

# A Guide to Bowel Surgery



Hôpital général juif  
Jewish General Hospital



This booklet was developed by the McGill University Health Centre's (MUHC) Surgery Recovery Program. We extend a special thank you to this team and the MUHC Patient Education Office as a whole for permission to adapt their model and content for 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 healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



This material is also available through the MUHC Patient Education Office website

[www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca)



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Patient Education Office

# **A special message for you and your family**

All bowel 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 important 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 for you here (e.g. breathing exercises, eating well, getting out of bed, staying active), you can help prevent health problems after your surgery. You are also more likely to go home sooner and feel better faster.

Please review this closely 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 care at the hospital. They will also review it with you before you are to 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! Using our experience and what patients and families have told us, we have designed this booklet so that it is useful, practical and easy to read. We hope that this will guide you as you prepare for your surgery and know that we will help you each step of the way.

## **Your Jewish General Hospital surgery team**

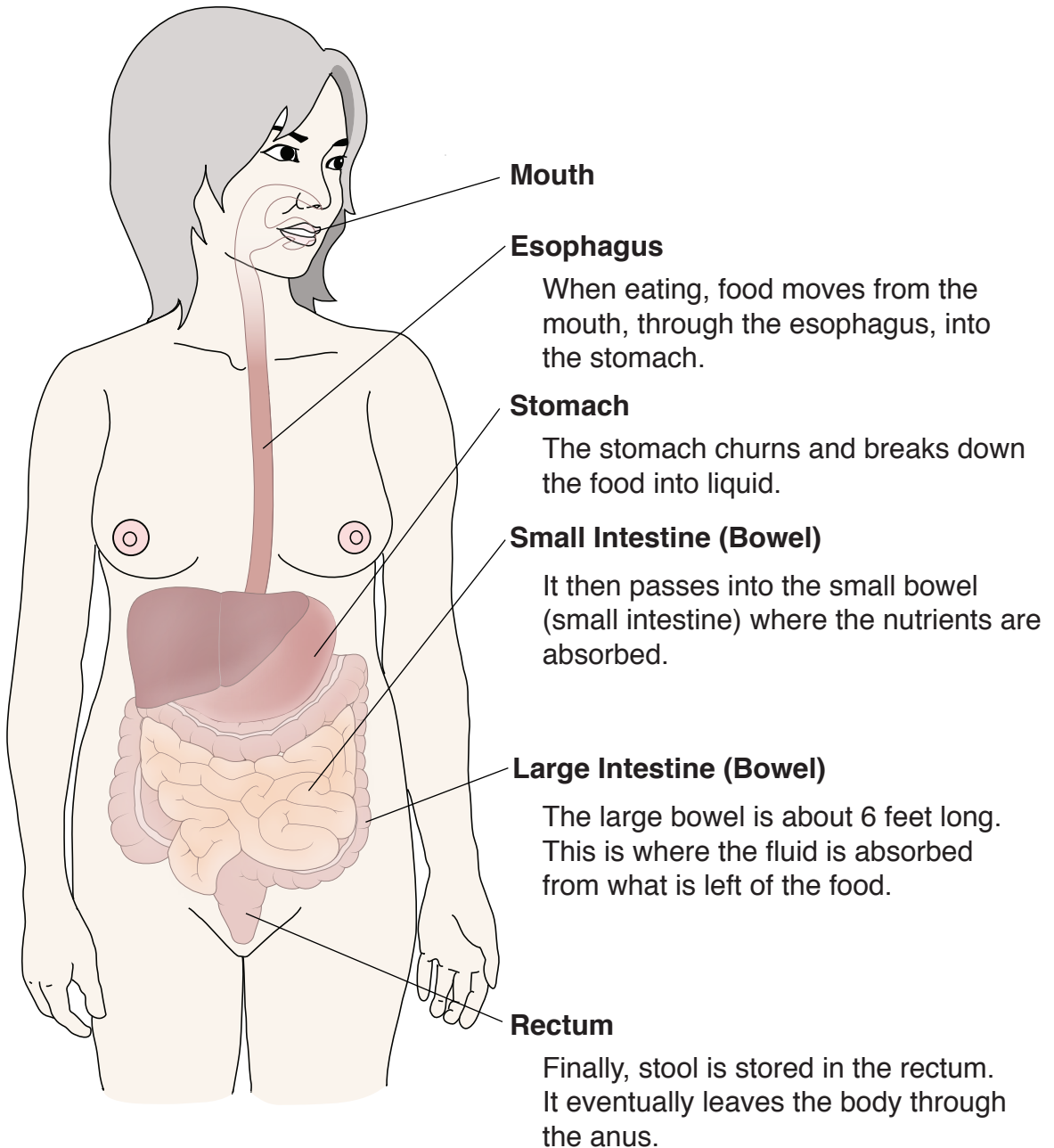
If you are not comfortable in French or English, please bring someone, who will be able to translate for you, to all your hospital appointments as well as for your surgery.



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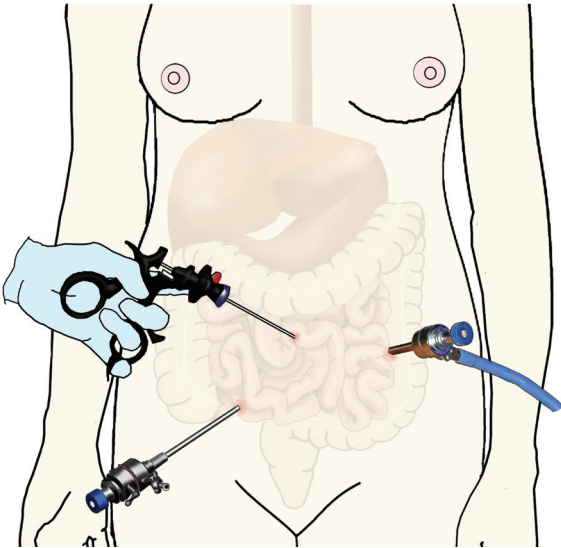
# What is the bowel?



