

A guide to your Minimally Invasive Hysterectomy

(removal of the uterus)



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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Office d'éducation des patients
Patient Education Office

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Table of Contents

Introduction

What is a care pathway?	5
What is the female reproductive system?	6
What is a hysterectomy?	7
Types of hysterectomies	8
What is a minimally invasive surgery?	9

Before your surgery

Preparing for your surgery	10
Pre-operative Clinic visit	13
Phone call from Admitting	14
Cancelling your surgery	15
Washing	16
Diet	17
What to bring to the hospital	19

Day of surgery

At the hospital	20
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After your surgery

Recovery Room	22
Pain control	23
Exercises	24
Goals for the day of surgery	26
Goals for the day after the surgery and going home	27

Table of Contents

At home

Pain control.....	29
Diet.....	30
Incisions.....	31
Vaginal bleeding.....	31
Exercises and activities.....	32
Medication to prevent blood clots.....	33
Menopause.....	33
When to get help.....	34
Follow-up appointment.....	35

Resources

Tips to prevent infection in your hospital room.....	36
Suggestions to help you stop smoking.....	37
Looking for information on your surgery?.....	38
Parking information.....	39

Map of Royal Victoria Hospital-Glen site..... **Back**

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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.



This material is also available through the MUHC Patient Education Office website
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What is a care pathway?

When you go to the hospital for a hysterectomy, you will be part of a Care Pathway program. The Care Pathway program helps you get better 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 what you can do to get better, faster.
- Give you information for when you return home.

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 will help you feel better faster and go home sooner.

Bring this booklet with you on the day of your surgery. Use it as a guide during your hospital stay. Hospital staff will review it with you as you recover and before 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 MUHC surgery team

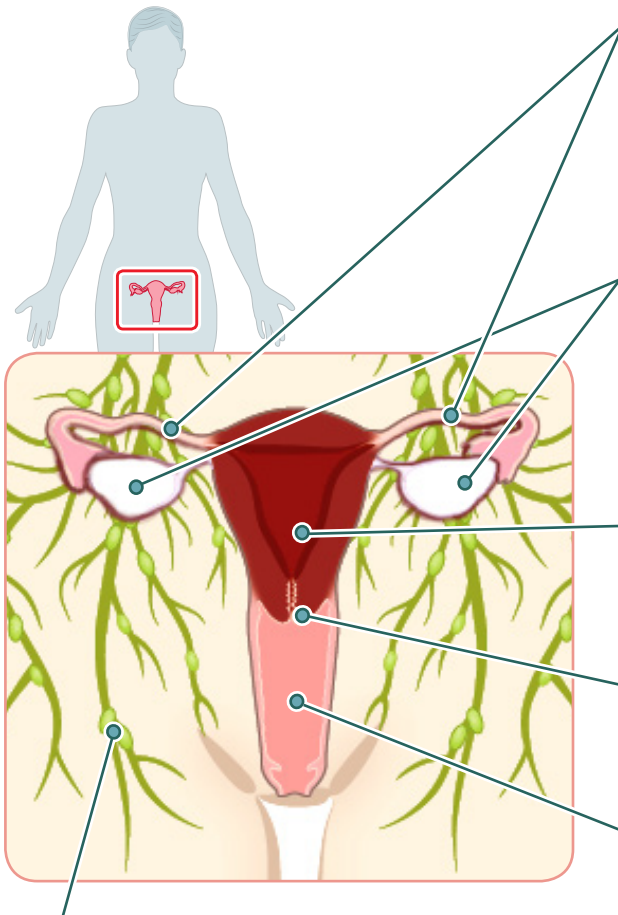


If you are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

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 is 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 that 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 a hysterectomy?

The removal of the uterus is called a hysterectomy.

The most common reasons for having a hysterectomy are:

- Chronic heavy uterine bleeding.
- Uterine fibroids.
- Endometriosis.
- Chronic pelvic pain.
- Prolapsed uterus.
- A large mass in the pelvis.
- Cancer or precancerous lesions.

There are different types of hysterectomies and surgical approaches.

You and your surgeon have discussed what type of surgery you will have.

In some patients, the fallopian tubes and the ovaries will be removed.

