

# A guide to your Microvascular Maxillofacial Reconstructive Surgery



This booklet is to help you understand your surgery.

This booklet gives you information after your surgery: at the hospital and at home.

Bring this booklet with you on the day of your surgery.

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

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Office d'éducation des patients  
Patient Education Office

**PRET SURE**

Parcours de rétablissement chirurgical du CUSM  
MUHC Surgery Recovery Program

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This booklet was developed by The MUHC Surgical Recovery (SURE) working group, Dr. Makhoul and his team of surgeons and the MUHC Patient Education Office.

We would like to thank the MUHC Patient Education Office for their support throughout the development of this document, including the design, layout and creation of all the images. It was reviewed by the Intensive Care Unit nurse, the Occupation Therapist, the Social Worker and the Speech Language Pathologist.

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## IMPORTANT

Information provided in 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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## What is a care pathway?

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When you are admitted to the hospital for microvascular maxillofacial reconstructive surgery, you will be part of a fast recovery 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 pathway.

### **This booklet will:**

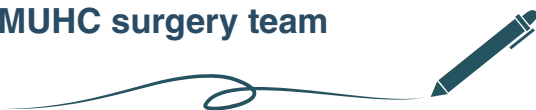
- Help you understand and prepare for your surgery.
- Explain how you can play an active part in your recovery.
- Give you daily goals to achieve.

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. These things will help you to feel better faster and go home sooner.

Bring this booklet with you on the day of surgery. Use it as a guide in hospital and when you go home after your hospital stay. 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. Ask us if you have questions about your care.

### **Your MUHC surgery team**



## **What is microvascular maxillofacial reconstructive surgery?**

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Let's break down these words.

**Maxillo** means jaw.

**Facial** means face.

**Maxillofacial** surgery means a surgery involving the jaw, the face area and also the mouth.

**Reconstructive** means that skin and sometimes bone will be replaced to rebuild the area where the tumor was removed.

**Microvascular** describes how your surgeon will reconnect the blood vessels from the donor site to the operative area to help healing.

Refer to your booklet “**A guide to your MaxilloFacial Surgery**” for details and explanation about the grafts.

Depending on your surgery, you may need a skin graft or a skin and bone graft or possibly a combination of 2 flaps. Your surgeon will decide what area or which graft site is better for you.

The flap is sewn into the hole created by the removal of your tumor replacing bone, skin and muscle. The blood vessels (artery and vein) supplying and draining the flap are joined to blood vessels in your neck under a microscope. This makes sure that blood is sent to the tissue and helps in the healing of the flap and the area around it.

Some patients may also have a tracheostomy tube inserted during the surgery. A tracheostomy is an opening made into the windpipe (trachea), to help you breathe easier. The surgeon inserts a tube in that opening to keep it open. Your surgeon will explain to you if you need a tracheostomy tube.

**For more information on tracheostomy tube see the link below.**

[www.muhcpatienteducation.ca/DATA/GUIDE/548\\_en~v~tracheostomy.pdf](http://www.muhcpatienteducation.ca/DATA/GUIDE/548_en~v~tracheostomy.pdf)

## Preparing for your surgery

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### Be active

Exercise will help your body to be as fit as possible. 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 strenuous to make a difference. A 30-minute walk is better than no exercise 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 41 to learn more.



### Restrict alcohol

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

Tell us if you need help decreasing your alcohol use before surgery.



## Preparing for your surgery

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### 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 foods that can be pureed in a blender.

A nutritionist will talk to you about this.

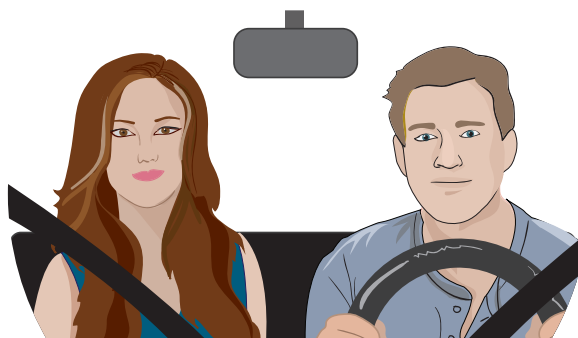
Make plans with your family and friends so you will have the help you need.



### Arrange transportation

The day of surgery is called Day 0. You may go home from the hospital on Day 8 after your surgery. Tell your nurse if you have concerns about going home.

Remember to organize a ride back home.



## Preoperative Clinic visit

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### During your Preoperative Clinic visit, you will:

- Meet with a nurse who will tell you how to get ready for your surgery and what to expect on the day of your surgery.
- 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 also:

- Need to stop taking some medications and natural products before surgery. During this appointment, your doctor will tell you which medications you should stop and which ones you should keep taking.
- Have an electrocardiogram (ECG) to check how your heart works.
- Meet with other personnel such as, social workers or geriatricians. Each patient is different and has different needs.
- Talk to a nutritionist to avoid weight loss. If you are feeling stressed about losing weight this meeting might help to reduce the stress.
- Have blood tests.



**If you have any questions, call the Preoperative Clinic nurses at 514-934-1934, ext. 43778, Monday to Friday from 1 p.m. to 3 p.m.**

**Pre-operative Clinic: E10-117 (E wing, 10<sup>th</sup> floor, room 117).**

## Phone call from Admitting

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The day before your surgery, the Admitting Department will phone you, to tell you when to come to the hospital.

They will ask you to arrive 2 to 3 hours before your planned surgery time. The time of surgery is not exact. It may happen earlier or later than planned.

**Exception:** If your surgery is planned for 7:30 a.m., they will ask you to arrive at 6:00 a.m.



**Date of surgery:** \_\_\_\_\_

**Time of arrival at the hospital:** \_\_\_\_\_

**Room: Surgical Admission Services D10-124  
(D Wing, 10<sup>th</sup> floor, room 124).**

**If you do not receive a call by 2 p.m., contact  
the Admitting Department at 514 -934 -1934 ext. 42190.**

## **Cancelling your surgery**

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**If you are sick, pregnant, or for any reason you are unable to come to the hospital for your surgery, call as soon as possible both:**

Your surgeon's office

**and**

the Central Operating Room Booking (CORB)

at 514-934-4460 (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.
- The date of surgery.
- Your telephone number.
- Your hospital card number.
- The surgeon's name.
- The reason for cancelling for postponing your surgery.
- The timeframe you are not available to have the surgery.

**If you need to cancel your surgery the day before, and it is after 3 p.m.:**

- Call the Admitting Department at 514 - 934 - 1934 ext. 42190.



**The Montreal General Hospital  
is a Trauma Centre.**

**This means that your surgery  
might need to be delayed or  
cancelled because of an  
emergency.**

**Your surgeon will reschedule  
you as soon as possible.**



## Washing

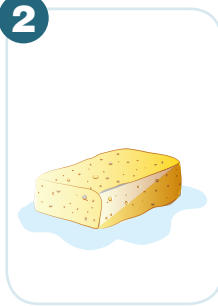
### The night before surgery:

1



Use regular soap and shampoo for your face and hair.

2



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

3



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

4



Do not shave the area where the operation will be done.

