men hetero and into gay, even the gay population just simply because women talk about sex, they want to learn about the right ways. There's a lot more narratives as it relates to that. So I think when you talk about government and you talk about schooling, I'm not waiting for them. I'm pushing them, but I'm going more directly and thankfully with podcasts and with direct to consumer and like having the approach with Instagram and social, you're seeing the access of the revolution of sexual education directly to the people that are affected, which I think is super powerful.

JVN: Um OK, so I do have one more wrap up question and then I'm going to let you know, but I just want to go back to fistulas for one second.

DR. EVAN GOLDSTEIN: Yes.

JVN: So for me to just hopefully have it never come back again, I just need to like gut health, I gotta do my gut health. Got to do my like fiber, try not to douche as much. If I do insist on douching, I'm going to get that powder and then uh uh and then just like a prayer like?

DR. EVAN GOLDSTEIN: No, I think that some people it's just a one off situation. And again, I think realistically, I'm not sure you had a true fistula even though he was throwing that around. Um You know, I think you probably developed a fistula from what that was, you know, 15-20 whatever that was when you're 21 or so with that said, yes, I think all the things we spoke about and what's in the book and this, I think there is when you're in New York the next time, I would love to see you.

JVN: Can I just say though really quick though, like, every single symptom of fish, like, I mean, I had the chills. I had the sweats. I think I had

DR. EVAN GOLDSTEIN: Yeah, totally.

JVN: I think I had it but I don't know if I did. Maybe I had, had one forever and just didn't even know. Oh, and I have another question once you get an abscess, like there's no, like undoing a fistula, once it started, like, if, if, if I had started taking anti,

DR. EVAN GOLDSTEIN: Not necessarily 50/50. So 50% of a true fistula when you drain the abscess or you get antibiotics, uh many of them do not develop a fistula. So I would take it to say an anal abscess develops how many of the anal abscesses develop into fistula? 50/50 shot. So, if you feel like, hey, it's not getting better, you talk about this in the book that after three days of an anal issue, if you're using creams, you're putting a suppository in and things aren't getting better. See someone because the sooner you can, a lot of times it could prevent the fistula from developing if we're doing antibiotics or they drain it correctly in the right space.

JVN: Yes.

DR. EVAN GOLDSTEIN: So there's things again, it's like, how do you advocate for yourself now?

JVN: Right. I said that that was the last question but I lied, I have one more really fast. One, this is a listener source question because one of our listeners had a great question and a lot

of them were hemorrhoids based. Um this person asks, is there a non surgical way to treat hemorrhoids, postpartum to return to pre baby health?

DR. EVAN GOLDSTEIN: Got it. So I see a lot of post pregnancy women, um specifically not even from an anal sex perspective, just like I don't feel sexy. I have something sticking out my ass and all this stuff happened from a pregnancy perspective. Now there's a difference between internal hemorrhoids and external hemorrhoids. So internal hemorrhoids are ones that you don't really see, you may bleed, they may come in and out but you don't see them per se unless they're really more advanced. Now, internal hemorrhoids, you can put rubber bands on though I usually

JVN: Actually my doctor wanted me to do that because I'm going to get a colonoscopy just to make sure that the shit's like normal and that everything's ok. And he said because he just saw my internal ones, he was like, oh, we can put a band on those.

DR. EVAN GOLDSTEIN: Yes.

JVN: And then I was like, my friend got this like elective surgery on his butt and then he got sepsis and died. And I'm like scared like I don't want to do like, should I just like, leave it alone?

DR. EVAN GOLDSTEIN: So yeah.

JVN: You tell us.

DR. EVAN GOLDSTEIN: And I think that the reality is from a banding perspective is you have to take it into context because a lot of people that develop hemorrhoids, they're really tight from a muscular perspective. So when you put a rubber band on, you're making things actually potentially tighter. So a lot of people, we studied the muscle, we understand what anatomy they have. And if we're putting a rubber band on, we're either dilating or using anal Botox at the same time to help with not preventing that issue. But a lot of women that I see with post pregnancy hemorrhoids, it's not what's only internal, it's what's external. And so they just don't feel sexy. It rubs with whatever underwear they're wearing or the friction, et cetera, those need to be cut out. And the reality is is that most people, most surgeons are like, oh, just leave it alone. They are like, don't touch it. They just don't have the plastics colorectal side to understand how do we get it to function correctly, but also aesthetically look the right way. So for most women that I see, they have more to the front that anterior, which we said towards the vaginal side and to the tailbone is where they usually have those prolapsing, extra skin to hemorrhoids, those need to be removed. And a lot of times I remove them, I do a little bit of anal Botox. Remember women don't need a full dose of anal Botox because their muscles are really, really allowed to open because of pregnancy. So I think again for the listener, are they internal? Are they external? She could always slide into my DM. Send me a picture. I see lots of asses on the DM side and then I can kind of guide to, to say these are the right ways to approach that.