# What is bowel surgery?

During bowel surgery, the diseased parts of the bowel (anywhere between your stomach and anus) are removed.

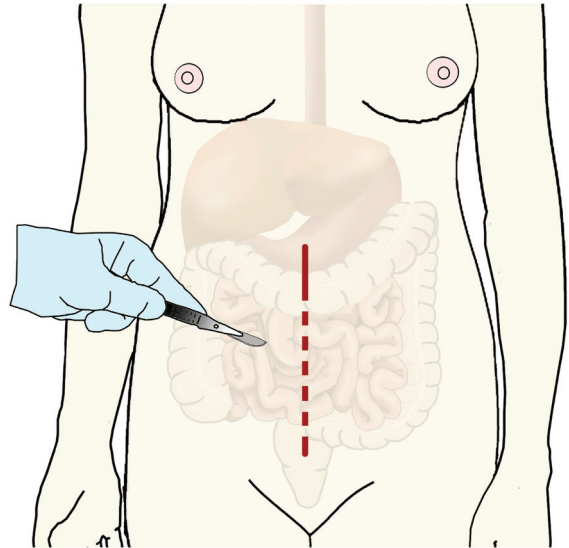
This type of surgery (also called colorectal surgery), can be done in 1 of 2 ways as:



## 1. Laparoscopic surgery

The surgeon makes 4 to 6 small cuts (incisions) in your belly.

He or she inserts a special camera and surgical tools through these incisions to perform the surgery.



## 2. Open surgery

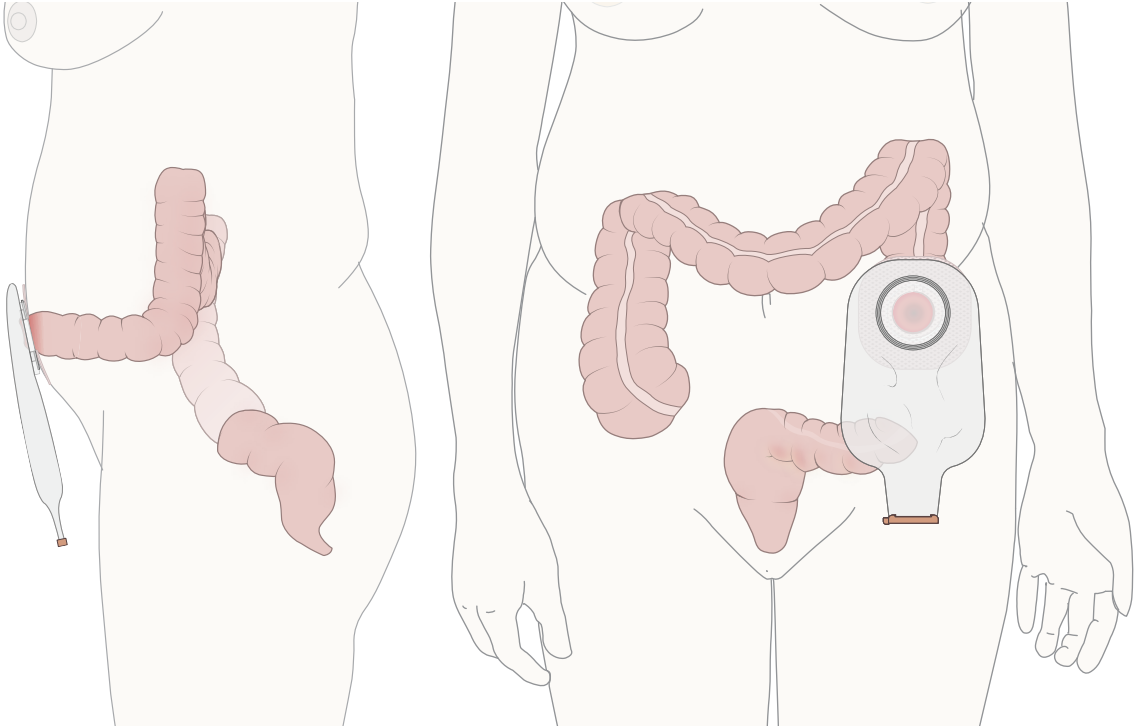
The surgeon makes one 10-20 cm incision in your belly.

In both types of surgery, the surgeon removes the diseased parts of your bowel and sews the healthy ends back together.

# What is an ostomy?

If you need an ostomy, your surgeon will discuss this with you.

An ostomy is an opening in your belly that is made by your surgeon during surgery. Stool and waste pass out of your body, through this opening, into an attached plastic (ostomy) bag. Your ostomy could be permanent or temporary.



If you need an ostomy, you will meet with the Enterostomal Therapy (ET) Nurse who specializes in ostomy care. You will meet with this nurse before your surgery and learn more about your ostomy and its care.

For questions or concerns about your ostomy, contact the Enterostomal Therapy (ET) Nurses at: (514) 340-8222

Louise Samuel : extension 4691

Nevart Hotakarzian : extension 4346

Roxanne Trottier : extension 2956

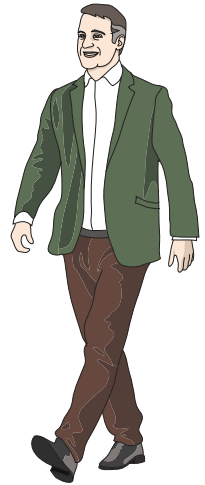
# Preparing for Surgery

The following things will help you prepare for surgery. Research has shown that by doing these things, you can prevent health problems. You will also be able to recover more quickly and safely, in hospital and at home.

