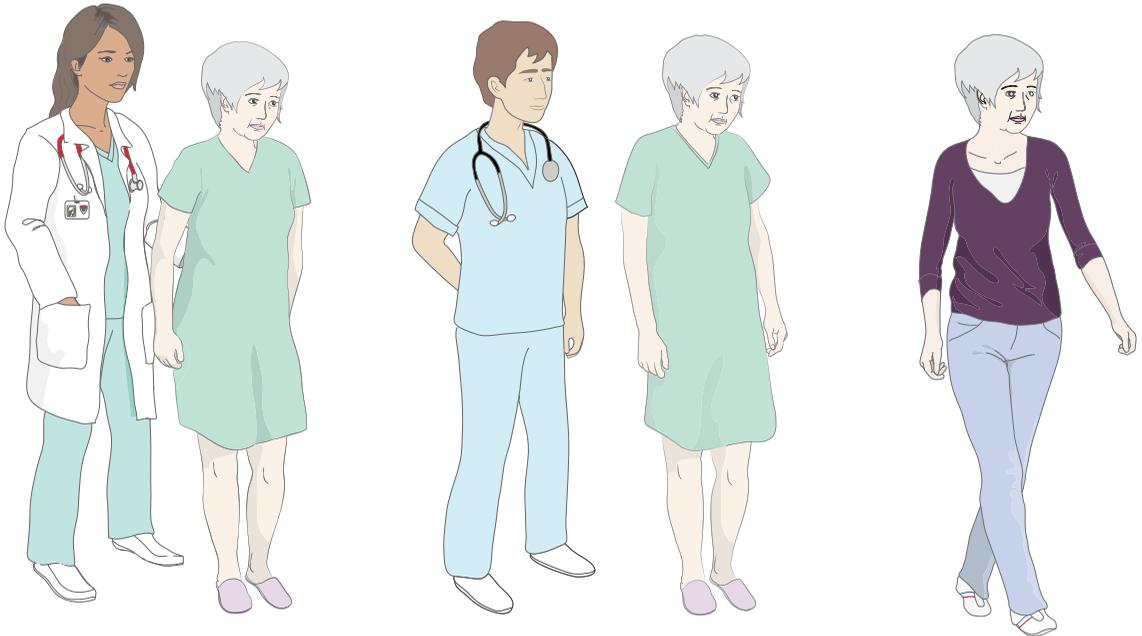


A Guide to Gynecology Oncology Surgery



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

www.muhcpatienteducation.ca

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Health Centre

Office d'éducation des patients
Patient Education Office

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This booklet was developed by the MUHC Surgical Recovery (SURE) working group and Gyne-Oncology department.

We would like to recognize the MUHC Patient Education Office for their support throughout the development of this booklet, the design and layout, as well as for the creation of all the images.

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IMPORTANT

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.

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Patient Education Office

PRET SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program



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

What is a clinical care pathway?

When you are admitted to the hospital for your ovarian cancer surgery, you will be part of a program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this clinical care pathway.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Ask us if you have questions about your care.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Please keep this booklet with you on the day of surgery and keep it with you throughout your hospital stay. Your health care team will refer to it as you recover, and review it with you and your family before you go home.

Your MUHC surgery team

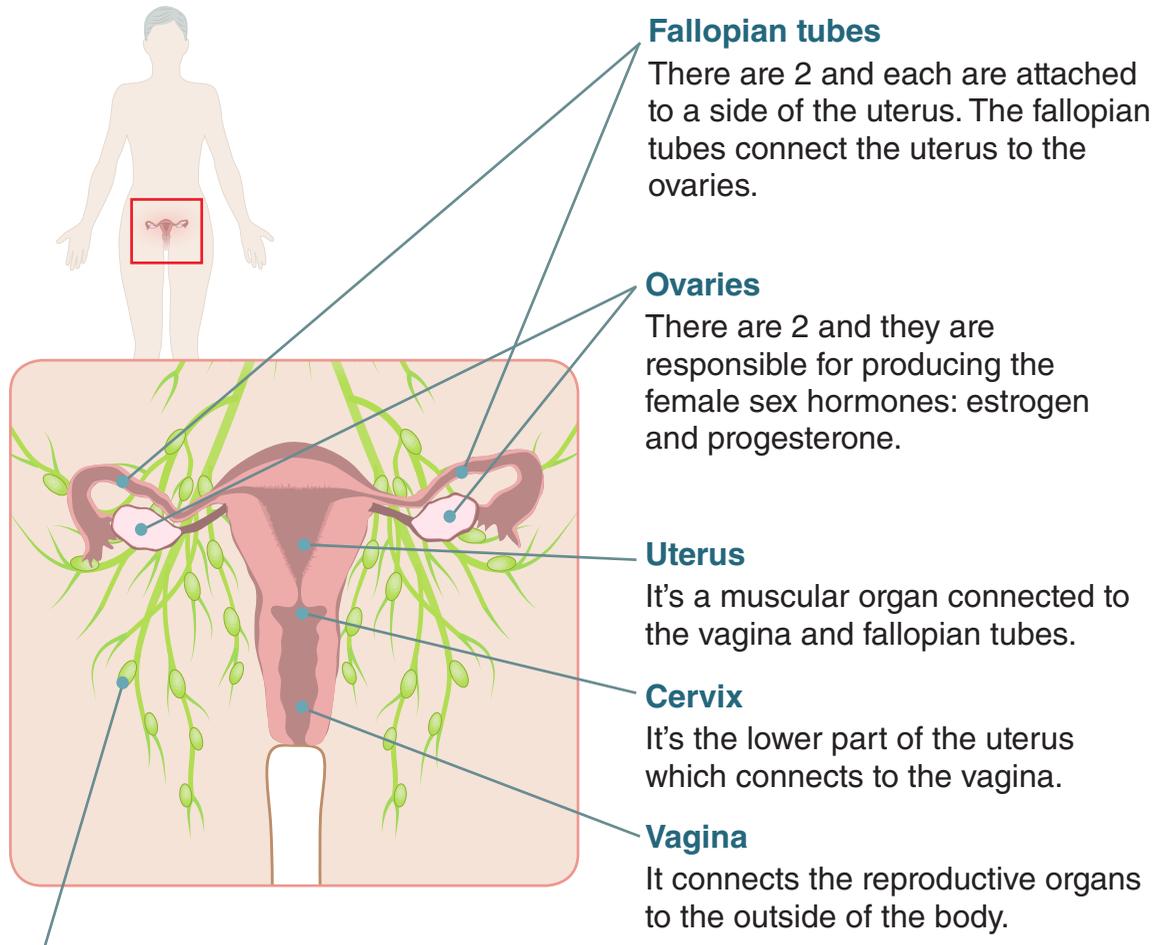


If you are not comfortable communicating in French or English, please bring someone to translate for you.

What is the female reproductive system?

