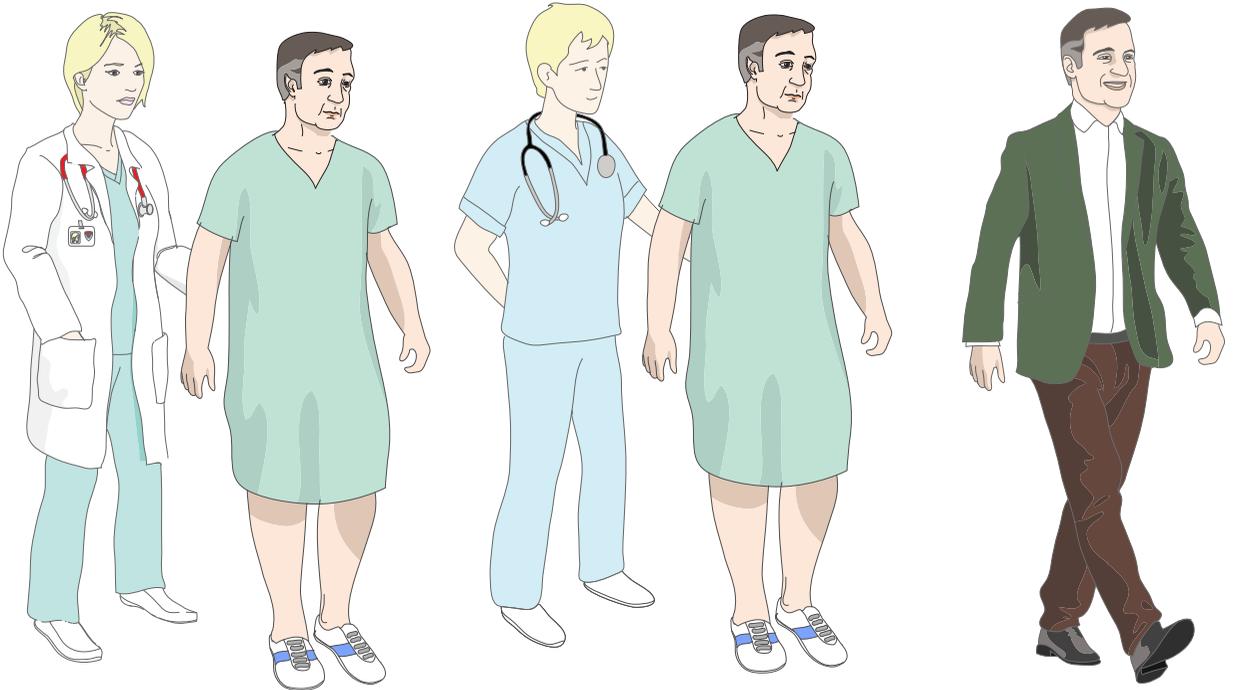


A Guide to Esophageal Surgery



The Montreal General Hospital Surgical Recovery Working Group and Dr. Lorenzo Ferri developed this document.

We would like to thank Marie-Lorraine Carpenter who edited this booklet.

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IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner, or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.



This material is also available through the
MUHC Patient Education Office website
(www.muhcpatienteducation.ca)

Centre universitaire
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McGill University
Health Centre

Bureau d'éducation des patients
Patient Education Office

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

A special message for you and your family

All esophageal surgery patients are part of the Clinical Care Pathway (or fast-recovery) Program at the hospital. The goal of this program is to help you recover quickly and safely in hospital and at home.

This booklet will cover information about your surgery, how to prepare and how to play an active part in your recovery. Research has shown that, by following the instructions we have included, (e.g. breathing exercises, eating well, getting out of bed, staying active) you can help prevent health problems after your surgery. You will also recover quickly and safely.

Review the information in your booklet with your nurse and your family. Bring it with you on the day of your surgery. Use it as a guide during your hospital stay, as you work toward your daily recovery goals. Your surgery team may refer to it during your hospital stay. They should also review it with you before you go home.

We know that this can be a stressful time for patients and their families. The good news is that you are not alone. We are here! We will help you each step of the way.

Your MUHC surgery team



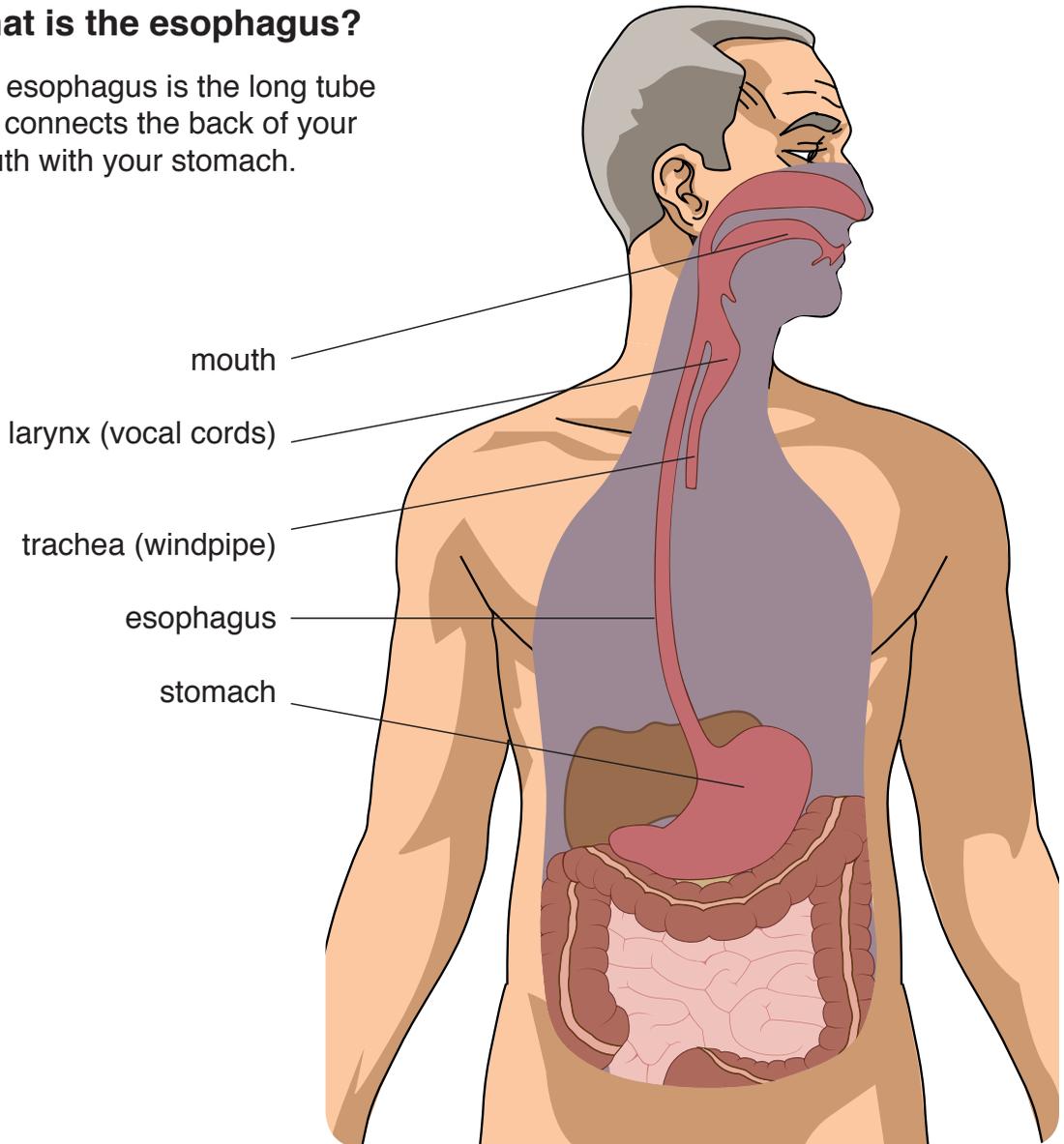
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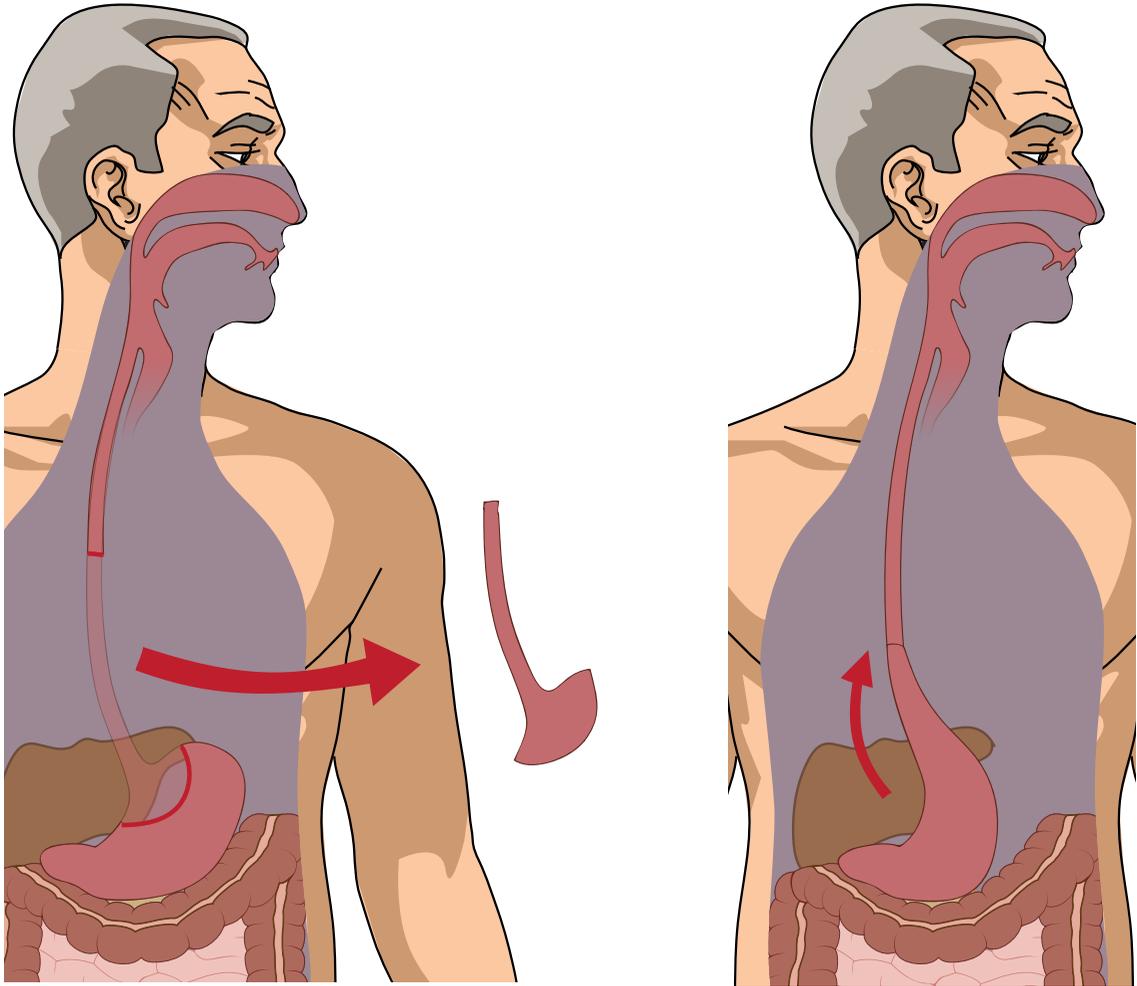
Introduction