## Get moving!

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, start adding exercise into your day, just a little at a time. Remember: Exercise does not need to be strenuous to make a difference. A 15-minute walk is better than no exercise at all.

See pages 26 of this booklet to learn more about specific exercises after surgery. You can begin practicing these at home.



## Stop smoking:

We strongly suggest you stop smoking completely before surgery to reduce your risk for lung problems. Speak to your doctor if you are thinking about this. There are medications and other options that can help. See page 35 of this booklet to learn more.



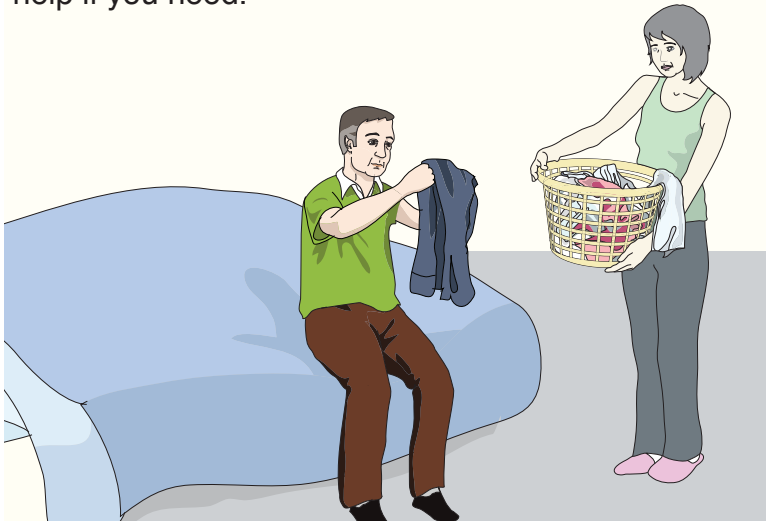
## Stop alcohol:

Do not drink alcohol for 24 hours before surgery. Alcohol can weaken or change the effect of some medications. Tell us if you need help with this. We are here to help.

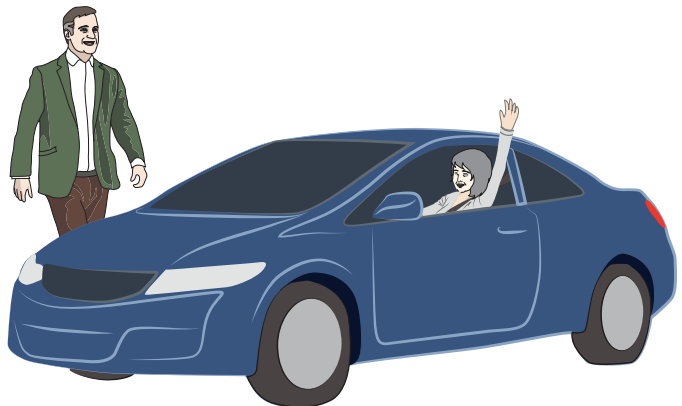


# Planning ahead

You may need help with meals, laundry, bathing or cleaning, when you first go home from the hospital. Stock your fridge and freezer. Prepare or buy frozen food in small portions that are easy to reheat. Make plans with your family and friends to have their help if you need.



Discharge from the hospital is on the 3<sup>rd</sup> day. Tell the nurse as soon as possible if you have any worries about going home. Please remember to organize transportation home for 11 in the morning.



# Pre-surgical Screening Clinic visit

Before your surgery, you will have an appointment at the Pre-surgical Screening Clinic. During your visit at the clinic, you will have:

- blood tests.
- an ECG (electrocardiogram), if you are 50 years or older.
- a chest x-ray, if your doctor has ordered this test for you



You will meet with a nurse to discuss how to get ready for surgery and what to expect while you are in the hospital. You will also meet with a doctor, who will ask you questions about your health as well as about health problems you might have. (If you do have any health problems, you may be referred to see another specialist doctor before surgery.)

Some medications and natural health products need to be stopped before surgery. Bring your list of medications and natural health products with you to your clinic visit. The doctor will decide which ones to stop or to continue. Your pharmacist can give you a list of your medications or fax this list to us at 514-340-7583

Questions or concerns? Contact the nurses of the Pre-surgical Screening Clinic at (514) 340-8222, extension 2944, from Monday to Friday, 8:00 a.m. - 4:00 p.m.

# Day before: confirming date and time

The day before your surgery, the Admitting Department will phone you to confirm the time you will need to come to the hospital.

Usually, patients are asked to arrive at 6 AM on the day of surgery.

Please also note that your surgery time is not exact. It may happen earlier or later than planned.



Date of surgery: .....



Time of arrival at the hospital: .....

Location: **5 NW, Pavillion D, 5th floor**

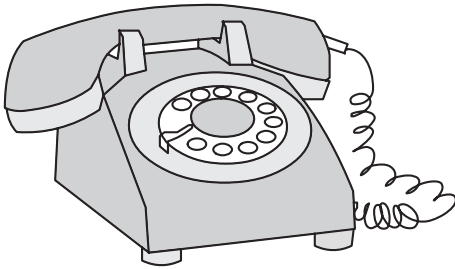


If you do not receive a call by 7 PM, call the  
Admitting Department at (514) 340-8222 ext 8211



# Cancelling

If you get a cold, are not feeling well or become pregnant, please call your surgeon's office as soon as possible. See the back cover of this booklet for contact information.