The female reproductive organs are located in the abdomen (belly). They are covered by the omentum (a layer of fat), the intestines and the bladder. These organs are protected by your pelvis (hip bones).

The female reproductive system includes the: vagina, cervix, uterus, ovaries, and fallopian tubes.



Fallopian tubes

There are 2 and each are attached to a side of the uterus. The fallopian tubes connect the uterus to the ovaries.

Ovaries

There are 2 and they are responsible for producing the female sex hormones: estrogen and progesterone.

Uterus

It's a muscular organ connected to the vagina and fallopian tubes.

Cervix

It's the lower part of the uterus which connects to the vagina.

Vagina

It connects the reproductive organs to the outside of the body.

Lymph nodes

They are small, bean-shaped masses that act as filters to remove anything that does not belong in your body, such as bacteria, viruses, dead cells, debris, and cancer cells. They are part of the lymphatic system of your body.

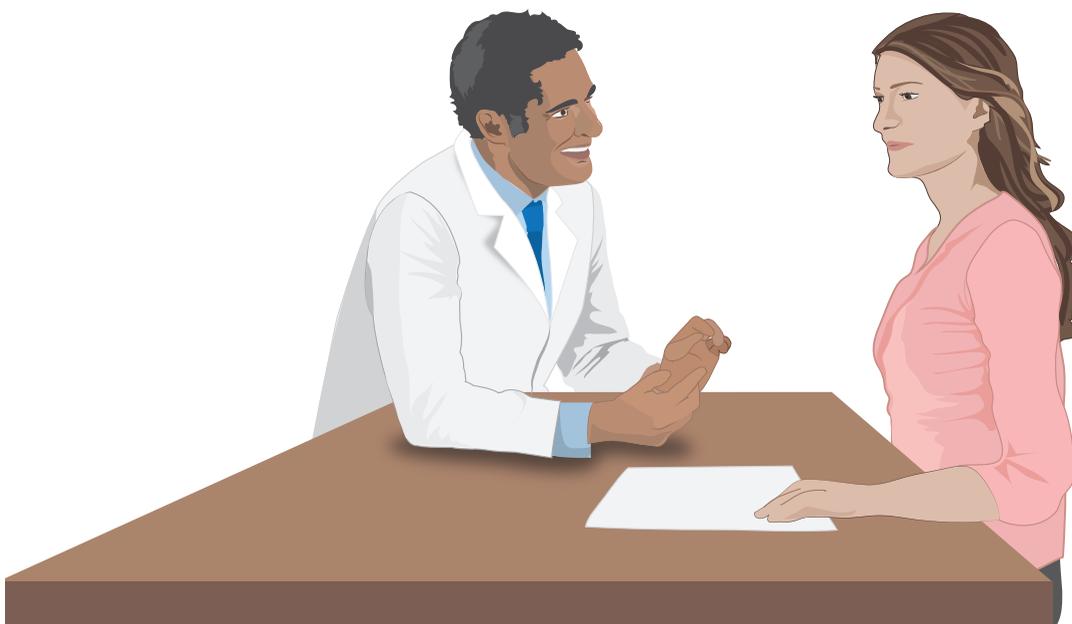
What is ovarian cancer?

Ovarian cancer is a cancer that can start in one or both of your fallopian tubes or ovaries.

Ovarian cancer most often spreads to the pelvic organs (for example: the uterus and fallopian tubes), the layer of fat covering the abdomen (omentum) and the lining of the abdomen (peritoneum).

Most ovarian cancers are advanced.

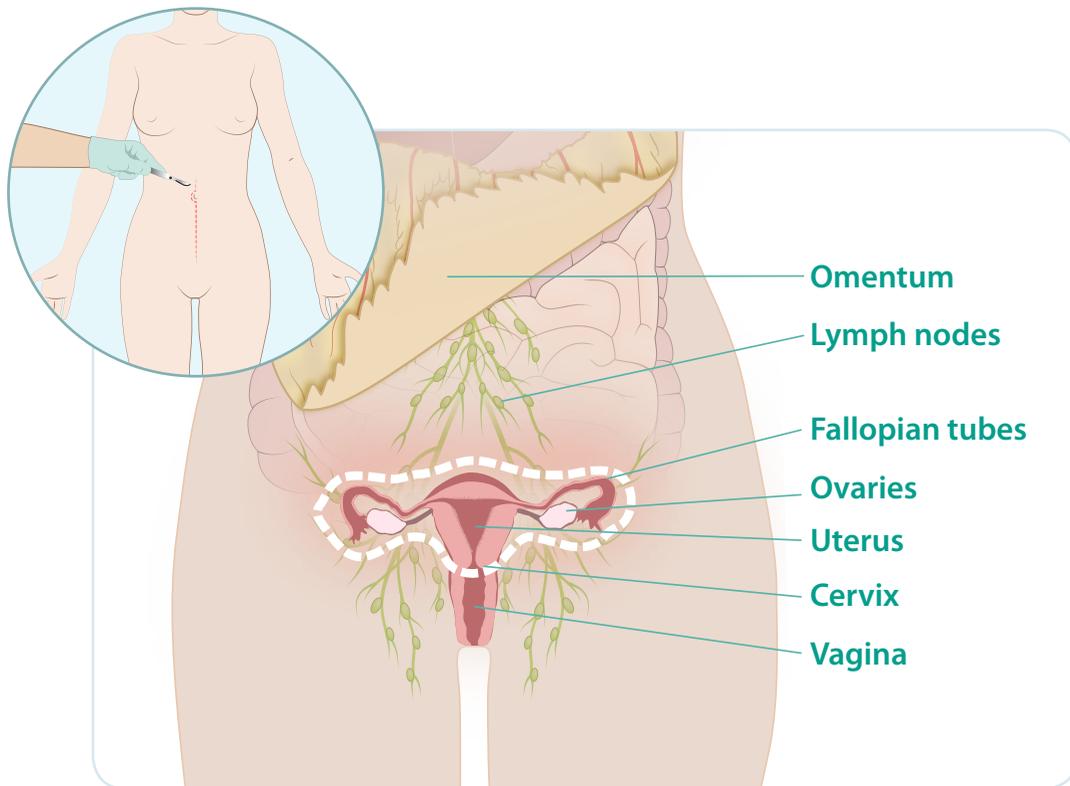
There are several different ways that ovarian cancer can be treated. You may have surgery, chemotherapy or a combination of these treatments.



What is ovarian debulking surgery?

The name of the surgery you will have is called an **ovarian debulking** or **cytoreductive surgery**. Your surgeon will do a long incision from the middle of your belly to your pubic bone.

Your surgeon will remove your 2 ovaries, 2 fallopian tubes, uterus, cervix, omentum, and some of the lymph nodes. Depending where the cancer has spread, your surgeon will remove as much of cancer as can be seen. Every effort is made to do this without removing organs or important parts of organs. At times, the spleen, part of the intestines, part of the bladder, or part of the peritoneum (lining of the abdomen) may need to be removed.



