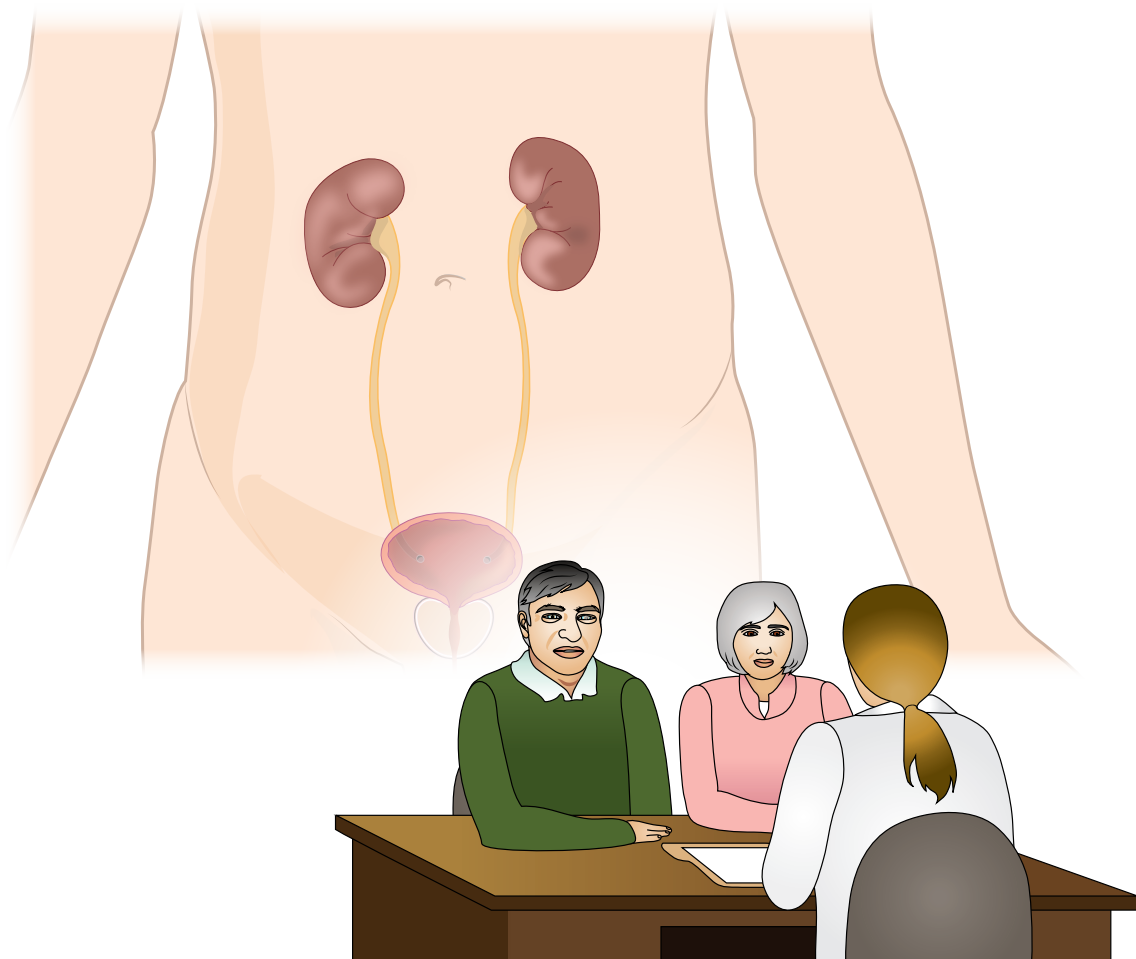


A Guide to Bladder Removal Surgery



FINANCÉ PAR / FUNDED BY

Réseau de
cancérologie
Rossy

Rossy
Cancer
Network



Hôpital général juif
Jewish General Hospital

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Ouest-
de-l'Île-de-Montréal

Québec



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.

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

We would like also to thank the Rossy Cancer Network (RCN) for their financial support throughout the development of this program.

© copyright 25 January 2018, McGill University Health Centre.
Reproduction in whole or in part without express written permission of patienteducation@muhc.mcgill.ca is prohibited. The information in this booklet is accurate as of December 2017, referencing the *Enhanced Recovery After Surgery* guidelines published in 2013.



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.

You can find a copy of this pamphlet on the
JGH Patient & Family Resource Centre website: (www.jhg.ca/PFRC)



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

Table of Contents

Introduction

What is a care pathway?	4
What is the urinary system?	5
What is a bladder removal surgery?	6
What is ileal conduit?	8
What is orthotopic neobladder?	9

Before your surgery

Preparing for your surgery	12
Pre-operative Clinic visit	14
Phone call from Admitting	15
Cancelling your surgery	16
Washing	17
Diet	18
What to bring to the hospital	19

Day of surgery

At the hospital	20
-----------------	----

After your surgery

In the Recovery Room	21
Pain control	22
Exercises	23
To do the evening of your surgery	25
One day after surgery	26
Two days after surgery	27
Three days after surgery	28
Four days after surgery	29
Five days after surgery until discharge	30
Going home	31

At home

Pain	32
Incisions	32
Diet	33
Activities	34
When to call your doctor	35

Resources

Suggestions to help you stop smoking	36
Suggestions to help you stop drinking	37

Notes	38
-------	----

Map of Jewish General Hospital	back cover
--------------------------------	------------

What is a care pathway?

When you are admitted to the hospital for a Bladder surgery, you will be part of a fast recovery program called a Clinical Care Pathway. This program combines the best medical research available to help you recover quickly and safely. Your health care team worked together to create this pathway.

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

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. It will help you to feel better faster and go home sooner.

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you when you go home.