**Men with beards need to shave their beards completely off.**

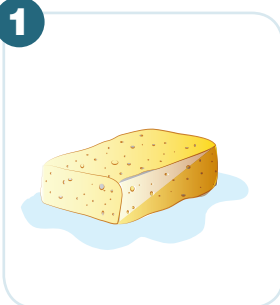
5



Wear clean clothes (nightgown, pyjamas) to bed.

### The morning of surgery:

1



Take a shower by using the 2<sup>nd</sup> sponge you were given.

2



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

3



Do not shave the area where the operation will be done. **Men can shave their beard as usual.**

4



Put on clean and comfortable clothes.



Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like marathon runners, patients going for surgery should also prepare and feed their bodies. The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

### Day before surgery

#### Until midnight:

- Eat and drink normally until midnight (unless told otherwise).

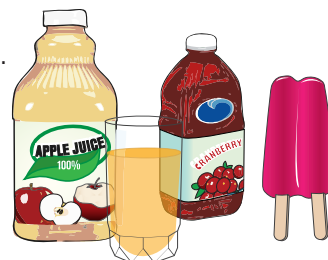
#### After midnight:

- Do not have any food, dairy products, or juice with pulp.
- Drink clear fluids up to 2 hours before your surgery.

You can drink any clear juice (juice that you can see through) and have jello or popsicles.

**Exception:** If you are asked to come at 6 a.m. stop drinking any clear fluids at 5:30 a.m.

**Remember:** Some people should not drink at all after midnight. Your nurse will tell you if you need to stop drinking at midnight.



### The morning of surgery:

Drink 1 PREcovery® beverage. This drink has special sugars and salts that will give you energy.

#### When?

- Drink it **2-3 hours before surgery**.
- This is usually the same time that you are asked to arrive at the hospital.
- If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

#### How?

1. Measure 400 mL (1 and  $\frac{3}{4}$  cups) of cold water.
2. Add all of the content of the powder pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.



Want to know more about PREcovery®? Follow this link:

[www.enmednut.com/products/precovery](http://www.enmednut.com/products/precovery)

## What to bring to the hospital

- ☐ This booklet.
- ☐ Medicare and hospital cards.
- ☐ Private insurance information, if you have any.
- ☐ The list of medication you take at home (your pharmacist may give you one).
- ☐ Bathrobe, non-slip slippers or shoes, pyjamas, loose comfortable clothing.
- ☐ Comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs.
- ☐ Pencil and paper (for patients who will be unable to speak after the surgery).



### If needed:

- ☐ Glasses, contact lenses, hearing aids, and their storage containers labeled with your name.
- ☐ Cane, crutches, walker, labeled with your name.

Bring these items in a small luggage labeled with your name. The storage space is limited.



**Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.**

**(Note that if you are interested in renting a TV you will need to pay with either a credit card or cash. Have someone take the credit card home after paying or have them arrange payment).**



## At the hospital

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### Admitting area:

Report to Surgical Admission Services (D10.124) at the time you were given. The admitting clerk will ask you to sign an admission form. You will be asked what kind of room you prefer.

**Take note:** It is not always possible to have a private or semi-private room.

### In the Preoperative admitting area, your nurse will:

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



You may be asked to put on tight elastic stockings to help your circulation and prevent blood clots. You should wear them until the nurse says you may take them off.

### In the operating room:

A patient attendant (orderly) will bring you to the operating room.

In the operating room you will meet your anesthesiologist (the doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.

## Your team

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A team of experts will care for you. We have listed a few of their tasks so that you can better understand the role of each team member.



### **Surgeon**

A doctor who does your surgery and is involved in your care after the surgery.

### **Other medical doctors**

They will work closely together with your surgeon.

### **These include:**

- residents (doctors in-training) and
- medical students (supervised by our doctors). Your team may also work with other specialty doctors so you might benefit from their expert advice and care.

## **Your team**

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### **Respiratory Therapists (RT)**

Care for patients who need to use a ventilator (breathing machine). They are also the experts who remove these machines from patients so that patients can breathe by themselves.

### **Nutritionists**

Makes sure that patients are getting the nutrition they need. When chewing and swallowing food is not possible after your surgery, the nutritionist will make sure you receive feedings through a tube (this tube will be inserted during your surgery if necessary).

### **Occupational Therapists (OT)**

Help to make sure that patients can do their regular daily activities when they return home.

Example of activities that are evaluated: bathing, dressing, moving from bed to chair, toileting and walking around. This also includes looking at how you do household tasks. The OT may also suggest equipment and extra outside services if needed.

### **Physiotherapists (physio)**

Looks at how you move and get around after your surgery. The physiotherapist will help you improve your movement and strength and help you get back your mobility.

For example, the physiotherapist will have you practice getting in and out bed, standing from a chair, walking and doing stairs if needed. The physiotherapist will recommend the exercises that are best for you or explain what you can't do for now.

## **Your team**

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### **Social Workers**

Assess patients and families and help them with emotional, social and financial difficulties.

### **Orderlies/Patient attendants**

Help the nursing team to care for patients.

### **Pharmacists**

They have training with medications, their use, doses and side effects.

### **Speech-Language Pathologists (SLP)**

A SLP may be asked to meet with you if you are having difficulty speaking.

If you have a tracheostomy, they help restore your voice by assessing you for a tracheostomy speaking valve.

### **For more information on speaking valve see this link:**

[www.muhcpatienteducation.ca/DATA/GUIDE/548\\_en~v~tracheostomy.pdf](http://www.muhcpatienteducation.ca/DATA/GUIDE/548_en~v~tracheostomy.pdf)

### **Nurses**

Provide care while you are in the hospital.

Teach you about your medications and care. Make sure that you and your family have all the information you need to return home safely.

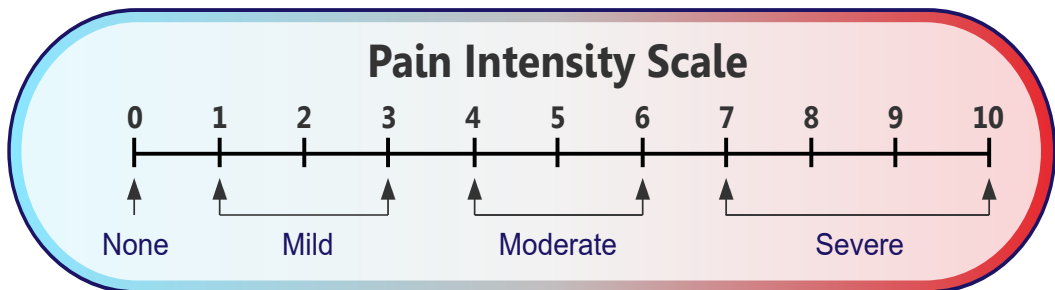
## Pain Control

**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.

When you are awake, 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. Tell us if you have pain. We will help you.