Preparing for your surgery

Be active

Exercise will help your body be as fit as possible and keep your weight under control. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. A 30 minute walk is far better than not exercising at all.



Stop smoking

If you smoke, quitting smoking for good is a step that will have the greatest impact on improving your health. Quitting is possible even if you are a long time heavy smoker and have tried to quit many times in the past.

It is never too late to start!

Your doctor can help you stop smoking and talk about options with you.

See page 33 to learn more.



Restrict alcohol

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with some medications you will receive in the hospital.

If you need help decreasing your alcohol use before surgery, your doctor can help you.



Preparing for your surgery

Plan ahead

These are the things you need to think about in preparation for your surgery. You may need help with meals, bathing, laundry, housework and/or transport after your surgery. Stock your fridge and freezer with food that is easy to reheat.

Make plans with your family and friends so you will have the help you need.

If you live alone and you think you will need help after your surgery, you should communicate ahead with your local CLSC to know about their services (housekeeping, meals on wheels, etc...).

Arrange transportation

You may go home from the hospital 5 days after your surgery. Keep in mind that we call the day of your surgery: Day 0. For example: If your surgery is on Monday, plan to go home on Saturday. Tell your nurse if you have concerns about going home.

Remember to arrange a ride to go home.

See page 34 to learn more about the MUHC parking rates.



Pre-operative Clinic visit

During your Pre-operative Clinic visit, you will:

- 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.
- Meet with a doctor who will ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may need to stop taking some medications and herbal products before surgery. The Pre-operative Clinic doctor will explain which medications you should stop and which ones you should keep taking.

Also, you may:

- Have blood tests
- Have an electrocardiogram (ECG) to check how your heart works



If you have any questions, contact the Pre-operative clinic nurses at 514-934-1934, ext. 34916, Monday to Friday, 7:00 a.m. to 3:00 p.m.

RVH Pre-operative Clinic: Located near the cafeteria at DS1. 2428 (Block D, level S1).

Phone call from Admitting

The day before your surgery, the Admitting Department will phone you to tell you what time to come to the hospital (if your surgery is scheduled on a Monday, the hospital will phone you the Friday before). They will ask you to arrive 2 hours before your planned surgery time.

Exception:

If your surgery is planned for 7:30 a.m., they will ask you to arrive at 6:30 a.m. The time of surgery is not exact. It may happen earlier or later than planned.

Date of surgery: _____

Time of arrival at the hospital: _____



Room: **Registration, Surgery and Intervention Centre, Block C, level 3 (C03.7055)**. Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North) and go to the 3rd floor. These are the first set of elevators you will see.

If you do not receive a call by 2 p.m. the day before your surgery, contact the Admitting Department at 514- 934-1934 ext. 31557.



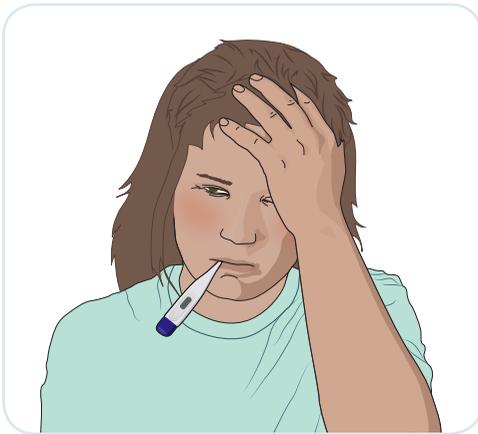
Cancelling your surgery

If you get sick or pregnant, **call as soon as possible** both your surgeon's office **and** the Central Operating Room Booking (CORB) 514-934-4488 (between 9 a.m. - 11 a.m. and 1 p.m. - 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating: your full name, date of surgery, telephone number, hospital card number, surgeon's name, reason for cancelling or postponing your surgery, and the timeframe you are not available to have the surgery.

If you need to cancel your surgery the day before after 3 p.m.:

- Call the Admitting Department at 514-934-1934 ext 31557.



The Royal Victoria Hospital is a Transplant and Cardiac Centre. This means your surgery may be delayed or cancelled because of an emergency. If this happens, your surgeon will rebook your surgery as soon as possible.

Washing

The night before surgery:



Use regular soap and shampoo for your face and hair



Take a shower with 1 of the 2 sponges you were given



Wash your body from the neck down, including your belly button and your genital area



Do not shave the area where the surgery will be done



Wear clean clothes (nightgown, pyjamas) to bed

The morning of surgery:



Take a shower by using the 2nd sponge you were given



Do not apply lotion, perfume, makeup, nail polish and do not wear jewelry or piercings



Do not shave the area where the surgery will be done



If you wear contact lenses, wear your glasses instead



Put on clean and comfortable clothes

Diet

The nurse in the Preoperative Clinic will explain what to eat and drink before your surgery. **Remember:** Do not drink alcohol the day before your surgery.

Exception: A small number of people should not drink at all on the day of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

The evening before surgery:

- Eat and drink normally until midnight
- Drink 1 carbohydrate drink (clear juice) during the evening (see list on the right)
- Drink it within 10 minutes
- **After midnight, do not have any food, dairy products, or juice with pulp**



Carbohydrate drinks: Choose only 1	Amount in mL	Amount in cups (1 cup = 250 mL)
 Apple juice	850 mL	
 Commercial iced tea	1100 mL	
 Cranberry cocktail	650 mL	
 Lemonade without pulp	1000 mL	
 Orange juice without pulp	1000 mL	

The morning of surgery:

- **Do not eat any food**
- Drink 1 carbohydrate drink (clear juice) 2 hours before your surgery (see list on the right)
- Drink it within 10 minutes
- **Do not have any dairy products or juice with pulp**
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital.
- **Exception:** If you are asked to arrive around 6:30 a.m. Stop drinking at 5:30 a.m.

Carbohydrate drinks: Choose only 1	Amount in mL	Amount in cups (1 cup = 250 mL)
 Apple juice	425 mL	
 Commercial iced tea	550 mL	
 Cranberry cocktail	325 mL	
 Lemonade without pulp	500 mL	
 Orange juice without pulp	500 mL	

What to bring to the hospital

- ❑ This booklet
- ❑ Medicare card and hospital card
- ❑ List of medications that you take at home (ask your pharmacist to give you one)
- ❑ 2 packages of your favorite gum
- ❑ Slippers, loose comfortable clothing for when you'll return home
- ❑ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and, tissues
- ❑ 1 package of sanitary pads

If needed:

- ❑ Bring your glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ❑ Bring your cane, crutches or walker labeled with your name



Please bring these items in a small luggage labeled with your name. The space for storage is limited. Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



At the hospital

Admitting area

Report to **Registration, Surgery and Intervention Centre**, Block C, level 3 (C03.7055), at the time given.

Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators on your right or left (North) and go to the 3rd floor. These are the first set of elevators you will see.

