

# Vulvovaginoplasty Hospital Checklist



## Supplies to have at home:

<input type="checkbox"/> Ice packs	<input type="checkbox"/> Water-based jelly lubricant (Surgilube or McKesson)	<input type="checkbox"/> Dilators	<input type="checkbox"/> Bacitracin antibiotic ointment
<input type="checkbox"/> Gauze, 4x4	<input type="checkbox"/> Medical tape	<input type="checkbox"/> Douche bottle	<input type="checkbox"/> Douching supplies
<input type="checkbox"/> Peri bottle	<input type="checkbox"/> Maxi pads	<input type="checkbox"/> Toilet paper stash	<input type="checkbox"/> Paper towels, wipes
<input type="checkbox"/> Absorbent bed pads	<input type="checkbox"/> Extra undies	<input type="checkbox"/> Donut pillow	<input type="checkbox"/> Extra bath towels
<input type="checkbox"/> Easy to prepare food for meals and snacks	<input type="checkbox"/> Comfortable clothing	<input type="checkbox"/> Slippers, easy on/off shoes	<input type="checkbox"/> Stool softeners, nausea meds, thermometer
<input type="checkbox"/> Rolly cart	<input type="checkbox"/> Bendy straws	<input type="checkbox"/> Bedside organizer	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Items to bring to the hospital:

<input type="checkbox"/> Personal electronics	<input type="checkbox"/> Notepad and writing instruments	<input type="checkbox"/> Loose, comfortable clothes
<input type="checkbox"/> Chargers - with a long cord!	<input type="checkbox"/> Headphones	<input type="checkbox"/> Snacks
<input type="checkbox"/> Reacher/grab tool	<input type="checkbox"/> Hand-held mirror	<input type="checkbox"/> Ear plugs
<input type="checkbox"/> Back scratcher	<input type="checkbox"/> Keep-me-occupied items	<input type="checkbox"/> Eye mask
<input type="checkbox"/> Art bin to keep items organized on bed tray/table	<input type="checkbox"/> Any meds not supplied by the hospital	<input type="checkbox"/> ID, credit card, insurance information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> My comfort items:		

**Important Dates and People:**

My surgery date:	
My surgeon:	
My facility (and address):	

Meds to stop taking before surgery:	
When I should stop taking them:	
My pre-op appointments:	

Date and time to arrive at the facility:	
My ride to the facility:	
When I should stop eating:	

My estimated length of stay:	
My expected discharge date:	
My ride home:	
My first-few-days caretaker(s):	

NOTES:

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