What is the esophagus?

The esophagus is the long tube that connects the back of your mouth with your stomach.



What is an esophageal surgery?



1. An esophagectomy is the removal of part of or the entire esophagus.

2. A new esophagus is made from bringing part of your stomach or intestine up into your chest and attaching it to the part of your esophagus remaining.

Depending on the way that your surgeon does your operation, you will have between 1 and 3 incisions: under your left or right arm, from your lower chest to your belly button, or on the side of your neck.

Before Your Surgery

Preparing for surgery

Exercise:

This will help your body to be as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, slowly start adding exercise into your day. Exercise does not need to be strenuous to be helpful. A 15-minute walk is better than not exercising at all.



Stop smoking:

We strongly suggest you stop smoking completely before surgery to reduce your risk for lung problems. Your doctor can help you stop smoking by prescribing medication.



Stop alcohol:

Do not drink alcohol for 24 hours before surgery. Alcohol can interact with some medicines. Please let us know if you need help decreasing your alcohol use before surgery.



Plan ahead:

You may need help with meals, laundry, bathing or cleaning, when you first go home from the hospital. Make plans with your family and friends so you will have the help you need.



Discharge from the hospital is on the 6th day after surgery before 11 a.m. Please remember to organize transportation back home. Tell the nurse as soon as possible if you have any worries about going home.



Speak Up

Patients must sign a consent form before going for a planned surgery. Signing a consent means that you are giving permission to your surgeon to go ahead with the surgery. We encourage and want all our patients to participate in their care and ask questions.

Here are 3 simple questions that can help you get clear information and improve communication with your doctors and/or your nurses.



- What is my main problem?
- What do I need to do about it?
- Why is it important for me to do this?

Before signing the consent form, your surgeon must give you enough information for you to make an informed decision about having the surgery. This information should include potential risks and potential benefits. Your surgeon will also discuss alternatives to surgery, and what might happen if you decide not to have the surgery.

Discuss any questions or concerns you have with your surgeon. It is important that you understand. When you are ready, both you (the patient) and your surgeon will sign and date the consent form.

You are not expected to know every detail of the surgery before signing your consent form. You only need to know the information that will help you make the best decision for you.

Pre-operative visit

During your pre-operative visit, you will:

- Have a blood test.
- Have an ECG (electrocardiogram) if you are over the age of 50 or if you have any heart condition.
- Meet with a physiotherapist.
- Meet with a nurse who will tell you how to get ready for your surgery and what to expect while you are in the hospital.

Please discuss with the nurse any concerns you have about returning home.



You will also meet the pre-operative doctor who will:

- Ask you questions about your health and health problems.
- Give you a prescription if you need to take any medication before your surgery.
- Refer you to another doctor (specialist) if you have other medical problems that need to be dealt with before your surgery.



Some medications or herbal products should be stopped before surgery. Please bring a list of your medications with you to the preop clinic. The clinic doctor will explain which medications you should stop and which ones you should keep taking. Your pharmacist can give you a list of your medications or can fax the list to us at 514-934-4446.

If you have any questions, you may contact the nurses of the Pre-operative centre at (514) 934-1934, ext. 43778 or 43780, Monday to Friday, 1 p.m. - 3 p.m.

Cancelling

If you get a cold or other illness, or become pregnant, please call your surgeon's office as soon as possible. If it is not possible to reach your surgeon, call the Admitting department (514) 934-1934 ext. 42190.

Call to reschedule if:



You are not well.



You need to cancel.



Please keep in mind that the Montreal General Hospital is a Trauma Centre. This means that your surgery may be delayed. Your surgeon will reschedule your surgery as soon as possible.

Day before surgery

The Admitting Department will phone you to tell you what time to come to the hospital.

- You will be asked to arrive 2-3 hours before your surgery is planned to start.
- The time of surgery is not exact. It may be earlier or later than planned.



Date of surgery:



Time of arrival at the hospital:

Room: **Surgical Admission Services (D10-124)** on the 10th floor of the main building.