In the Preoperative admitting area, the nurse will:

- Ask you to change into a hospital gown
- Make sure your personal belongings are in a safe place
- Complete a preoperative checklist with you



In the operating room

When the operating room is ready, a patient attendant will bring you there.

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 your surgery.

At the hospital

Waiting room

Family and friends may wait for you in the **waiting room** located in **C03.7158** (Block C, level 3, room 7158). The space is small so we ask that you limit the number of people coming with you.

At the end of your surgery, the Post-Anesthesia Care Unit (PACU) nurse will call the family member or friend you have chosen to tell them how you are doing.

There are no visitors allowed in the PACU.

Internet access

There is free WiFi available at the hospital. Connect to:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



Other resources:

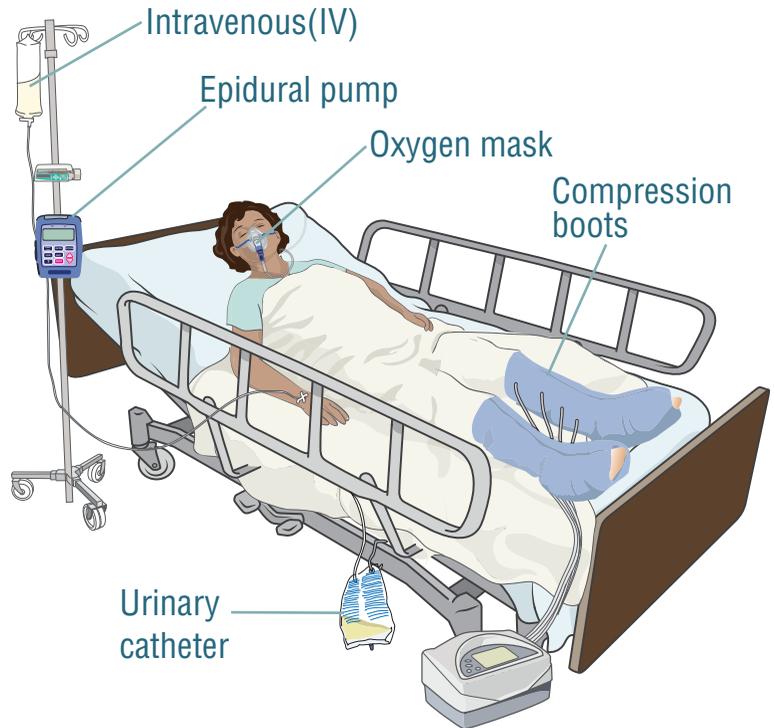
- Cafeteria: Located in the Adult Atrium on the level S1
- Vending machines: Block C, level S1
- Stores / Restaurants / Coffee shops : Galleria, RC (Ground floor) level & Atrium level S1
- Bank machines: Blocks C & D, RC (Ground floor) level; level S1
- McConnell Resource Centre (patient library): Block B, RC (Ground floor) level, room BRC. 0078
- Prayer and meditation room: Block C, level 2, room C02.0310.4

In the Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU), also called the **Recovery Room**. You will be there for a few hours.

You may have:

- An intravenous (IV), giving you fluid and medications
- An oxygen mask, giving you oxygen
- A urinary catheter (tube), draining urine out of your bladder
- Compression boots on your legs, to help your blood circulation and to prevent blood clots
- An epidural catheter (small tube in your back), giving you pain medication to control your pain



Your nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Ask you if you have pain
- Make sure you are comfortable

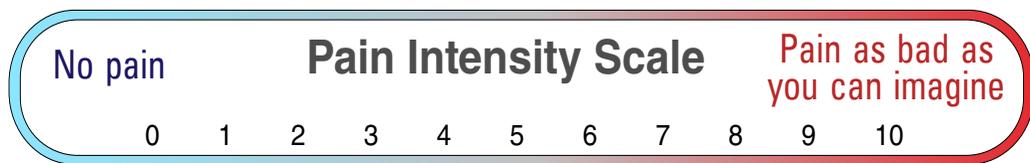
When you are ready, you will go to your room on a surgical unit. Your family may visit you once you are in your room.

Pain Control

Pain relief is important because it helps you:

- Breathe better
- Move better
- Sleep better
- Eat better
- Recover faster

Your nurse will ask you to rate your pain on a scale from 0 to 10. Your nurse will give you medication if you have pain. Our goal is to keep your pain score below 4/10.



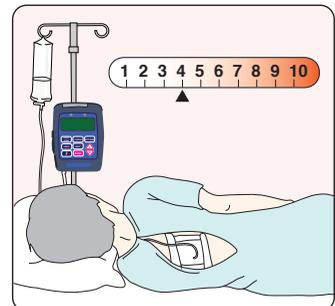
Pain Intensity Scale

0 means no pain and 10 is the worst pain you can imagine. This will help your nurse decide how to best manage your pain.

Do not wait until the pain gets too strong before telling us.

Epidural catheter

Your anesthetist will place a small catheter (tube) in your back to give you continuous pain medication. This is called an epidural infusion. It is usually started in the operating room before you go to sleep. It is usually removed on Day 3 after your surgery.

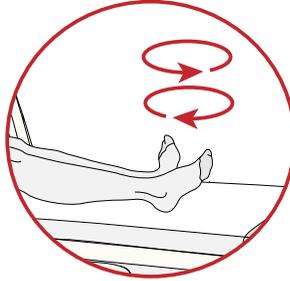


Exercises

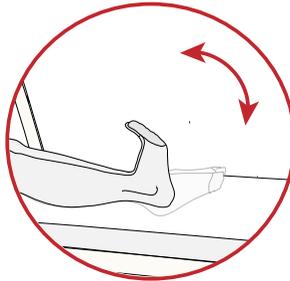
It is important to move around in the bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

Leg exercises

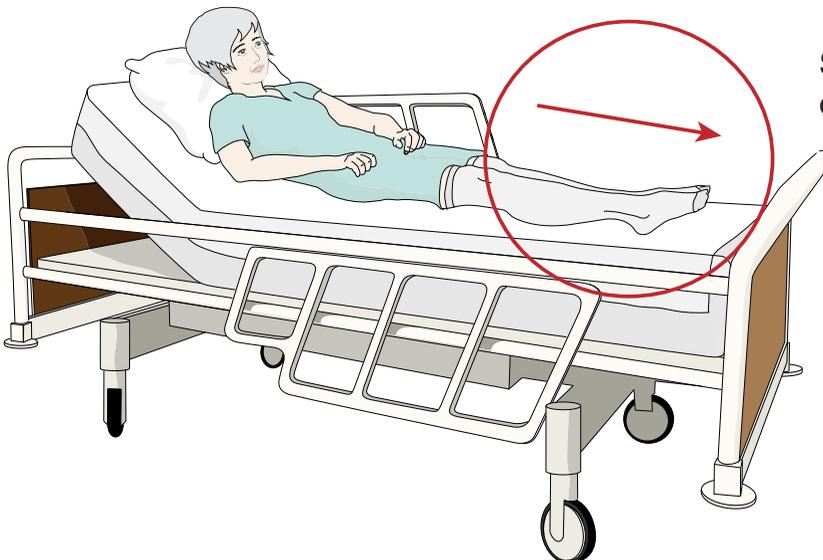
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