## **In the Intensive Care Unit (ICU)**

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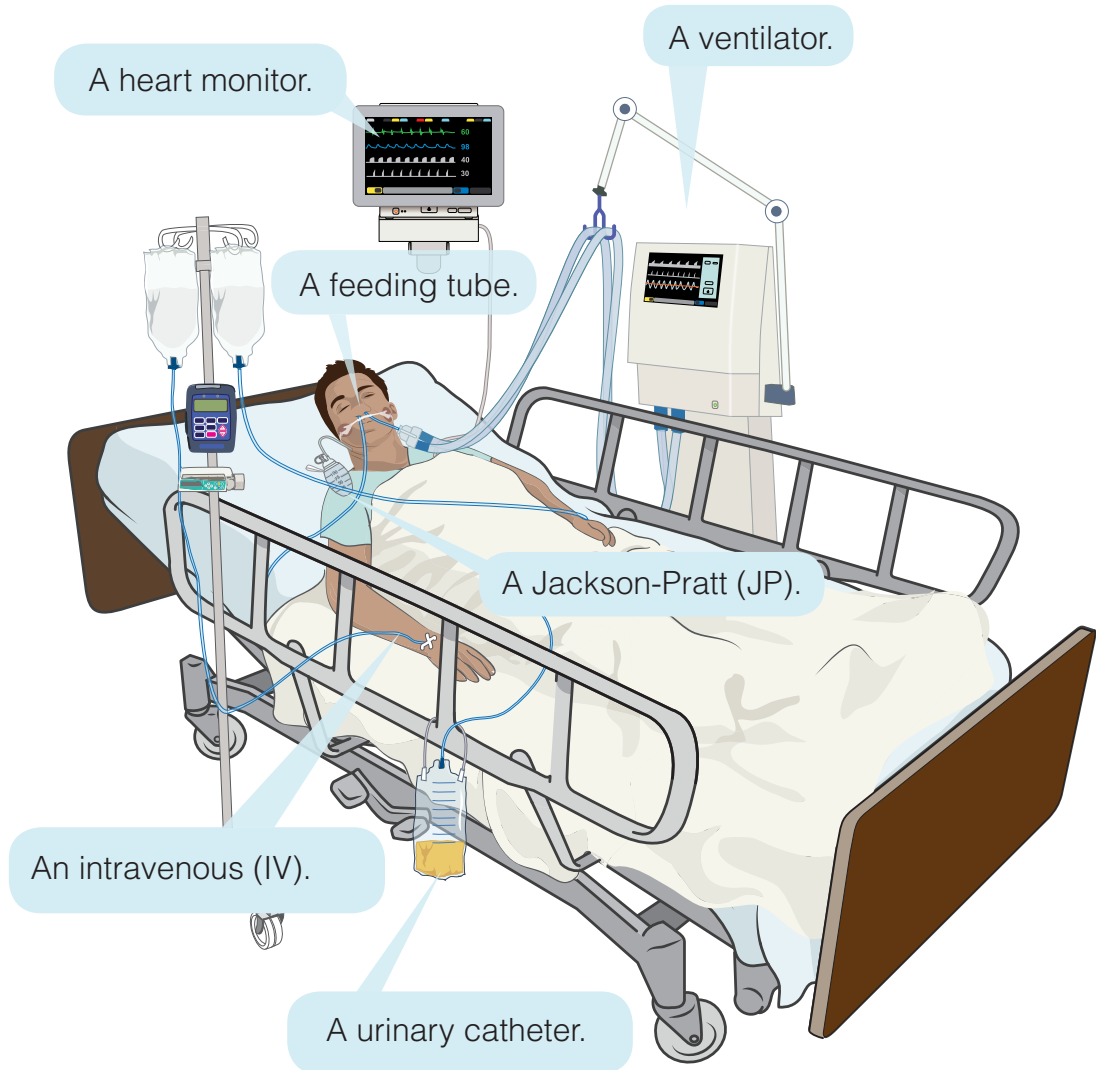
- After the surgery, you will be transferred to the ICU. This is an area where patients are watched closely. There are several machines and equipment in the ICU.
- You will be sedated (sleeping or drowsy) for about 24 hours. This is to help the area operated on to heal. The head of your bed will be slightly elevated (raised).
- A monitor that checks your heart rate, respirations and blood pressure will be connected to you.
- The nurse will give you pain medication regularly while you are sleeping.

### **You might have:**

- a tube down your throat to help your breathing (this tube is usually removed the next day). While you have this tube, you will not be able to talk but if you want to communicate, we will provide a board and pencil.
- 2 intravenous (IV) to give you medication and fluids.
- 1 feeding tube. This tube in your nose or in your stomach gives you “food” to help you heal.
- a urinary catheter (tube) to drain urine out of your bladder.
- 1-2 Jackson Pratt (JP) drains to remove and drain fluid or blood from the donor site as well as possibly in the neck, depending on the type of surgery you are having (see your neck dissection booklet for details).



## In the Intensive Care Unit (ICU)



## At the hospital

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### Waiting room:

Family and friends can wait in the ICU waiting room located on the 9<sup>th</sup> floor (D wing, 9<sup>th</sup> floor, room 106).

There are a few visitor restrictions in the ICU.

### No visitors are allowed between:

- 7 a.m. - 8:30 a.m.
- 3:15 p.m. - 4:15 p.m.
- 7:15 p.m. – 8:15 p.m.
- 11:15 p.m. – 12:15 a.m.

### Internet access:

There is free WiFi available at the hospital.

### Connect to:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



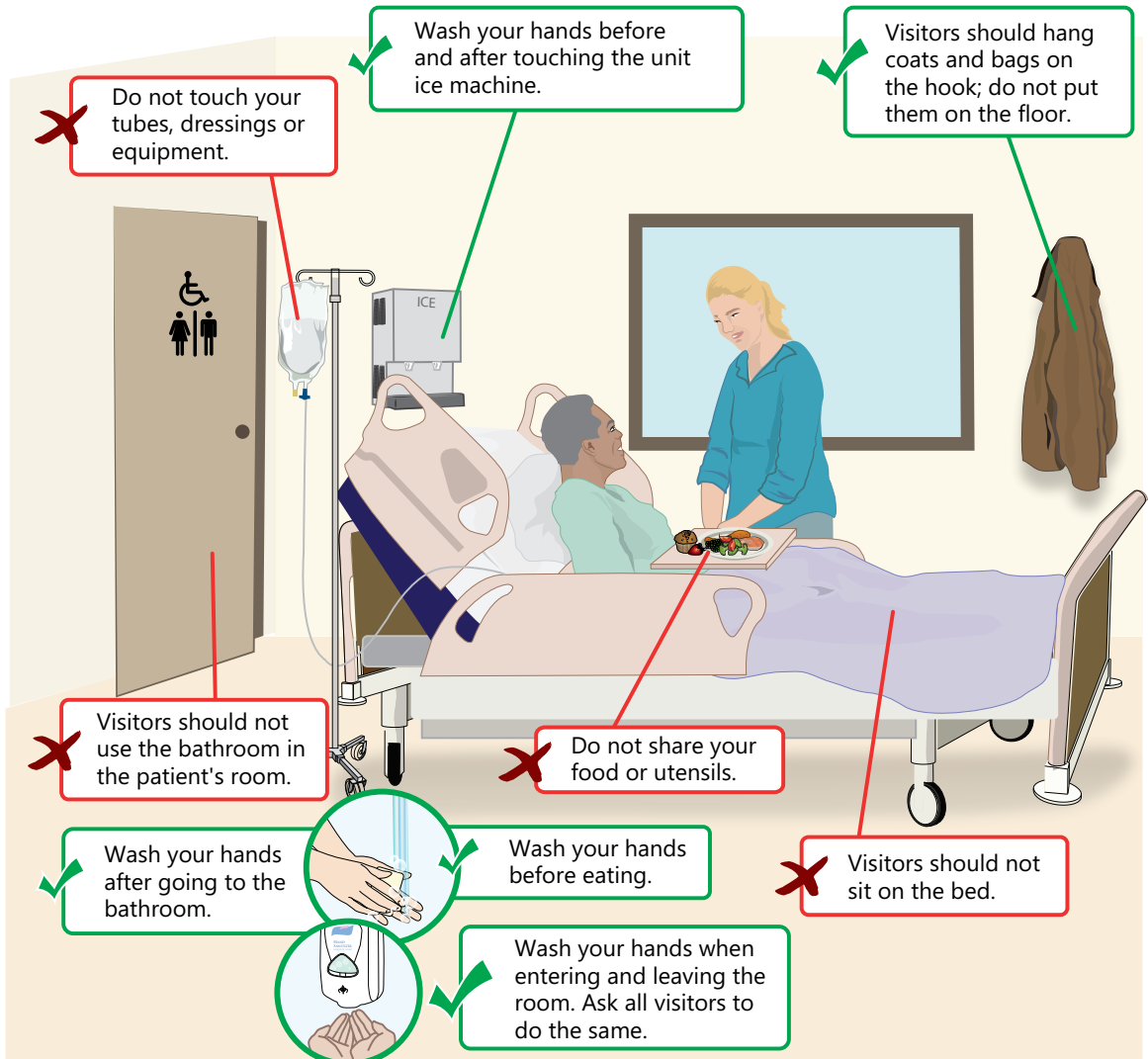
### Other resources:

- **Coffee shops:** 1<sup>st</sup> floor Pine Ave. entrance and the 6<sup>th</sup> floor near the main entrance on Cedar Ave.
- **Cafeteria:** 4<sup>th</sup> floor, D wing.
- **Small sit down Restaurant:** “The Hospitality Corner” – D6-125, (D wing, 6<sup>th</sup> floor, room 125).
- **Bank machines:** 1<sup>st</sup> floor Pine Ave. entrance and 6<sup>th</sup> floor near the main entrance on Cedar Ave.
- **Gift shop:** 6<sup>th</sup> floor near the main entrance D6-145 (D wing, 6<sup>th</sup> floor, room 145).

**For more information about the Montreal General Hospital Intensive Care Unit visit:** [www.muhcpatienteducation.ca/DATA/GUIDE/](http://www.muhcpatienteducation.ca/DATA/GUIDE/550_en~v~intensive-care-unit-montreal-general-hospital.pdf)

[550\\_en~v~intensive-care-unit-montreal-general-hospital.pdf](http://www.muhcpatienteducation.ca/DATA/GUIDE/550_en~v~intensive-care-unit-montreal-general-hospital.pdf)

## Tips to prevent infection



## Goals for Day 1: In the ICU and then in your room

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You will receive less and less medication to make you sleepy so that you wake up gently from the surgery.

You will leave your room in the ICU and be moved to a regular room on a ward.

### Tubes and drains

The tube in your throat will be taken out before leaving the ICU area.

The urine tube might also be taken out. A portable toilet (commode), bed pan or urinal for men will be available. Depending on your mobility and if you do not have any walking restrictions you may, with help, use the toilet in your room.

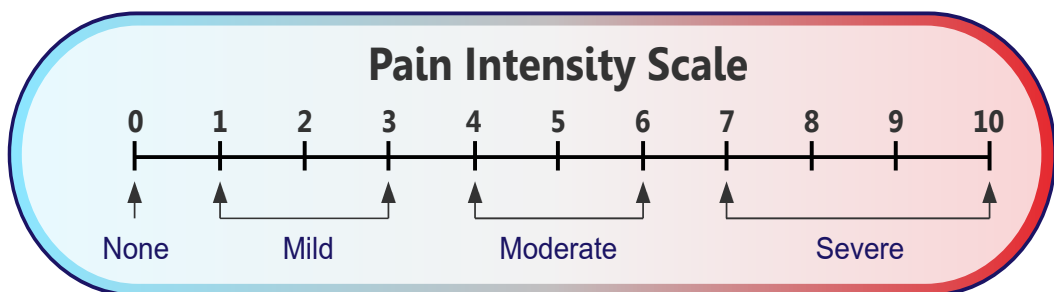
You may receive oxygen.

The nurses will empty the JP drains on a regular basis.

### Pain

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

The nurse will give you injections to control your pain.



## **Goals for Day 1: In the ICU and then in your room**

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### **Meals**

You will not eat or drink anything. The nutritionist will visit you. The feeding tube that passes through your nose or in the stomach will provide the calories, protein, vitamins and minerals you need after surgery.

**If you have a tracheostomy tube,** a team will visit you every day to make sure you are getting better. They will explain the steps to follow before the tracheostomy tube can be removed.

For patients who will leave the hospital with the tracheostomy tube, the team will teach you what you need to know about the care you will need to learn before your discharge home.

**For more information about tracheostomy use this link:**

[www.muhcpatienteducation.ca/DATA/GUIDE/548\\_en~v~tracheostomy.pdf](http://www.muhcpatienteducation.ca/DATA/GUIDE/548_en~v~tracheostomy.pdf)

## Goals for Day 1: In the ICU and then in your room

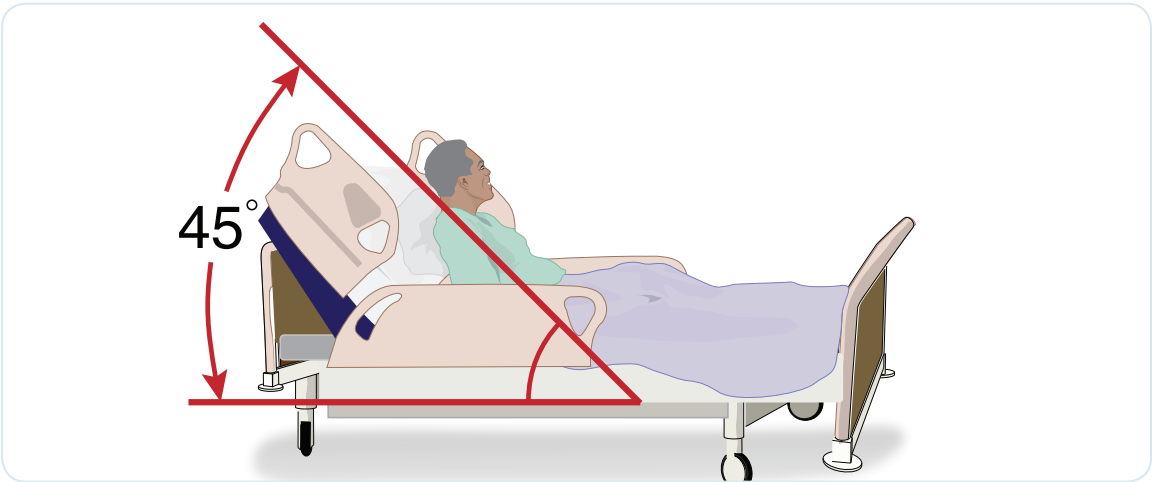
### Activities



Your nurse will continue to check your flap to make sure there is good blood flow to it.