Please note: the Jewish General Hospital is a specialized centre. This means that your surgery may need to be delayed or cancelled because of an emergency. If this happens, your surgeon will reschedule your surgery as soon as possible.

# Food and drink instructions

You may need to follow a special diet the day before and on the day of your surgery. This diet will:

- help prepare your bowels for surgery
- give you the strength and nutrients you need for a smooth and quick recovery

At your appointment with your surgeon, you will be given a prescription to buy a special sponge, soap, apple juice and chewing gum. Your surgery team will explain how to use these items to prepare for surgery.

Your nurse at the Pre-surgical Screening Clinic will use the following pages to explain the best diet plan for you. He or she will tick off all the instructions you will need to follow for the day of and on the day before surgery. Follow only these instructions. Ignore any others that have been crossed out. These do not apply to you.

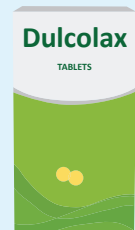
## Do I need a laxative?

☐ **No**, I do not need a laxative

**OR**

☐ **Yes**, I need to take:

- 1 Picosalax® sachet at 2pm and 6pm, the day before surgery
- 10mg of Dulcolax® (2 orange pills) 1 hour after each Picosalax®, the day before surgery



# Can I eat or drink the day before and the day of my surgery?

If you need laxatives, this is what you need to follow:

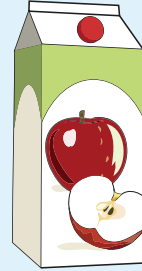
As of 2PM the day before surgery, I can only drink clear fluids.



**Examples:** All clear juices (no pulp), Gatorade, clear soft drinks (e.g ginger ale or Sprite), Jell-O, clear broth or bouillon, water, coffee or tea (no milk).



**No milk, dairy products or solid food.**



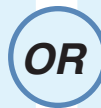
I must also drink my apple juice (800ml) this evening.



I can drink clear fluids up to 2 hours before surgery.



I must also drink my apple juice (400ml) anytime until 2 hours before the scheduled time of my surgery.



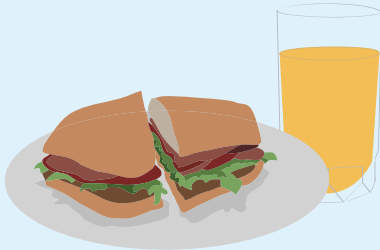
I must stop eating and drinking at midnight.



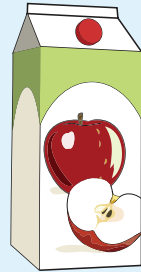
# Can I eat or drink the day before and the day of my surgery?

If you do not need laxatives, this is what you need to follow:

I can eat and drink anything the day before my surgery.



I must also drink my apple juice (800ml) this evening.



☐ I can drink clear fluids up to 2 hours before surgery.

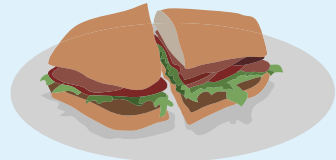


I must also drink my apple juice (400ml) anytime until 2 hours before the scheduled time of my surgery.



☐ I must stop eating and drinking at midnight.

OR

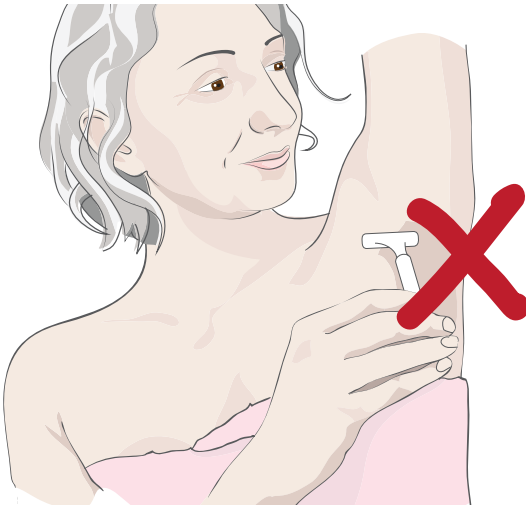


# Washing instructions

Before your surgery, you will need to wash yourself using the special sponge or soap.

Using one of the sponges or the soap to shower/bathe, wash your whole body (including your belly button):

- the night before surgery (wear freshly washed clothes to bed)
- the morning of surgery (put on freshly washed clothes)
- **Do not shave the area to be operated.**



# Things to bring to the hospital

- ☐ This booklet.
- ☐ Your medication list
- ☐ Valid Medicare and hospital cards.
- ☐ Any private insurance information you might have.
- ☐ A cane, crutches or walker, if you use them. (Bring and label them with your name.)
- ☐ Toiletries (toothbrush, toothpaste, comb, deodorant, mouthwash, soap, tissue, shaving equipment, and perhaps earplugs.)
- ☐ Eyeglasses, contact lenses, a hearing aid or dentures, if you use them. (Bring them in their appropriate containers, labeled with your name.)
- ☐ Bathrobe, slippers, pajamas, loose comfortable clothing



**Please leave all jewelry, credit cards and objects of value at home. There is no storage available at the hospital for personal items. The hospital is not responsible for anything that is lost or stolen.**

# At home

## Enema:

Will I have an enema? ☐ YES ☐ NO

If no, please disregard the following information and skip to **Washing**.