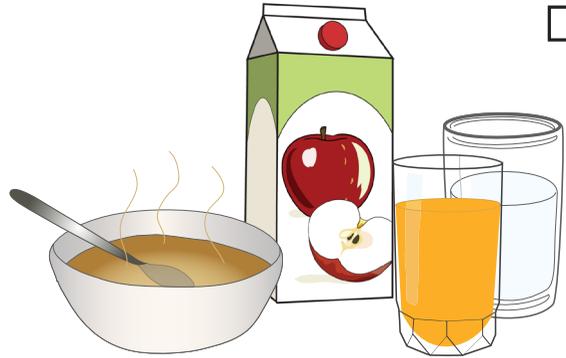


**If you do not receive a call before 2:00 pm,
you may contact the Admitting Department at
(514) 934-1934 ext. 42190**

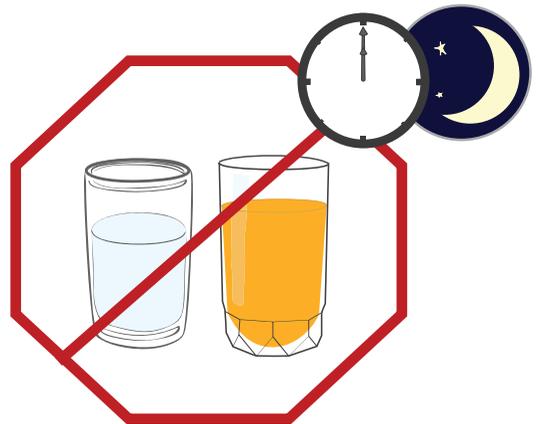
Instructions: Day before surgery

Start drinking clear fluids at noon.
Examples: All juices (no pulp),
Gatorade™, soft drinks, Jell-O,
clear broth or bouillon, water, coffee
or tea (no milk), popsicles.

**NO MILK OR DAIRY PRODUCTS
OR SOLID FOOD.**

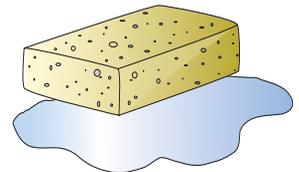


Start taking your sachet of Pico Silax.
1 at noon and the other one at 4pm.



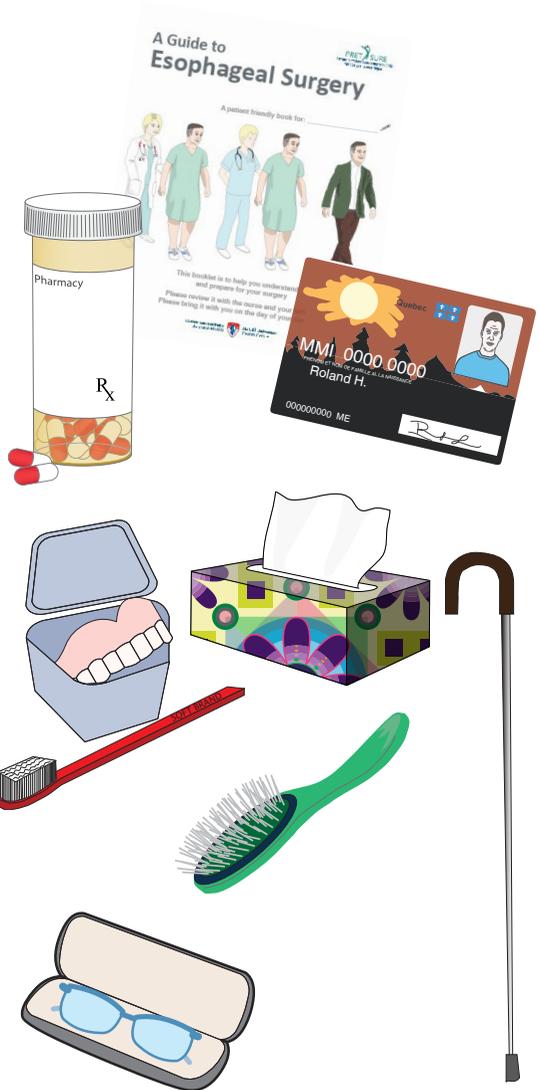
Stop drinking at midnight.

- Before going to bed, take a shower or bath with one of the sponges given to you at the pre-operative clinic. Wash your body and belly button and wear freshly washed clothes to bed.
- Do not wear any creams, lotions, perfumes or cologne.
- Do not shave the area to be operated.
- Remove all nail polish.



Things to bring to the hospital

- ❑ This booklet.
- ❑ Your valid Medicare card.
- ❑ Any private insurance information you might have.
- ❑ Your medication in their original containers.
- ❑ Bathrobe, slippers, pajamas, loose comfortable clothing.
- ❑ Toothbrush, toothpaste, hairbrush, deodorant, mouthwash, soap, Kleenex, shaving equipment, and perhaps earplugs.
- ❑ If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them.
- ❑ If you use a cane, crutches or walker, please bring them to hospital with your name on them.
- ❑ If you do not speak French or English, please bring someone to translate for you.



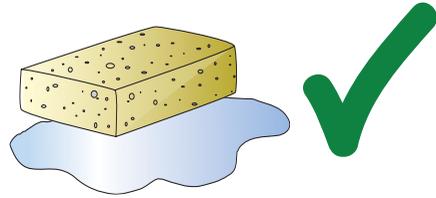
Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen articles.



Day of Surgery

At home

- Take a shower or bath with the second sponge given.



- Put on freshly washed clothes.

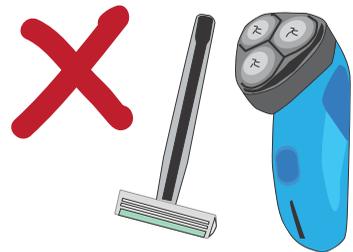
- Do not wear any creams, lotions, deodorant and perfume.

- Do not wear make-up or nail polish.



- Do not shave the area to be operated.

- Remove all jewelry and leave it at home.

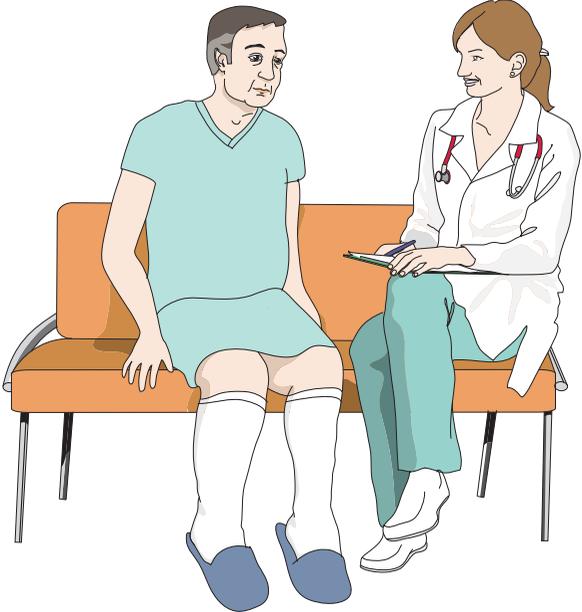


At the hospital

Report directly to the **Surgical Admission Services (D10-124)** at the time given.

- You will have another blood test.
- The admitting clerk will ask you about the kind of room you would prefer, and have you sign a general consent and admission forms.
- Please keep in mind that it is not always possible to have a private or semi-private room.
- The nurse will help you to get ready for your surgery.

The nurse will:

- Go through a checklist with you.
 - Have you change into a hospital gown.
 - Make sure your personal belongings are in a safe place.
 - Have you put on special tight elastic stockings to help blood circulate better. They prevent blood clots from forming in your legs. You should wear them until you are able to walk around after surgery.
- 
- An illustration showing a male patient sitting on an orange bench. He is wearing a light blue hospital gown and white elastic stockings. A female nurse, wearing a white lab coat and teal pants, is sitting next to him on the same bench. She is holding a clipboard and looking at the patient. The patient is looking back at the nurse.
- When the operating room is ready, an orderly will take you to the operating room.
 - In the operating room you will meet your anesthesiologist (the doctor who will put you to sleep) and the other members of the surgical team. You will be asleep and pain-free during the surgery.

Waiting room



Family and friends can wait for you in the **waiting room** located in the D wing on the 10th floor (**D10-117**).

The space is small so please limit the number of people coming with you. There is a phone available in this waiting room for your family. They may contact the **Post Anesthesia Care Unit (PACU)** for updates.

After your surgery

Before being transferred to your room, you will spend at least 6 hours in the **Post Anesthesia Care Unit (PACU)**. You will be closely monitored and machines will measure your blood pressure, breathing and other vital signs.

There are no visitors in the Post Anesthesia Care Unit. Your family and friends will be able to see you once you are in your room.

Your nurse will check your bandages and ask about your pain.

When you wake up after the surgery you most probably will have these tubes and drains:

Nasal tube (nasogastric tube):

This tube is placed in your nose and passes down your throat into your stomach. This tube is connected to a container. Fluids from your stomach collect in the container.