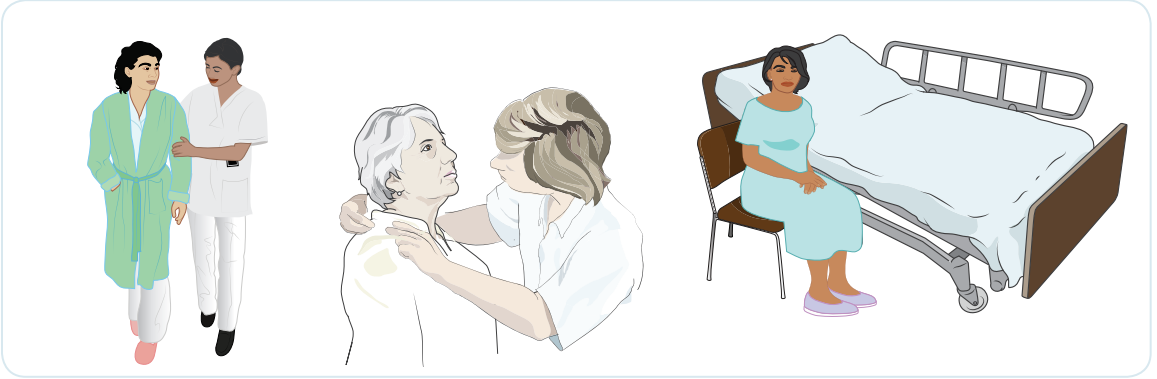
The nurse will gently rinse the inside of your mouth using a sponge swab.



The head of your bed should always be slightly elevated (about 30-45° degrees).

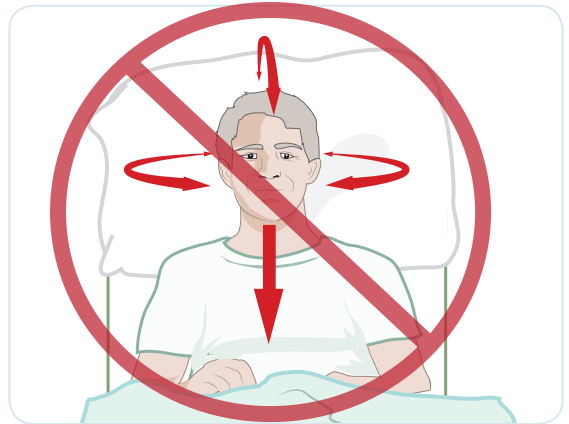
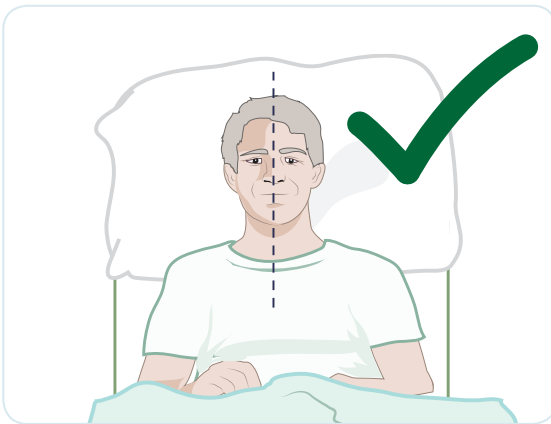
## Goals for Day 1: In the ICU and then in your room

### Activities



The physiotherapist will visit you and help you to move. What you can and cannot do depends on the type of surgery and the skin or bone graft you had.

Each patient is different and each patient will slowly increase their mobility based on their needs.



Your head should be kept in a neutral position meaning that you should avoid turning your head to the left or to the right or up and down and keep your head straight as much as possible.

## Goals for Day 2

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### Tubes and drains

A few patients may continue to receive oxygen.

The nurse will continue to empty the JP drains on a regular basis.

### Activities

Your nurse will continue to check your flap to make sure there is good blood flow to it.

The nurse will gently rinse the inside of your mouth using a sponge swab.

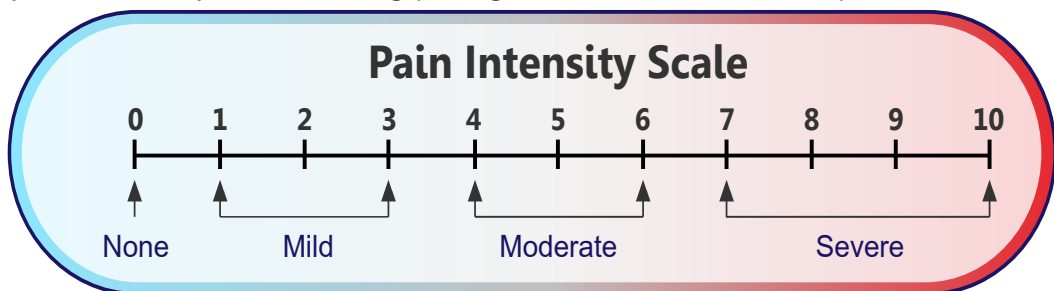
The head of your bed should always be slightly elevated (about 30-45° degrees).

Your head should be kept in a neutral position meaning that you should avoid turning your head to the left or to the right and keep your head straight as much as possible.

The physiotherapist will visit you today and help you to move. Your exercise program depends on the type of surgery and the skin or bone graft you had. Each patient is different and will receive an exercise program for their needs.

### Pain

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



### Meals

You will not eat or drink anything. The nutritionist will visit you. The feeding tube that passes through your nose or in the stomach will provide the calories, protein, vitamins and minerals you need after surgery.



## Goals for Day 3 and Day 4

---

### Tubes and drains

The surgeons may remove the JP drains.

### Activities

Your nurse will continue to check your flap to make sure there is good blood flow to it.

The nurse will gently rinse the inside of your mouth using a sponge swab.

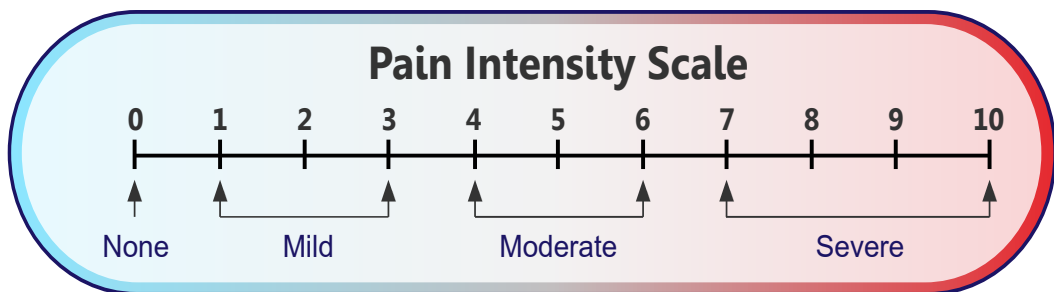
The head of your bed should always be slightly elevated (about 30-45° degrees).