Your doctor may ask you to have 2 enemas before the surgery. An enema is used to clean out a portion of your bowel before surgery. If you need an enema, follow the instructions on the enema box:

- Lie on your left side.
- Insert the small, lubricated tube into your rectum while you are lying down. This tube will push small amounts of liquid medication into your body.
- Very soon after you insert this tube, you will feel a strong urge to go to the bathroom.
- Wait 30 minutes before giving yourself the 2nd enema

## Washing:

Remember: You will need to shower using one of the sponges or the soap from your Proxim Pharmacy lunchbox. Once you have washed:

- Put on freshly washed clothes.
- Do not put on any creams, lotions, perfumes or cologne.
- Do not wear any jewelry (including piercings). Leave these at home.
- Do not put on any makeup or nail polish.



# At home

## Medications:

Remember: Some medications or natural health products need to be stopped before surgery. Follow the instructions you received at your Pre-surgical Screening Clinic visit for your medications:

Take the following medication  
(with a sip of water)

.....

.....

.....

.....

.....

Do not take the following medication

my natural health products

.....

.....

.....

.....





# At the hospital

**Blood test:** On the day of your surgery, go directly to 5NW (northwest), Pavilion D, on the 5th floor at the time that was confirmed for you by the Admitting Department. Here, you will have another blood test.

## Nurse meeting:

You will meet a nurse who will help you get ready for the surgery, by:

- Going through a checklist with you.
- Having you change into a hospital gown.
- Making sure your personal belongings are in a safe place.
- Helping you put on special, tight, elastic stockings. These work to help your blood flow better during and after surgery. They prevent your blood from hardening (blood clots) in any of the blood vessels in your legs. Wear these stockings until the nurse tells you to take them off.
- Removing hair from your abdomen, if needed (in this case, you may need to take a shower after)



**Operating Room:** When the operating room is ready, an orderly will bring you there. At this time, you will meet your anesthesiologist and the other members of the surgical team. They will start the epidural (for pain control medication) in your back. Your anesthesiologist will give you a general anesthetic. This will make you fall asleep and stay pain-free during your surgery.

# Waiting room

We ask all visitors to go to Pavillion B-318 to provide us with their cell phone number. They can then stay in the waiting room in the G wing of the 3rd floor. The unit clerk will call to inform you when to meet the surgeon in the waiting room for any updates on the surgery.

The waiting room is small, so we ask that you limit the number of people coming with you. There is a phone available in the corridor near the Post-Anesthesia Care Unit (PACU) for family members to be able to contact the team for updates.



# After your surgery

After your surgery, you will be transferred to the Post Anesthesia Care Unit (PACU or recovery room) for a few hours. You may have an:

- epidural (a small tube in your back for pain medication)
- intravenous (or IV), to give you fluid and medications
- oxygen mask. (This is removed before moving you to your room.)
- urinary catheter (tube) to remove urine out of your bladder after the surgery
- abdominal or pelvic drain to remove extra fluids that can build up around your bowels after the surgery
- nasogastric tube that goes through your nose into your stomach to keep it empty.

Your vitals signs (heart rate, blood pressure) will be checked often. Your nurse will also check your surgical bandages (dressing) and ask you about your pain.

The recovery room team is there to watch you very closely. To do so, they want to maintain a quiet, calm environment for safety and comfort. For this reason, there is very little visiting allowed in the recovery room. However, your family will be able to visit you once you are in your room.



# Pain Control

**Why is this important?** You will receive medication to control your pain during and after your surgery. Pain relief is important for you to quickly and safely recover from surgery. This is because it helps you:

- Breathe more easily
- Move more easily
- Sleep better
- Heal faster
- Eat better
- Do things that are important to you

**What will this look like?** Some patients will have an epidural. Others will have IV pain medication or pills. Some patients may be given a PCA (Patient-Controlled Analgesia) pump to control their pain. This pump is connected to their IV. (A PCA pump will give you pain medication only if you push on the button. Every time you push the button for more pain medication, you will hear a beep.)

Please be assured that your treatment team will discuss the best pain control plan for you. They will answer your questions or concerns and give you any information you need.

**What does it mean to have pain control?** Whatever your pain control plan, you will be asked to regularly rate your pain on a scale from 0 to 10 (where 0 means no pain and 10 means pain as bad as you can imagine.) Our goal is to keep you comfortable and keep your pain score below 4 out of 10 (See page 36).

**Pain control is teamwork!** Remember: You play an active part in your recovery. Help us control your pain:

- Always tell your nurse if you have pain.
- Do not wait until the pain gets bad before telling us.

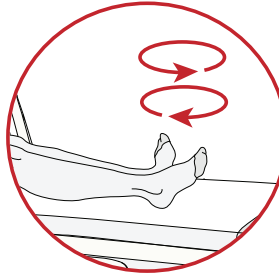
Your treatment team will carefully manage your pain medication. You will not become addicted to pain medication given to you for surgical pain. Tell us if you are in pain. We are here to help!

# Exercises

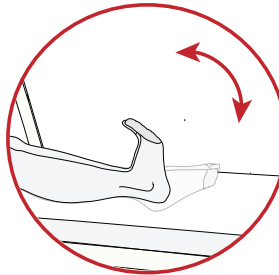
**Why is this important?** Exercise is important for you to quickly and safely recover from surgery. Lying in bed without moving can lead to health problems such as pneumonia, blood clots and muscle weakness. To prevent this, do these exercises as soon as you wake up after your surgery. Continue to do them throughout your hospital stay.