This tube keeps your stomach empty.

Chest tube or Jackson Pratt drain:

You will have either one of these tubes on the side of your chest close to your underarm.

It drains fluid and air caused by the surgery.

Urinary catheter:

This tube will help drain urine out of your bladder.

Feeding tube:

This tube might be placed through your belly into your intestine. You may need this to be fed. Not all patients have this tube.

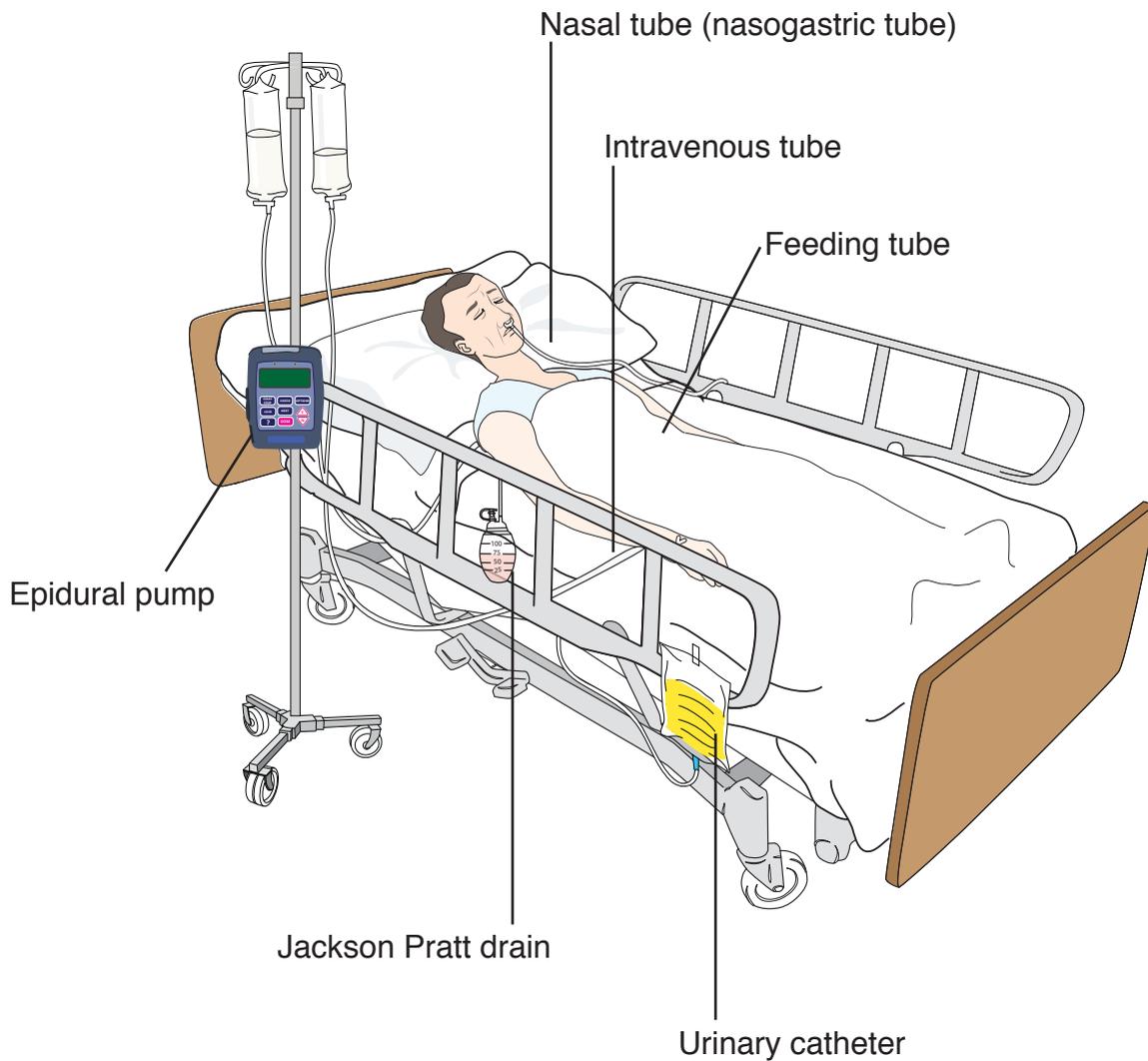
Intravenous tube:

This tube is placed into any vein, usually one in your arm. It carries fluid and medication into your body.

Epidural catheter:

This is a small tube in your back that provides continuous pain medication.

Tubes and drains



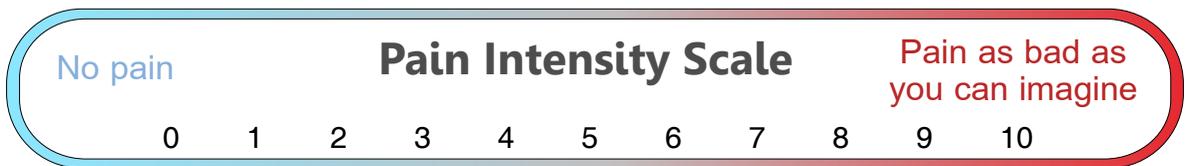
Pain Control

Your anesthesiologist will be talking to you about the best way that we can relieve your pain while you are in the hospital.

- The epidural in your back will give you continuous pain medication.
- The nurse will adjust the dosage of the epidural as needed.
- Our goal is to keep your pain score below 4/10.

It is important to control your pain because it will help you to:

- Breathe more easily
- Move more easily
- Sleep well
- Recover faster
- Eat better



You will be asked to rate your pain on a scale from 0-10.

Our goal is to keep your pain score below 4/10.

- **Do not wait until the pain gets too bad before telling us.**
- If you have pain, please tell us where it is and how it feels.
- You will not become addicted to pain medication given to you for surgical pain.
- You may also be given other pain medication (pills or injections) to help your epidural work better, and for pain that the epidural does not control.



Always tell the nurse if your pain is more than 4 on the pain scale (where 0 is no pain and 10 is pain as bad as you can imagine). This will help the nurse decide how to best manage your pain.

Exercises

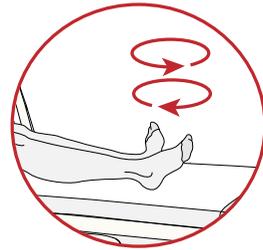
Get up and move

Lying in bed without moving may cause problems like pneumonia, blood clots and muscle weakness. You may start the following exercises, as soon as you wake up, and continue them during your stay in the hospital.

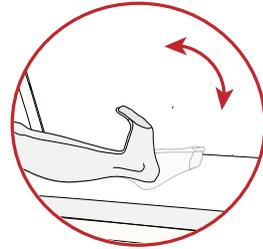
Leg exercises

These will help your blood to circulate in your legs. Repeat these 4-5 times every 30 minutes while you are awake.

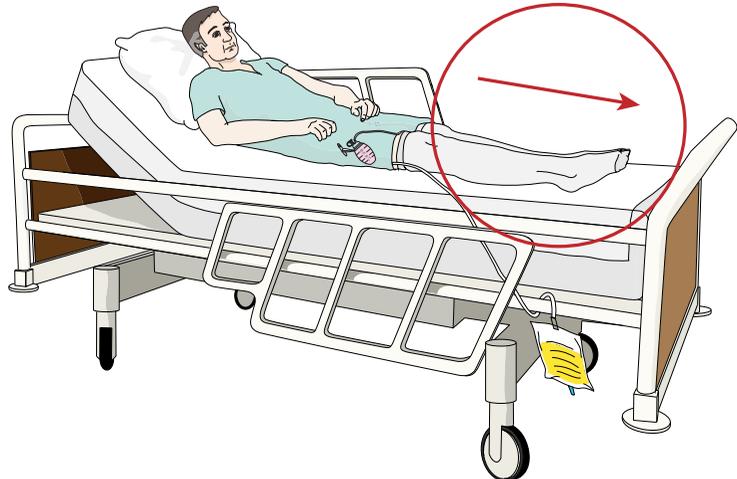
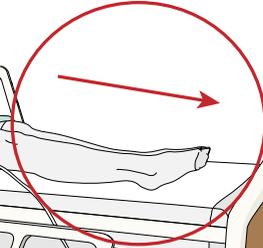
Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.