On Day 3, your head does not need to be in a neutral position meaning that **you may start turning your head gently to the left or to the right.**

The physiotherapist will visit you today and help you to move.

### Pain

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



### Meals

The nutritionist will visit you. The feeding tube through your nose or in your stomach will provide the calories, protein, vitamins and minerals you need after surgery.

## Goals for Day 5

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### Tubes and drains

The surgeons may remove the JP drains.

### Activities

#### Swallow test

You will have a test today to see if you can start eating and drinking.

This test is called a **modified barium swallow (MBS) or a swallow test**.

- The OT will ask you to try swallowing different foods and liquids mixed with a solution of barium. The barium helps to see the food and liquid going down to your stomach on the X-ray.
- An X-ray will be done while you eat and drink the different items provided by the OT. This MBS test is to make sure that you have no problems swallowing and to make sure nothing goes in your windpipe (trachea) while you eat or drink.

Your nurse will no longer check your flap.

The nurse will gently rinse the inside of your mouth using a sponge swab.

The head of your bed should always be slightly elevated (about 30-45° degrees).

The physiotherapist will visit you today and help you to move.

## Goals for Day 5

### Deep breathing and coughing exercises

You **might** be given an **inspirometer**.

An **inspirometer** is a machine that helps you breathe deeply to prevent lung infections. An adaptor will be provided for patients who have a tracheostomy.

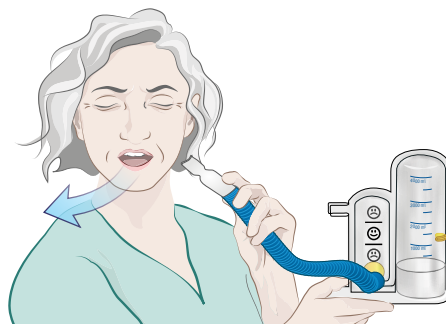
#### To use your **inspirometer**:



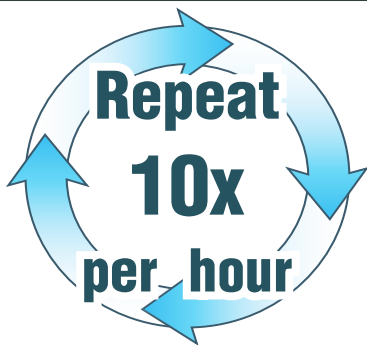
Put your lips around the mouthpiece.

Breathe in deeply for 2 to 4 seconds.

Try to hold the yellow ball where you see the happy face.



Remove the mouthpiece and breathe out. Rest for a few seconds.



Repeat this exercise 10 times every hour while you are awake.



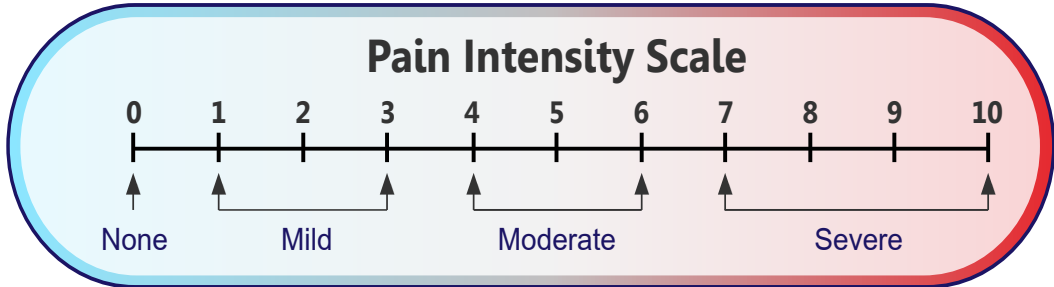
Take a deep breath and cough while holding a small blanket or pillow against your incision.

## Goals for Day 5

---

### Pain

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



Once you are able to swallow pills you will take your pain medication by mouth.

### Meals

You will not eat or drink anything until your surgeon confirms the results of the MBS test. The nutritionist will continue to visit you. The feeding tube through your nose or in the stomach will provide the calories, protein, vitamins and minerals you need after surgery.

## Goals for Day 5

---

### Discharge from hospital

Your team will start planning for your discharge home in 3 days (Day 8). If you go home with a feeding tube the nutritionist will start making these arrangements. The OT, physio and social worker will make sure that your discharge plans are started for a smooth discharge home on Day 8. We will also contact and arrange visits with your CLSC.

Some patients who had a Radial Forearm Free Vascularized flap (RFFF), Anterior lateral thigh (ALT) or other soft tissue flaps may be discharged tomorrow on Day 6.

If you are having any speech or swallowing difficulties when it is time to leave the hospital, you will be referred to a SLP for an appointment after discharge. After their assessment, the SLP may provide you with exercises and recommendations to help improve your speech and swallowing.

**Speech-Language Pathology department:** 514 -934 -8028

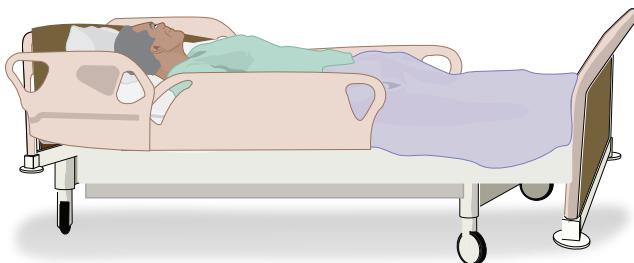
## Goals for Day 6

If the JP drains are still in we may remove these today.

### Activities

The nurse will gently rinse the inside of your mouth using a sponge swab.

From now on, the head of your bed does not always need to be elevated anymore. For your comfort you can bring it down to a flatter level.

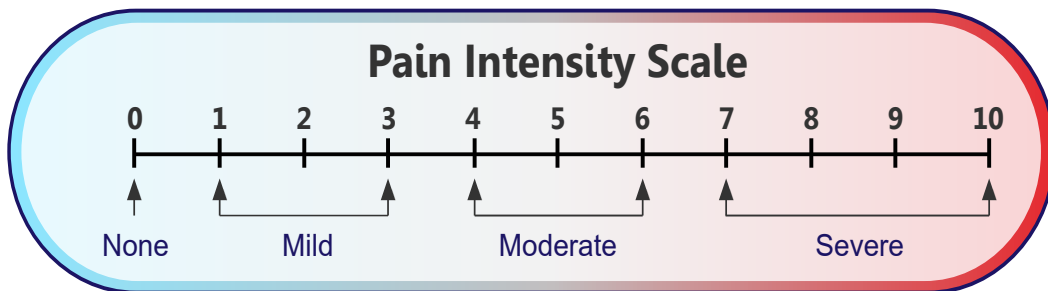


The physiotherapist will visit you today and help you to move.

Continue to use your spirometer **if** you were given one (see page 31).

### Pain

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



Once you are able to swallow pills you will take your pain medication by mouth or through your tube.

## Goals for Day 6

---

### Meals

Once your surgeon confirms the results of the MBS test you may start eating/drinking. The nutritionist will visit you to talk about the foods that you can take. The OT will also make sure that you can swallow safely.