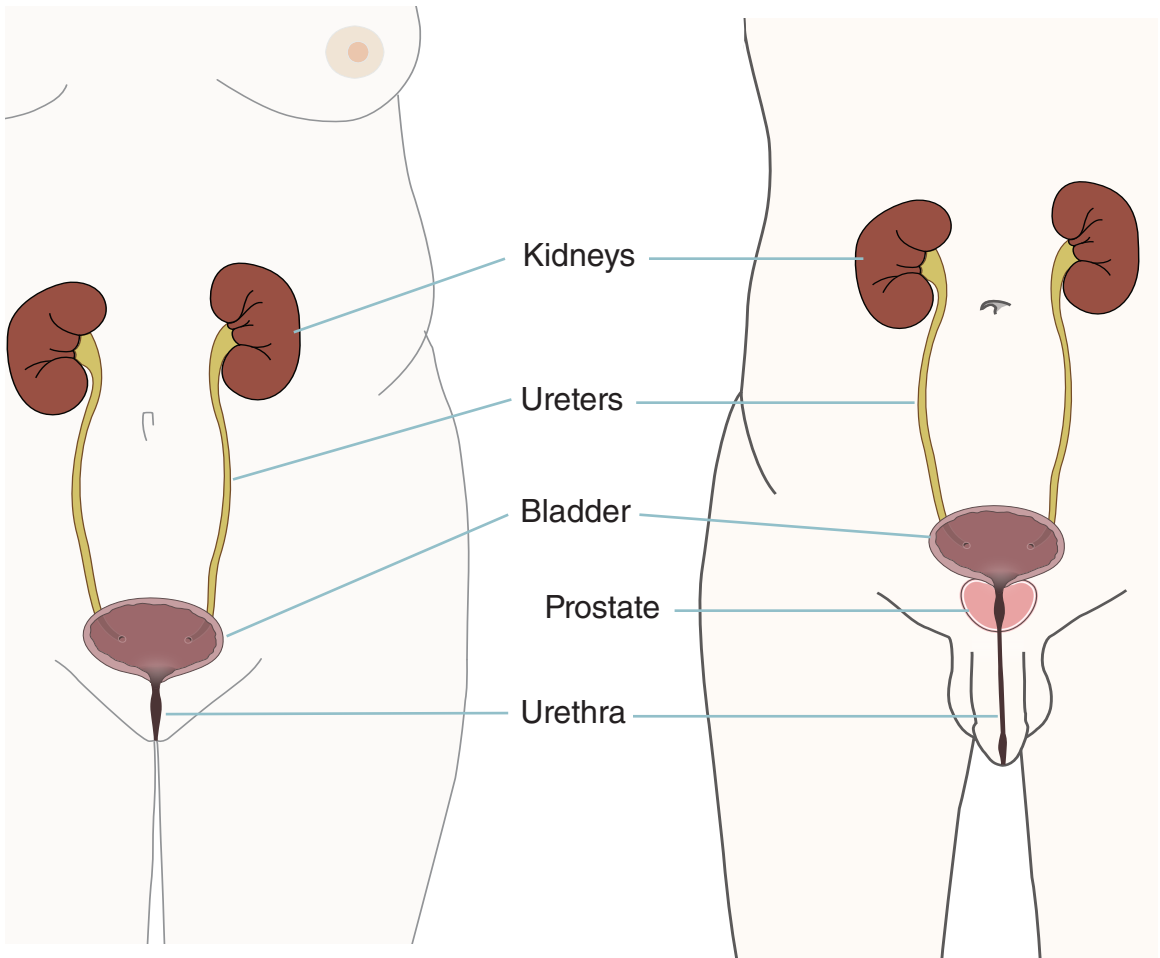
Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

Your Jewish General Hospital Urology surgery team

If you do not speak French or English,
please bring someone to translate for you.

What is the urinary system?

The urinary system is made up of your kidneys, ureters, bladder and urethra. The kidneys filter your blood and remove waste in the form of urine. Urine travels from your kidneys to your bladder through narrow tubes called ureters. The urine is stored in your bladder until you urinate (pee), when it leaves your body through your urethra.

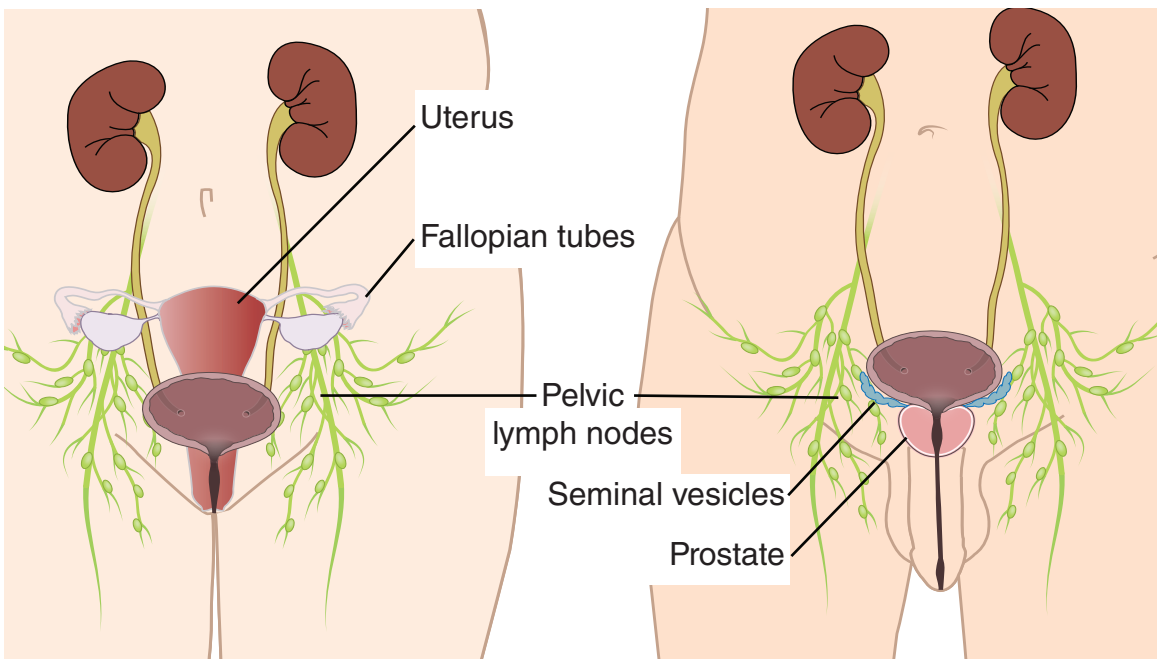


What is bladder removal surgery?

Surgery to remove your whole bladder is called radical cystectomy. The most common reason for doing this is for cancer that has spread beyond the inner lining of your bladder.

- In women, the surgeon will also remove part of your vaginal wall, your uterus, cervix, fallopian tubes, and pelvic lymph nodes.
- In men, the surgeon will also remove your prostate, seminal vesicles, and pelvic lymph nodes.

This is because bladder cancer can come back in these areas.



Once your bladder is removed, you will need another place to collect urine. There are different ways to do this. Your surgeon will talk with you about which operation is best for you.

What is bladder removal surgery?

The surgery may be done 2 ways. Your surgeon will discuss the best approach with you depending on your situation. The time ranges for bladder surgery is from 4 to 6 hours depending on the approach.