## Leg exercises

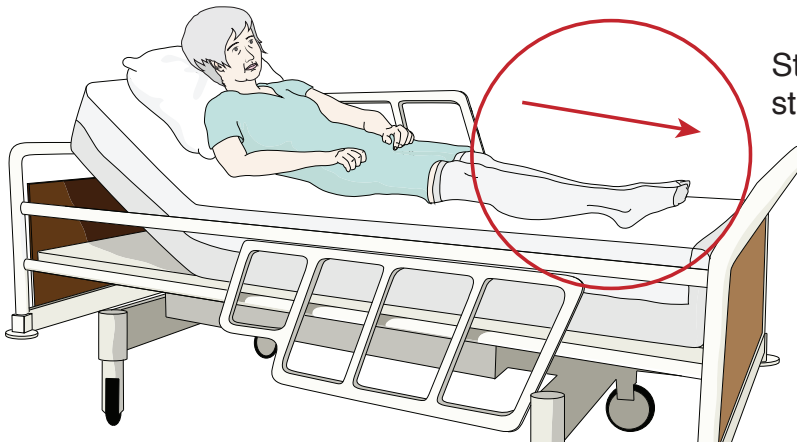
These will help blood circulation in your legs. Repeat these 4 to 5 times every 30 minutes while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

To help relieve swelling and maintain good blood flow in your body, do not cross your legs while in bed.

# Exercises

**Deep breathing and coughing exercises:** The inspiriometer is a simple device that helps you with deep breathing, which can prevent pneumonia.



To use your inspiriometer:

- Put your lips tightly around the mouthpiece
- Breathe in deeply. Try to hold the yellow ball up as long as you can.
- Drop the ball slowly.
- Remove the mouthpiece, breathe out and rest for a few seconds.

Repeat this exercise at least 10 times every hour (or more often if you can), while you are awake. Then, holding a small blanket or pillow to support your surgery wound, take a deep breath and cough.

Deep breathing and coughing exercises will help prevent pneumonia

# In your room

## Pain Control:

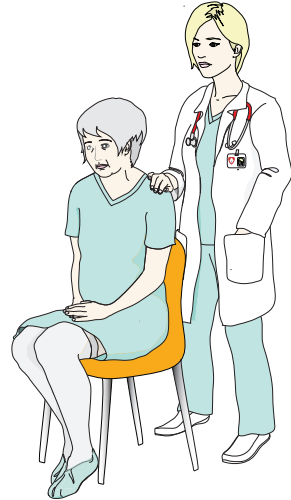
Always tell your nurse if you have pain

## Activities

Get up and sit in a chair, with your nurse's help

Do your leg exercises (see page 26)

Start your breathing exercises (see page 27). This will help prevent pneumonia and other lung problems.



## Eating and drinking

Start drinking liquids and your protein drink. Aim to drink 4 glasses of liquids today.

Start chewing gum for 30 minutes, 3 times a day to stimulate your bowel.



Please keep in mind that it is not always possible to have a private or semi-private room.



# One day after surgery

## Pain Control:

Always tell your nurse if you have pain

## Activities

Be out of bed, on and off for at least 8 hours of the day.

Get up and walk the length of the hallway, with someone's help, at least 3 times today.

Sit in your chair for all your meals.

Do your breathing exercises, at least 10 times every hour while awake.

## Eating and drinking

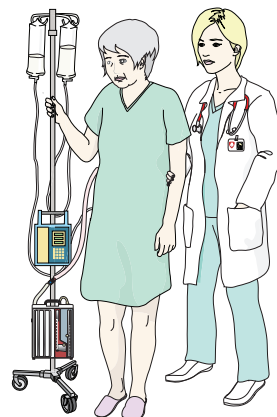
Continue to drink liquids and protein drinks. Aim to drink 6-8 glasses of liquids today.

Chew gum for 30 minutes, 3 times a day, to stimulate your bowel.

Begin eating some solid food. (This will be added to your diet during the day. You may still need to avoid some foods for a short time.)

## Tubes and drains

Your urine tube may be removed in the morning. Once removed, get up and walk to the bathroom to urinate.



Start planning your return home. Arrange for someone to pick you up in 2 days at 11 AM.

# Two days after surgery

## Pain Control

Always tell your nurse if you have pain.

If you have a PCA pump or an epidural for pain control, it will be removed today. You will take medication to control your pain.

## Activities:

Be out of bed, on and off for at least 8 hours of the day.

Walk the length of the hallway at least 3 times today. Aim to walk more each day.

Sit in the chair for meals.

Walk to the bathroom to urinate.

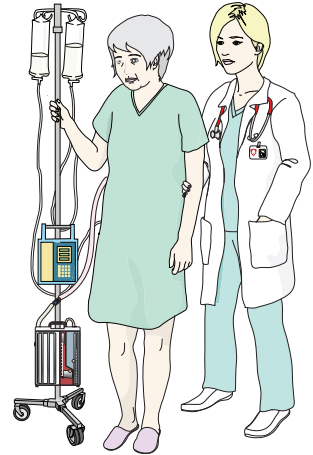
Do your breathing exercises, at least 10 times every hour while awake.

## Eating and drinking

Eat solid foods. (You may still need to avoid some foods for a short time.)

Continue to drink liquids and protein drinks. Aim for 6-8 glasses of liquids per day.

Chew gum for 30 minutes, 3 times a day



Your doctor will confirm whether you can go home. Once confirmed, arrange for someone to pick you up at 11AM tomorrow.

# Three days after surgery: Going home

## Pain Control

Always tell your nurse if you have pain.

## Activities

Continue the same activities as yesterday. Aim to move more and be more active, if you can.

## Plan to go home today before 11AM.

If you are unable to leave the hospital at this time, you can wait in the patient's sitting room located on each unit. We will be able to prepare your room for the next patient this way.