### Discharge from hospital

Your team will continue planning for your discharge in 2 days (Day 8). If you go home with a feeding tube, the nutritionist will continue to make these arrangements. The OT, physiotherapist, social worker will make sure that your discharge plans are up to date for a smooth discharge home on Day 8. Your nurse may also arrange visits with your CLSC.

### **For patients who have a tracheostomy tube and who are not going to leave the hospital with it:**

The team will start to block the tracheostomy tube with a small plug called a cork. This is to make sure that you will be able to breathe easily if the tracheostomy tube is removed. The trial blockage of the tube will be done over 2 days. If this goes well, the tracheostomy tube should be removed on Day 8.

### **For patients who have a tracheostomy tube and are going to leave the hospital with it:**

The team will teach you how to care for the tracheostomy tube. It may take a few extra days to organize the home equipment and ensure you are safe to go home with your tracheostomy tube.

## Goals for Day 7 and for Day 8: Going home on Day 8

### Activities

Your surgeon will remove your staples or stitches before you leave the hospital.

The nurse will gently rinse the inside of your mouth using a sponge swab.

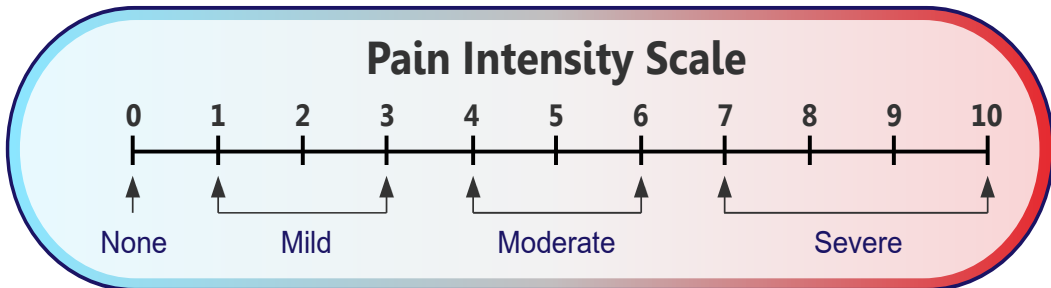
For your comfort you can bring the head of your bed down to a flatter level.

The physiotherapist will visit you today and help you to move.

Continue to use your spirometer **if** you were given one (see page 31).

### Pain

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



If you need to take pain medication, you will take them by mouth or through your tube.

### Meals

Once your surgeon confirms the results of the barium swallow test you may start eating/drinking. The nutritionist will visit you to talk about the foods that you can take. The OT will also make sure that you can swallow safely.



## **Goals for Day 7 and for Day 8: Going home on Day 8**

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### **Discharge from hospital**

You should be able to go home today. Your team has planned your discharge so that you can continue to heal at home safely.

If you have any concerns let us know.

### **Before leaving the hospital we will:**

- ☐ Give you a prescription to be filled out at your local pharmacy.
- ☐ Give you a follow up appointment with your surgeon.
- ☐ Contact your CLSC for follow up and to make sure that your dressing is removed (if you still have one) and to make sure that all your incision(s) continue to heal.
- ☐ Give you a follow appointment with physiotherapy (if you need it).
- ☐ Give you a follow appointment with social services (if you need it).
- ☐ Give you a follow appointment with the Speech Language Pathologist (if you need it). Speech-Language Pathology department 514-934-8028

### **Before leaving the hospital you need to:**

- ☐ Read the “At home” part of this booklet and if you have any questions ask your nurse.

## Pain

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Tylenol® will be prescribed for pain control when you go home.

You should take the stronger pain medication (a narcotic called oxycodone) **ONLY** if the Tylenol® does not control the pain.

If you take the stronger pain medication, take the stool softeners (sennosides) also to prevent constipation.

Include foods containing fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.

Follow the instructions on the bottle and if you have any questions ask your pharmacist.



## Incisions

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Use the mouthwash prescribed.

If you leave the hospital with a dressing (bandage) on your leg it should be removed about 10 days after your surgery. Your CLSC should contact you to arrange their visits.

**You may shower** and use gentle soap to clean the areas that are healing.

**It is important that you do not take a bath** or put your incision (cuts) in water.



## **Diet**

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Follow the diet information sheet that was given to you.

If you have other concerns when you are at home, you can reach the nutritionist by telephone at the number provided.

## **Activity**

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If you were provided with an exercise program before leaving the hospital, follow the recommended exercises. Your exercise program depends on the type of surgery and the skin or bone graft you had. Each patient is different and each patient has an exercise program for their own needs.

Avoid difficult exercises or activities for 4-6 weeks (follow your surgeon's advice).

As a general rule, once you are pain free you can go back to most activities, including sex.

Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.

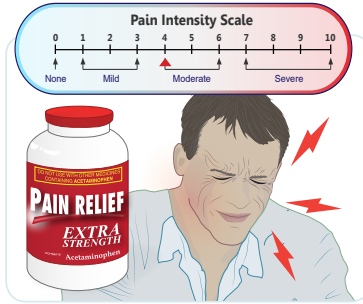
It is normal to feel tired after your surgery, so remember to rest between activities.

## When to call your doctor

Call your surgeon or go to the emergency room(ER) if any of these happen:



You cannot drink fluids or keep them down.



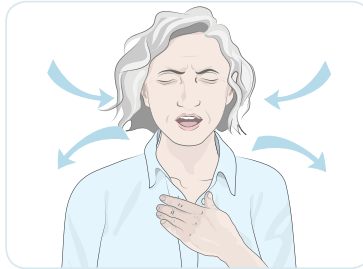
Your pain medication does not help your pain get better.



You have a fever greater than 38°C (100.4°F).



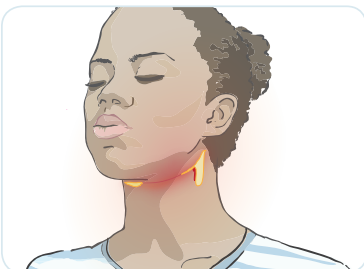
You feel extremely weak.



You have difficulty breathing.



You have pain or swelling in your leg(s).



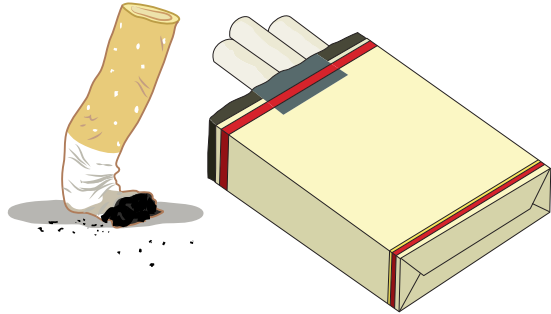
Your incisions become warm, red or you see any liquid coming out from it.

## Suggestions to help you stop smoking

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### There are four 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.
- Get a family member or a friend to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit such as the nicotine patch.