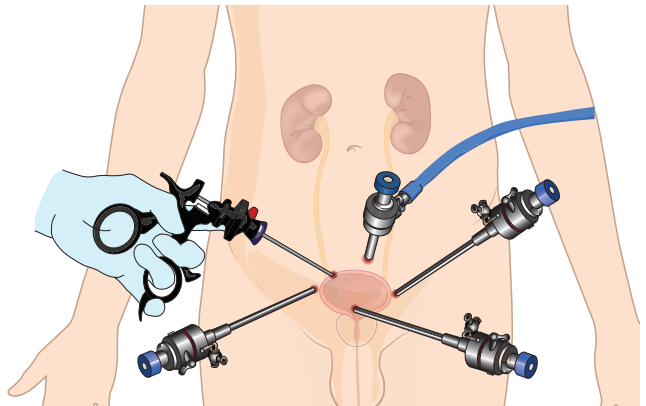
1. Minimally invasive

Minimally invasive surgery involves doing the same operation using a camera and small incisions.

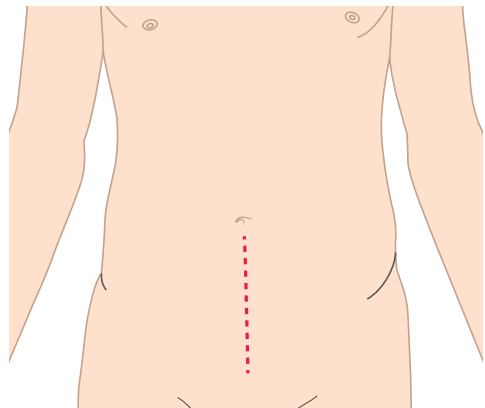
Patients who have this type of surgery usually have:

- Shorter hospital stay
- Less pain
- Earlier return to your regular activities
- Fewer wound infections
- Less scarring
- Longer surgical time

Minimally invasive surgery



Open surgery



2. Open

The surgeon works through one long cut in your belly.

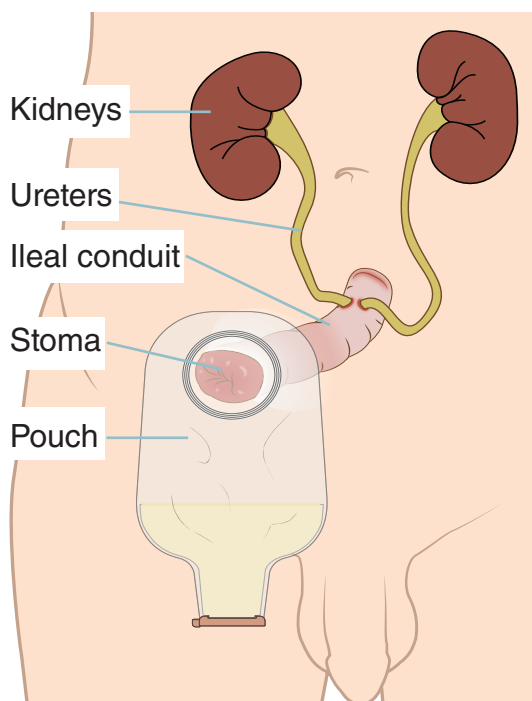
What is radical cystectomy with ileal conduit?

Radical cystectomy is an operation to remove your bladder. An ileal conduit allows urine to flow out of your body after your bladder has been removed. You will not be able to control when to urinate. You will wear a pouch to collect urine. In rare cases a conduit that ables you to control the urine flow is chosen. If it is the case, you will not have a pouch to collect urine.

To create an ileal conduit, the surgeon removes a piece of your small bowel (ileum) to use as a conduit (tube) for urine to leave your body. He closes one end of the conduit, attaches the ureters to the wall of the conduit, and brings the open end through the abdominal wall.

This new opening in your abdomen is called a stoma.

When the operation is finished, your urine will travel down the ureters, through the conduit, and out through the stoma. While you are in the hospital, you will have thin drainage tubes called stents coming out of your stoma.



You will meet with an Enterostomal Therapy (ET) Nurse, before and after your surgery. This is a nurse who specializes in ostomy and wound care. She will mark the site for your ileal conduit before your surgery and help you learn how to take care of it afterwards.

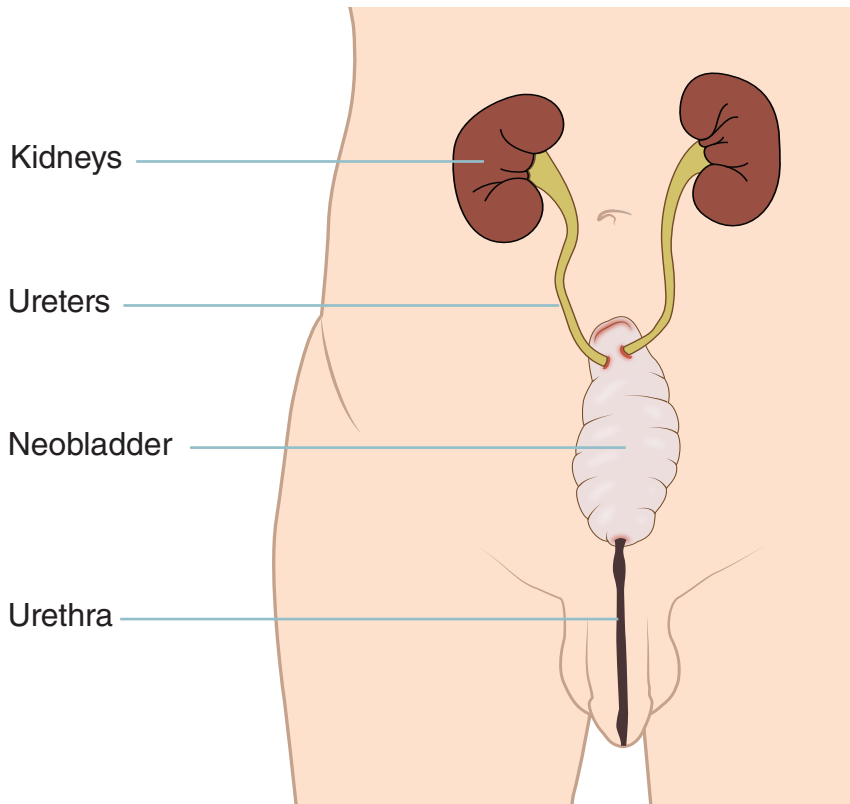
You may contact the Enterostomal Therapy Nurses at 514-340-8222: ext. 24691, ext. 24346 or ext. 22956

What is radical cystectomy with orthotopic neobladder?

Radical cystectomy with orthotopic neobladder is an operation to remove your bladder and create a new bladder to collect urine.

