

# Post treatment checklist vulvar fillers

Task	Completed [ <input checked="" type="checkbox"/> <input type="checkbox"/> ]	notes
1. Patient tolerated procedure well		
2. Area cleaned and post procedure inspection done		
3. No signs of immediate complications (bruising, blanching, pain)		
4. Cold compressed applied (if needed)		
5. Patient given written aftercare instructions		
6. Sexual activity restrictions explained (48-72 hours)		
7. Patient advised to avoid Hot baths, pools and exercise for 48 hrs.		
8. Reviewed signs of complications		
9. Antiviral / antibiotics prescribed (if needed)		
10. Follow up appointment scheduled		
11. Patient contact information		
12. Emergency care instructions given (if complications arise)		

# Pre treatment checklist (vulvar fillers)

Patient name / ID :

Date of Birth :

Date of Assessment :

Provider :

## 1) Medical History Review

	Yes	No
1. Allergies (lidocaine, fillers)	<input type="checkbox"/>	<input type="checkbox"/>
2. Autoimmune or connective tissue disease	<input type="checkbox"/>	<input type="checkbox"/>
3. History of genital herpes (HSV)	<input type="checkbox"/>	<input type="checkbox"/>
4. Current infection, wounds or rashes in vulvar area	<input type="checkbox"/>	<input type="checkbox"/>
5. Blood clotting disorders or anticoagulant use	<input type="checkbox"/>	<input type="checkbox"/>
6. Prior vulvar surgeries or filler treatments	<input type="checkbox"/>	<input type="checkbox"/>
7. Immunosuppressive therapy or condition	<input type="checkbox"/>	<input type="checkbox"/>
8. Pregnancy or breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>

## 2) Medication and supplement review

	Yes	No
1. Taking NSAIDS, aspirin, Blood thinner	<input type="checkbox"/>	<input type="checkbox"/>
2. Taking fish oil, vitamin E	<input type="checkbox"/>	<input type="checkbox"/>
3. Prescribed antiviral prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>

**3) Patient education and comment**

	Yes	No
1. Procedure explained	<input type="checkbox"/>	<input type="checkbox"/>
2. Discussed risks	<input type="checkbox"/>	<input type="checkbox"/>
3. Explained downtime	<input type="checkbox"/>	<input type="checkbox"/>
4. Informed consent signed & dated	<input type="checkbox"/>	<input type="checkbox"/>
5. Patient informed about expected results timeline	<input type="checkbox"/>	<input type="checkbox"/>

**4) Pre treatment instruction**

	Yes	No
1. No waxing, shaving vulvar areas in past 24-48 hrs.	<input type="checkbox"/>	<input type="checkbox"/>
2. Area free of wounds	<input type="checkbox"/>	<input type="checkbox"/>
3. Wearing loose fitting cloth today	<input type="checkbox"/>	<input type="checkbox"/>
4. Hydrated well before treatment	<input type="checkbox"/>	<input type="checkbox"/>