## After surgery follow-up appointment

You will need to meet with your surgeon after surgery. You will discuss together the results of your surgery, how you are doing, as well as any questions or concerns you have, at this time. You will be given this appointment before leaving the hospital.

Surgeon's name: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_

# At Home

## Belly pain

You may have some pain during the first few weeks after your surgery. Pain relief is still very important for you to continue to recover quickly and safely at home. Track your pain levels throughout the day using your Pain Diary (see page 36). If you feel pain:

Take acetaminophen (Tylenol®) and your anti-inflammatory medication (e.g. Advil®).

Take the narcotic (oxycodone or dilaudid), as advised by your doctor, if you still have pain.

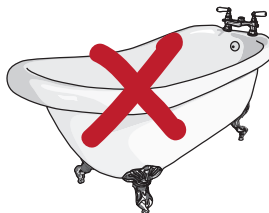
Contact your surgeon or go to the emergency room, if you have:

- severe pain, that is not relieved with your pain medication.
- a fever and feel generally unwell.

## Your surgery wound

Your surgery wounds may be slightly red and uncomfortable during the first 1-2 weeks after surgery. You may shower 48 hours after surgery. Gently wash the area. Let water run over your wound. (Do not scrub the area)

Your hospital nurse will arrange to have the CLSC remove your clips or stitches 7-10 days after your surgery. The CLSC nurse will contact you at home.



Do not take any baths for 2 weeks after your surgery.

Contact your surgeon if:

- your surgery wound becomes warm, red, and hard.
- you see pus or any fluid leaking out of your surgery wound

# Your bowels

## Bowel movements

Your bowel habits may change now that part of your bowel has been removed. You may have loose stools, be constipated or have more frequent bowel movements. This should settle into a more normal pattern over a period of time.

## Constipation

Some pain medications can cause constipation. If this becomes a problem:

- Increase the amount of fluids you drink.
- Add more whole grains, fruits and vegetables to your diet.
- Continue to exercise.



## Eating and drinking

You can eat anything you want, unless you have received specific diet instructions from your nutritionist or surgeon. However, you may find that some foods upset you or cause loose bowel movements. If this happens, avoid them for the first few weeks after surgery. Try eating them again later one at a time.

It is important that you get enough protein and calories to help your body heal. Eat foods that are good sources of protein (e.g. dairy products, meat, fish and poultry.) If you are finding it difficult to eat enough, try drinking liquid nutritional supplements (e.g. Ensure®, Boost® or homemade high-protein, high-calorie drinks).

Contact your surgeon if you cannot drink or keep any fluids down.

# Exercise and activities:

Continue to walk several times a day once you are home. Increase the distance and the intensity of your walks a little at a time. Ask family and friends for help with errands and chores (meals, groceries, cleaning, laundry) until you are feeling back to normal. As a general rule, once you are pain free, you can go back to most activities, including sexual intercourse.

You may start driving again when you are no longer taking narcotic pain medication. (Check your insurance policy about coverage.) Your surgeon will decide when you are ready to return to your job. This will depend on your recovery and the type of work you do.

Do not lift more than 5 pounds (2 kg) for at least:

- 4-6 weeks, if you had a laparoscopic surgery.
- 6-8 weeks, if you had an open surgery.

## When to call your doctor

Call your surgeon if you have any of the following problems:

- Your surgery wound becomes warm, red, and hard.
- You see pus or any fluid leaking out of your surgery wound
- You have a fever (greater than 38°C/100.4°F).
- You cannot drink fluids or keep them down.
- You are having more pain and your pain medications are not helping.

Call (514) 340-8222. Dial one of following extensions, if you are a patient of:

Dr. Vasilevsky: ext. 4636

Dr. Gordon: ext. 1599

Dr. Faria: ext. 4948

Dr. Ghitulescu: ext. 3937

Dr. Morin: ext. 3141

Dr. Boutros: ext. 8400



# More information

## Smoking Cessation: why is this important?

We strongly suggest you completely stop smoking at least 4 weeks before your surgery. Along with many other health benefits, this will help to lower your risk for lung problems.

## How do I go about doing this?

There are 4 phases of quitting smoking:

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses



## Plan ahead.

Did you know that it can be harmful to your body to quit smoking in the month before your surgery? Speak to your doctor if you are thinking about quitting. You can work together to plan the best time to stop. A few tips to consider:

- Take it one day at a time.
- Think of yourself as a non-smoker.
- Be proud of what you have done already. If you stop smoking now, you are already on your way to quitting.
- Ask your family and friends not to smoke around you.
- Quit at the same time as another family member or a friend
- Join a stop-smoking group and kick the habit with other people.

## Ask for help.





Speak to your doctor if you are thinking about quitting. There are medications and aids (e.g. the nicotine patch) as well as other options that can help.





The Jewish General Hospital's Cancer Prevention Centre can help! We offer free information and support for smokers who want to quit. New sessions start every 4 weeks. Contact us to learn more: (514) 340-8222, ext. 3870

# Pain Diary

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

For example:

Days After Surgery	 Morning	 Noon	 Evening	 Night
1	<u>4</u> / 10	<u>4</u> /10	<u>3</u> /10	<u>3</u> /10

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

## Pain Assessment Scale

Worst Possible Pain



No Pain



# Contact Us

**If you have any questions, please contact us at (514) 340-8222**

Use the following extension for patients of:

Dr. Ghitulescu : 3937

Dr. Vasilevsky : 4636

Dr. Morin : 3141

Dr. Gordon : 1599

Dr. Boutros : 8400

Dr. Faria 4948

**Call your surgeon if you have any of the following symptoms:**

- Your incision(s) become warm, red or you see any liquid coming from the incision.
- You have a fever (greater than 38°C/100,4°F).
- You cannot drink fluids or keep them down.
- You are having more pain that is not relieved by the medications.