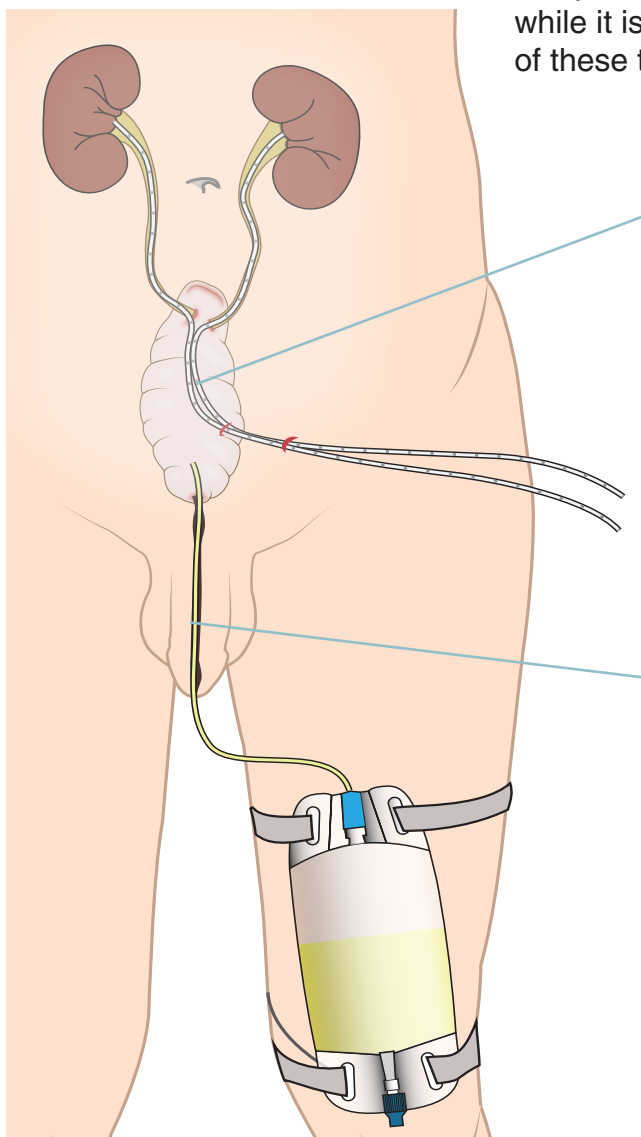
Orthotopic means “in the same place.” Neobladder means “new bladder.” Your surgeon will make a new bladder using a piece of small bowel, sewn together to form a pouch. The bottom part of the pouch is connected to your urethra.

This new pathway is made to act like your normal urinary system.



What is radical cystectomy with orthotopic neobladder?

Temporary tubes will drain your new bladder while it is healing. You may have some or all of these tubes.



Ureteral stents

These are thin tubes that drain urine from your kidneys while your new bladder is healing. The ends go through a small opening in your abdominal wall. A small plastic pouch will collect urine temporarily. The opening will close on its own once the tubes are removed.

Urinary catheter

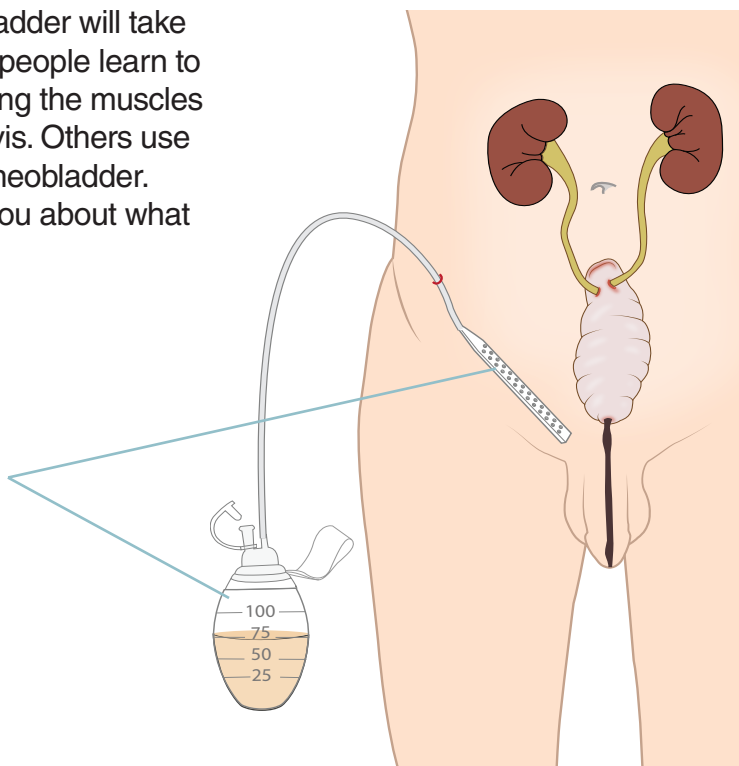
This is a tube that goes through your urethra into your new bladder. It protects the area where the urethra has been joined to the neobladder while it heals. You will go home with this tube. It will be removed on one of your follow up visits with your doctor.

What is radical cystectomy with orthotopic neobladder?

Since your neobladder is made out of a piece of bowel, it produces mucus. This is a thick substance made in the lining of your bowel, and it can clog your tubes. We will teach you how to irrigate your catheter while you are in the hospital and for a few weeks after you go home.

Getting used to the neobladder will take time and patience. Some people learn to empty the neobladder using the muscles in their abdomen and pelvis. Others use a catheter to empty their neobladder. Your doctor will talk with you about what to expect.

Jackson-Pratt drain



Besides the tubes that drain your bladder, you will have a Jackson-Pratt drain in your belly to collect fluid that can build-up in your belly. It will be removed before you leave the hospital.

Preparing for surgery : what you can do

Be active

Exercise will help your body to be as fit as possible before your surgery. If you are already active, keep up the good work! If you are not, start adding activity into your day. Exercise does not need to be hard to make a difference. A 15-minute walk is better than no exercise at all. If possible, aim to walk 1-2 hours every day.



Stop smoking

We strongly suggest you stop smoking completely 3-4 weeks 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 36 to learn more.



Restrict alcohol

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with the medicine you will receive in the hospital. Please tell us if you need help drinking less before surgery.

See page 37 to learn more.



Preparing for surgery : what you can do

Plan ahead

You may need help with meals, laundry, bathing or cleaning when you go home from the hospital. 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 at home.



Arrange transportation

You may go home from the hospital 7 days after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.



Pre-operative Clinic visit

Before your surgery, you will have an appointment at the Pre-Surgical Screening Clinic. Please bring this booklet to your appointment.