Deep breathing and coughing exercises

The inspirimeter is a device that makes you breathe deeply, to prevent pneumonia.

- Put your lips tightly around the mouthpiece, breathe in deeply and try to hold the red ball up as long as you can.
- Breathe out and rest for a few seconds.
- Repeat this exercise 10 times every hour that you are awake.
- Then take a deep breath and cough using a small blanket or pillow to support your incision.



Deep breathing and coughing exercises will help prevent pneumonia.

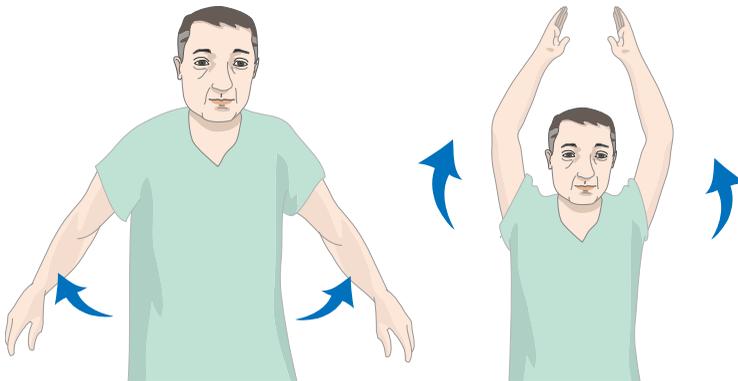
Clapping

- This is another way to help loosen the secretions in your lungs.
- Your nurse and/or physiotherapist will clap on your back with their hands while you take deep breaths.

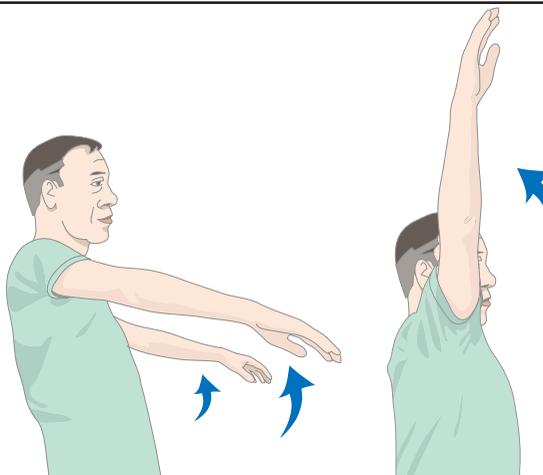


Arm exercises

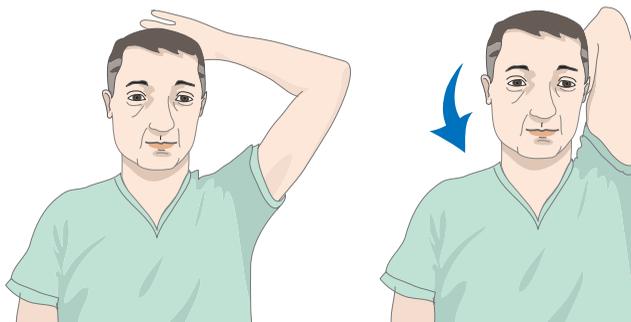
With your elbows straight, lift your arms out to the side until your hands meet above your head.



With your elbows straight, lift your arms in front of you and try to reach above your head.



Place your hand behind your head and slowly slide your hand downwards as far as you can.



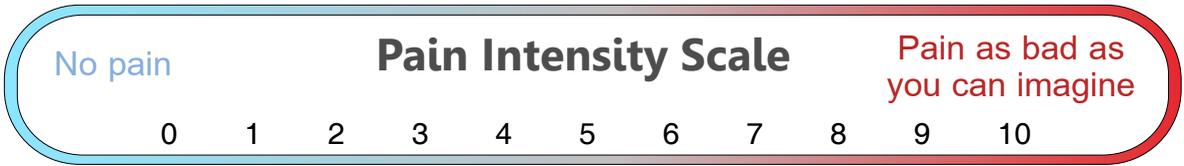
Always tell your nurse if your pain is more than 4/10 on the pain scale.

In your room

Morning: ____/10
Midday: ____/10
Evening: ____/10
Night: ____/10

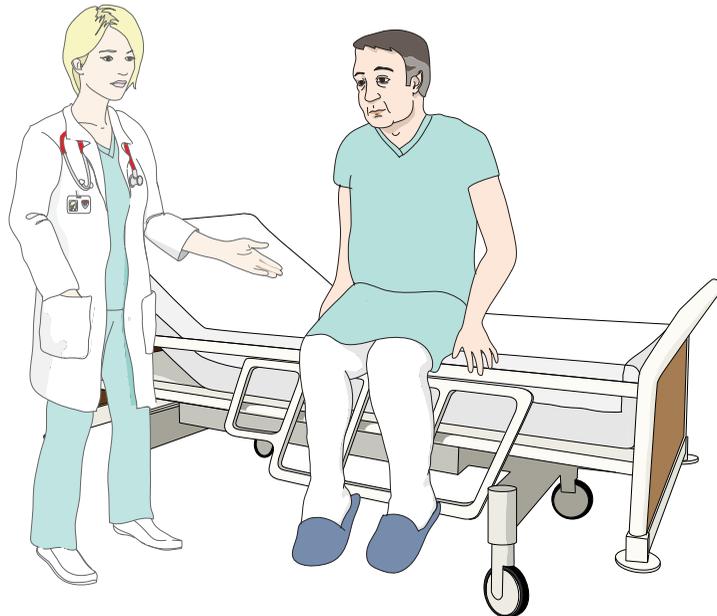
Pain

- Tell your nurse if you are having pain greater than 4/10 on the pain scale. The nurse will adjust your epidural as needed to keep you comfortable but not too drowsy



Activities:

- With help and depending on how you're feeling, you might be sitting up in a chair or sitting at the edge of the bed for a short while



One day after

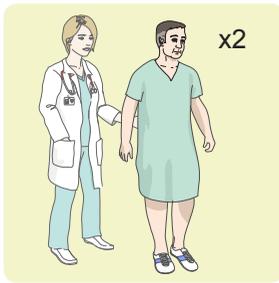
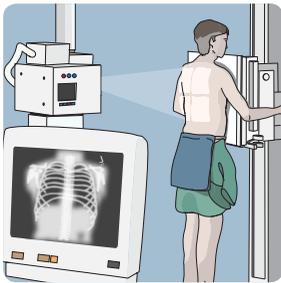
Pain

Tell your nurse if you are having pain greater than 4/10 on the pain scale. The nurse will adjust your epidural as needed to keep you comfortable but not too drowsy.

MY PAIN TODAY

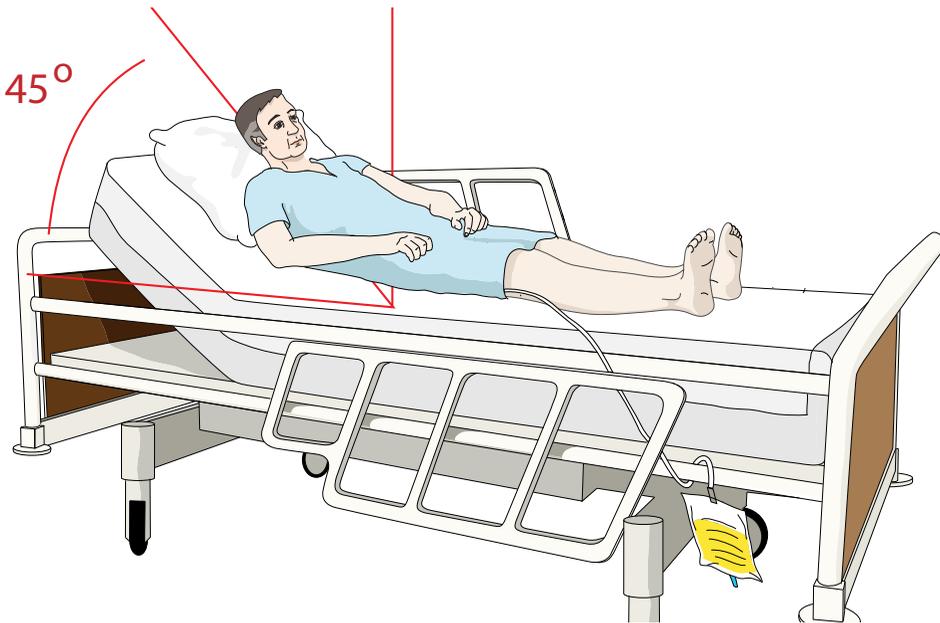
Morning: ____ /10
Midday: ____ /10
Evening: ____ /10
Night: ____ /10