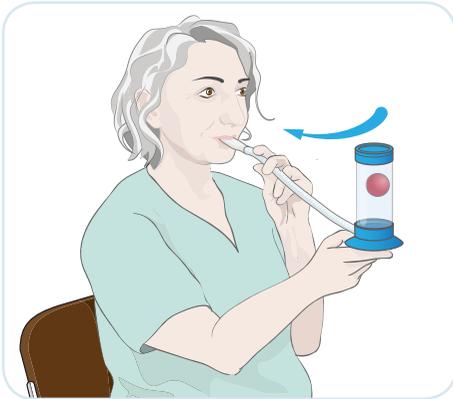
Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises

An inspirimeter is a device that helps you breathe deeply to prevent lung problems.

To use your inspirimeter:



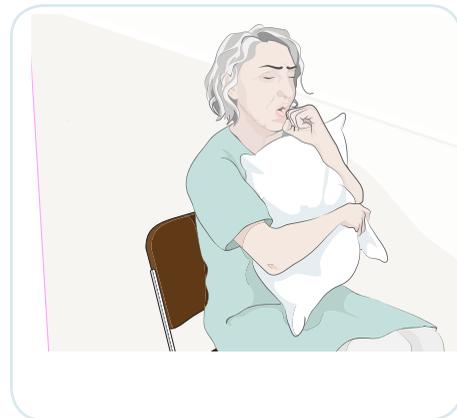
Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up for 2 to 4 seconds



Remove the mouthpiece, breathe out, and rest for a few seconds

x10

Repeat this exercise 10 times every hour while you are awake



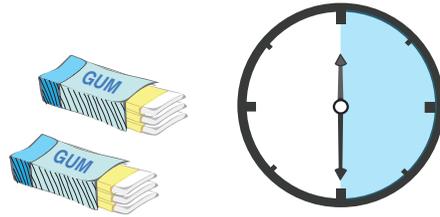
Take a deep breath and cough. If you have some secretions, cough them up.

Goals for Day 0: Day of surgery

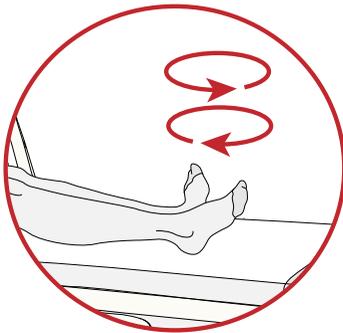
Goals for the evening of surgery:



Eat regular food as tolerated (unless otherwise ordered by your doctor).



Chew gum for 30 minutes to help your bowels start to work.



Do your leg exercises (see page 17).

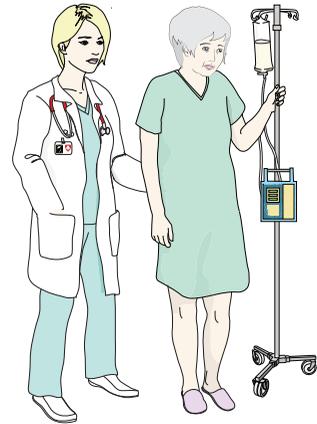


Do your breathing exercises (see page 18).

Goals for Day 1

Breathing

Do your breathing exercises



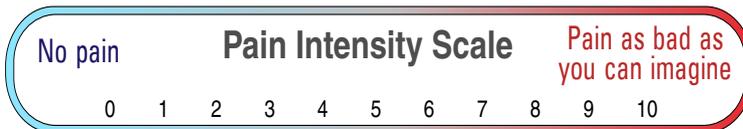
Activities

Sit in a chair for meals
Walk in the hallway with help



Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Eat regular food, as tolerated
Drink liquids, including drinks like Ensure or Boost
Chew gum for 30 minutes 3 times/day



Tubes and lines

Your urinary catheter will be removed by your nurse

Goals for Day 2

Breathing

Do your breathing exercises



Activities

Sit in a chair for meals

Walk in the hallway 3 times with help



Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Eat regular food, as tolerated

Drink liquids, including drinks like Ensure or Boost

Chew gum for 30 minutes 3 times/day



Tubes and lines

Your intravenous fluid will be stopped by your nurse if you are drinking well and having no nausea or vomiting

Teaching

If you will need to have injections to prevent blood clots at home, your nurse will show you how to give yourself the injection.



Goals for Day 3

Breathing

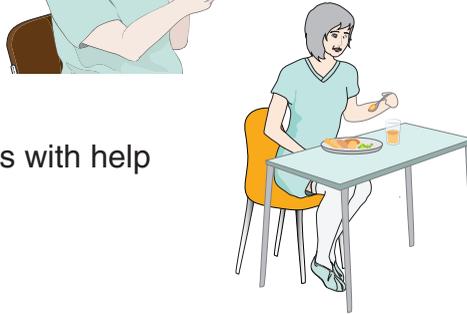
Do your breathing exercises



Activities

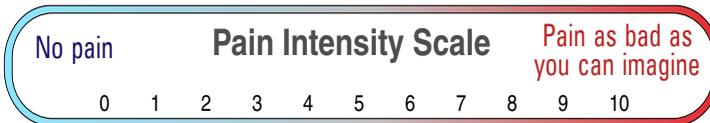
Sit in a chair for meals

Walk in the hallway 3 times with help



Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Eat regular food, as tolerated

Drink liquids, including drinks like Ensure or Boost

Chew gum for 30 minutes 3 times/day



Tubes and lines

Your epidural pump will be stopped (“stop test”) to see if your pain can be controlled with pills.

This is how a stop test is done:

- We will turn off your epidural pump and leave the catheter in place
- You will take the first dose of pain pills
- If the pills control your pain, your epidural catheter will be removed by your nurse
- Tell your nurse if your pain is higher than 4/10



Goals for Day 4

Breathing

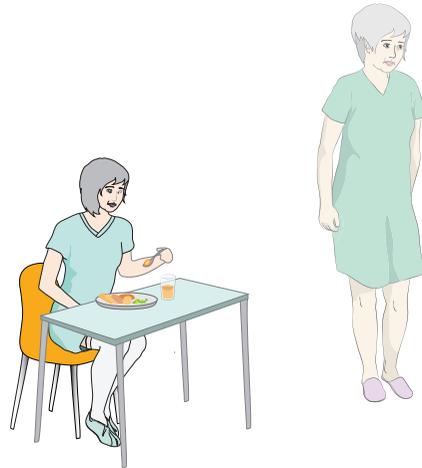
Do your breathing exercises



Activities

Sit in a chair for meals

Walk in the hallway 3 times



Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Eat regular food, as tolerated

Drink liquids, including drinks like Ensure or Boost

Chew gum for 30 minutes 3 times/day



Teaching

Your nurse will make sure you are able to give yourself the blood clot prevention injections.