During your visit at the clinic, you may:

- Have blood tests, an electrocardiogram (ECG), a chest x-ray, computed tomographies (CT scans) and other tests prescribed by a doctor.
- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital.
- Meet with an Enterostomal Therapy (ET) Nurse.
- Meet with a doctor who will review your medication and 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 medicines and natural products before surgery. The Pre-Surgical Screening Clinic doctor will explain which medicines you should stop and which ones you should keep taking.

Please ask your pharmacist for a list of your medications and fax this list to us at **514-340-7583**.



JGH Pre-Surgical Screening Clinic:

Pavilion A, 6th floor, room 605.

If you have any questions, you may contact the Pre-Surgical Screening Clinic nurses at

514-340-8222, extension 22944

Monday to Friday, 8:00 to 16:00.

Phone call from Admitting

The day before your surgery, the Admitting Department will phone you to tell you when to come to the hospital. You may be admitted that evening or the next morning.

The time of surgery is not exact. It may happen earlier or later than planned.



Date of surgery: 

Time of arrival at the hospital:

Location: If you are admitted in the morning, go directly to the **Perioperative Unit**, 1st floor of Pavilion K. Enter Pavilion K at 5767 Légaré Street. Take the main public elevators on your left (K #1-4) to the 1st floor. Follow the signs to the Perioperative Unit. Their phone number is **514-340-8222, extension 25199**.

If you are admitted the evening before, go to the Admitting Office at Pavilion B 114, right by the Côte-Ste-Catherine entrance. They will assign you a room.

If you do not receive a call by 7pm the day before your surgery, call the Admitting Department at 514-340-8222, extension 28211.

Cancelling your surgery

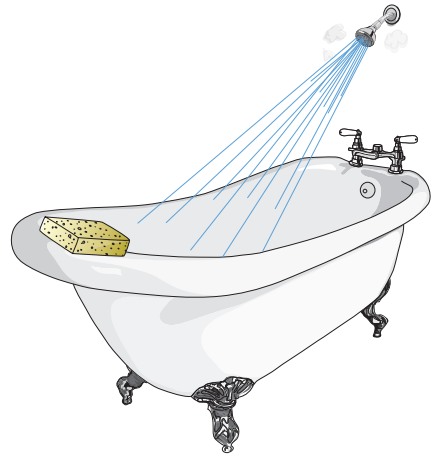
If you get sick or become pregnant, please call your surgeon's office as soon as possible at **514-340-8222 extension 24904**.

On the day of your surgery, your surgery may be delayed or canceled because of an emergency. If it happens, we will call you and reschedule the surgery.



Washing

Before your surgery, you will need to wash yourself using the special sponge or soap you received from the Pre-Surgical Screening Clinic.



The night before surgery:

- Wash your whole body (including your belly button) using one sponge or soap.
- Wear freshly washed clothes to bed.
- **Do not shave the area to be operated on.**

The morning of the surgery:

- Wash your entire body (including your belly button) using one sponge or soap.
- Put on freshly washed clothes.
- Do not wear lotion, perfume, deodorant, antiperspirant, makeup, nail polish, jewelry or piercings.
- **Do not shave the area to be operated on.**



Diet

The nurse in the Pre-Surgical Screening Clinic will explain what to eat and drink before your surgery to give you the energy and nutrients you need to recover quickly.






Some people need to take a bowel preparative (laxative) the day before their surgery. Your surgeon will tell you if you need to do this. If you need a bowel prep, follow the instructions your surgeon gives you about how to take it. Your Pre-op Clinic nurse can also answer your questions.

The day before surgery

- Eat and drink normally until midnight.
- Drink a carbohydrate drink (clear juice) during the evening at around 22:00.
- After midnight, do not have any food, dairy products, or juice with pulp.

The morning of surgery

- Do not eat any food.
- Drink a carbohydrate drink (clear juice), 2 hours before surgery.
- Do not have any dairy products or juice with pulp.

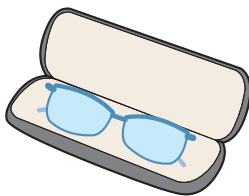
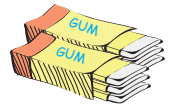
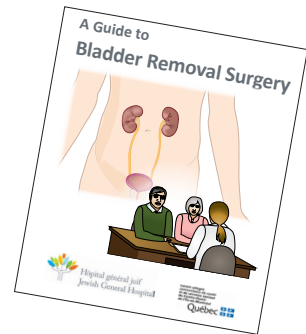
Choose only 1 drink:	Evening before your surgery	Morning of your surgery
 Apple juice	800mL	400mL
 Orange juice without pulp	1000mL	500mL
 Commercial iced tea	1100mL	550mL
 Cranberry cocktail	650mL	325mL
 Lemonade without pulp	1000mL	500mL

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 the first case of the day at 7:30, you will be asked to arrive at 6:30. Stop drinking at 5:30.

A small number of people should not drink at all on the day of surgery. Your nurse will tell you if you need to stop drinking at midnight. Most people should drink clear liquids until 2 hours before surgery.

Things to bring to the hospital

- ☐ This booklet
- ☐ Your medication list
- ☐ Valid Medicare and hospital cards
- ☐ Private insurance information, if you have any
- ☐ Two packages of your favourite gum to help your bowel start to work
- ☐ Bathrobe, slippers, pyjamas, loose comfortable clothing
- ☐ Sleep apnea machine, if needed
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs
- ☐ Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ☐ Cane, crutches, walker, or any ambulation aids you use at home labeled with your name.



Please do not bring anything of value, including credit cards or jewelry. There is no storage available at the hospital for personal items. The hospital is not responsible for lost or stolen items.

At the hospital

Admitting area

If you are admitted on the morning of your surgery, go directly to the Perioperative Unit 1st floor of Pavilion K. Enter Pavilion K at 5767 Légaré Street. Take the main public elevators on your left (K #1-4) to the 1st floor.

Follow the signs to the Perioperative Unit. The phone number of the unit is **514-340-8222, 25199**

If you are admitted the evening before your surgery, go to the Admitting Office, Pavilion B114, right by the Côte-Ste-Catherine entrance.

Pre-operative area

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you. You will have another blood test, if needed.



Operating room

An orderly will take you to the operating room. You will meet your anesthetist (the doctor who will put you to sleep) and other members of your surgical team. They may start an epidural (a small tube for pain control) in your back. You will be asleep and pain-free during your surgery.