Activities:

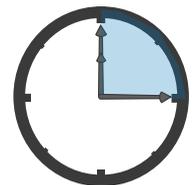


- You will have a chest x-ray and some blood tests.
- With help, you should sit in the chair 2 times during the day for at least 30 minutes each time.
- With help, you should try walking twice in the hallway: 1 in the morning and then 1 in the afternoon.
- Use your inspiriometer to do your breathing exercises 10 times every hour while awake.
- Your nurse will remove your urinary catheter. Once this is done it would be best for you to walk to the bathroom and try to avoid using the urinal or the bedpan.
- You should also be weighed.

After your surgery



Always keep the head of your bed raised at about 45 degrees



3 hours

Avoid drinking and eating if you are drowsy.

Do not not lie down flat for 3 hours after eating or drinking.

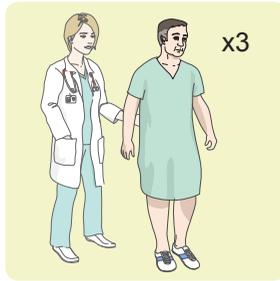
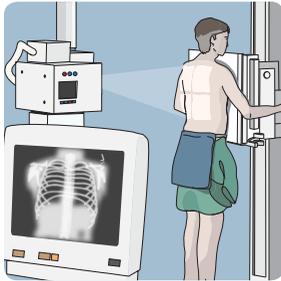
Two days after

Pain

Tell your nurse if you are having pain greater than 4/10 on the pain scale. The nurse will adjust your epidural as needed to keep you comfortable but not too drowsy.

Morning: ____ /10
 Midday: ____ /10
 Evening: ____ /10
 Night: ____ /10

Activities:



- You will have a chest x-ray and blood test.
- Your nasogastric tube might be removed after your chest X-ray is reviewed by the doctor.
- If your nasogastric tube is removed, you will begin to have sips of water.
- You should sit in the chair 3 times for at least 30-60 minutes each time.
- Try walking the length of the hallway 3 times.
- Continue to use the inspiriometer to do your breathing exercises 10 times every hour while awake.
- The nurse will remove the bandage on your incision.
- You must always sit in a chair to drink.
- You should also be weighed.

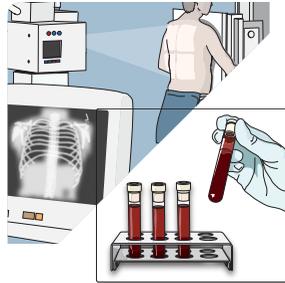
Three days after

Pain

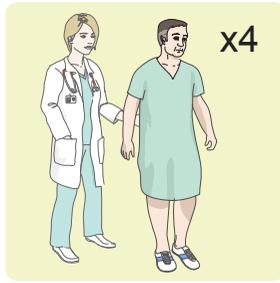
Tell your nurse if you are having pain greater than 4/10 on the pain scale. The nurse will adjust your epidural as needed to keep you comfortable but not too drowsy.

Morning: ____/10
Midday: ____/10
Evening: ____/10
Night: ____/10

Activities:



You will have a chest x-ray and blood test.



Try walking the length of the hall 4 times.



Continue to use the inspiriometer to do your deep breathing exercise, 10 times every hour that you are awake.



If you were able to swallow water yesterday without any difficulty, your diet will be advanced to clear fluids.



You should sit in the chair 3 times for at least 30-60 minutes each time.



You will be weighed.

Plan to go home in 3 days.

Four days after

Pain

Tell your nurse if you are having pain greater than 4/10 on the pain scale. We might remove the epidural in your back and start giving you pills instead.

MY PAIN TODAY

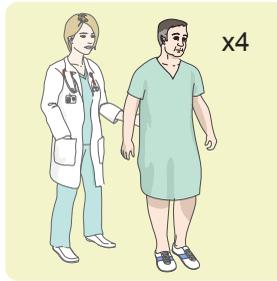
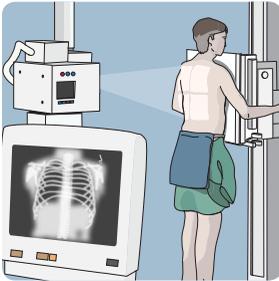
Morning: ____/10

Midday: ____/10

Evening: ____/10

Night: ____/10

Activities:



- You will have a chest x-ray and blood test.
- You should sit in the chair 3 times for at least 30-60 minutes each time.
- Try walking the length of the hall 4 times.
- Continue to use the inspirimeter to do your deep breathing exercise, 10 times every hour that you are awake.

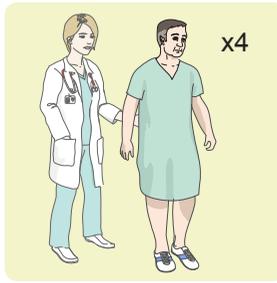
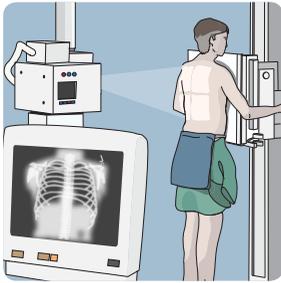
Five days after

Morning: ____/10
Midday: ____/10
Evening: ____/10
Night: ____/10

Pain

Tell the nurse if you are having pain greater than 4/10 on the pain scale.

Activities:



- You will have a chest X-ray and blood test.
- You should sit in the chair 3 times for at least 30-60 minutes each time.
- Try walking the length of the hall 4 times.
- Continue to use the inspiriometer to do your deep breathing exercise, 10 times every hour that you are awake.
- The Jackson Pratt or Chest tube might be removed.
- You might start eating food today and meet with a nutritionist.
- The nutritionist will explain the diet and foods that might be better for you to eat.

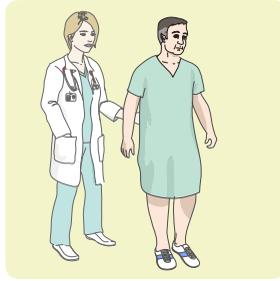
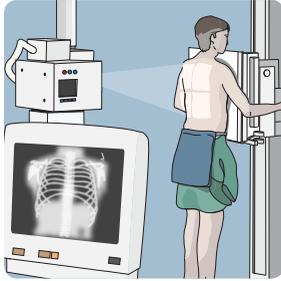


Plan to go home tomorrow. Arrange for someone to pick you up by 11:00 a.m.

Six days after: Going home

Your doctor should confirm your discharge this morning.

Morning: ____/10
Midday: ____/10
Evening: ____/10
Night: ____/10



- You will have a chest x-ray and blood test.
- You should sit in the chair 3 times for at least 30-60 minutes each time.
- Try walking the length of the hall 4 times.
- Continue to use the inspirimeter to do your deep breathing exercise, 10 times every hour that you are awake.

You will be given your discharge home today if:

- your pain is well controlled with the pills.
- you can walk.
- you can eat.
- you are going to the bathroom without any problems.
- your incisions are healing well.
- your vital signs (blood pressure, pulse and temperature) are normal.

Before you leave we will give you your follow-up appointment with your surgeon. This is usually 3-4 weeks after your discharge.