JVN: But non surgically if they're sticking out like you can maybe treat for the discomfort?

DR. EVAN GOLDSTEIN: Yeah, you really

JVN: But there's no way to like, make it go away?

DR. EVAN GOLDSTEIN: It's like, it's, it's no, at that point they're probably too far gone. I think the key is, you know, fiber and shit incorrectly and not pushing too much. But if they're still evident, then they need a surgical approach.

JVN: Oh we can't end this without talking about sits baths because like with my fistula, I was like the queen of a sits bath like right afterwards. And even before, because in the past when I had my fisher, like the guy was like, my doctor was like, you know, warm bath. Like, do we like warm bath to relax the butt hole?

DR. EVAN GOLDSTEIN: Yeah, totally.

JVN: Because that was the only time where I felt like I didn't like where I work. The only time when I had my fistula when I didn't have discomfort was if I was in a warm, I mean,

DR. EVAN GOLDSTEIN: Totally, warm baths are great. Um It soothes it relaxes you. A lot of people do the Epsom salts. It's baths components. Um A lot of people will do suppositories and lotions. Um Some people do the Preparation H. There's lots of things we go over it in the book that my website to just set the stage for healing. But many people do like the warm bath, especially after they poop or at night before you go to bed.

JVN: I said to my doctor on our follow up, I was like, King, you guys said, like, afterwards that, like, I just had like a little bit of like something in there and like, no big deal when I like the next day after my surgery, I was like, oh, it's like time to go to the bathroom. So, um, but then I was like, oh, I don't need to go to the bathroom. So then they said, like, just go sit in the bathtub to like, loosen up the tape and then like, take the thing out. So I go sit in the bathtub,

DR. EVAN GOLDSTEIN: Yeah.

JVN: and I get the tape off and then I'm, and I'm alone and then I feel this like big bunch of gauze like between my butt cheeks just like this.

DR. EVAN GOLDSTEIN: Yes, yeah.

JVN: Like it was almost like a dick. Like it was like a thick, like a, like a thicker long one.

DR. EVAN GOLDSTEIN: Yeah, yeah like a tampon.

JVN: So I grab it and I pull thinking that like, that was all, no, there was like 5 ft of blood and shit soaked accordion. Like it looked like the straw like that, like the paper of a straw.

DR. EVAN GOLDSTEIN: Oh yeah, they probably packed it, they packed it.

JVN: Yes. And so I pulled it all the way to like an arm's distance out and, and it looks like a bustle like it's like a full gilded age bustle of like shitty bloody things.

DR. EVAN GOLDSTEIN: Yeah, yeah.

JVN: And so then I was like, don't scream for your husband yet because you're sitting in an empty bathtub, you know, holding a shit blood pom, pom, you know, strung. So, so then I was like, I bet it's almost out. So then I went back to my butthole pull again and it's still not out. I've got like six fucking feet of like paper in this bathtub.

DR. EVAN GOLDSTEIN: Yeah, yeah.

JVN: So at that point, I do start screaming for my husband because they said it was like this big honey, it wasn't that big. It was fucking feet and feet and feet of it. So Mark's like, I don't know what to do. And I was like, I don't know what to do. So we cut it and it's wet because I've been in the, in the fucking bathtub.

DR. EVAN GOLDSTEIN: Yeah, yeah.

JVN: So he cut it and it's wet and then it's still just like, you know, an inch of it's like sticking on my buttock. So then I'm like, I don't know what to do. So what do I do? I call my mom. So no, I call my mom.

DR. EVAN GOLDSTEIN: Yeah?

JVN: I'm like, mom, I got this fucking wet bloody paper and, and we just had like a death in the family like from complications and sepsis also like last year. So I was like, I'm so scared there was like a fucking cut up me and I've got this wet fucking bathtub water in me like I'm gonna, is this how people get sepsis like, what's gonna happen? And she was like, call the fucking doctor. It's like, oh God, that's so smart. So I called the doctor's office and this lady answered and I was like, what do I do? And she was like, pull that fucker out.

DR. EVAN GOLDSTEIN: Yes!

JVN: So I pulled it out. So I pulled it all the way out and, but then when I went back to and then it was fine, you know, I like I took a shower and I had my Dial hand soap in the shower that whole time. So just really keeping us like, you know, clean. Uh but I was like, doc you gotta tell these nurses like to give you a bigger heads up.

DR. EVAN GOLDSTEIN: Yeah the right way.