Waiting room

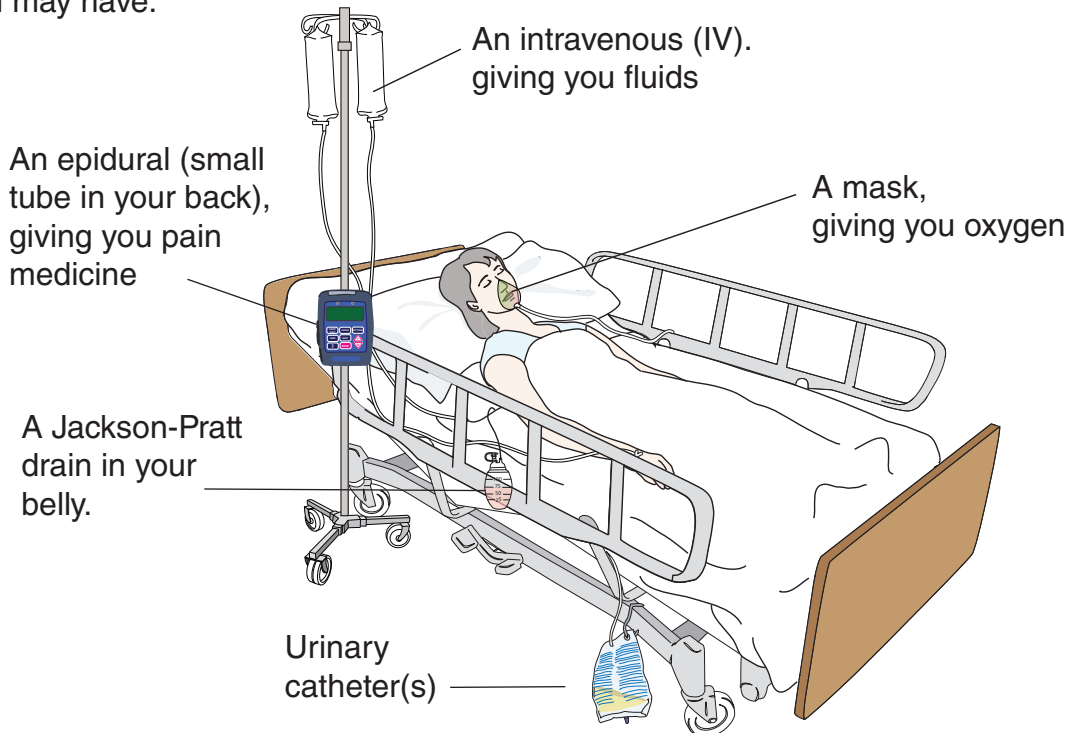
Family or friends may wait for you in the waiting room next to the Perioperative Unit. It will be several hours before they will be able to visit you in your room.

There are no visitors in the Recovery Room unless you are staying there overnight.

In the Recovery Room

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU) also called the Recovery Room. This is a quiet area where patients are watched closely. You will be there for several hours.

You may have:



A nurse will:

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

The recovery room team is there to watch you 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 may visit you once you are in your room.

Pain control

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

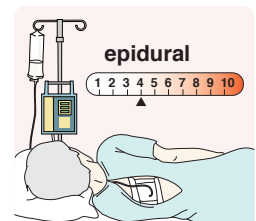
- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10.



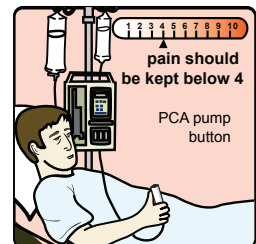
Epidural infusion

Your anesthetist may place a small catheter (tube) in your back to give you continuous pain medicine. 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 2 after surgery.



Patient-Controlled Analgesia (PCA)

Instead of an epidural infusion, some patients have a medicine pump attached to their IV. When you push a hand-held button, the pump gives you a safe dose of pain medicine.



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 is severe before telling us.

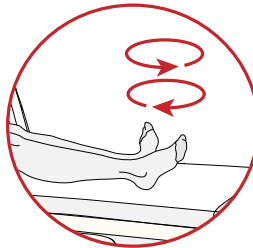
Exercises

It is important to move around in 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.

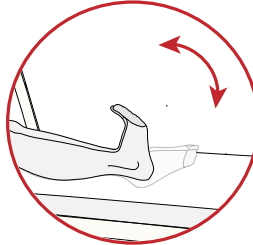
Getting out of bed and walking is very important for your recovery - the earlier the better!

Leg exercises

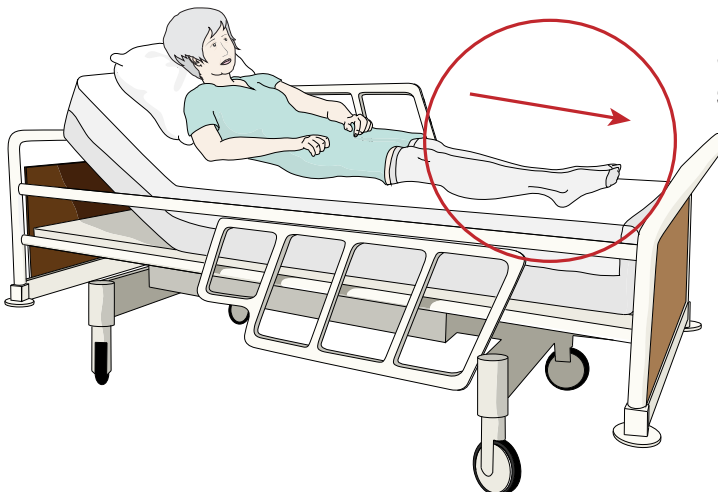
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



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 inspiriometer is a device that helps you breathe deeply.



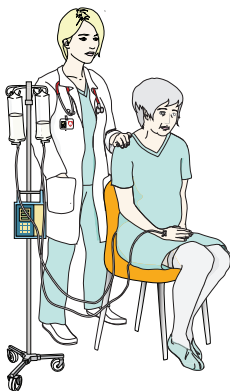
To use your inspiriometer:

- Put your lips around the mouthpiece, breathe in deeply, and try to hold the 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 10 times every hour while you are awake
- Take a deep breath and cough using a small blanket or pillow to support your incision

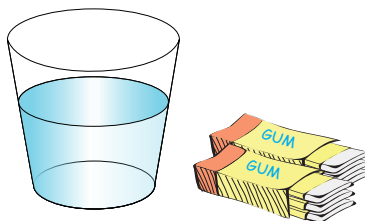
Breathing exercises will help prevent lung complications.