Your nurse will review pages 25 to 31 of this booklet with you, to make sure you can safely return home.



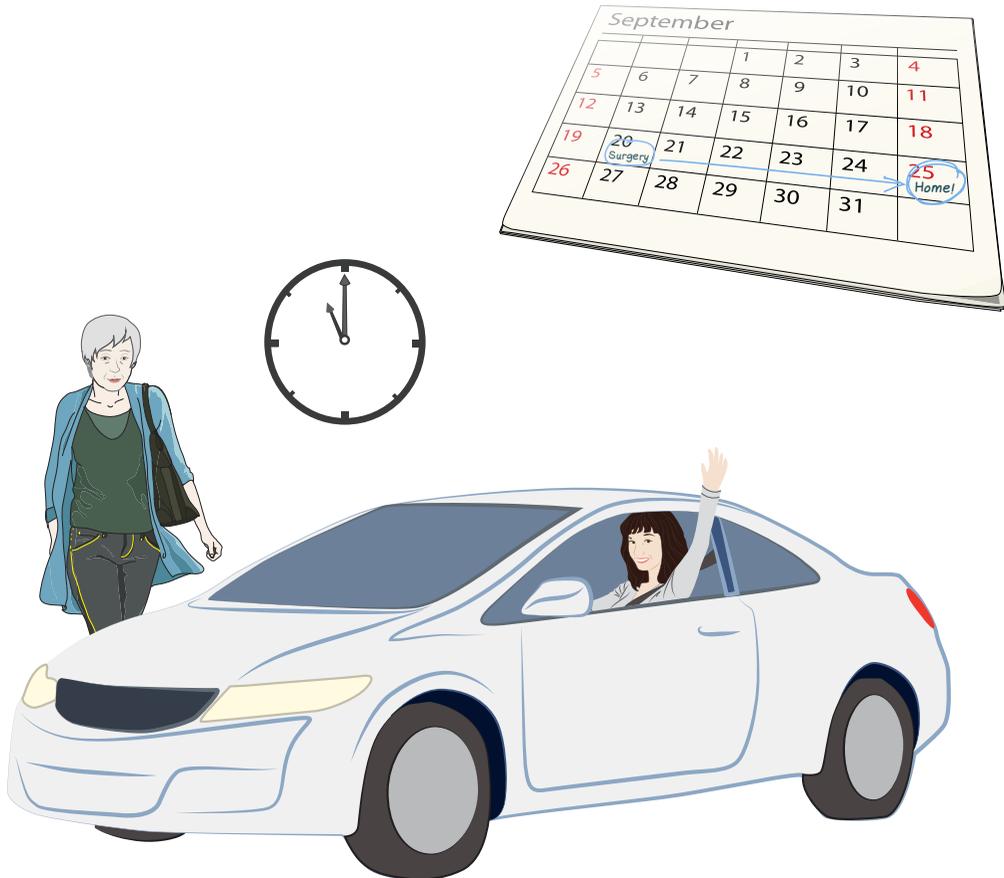
You may go home from the hospital on Day 5 after your surgery. **Remember to arrange your ride.** Please tell your nurse if you have any concerns about going home.

Goals for Day 5: Going home

Plan to go home today before 11 a.m.

Before leaving the hospital, make sure you are given the information to make a follow-up appointment with your doctor and a prescription for your medication (if applicable).

If you have clips or stitches to be removed, we will arrange for the CLSC to remove them.



Pain

You may have pain for a few weeks after surgery. Follow the instructions your doctor and nurse give you for treating your pain.

Take acetaminophen (Tylenol®) and your anti-inflammatory (Naproxen®) to relieve your pain. If your pain is not controlled by acetaminophen (Tylenol®) and the anti-inflammatory (Naproxen®), take the narcotic (Oxycodone®) that your doctor ordered.

If the anti-inflammatory or other pain medication are causing burning or pain in your stomach, stop taking them and call your surgeon.



If you have severe pain that is not relieved with medication, call your surgeon or go to the emergency room.

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

- Drink more liquids
- Eat more whole grains, fruits and vegetables
- Get regular exercise (a 30 minute walk is a good start)
- Take laxative your doctor ordered



Diet

You can eat anything you want to unless told otherwise by your doctor, nurse, or nutritionist.

Include foods that contain protein to help your body heal. Meat, fish, poultry, and dairy products are a good source of protein.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Add nutritious snacks between meals. Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost.



If you are nauseous and cannot keep fluids down, call your surgeon.

Incisions

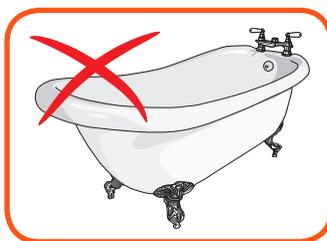
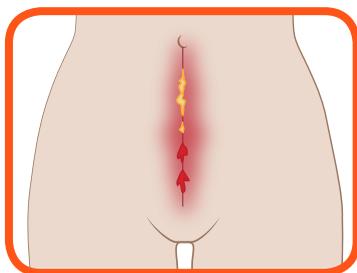
Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery.

You may take a shower 5 days after your surgery.

Let the water run softly over your incision(s) and wash the area gently.
Do not scrub.

Avoid tub baths until your doctor tells you that it is ok.

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



Call your surgeon if your incision becomes warm, red, and hard, or if you see pus or drainage coming from it.

Vaginal Bleeding

It is normal to have light bleeding for up to 2 weeks after your surgery. Some patients may have discharge or spotting lasting up to 6 weeks while the stitches in the vagina are absorbing. Call your surgeon if you have heavy bleeding similar to your period, blood clots, or foul smelling vaginal discharge.

Do not use a vaginal douche, it can increase your risk of developing an infection.

If you have some vaginal bleeding, use sanitary pads or panty liners,
do not use tampons.

Activities

After you go home:

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Do not lift more than 5 pounds for 6 weeks after your surgery.
- Ask your surgeon when it is safe for you to drive. Do not drive while you are taking narcotic pain medication or for 1 month after your surgery.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- Avoid penetration during sexual activities until the follow up appointment with your surgeon. Ask your surgeon at the appointment if it is ok for you to resume your usual sexual activities. It usually takes 6 to 8 weeks to resume all your normal activities.

Ask your family and friends for help with:

- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning



Medication to prevent blood clots

You will receive an injection once a day to prevent blood clots for 28 days after your surgery. While you are in the hospital your nurse will teach you about the injection. If you are unable to give yourself the injection, CLSC services we will be arranged to help you with the injections at home.