Going Home



If you have any questions, please contact:

- **Dr. Ferri** (514) 934-1934 ext. 44327
- **Thoracic Nurse** (514) 934-1934 ext. 44339 (7:30 a.m. – 4:00 p.m.)
- **11 East nurses** (514) 934-1934 ext. 46100

Summary

Research shows that you will recover faster if you:

- Do deep breathing exercises
- Eat and drink well
- Get out of bed
- Walk regularly
- Have good pain control

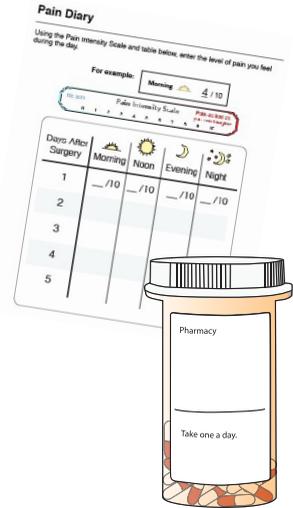
These things will help to prevent lung infections and circulation problems and your bowel function will return to normal faster. As a result, you are more likely to go home sooner and feel better faster.

At Home

You should expect a phone call from the thoracic nurse around the third day at home. The nurse will be phoning to see how you are doing and if you have any concerns.

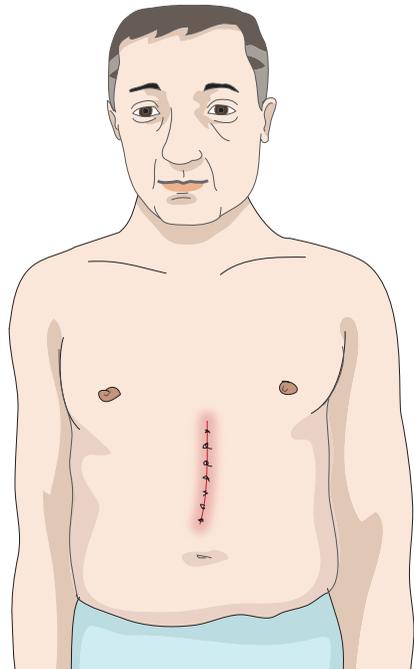
Pain:

- You may have some pain during the first weeks or months following surgery. You should track your pain levels at home. (Refer to page 40 in this booklet for the Pain Diary.)
- Continue to take your pain medication as prescribed for as long as you have pain.
- If you have severe pain that is not relieved with your pain medicine or have a fever and feel generally unwell, you should contact your surgeon, the thoracic nurse or the nurses on 11 East.



Incision:

- Your cut(s) may be slightly red and uncomfortable during the first weeks after surgery.
- Expect a phone call from a nurse from your CLSC (we will notify them after your surgery). The CLSC nurse will see you 1 or 2 weeks after your surgery to remove the clips from your incisions and to change any bandages that you may have.



Once you have no dressing, you may:

- Shower with the clips in
- Use unscented soap
- Gently pat the incision dry with your towel.

It is normal to have numbness around your incision. It may take 6 to 9 months for normal sensation to return.

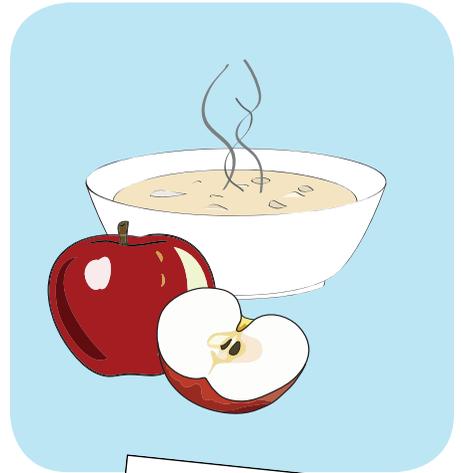
Do not rub your incision



Bowel:

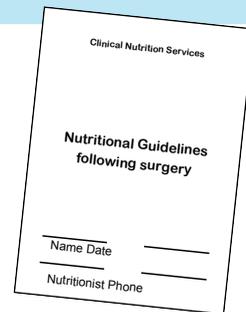
Pain medicine may cause constipation. To help your bowels stay regular:

- Eat more whole grains, fruits and vegetables
- Get regular exercise (a 15-minute walk is a good start)
- Take stool softeners if your doctor tells you to



Diet:

Follow the diet information sheet (nutritional guidelines following an esophago-gastrectomy surgery) given to you by the nutritionist while you were in the hospital.



Remember: You should have 6-8 small meals a day instead of 3 big ones.

Always sit in a chair to eat.

Your activities

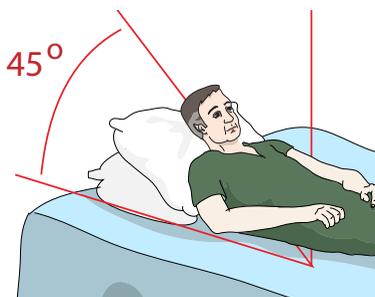
Returning to your daily routine

Continue to increase your activities each day.

Most patients can return home with little difficulty.

Family and friends can usually help with:

- Taking you home
- Meal preparation
- Grocery shopping
- Cleaning house
- Laundry



- Weigh yourself 2 times a week. Report any weight changes to your surgeon. (If you lose more than 10 pounds or 4.5 kg in 2 weeks)
- Always sleep with your head elevated at 45°. Using 2-3 pillows to sleep should be enough.
- Do not drive until you have your follow-up appointment. (you can be a passenger)

- Walk every day - it is good exercise (shopping malls are good places to walk in the winter and summer).
- Avoid strenuous physical activity for 12 weeks. (Again, follow your surgeon's advice).
- As a general rule, once you are pain free you can go back to most other activities, including sexual intercourse.
- Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.

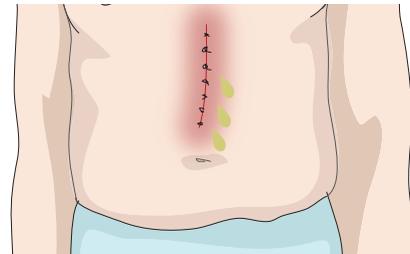


It is normal to feel tired and weak after your surgery, so remember to take time to rest between activities. It usually takes 3-6 months to regain your strength completely.

Complications

Call your surgeon or nurse if any of these happen:

- Persistent nausea, vomiting or difficulty swallowing (you cannot drink fluids or keep them down)
- Pain no longer relieved with the prescribed medication
- Fever (greater than 38°C/100,4°F)
- Black stool
- Excessive weakness
- Diarrhea
- Difficulty breathing
- Pain or swelling of your legs
- Your incision(s) become warm, red, and hard or you see pus coming from it



Suggestions to help you stop smoking

There are 4 phases of quitting

1. Preparing to quit
 2. Choosing a quit date
 3. Coping with withdrawal
 4. Fighting relapses
- Stop smoking now and you will already be on your way to quitting.
 - Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
 - Ask your family and friends not to smoke around you.
 - Get a family member or a friend to stop smoking at the same time.
 - Join a stop-smoking group and kick the habit with other people.
 - Speak with your doctor about aids to help you quit such as the nicotine patch.



Important Resources

If you would like to **know more about tips on quitting smoking**, the following links might be useful:

<http://www.cancer.ca/en/support-and-services/support-services/quit-smoking>

<http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/nou-maintenant/index-fra.php>

<http://www.pq.lung.ca/services/poumon-9/quit-cesser/>

or contact the Quebec Lung Association
(514) 287-7400 or 1-800-295-8111
www.pq.lung.ca

Get more information from:
Montreal Chest Hospital
(514) 934-1934 extension 32503
www.muhc.ca

If you would like to know more about this surgery, the following links might be useful:

Canadian Cancer Society <http://www.cancer.ca/en/cancer-information/cancer-type/esophageal/overview/?region=on>

The Merck Manual
http://www.merckmanuals.com/home/digestive_disorders/tumors_of_the_digestive_system/esophageal_cancer.html

Mayo Clinic <http://www.mayoclinic.com/health/esophageal-cancer/DS00500>
WebMD <http://www.webmd.com/cancer/esophageal-cancer-directory>