In your room

Goals for the evening of surgery



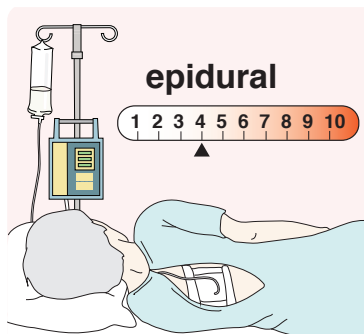
- Get up and sit in a chair with your nurse's help



- Drink sips of water
- Chew gum for 30 minutes to help your bowel start to work

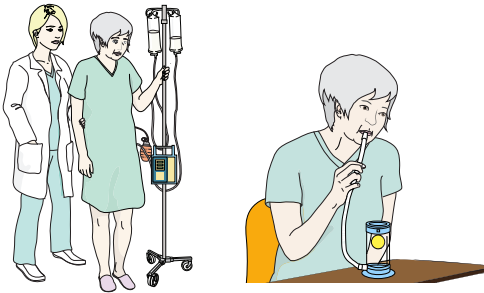


- Do your leg exercises (see page 23)
- Do your breathing exercises (see page 24)

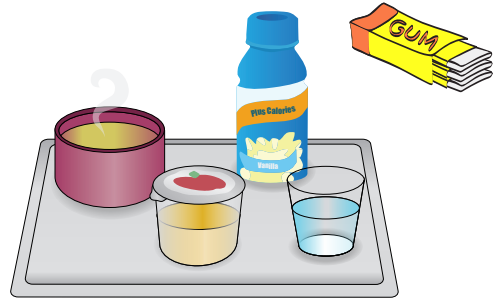


- Tell your nurse if your pain reaches 4/10 on the pain scale

One day after surgery



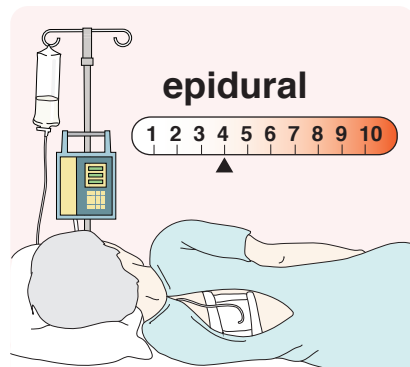
- Sit in a chair for meals
- Walk in the hallway 3 times, with help
- Do your breathing exercises every hour
- Be out of bed intermittently, for a total of 4 hours, as tolerated



- Drink clear liquids, including protein drinks
- Chew gum for 30 minutes, 3 times/day to help your bowel start to work

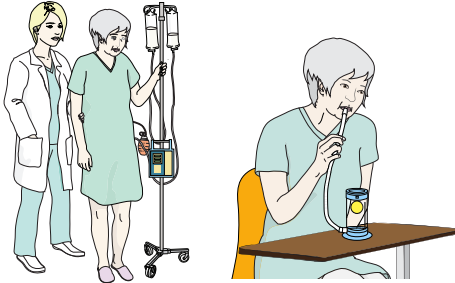


- If you have an ileal conduit, the enterostomal therapist nurse will show you how to empty your pouch.



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

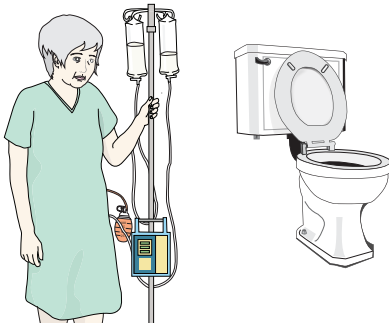
Two days after surgery



- Sit in a chair for meals
- Walk in the hallway 3 times, with help
- Do your breathing exercises every hour
- Be out of bed intermittently, for a total of 6 hours, as tolerated



- Drink liquids, including protein drinks
- Eat regular food, as tolerated
- Chew gum for 30 minutes 3 times/day

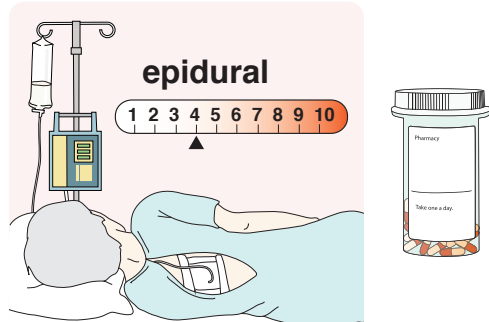


If you have an ileal conduit:

- You will learn how to connect and disconnect your pouch from your night drainage system

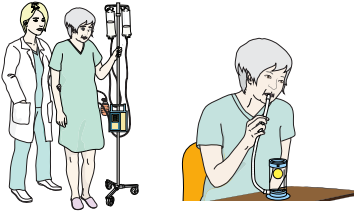
If you have an orthotopic neobladder:

- Your doctor or nurse will irrigate your catheter



- Tell your nurse if your pain reaches 4/10 on the pain scale
- If you have an epidural or PCA for pain control, it might be removed today. You will take medication to control pain

Three days after surgery



- Sit in a chair for meals
- Walk in the hallway 3 times, with help
- Do your breathing exercises every hour
- Be out of bed intermittently, for a total of 8 hours, as tolerated

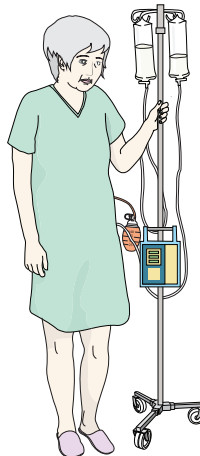


- Drink liquids including your protein drink
- Eat regular food as tolerated
- Chew gum for 30 minutes, 3 times a day

If you have an ileal conduit:

- In the morning, disconnect your pouch from your night drainage system, with help
- During the day, empty your pouch when 1/3 full into the toilet, with help

In the evening, connect your pouch to the night drainage system, with help. Talk with your nurse about skin care around the stoma.