### If you would like to know more about tips on quitting smoking:

[www.cancer.ca/en/support-and-services/support-services/quit-smoking/?region=qc](http://www.cancer.ca/en/support-and-services/support-services/quit-smoking/?region=qc)

[www.canada.ca/en/health-canada/services/smoking-tobacco/quit-smoking.html](http://www.canada.ca/en/health-canada/services/smoking-tobacco/quit-smoking.html)

[www.pq.lung.ca/programs-and-services/quit-smoking/](http://www.pq.lung.ca/programs-and-services/quit-smoking/)

## **Websites of interest**

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The following links might be useful:

### **If you would like to know more about the surgery:**

#### **Canadian Cancer Society**

[www.cancer.ca/en/cancer-information/cancer-type/oral/oral-cancer/?region=on](http://www.cancer.ca/en/cancer-information/cancer-type/oral/oral-cancer/?region=on)

#### **The oral cancer foundation**

[www.oralcancer.org](http://www.oralcancer.org)

#### **Mayo Clinic**

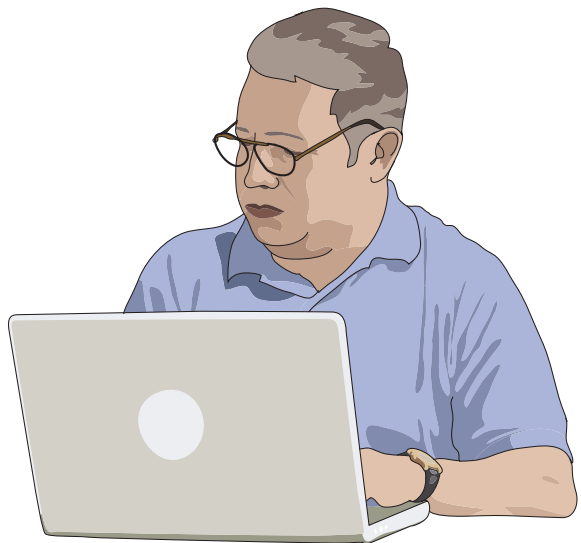
[www.mayoclinic.org/diseases-conditions/mouth-cancer/home/ovc-20157214](http://www.mayoclinic.org/diseases-conditions/mouth-cancer/home/ovc-20157214)

### **If you would like to know more about anesthesia:**

[www.cas.ca/english/patient-information](http://www.cas.ca/english/patient-information)

### **MGH parking information:**

[www.muhc.ca/mgh/handbook/parking-hospital-0](http://www.muhc.ca/mgh/handbook/parking-hospital-0)



## Parking Information

Note that these rates were in effect in May 2018 and could have changed since the printing of this booklet. Please visit the link on page 42 for any updated information.



### MINIMUM AND MAXIMUM 24H RATES

**0-30 minutes**

**FREE**

**4-24 hours**

**FLAT RATE \$24**

### REDUCED PARKING RATE PASSES

#### AVAILABLE AT THE CUSTOMER SERVICE PARKING OFFICE

<b>WEEKLY PASS</b>	<b>7 DAYS</b>	<b>\$60</b>	Unlimited entry and exit at the hospital where the pass was purchased
	<b>14 DAYS</b>	<b>\$85</b>	
<b>LONG-TERM PASS</b>	<b>30 DAYS</b>	<b>\$70</b>	Certain conditions apply
<b>FLEXI-PASS</b>	<b>7 VISITS</b>	<b>\$100</b>	1 entry 1 exit per visit No expiry date

#### WHERE TO PAY



By debit card or credit card  
Visa or MasterCard

**Customer Service  
Parking Office**



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**  
**L6-129**  
514 934-1934, 43626

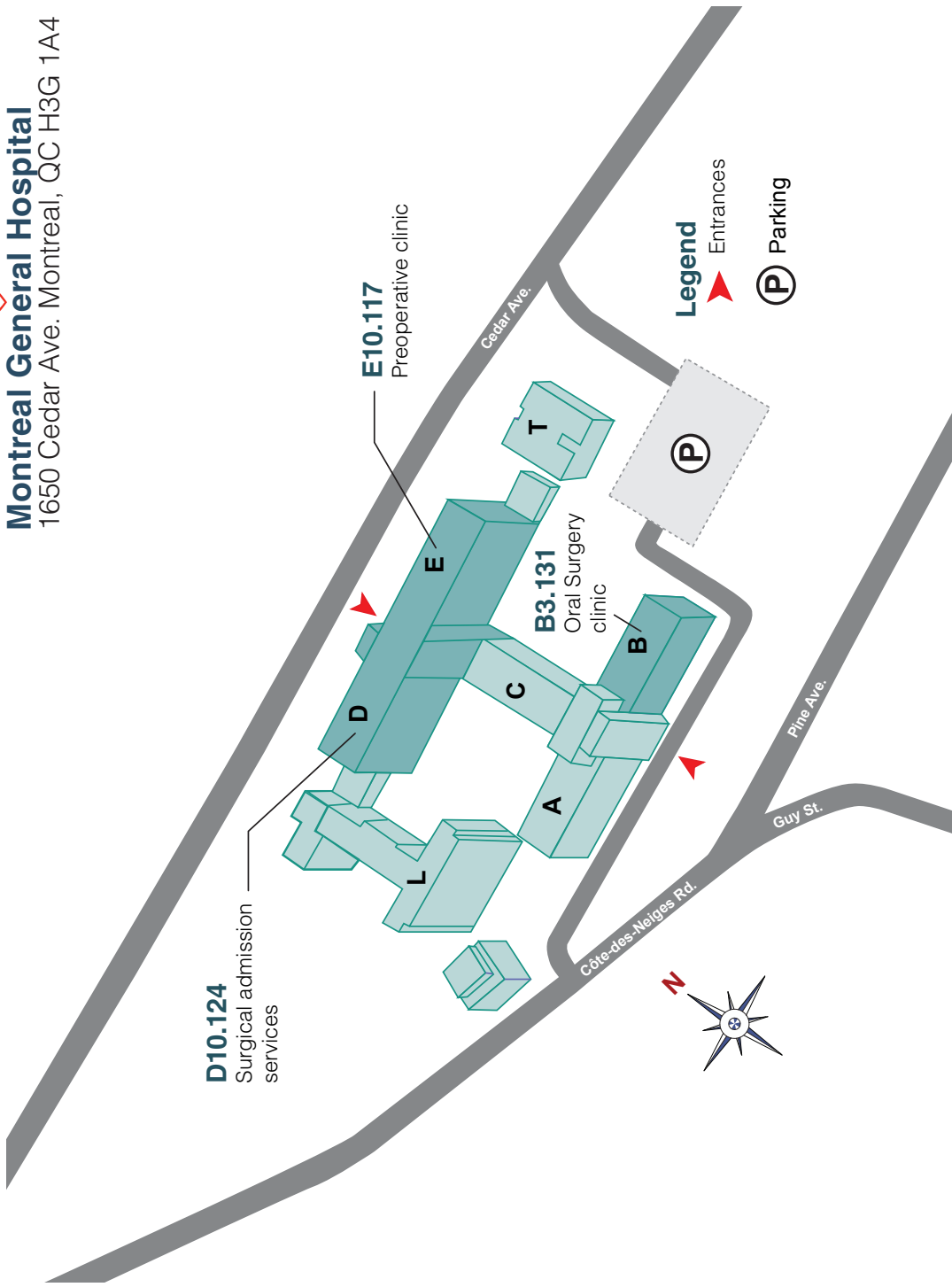


If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.



# Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4



## Legend



Entrances



Parking