Pain Diary

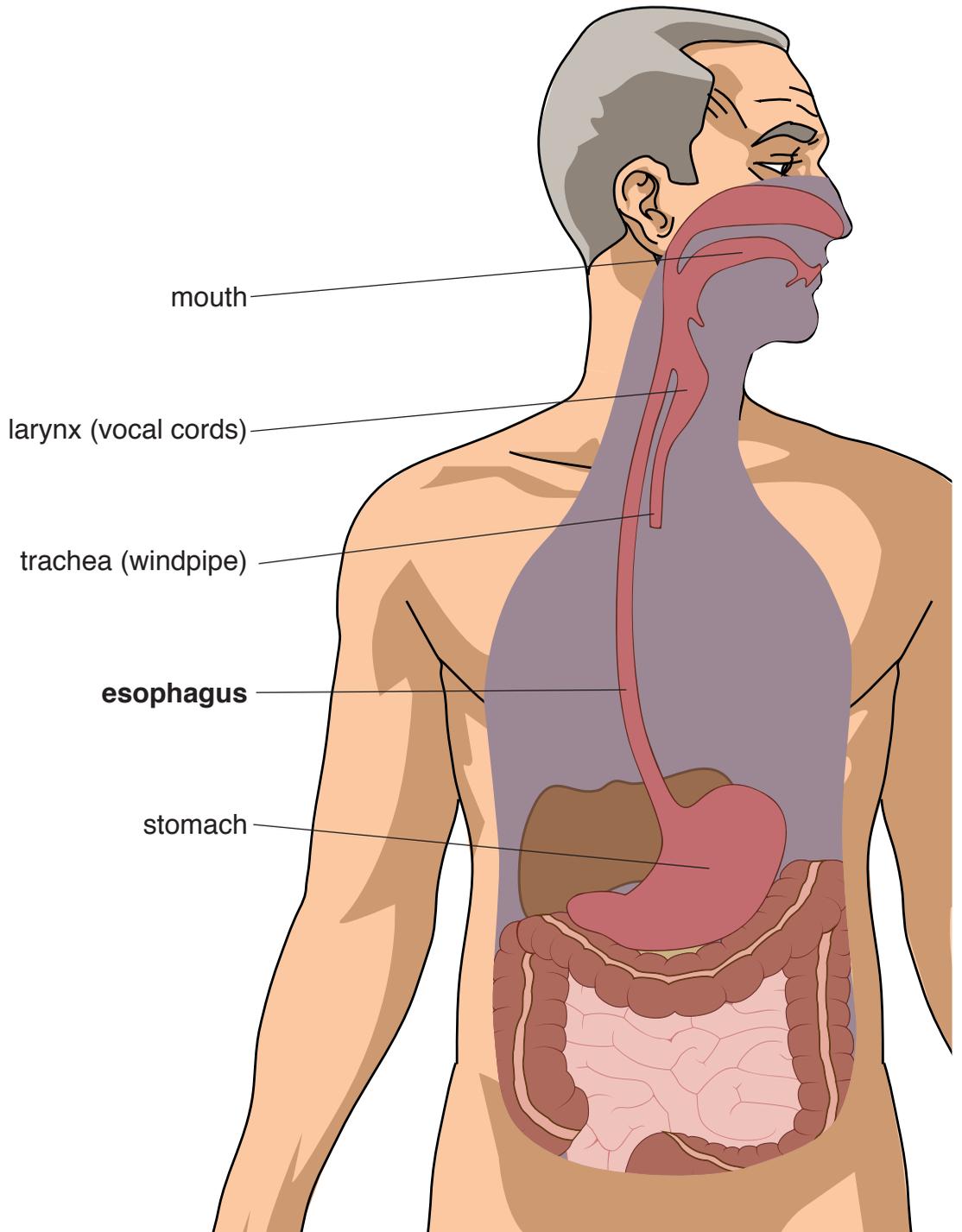
Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.

For example:

Morning  4 / 10



Days After Surgery	 Morning	 Noon	 Evening	 Night
1	__ /10	__ /10	__ /10	__ /10
2				
3				
4				
5				



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Help support the MUHC Patient Education Office! Donations make a huge difference. They help us create health information materials and programs to deliver the best care for life.

All patient materials are freely available on the internet to MUHC patients, and to patients and families everywhere.

Make a donation through the Montreal General Hospital Foundation to:



**MUHC Patient Education
Dr. David Fleiszer**



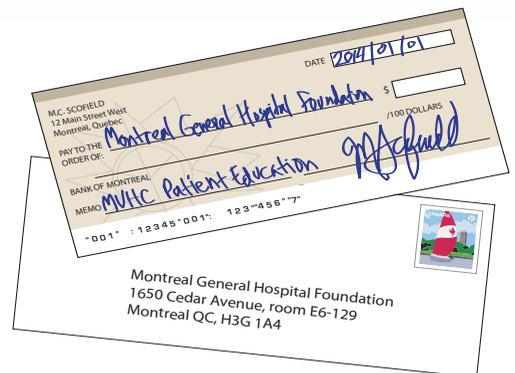
Online: mghfoundation.com/

By Phone: 514-934-8230

LA FONDATION DE L'HÔPITAL GÉNÉRAL DE MONTRÉAL



THE MONTREAL GENERAL HOSPITAL FOUNDATION



In Person / By Mail: 1650 Cedar Avenue, room E6-129
Montreal QC, H3G 1A4

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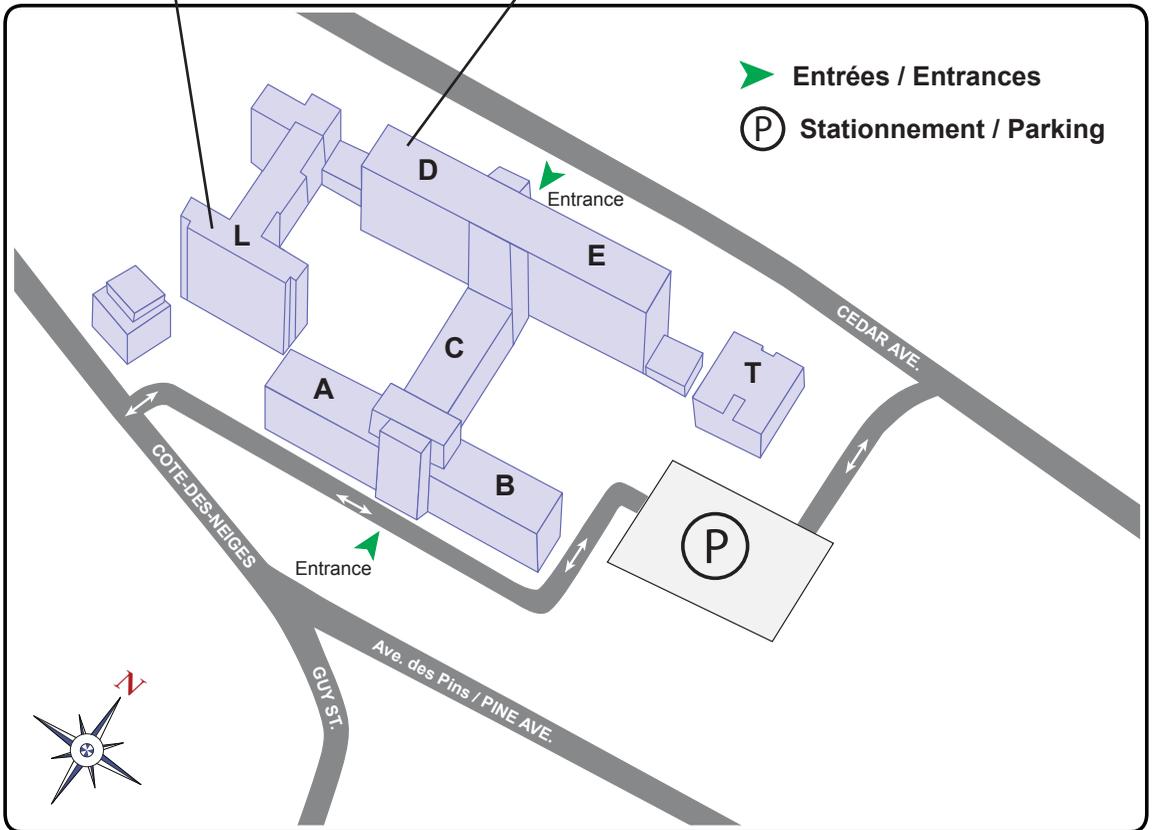


L10-401
Clinique Préopératoire
Preoperative Clinique

D-10-124
Service d'admission chirurgie
The surgical admission services.

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