Your nurse will provide you with an instruction sheet on how to give yourself the injection. Please follow each step.



Menopause

If you have not gone through menopause, you will have surgical menopause when both of your ovaries are removed. The amount of hormones circulating in the blood drops suddenly.

Some of the main symptoms of menopause are:

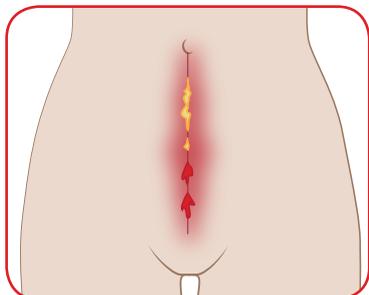
- Hot flashes, night sweats
- Vaginal dryness (lubrication problems)
- Fatigue
- Mood swings
- Changes in sexual desire
- Insomnia

If you experience any of the changes of surgical menopause, speak with your doctor or nurse for information about how to best manage your symptoms.

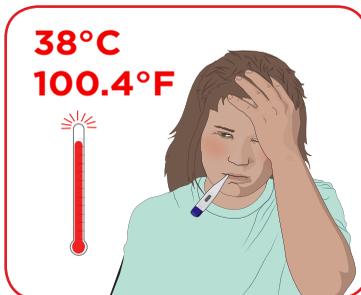
Sexuality

Many patients who have had ovarian cancer worry about their sexual life will be affected. Having cancer may affect how a woman feels about herself, her relationships, and her comfort with sexual intimacy. It is important to be aware of how you are feeling, and discuss any questions or concerns with your partner, your doctor or nurse.

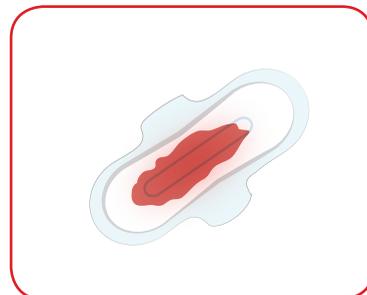
When to call your surgeon...



Your incision(s) are warm, red or you see pus coming from it.



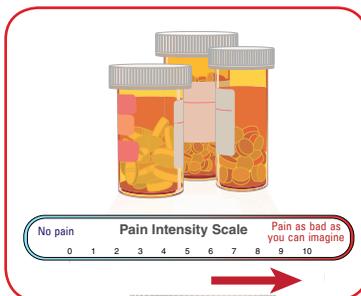
You have a temperature higher than 38°C/100.4°F.



You have heavy vaginal bleeding similar to your period, blood clots, or foul smelling vaginal discharge.



You cannot drink or keep liquids down (nausea or vomiting)



You have more pain and your pain medicine does not help.



You have urinary frequency, burning sensation, or pain when you urinate.



If you cannot reach your surgeon, go to the nearest Emergency Department.

Follow up appointment

You will have a follow up appointment with your surgeon a few weeks after your surgery. You will be given information about when the appointment will be when you are discharged from the hospital.

If you have any questions, phone us.

Drs. Gilbert/Jardon/Zeng: 514-843-2833

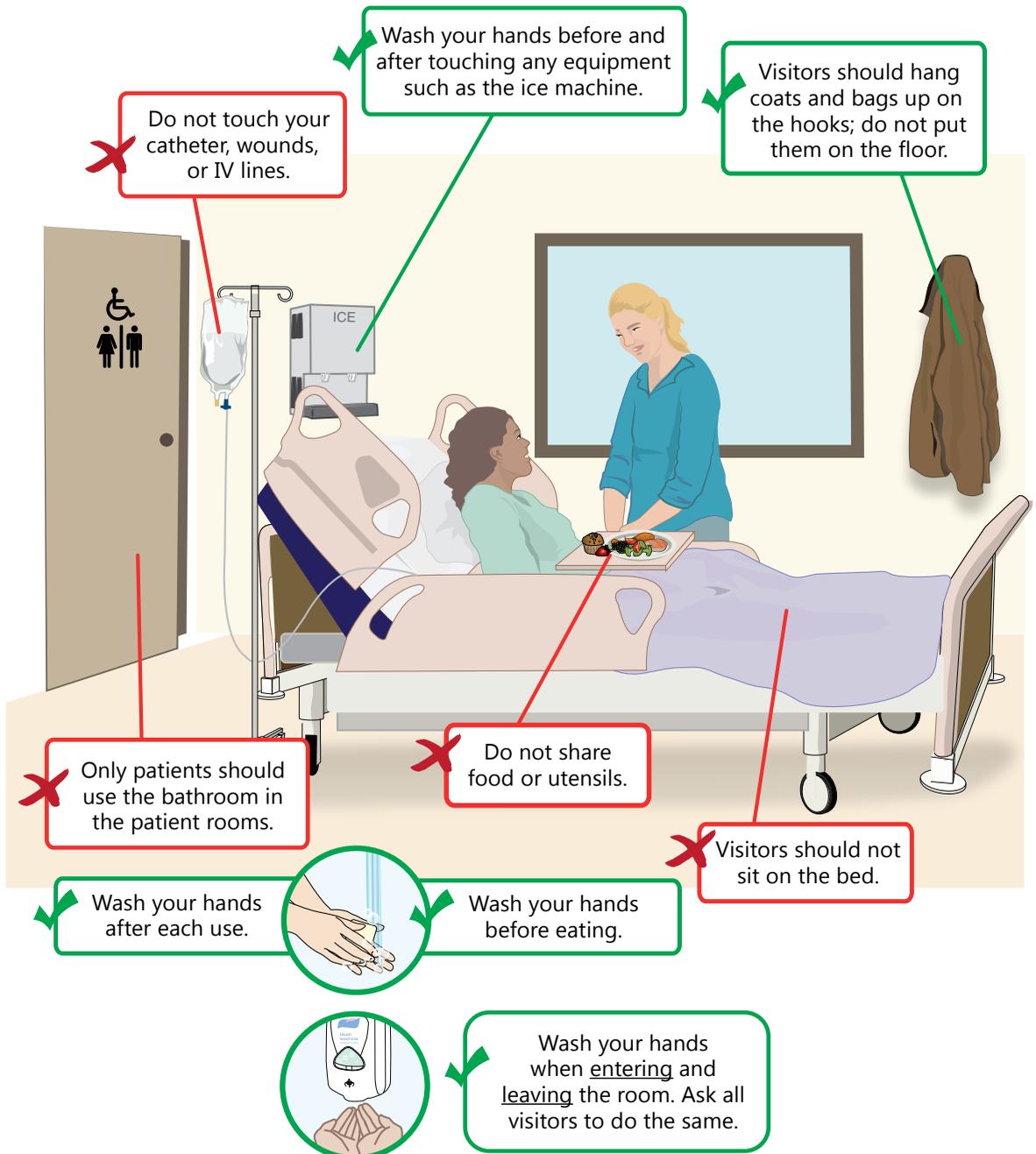
Other surgeon: _____

Gyne-Oncology Clinic

Tel: 514-934-4400

Room: DRC. 1438 (Block D, RC level, Centre Cedar Cancer)
Royal Victoria Hospital

Tips for preventing infection in the hospital room



Websites of interest

For more information about menopause:

www.menopauseandu.ca

For more information about anesthesia:

www.cas.ca/english/patient-information

For more information about ovarian cancer:

www.ovariancanada.org

www.muhcguides.com/module/ovarian

This booklet and many other patient education materials can be downloaded at the MUHC Patient Education Office website:

www.muhcpatienteducation.ca

RVH parking information at the Glen site:

www.muhc.ca/glen/handbook/parking-hospital

Resources to help you stop smoking

- Quit line : 1-866-527-7383 (free) or www.iqitnow.qc.ca
- Quit Smoking Centers, ask your CLSC for information
- The Quebec Lung Association: 1-888-768-6669 (free) or www.pq.lung.ca
- Smoking cessation clinic at the MUHC:
send the consultation by fax: 514-934-8488
(requires referral from your doctor)



Parking information

Note that these rates were in effect in May 2018 and could have changed since the printing of this booklet. Please visit link on p.33 for the updated rates.



MINIMUM AND MAXIMUM 24H RATES

0-30 minutes	FREE	
4-24 hours	FLAT RATE	\$24
EXPRESS PARKING 4-24 hours	FLAT RATE	\$30

REDUCED PARKING RATE PASSES

WEEKLY PASS	7 DAYS	\$60	Unlimited entry and exit at the hospital where the pass was purchased	Available at payment machines
	14 DAYS	\$85		
LONG-TERM PASS	30 DAYS	\$70	Certain conditions apply	Available at the Customer Service Parking Office
FLEXI-PASS	7 VISITS	\$100	1 entry 1 exit per visit No expiry date	Available at the Customer Service Parking Office

WHERE TO PAY



Cash or by credit card
Visa or MasterCard

**Automated payment machines
on each P level**



By debit card or
credit card

**Customer Service Parking
Office on RC level**



By credit card Visa or
MasterCard

**Barrier gate at exit
(hourly parking only)**

CONTACT US



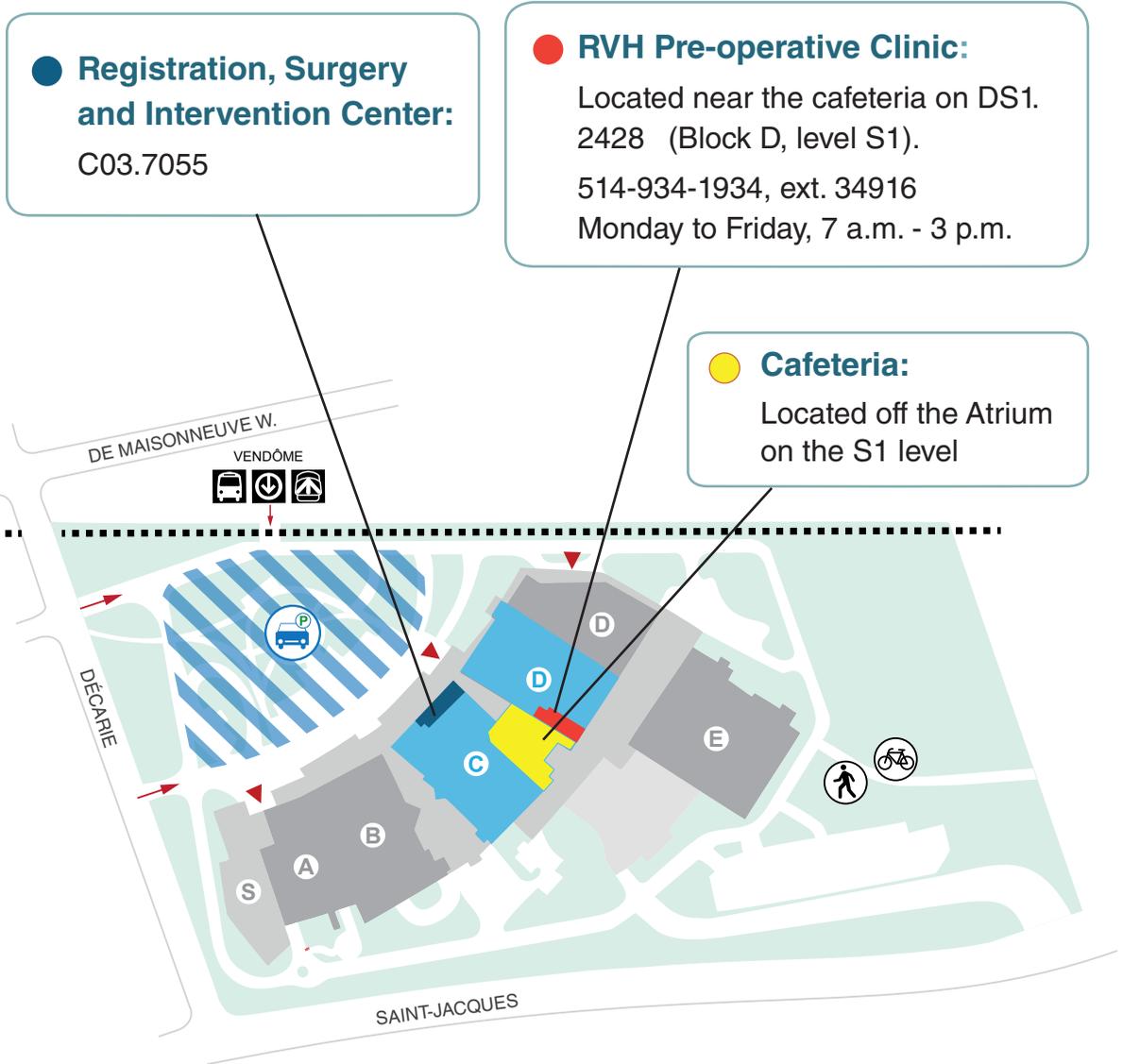
Monday to Friday
8 a.m. to 12 p.m.
1 p.m. to 4 p.m.

Customer Service Parking Office
Royal Victoria Hospital Main Entrance
D RC1000 514 934-1934, 32330
Montreal Children's Hospital Main Entrance
A RC1000 514 412-4400, 23427



If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.

Map of the Royal Victoria Hospital at the Glen site



Centre universitaire de santé McGill  McGill University Health Centre

Office d'éducation des patients
Patient Education Office

Glen site: 1001 Décarie Blvd. Montreal, QC H4A 3J1

A + B Montreal Children's Hospital

C + D **Royal Victoria Hospital**

D Montreal Chest Institute

D Cedars Cancer Centre

E MUHC Research Institute

S Shriners Hospitals for Children

▶ Main Entrances

 Underground Parking (patients and visitors)