**For more information on bowel surgery, visit: [www.colorectal-cancer.ca](http://www.colorectal-cancer.ca)  
[www.ccfc.ca](http://www.ccfc.ca)**

**Notes:**

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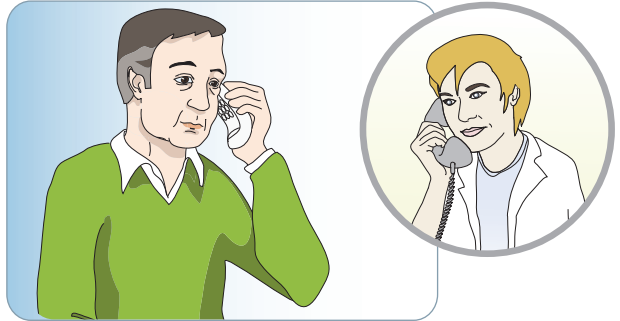
# Help Us Help Others

Help support the Jewish General Hospital Foundation.

You can make a donation to the Foundation by:



Visiting us in person at A-107



Calling 514-340-8251, or



Clicking the “Support the Jewish General Hospital Foundation” link on the Jewish General Hospital website: [www.jgh.ca](http://www.jgh.ca)



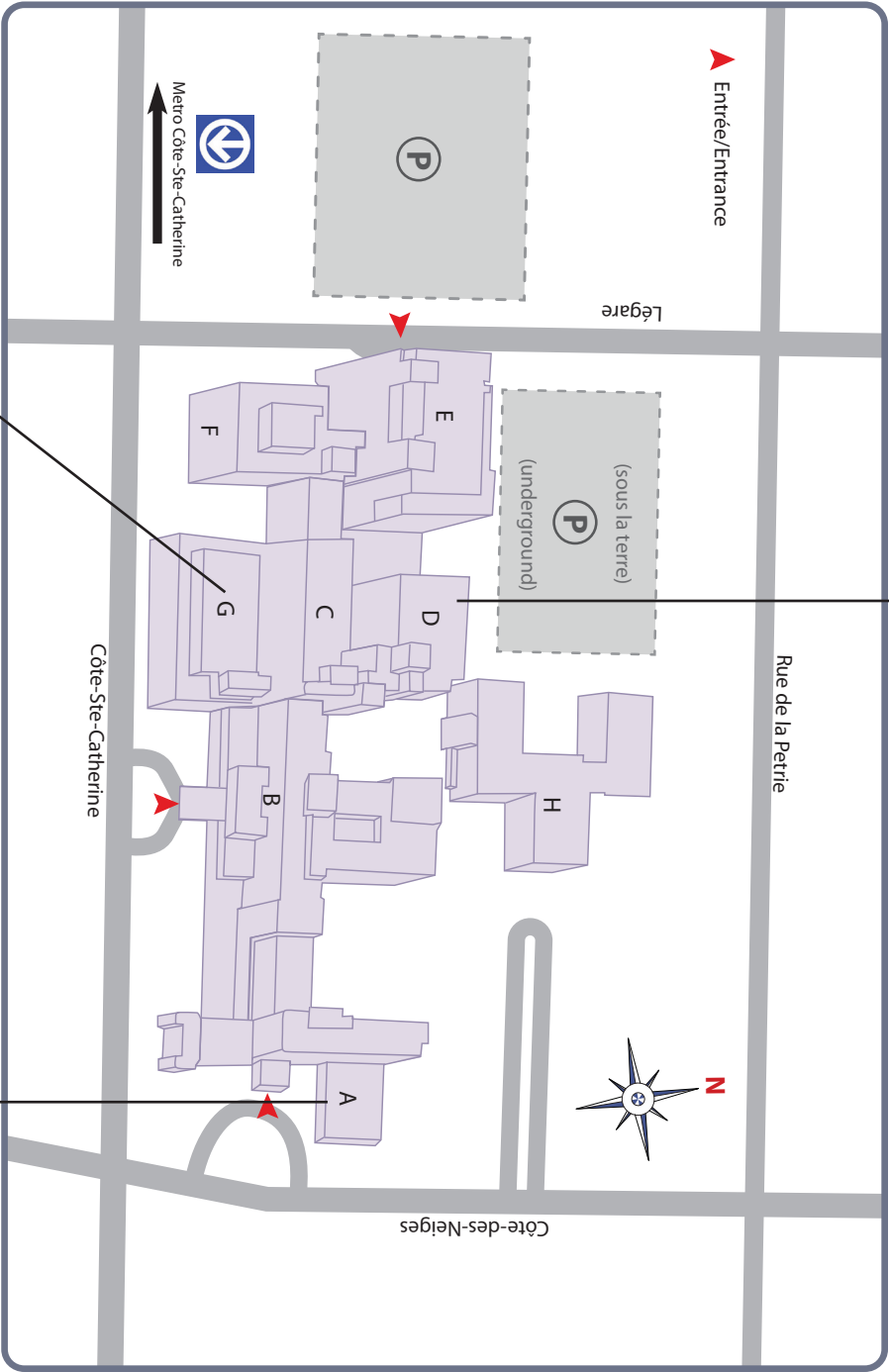
Hôpital général juif  
Jewish General Hospital

Donations make all the difference!

Thanks in advance for your support. This means a lot to us.



Admitting department D5NW



Waiting room G3



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Pre-surgical Screening  
Clinic A-605