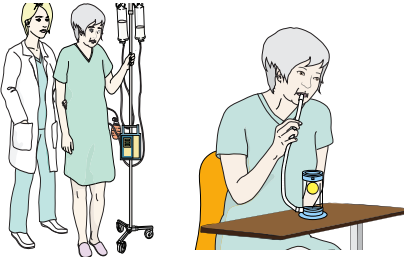
If you have an orthotopic neobladder:

- Your doctor or nurse will show you how to irrigate your catheter



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

Four days after surgery



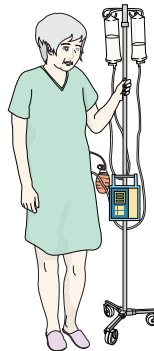
- Sit in a chair for meals
- Walk in the hallway 3 times
- Do your breathing exercises every hour
- Be out of bed intermittently, for a total of 8 hours, as tolerated



- Drink liquids, including protein drinks and eat regular food, as tolerated
- Chew gum for 30 minutes 3 times/day

If you have an ileal conduit:

- In the morning, disconnect your pouch from your night drainage system with help, empty it
- During the day, empty your pouch into the toilet when 1/3 full
- In the evening, connect your pouch to the night drainage system with help
- Talk with your enterostomal therapist nurse about the signs of urinary tract infection (UTI) and how to prevent it
- Your ileal conduit appliance will be changed today



If you have an orthotopic neobladder:

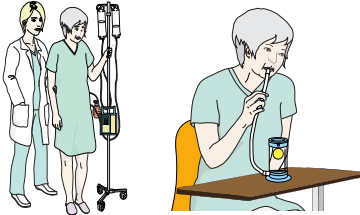
- Your doctor or nurse will show you how to irrigate your catheter



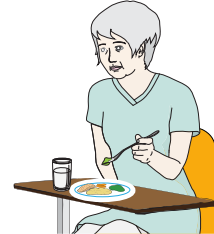
- Tell your nurse if your pain reaches 4/10 on the pain scale

Five days after surgery until discharge

After your Surgery



- Sit in a chair for meals
- Walk in the hallway 3 times
- Do your breathing exercises every hour
- Be out of bed intermittently, for a total of 8 hours, as tolerated

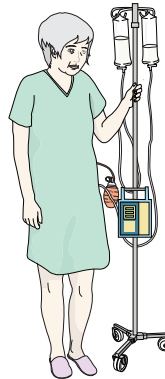


- Drink liquids, including protein drinks and eat regular food, as tolerated
- Chew gum for 30 minutes 3 times/day

Your ureteral stents may be removed today

If you have an ileal conduit:

- In the morning, disconnect your pouch from your night drainage system, empty it
- During the day, empty your pouch into a container or the toilet as needed
- In the evening, connect your pouch to the night drainage system
- Talk with your enterostomal therapist nurse about when and who to contact for medical attention
- Your urinary catheter may be removed today.



If you have an orthotopic neobladder:

- You will irrigate your catheter, with help



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

You may be discharged from the hospital on Day 7 after your surgery. Please tell your nurse if you have any concerns about going home. Remember to arrange your ride.

Going home

Plan to go home today before 11AM.

We will arrange appointments for a CT scan, x-ray, or ultrasound, and a visit with your surgeon in about 3 weeks.

Most patients will have their stents removed before leaving the hospital. If you go home with your stents in place, your surgeon will explain the next steps.

We will arrange for your clips to be removed by the CLSC.

If you have an ileal conduit, the Enterostomal Therapy Nurse will fit you for your ileal conduit appliance and will show you how to use it. She will give you ileal conduit supplies and a product list before you leave the hospital and offer telephone support when you go home. A liaison nurse will contact your CLSC if you need more information. The CLSC nurse will help you until you become comfortable with your ileal conduit appliance.

If you have an orthotopic neobladder, you will visit the urology nurse clinician at the urology clinic a few weeks after you go home. She will help you get used to living with your neobladder.



What you should know

Pain

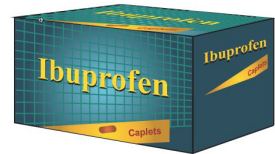
You may have pain for a few weeks after surgery. Take acetaminophen (Tylenol®) to relieve your pain.

If your pain is not controlled by acetaminophen (Tylenol®), add the pain medication that your doctor ordered.

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

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

- Drink more liquids
- Eat more whole grains, fruits and vegetables
- Get regular exercise (a 15-minute walk is a good start)
- Take the stool softeners your doctor ordered



Incisions

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

You may take a shower once your stents are removed.

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

Do not take a tub bath for 2 weeks.

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



What you should know

Diet

You may eat anything you want, unless your doctor, nurse, or nutritionist tell you not to.

Include foods that contain protein to help your body heal. Meat, fish, poultry and dairy products are good sources 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 cannot drink fluids or keep them down, call your surgeon.

What you should know

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 (2.3 kg) for 4-6 weeks after your surgery.
- Ask your surgeon when you may drive. Do not drive while you are taking narcotic pain medication.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- When you are pain free, you may resume most activities.

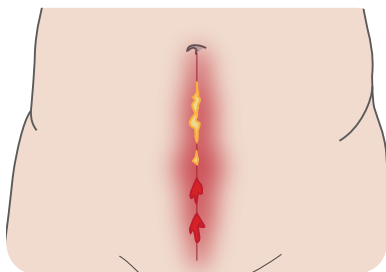


Ask your family and friends for help with:

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



When to call your doctor



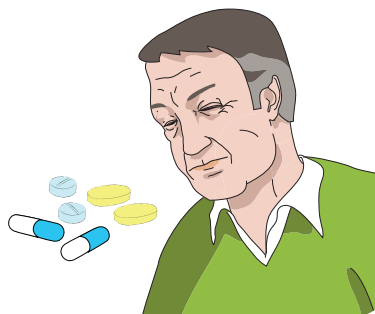
Your incision is warm, red or you see pus coming from it.



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



You have nausea or vomiting when drinking fluids.



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

Contact information

Dr. Franck Bladou: 514-340-8222, ext. 24904

Urology nurses: 514-340-8222, ext. 22041 or 27638

Enterostomal Therapy Nurses at 514-340-8222: ext. 24691, ext. 24346 or ext. 22956

If you cannot reach your doctor, go to the JGH Emergency Department.

Suggestions to help you stop smoking

Phases of quitting:

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



Strategies to help you quit:

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.

Ask 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.

Get more information from:

The Jewish General Hospital's Smoking Cessation Program

514-340-8222 extension 23870

<http://jgh.ca/en/besmokefreegeneralinformation>

Quebec Lung Association

514-287-7400 or 1-800-295-8111

www.pq.lung.ca

Tobacco-Free Quebec

1-866-527-7383

<https://tobaccofreequebec.ca/iqitnow/>

Smoking Cessation Program (in your CLSC)

Suggestions to help you stop drinking alcohol

Get more information from:

Alcochoix + Program

<http://sante.gouv.qc.ca/en/programmes-et-mesures-daide/programme-alcochoix-plus/>

Ministère de la Santé et des Services sociaux (french only)

www.msss.gouv.qc.ca/professionnels/alcool-drogues-jeu/dependances/

Drinking Cessation Program (in your CLSC)



Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Pavilion K entrance:
5676 Légaré

**Perioperative Unit
and waiting room: K1**

**Postoperative unit:
K8 or K9**

Pavilion A entrance:
3755 Côte-Sté-Catherine

Pre-Surgical Screening: A605

Surgical Clinic: A500