JVN: Like they were so busy calling me emotional and like laughing that I said Maid in Manhattan. Then no one told me that there was going to be fucking 6 ft of packing tape of my fucking hole. So I just, I'm sure you don't do that with your patients. So I just wanted to tell you my post thing so that you can make sure that the fistula hoes know how much bloody shitty um stuff is up there.

DR. EVAN GOLDSTEIN: 100%. Um I usually don't, I mean, it depends if it's an abscess and you're doing, it's called iodoform gauze, which is just pack pack, pack, pack pack. But then I usually say you're gonna pull it out and it's like you keep pulling it like what the fuck, what the fuck, it's never gonna end?

JVN: Yeah, yeah, clowns coming out of the car, but it never fucking ends. Yeah, it was so and my husband still fucks me after that. So, you know, let's give it up to Mark Peacock.

DR. EVAN GOLDSTEIN: Yay!

JVN: Let's give it up to Evan Goldstein. Thank you so much for coming on. Getting curious and teaching us about our holes. I do, I have bad news for you and that I think that you are going to be our like resident anal health expert.

DR. EVAN GOLDSTEIN: I would love that, oh that would be great.

JVN: So if we have more questions, we're probably going to have a part two. If I get another one.

DR. EVAN GOLDSTEIN: Totally.

JVN: God willing, I don't. But um but Dr. Goldstein, thank you so much for coming. I'm Getting Curious. We appreciate it so much.

DR. EVAN GOLDSTEIN: Awe, thank you so much. I appreciate it too.

JVN: Did we learn what is going on with our butt holes? I'm going to say yes, but I'm also going to say that our butt holes and anal health is a large conversation. I was gonna make a big hole joke but it, it escaped me. Um but I think that yes, we did learn what's going on with our butt holes. But we also learned how individual and how like and how much like lack of infrastructure and guidance there is on anal health. It is not as much of a studied thing as like other areas of health. And um I think that a lot of that comes down to what we learned is stigma, bureaucracy, um and culture and there is just so much shame and homophobia and, and stigmatization of anal sex and vis a vis anal health that, you know, I think a lot of us don't start talking about it until in many ways it's already too late. Um So the reason that that's interesting to me is that so much of health or a life is about a spectrum and it's about getting in like that window of tolerance where you're, it's not too much and it's not too little. It's like, it's that, you know, it's that good point in the middle where it's working and it's healthy and I just think so many things are about a spectrum. It's not this or that. And I thought that that was interesting in terms of anal health as well. Um now, I am curious though about a lot of things. I'm curious about how do the uninsured access health care? I'm curious about why queer medicine and like queer friendly health spaces are so hard to come by. Um It also made me curious about how we teach sex ed because if you look at like the don't say gay bills in my, in uh Florida and other don't say gay bills that are like that. It's like so much of what we talk about, and even the Republicans platform is about this idea of like traditional families. Um and traditional families beget sis he sex and cis het sex ed. And so much of our sex education is like based on this abstinence model when, what we know is is that people are going to do what people are going to do and we need to make sure that people have accurate, uh, information that they have accurate words to use, that they understand what consent is, that they know what safe sex is that they know what safer sex is. And even when I, I think about um Amin Ghaziani's episode about how a lot of these like, um you know, queer spaces that are kind of taking the space or, you know, creating safe spaces for queer community. They are like the purveyors of consent and teaching what consent is and teaching what consent looks like. Um but we need to have these spaces from a medical perspective because the risks are real, and, and I think if you look at the HIV AIDS epidemic that highlighted so much of the inadequacies that we have for queer uh sex and destigmatizing queer sex and understanding like sex education for people at large. And we just really need to destigmatize sex education. And, and, and, and so for me, the thing that I'm curious about with the traditional family is like, how does traditional or how does traditional family values and this idea of like our country, the United States being a Christian nation. How does that intersect with the stigmatization and the lack of access to health care for queer people? Because I think that they go hand in hand. We don't really like level it there. And I think that a lot of people think like, oh, well, that's just a queer person issue. Well, no, really it's not. Because we know that straight men like anal sex with women, we know that women like, you know, anal sex or anal play with men. And you know, if, if cis women are taking or engaging in anal sex, the same colorectal cancer is these HPV's is like all of the things are going to befall them too. It's not only a gay issue and I think that we so often think like, oh, well, we're only gonna be passionate about issues that affect us. Well,

anal sex and anal health does affect everyone and we just don't think that it does, but it does. And so that is something I'm really curious about. You guys if you're still listening to this, thank you so much for being supportive of our anal health sex episode or, or anal health episode. So we love it. Uh Here is to know more fistulas and uh safe sex, uh or safer sex, whatever. Um Wow. Uh my asshole feels vulnerable and thank you for creating a safe space for that. We love you. Getting curious listeners. We'll see you next time!

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