Your hysterectomy will be

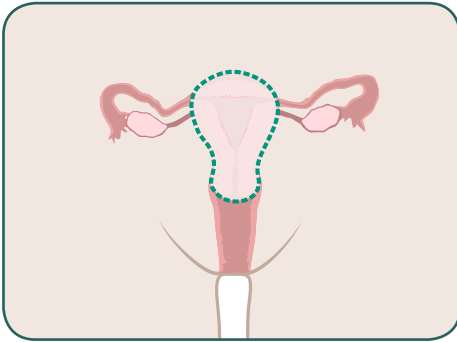
- ☐ A day surgery.
- ☐ Surgery with an overnight stay.



If your hysterectomy is a day surgery, you will go home the same day as your surgery. As a safety precaution, you must ask a responsible adult to drive you home and stay with you for the first 24 hours after your surgery. You cannot drive because of the medication used to put you to sleep during your surgery.

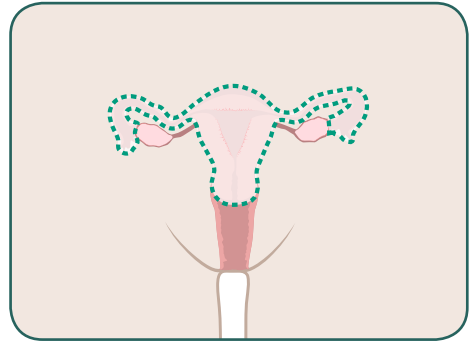
If you need to stay overnight at the hospital, you will go home the next morning after surgery.

Types of hysterectomies



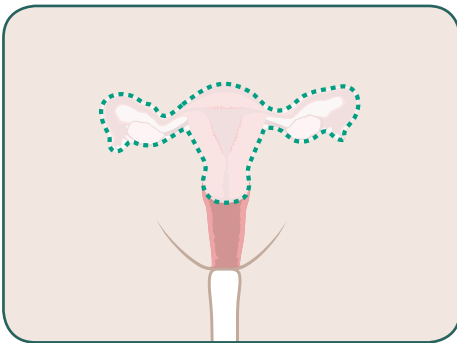
Total hysterectomy:

Removal of uterus and cervix



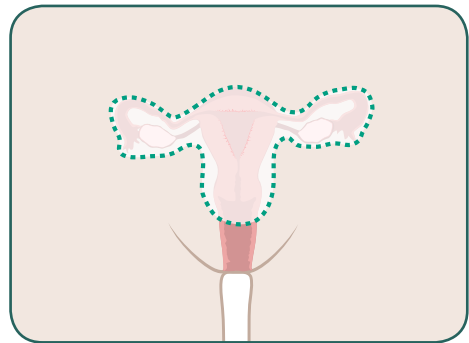
**Total hysterectomy and
bilateral salpingectomy:**

Removal of uterus, cervix
and fallopian tubes



**Total hysterectomy and bilateral
salpingo-oophorectomy:**

Removal of uterus, cervix,
fallopian tubes and ovaries



Radical hysterectomy:

Removal of uterus, cervix
and upper part of the vagina

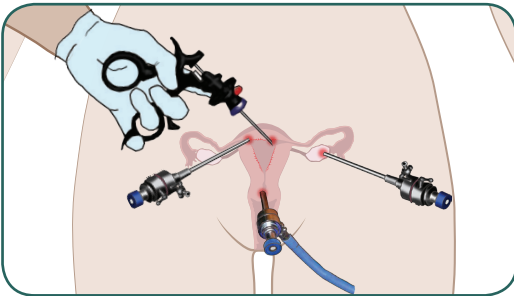
Pregnancy

After a hysterectomy, you will no longer have your period. This also means you will no longer be able to be pregnant.

What is minimally invasive surgery?

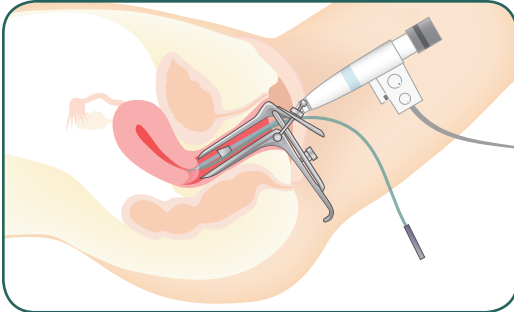
Minimally invasive surgery is one way of doing surgery. With minimally invasive surgery, you will have several small incisions instead of one big incision. In general, patients recover quicker, have less pain, and have a shorter hospital stay compared to an open surgery.

A minimally invasive hysterectomy surgery can be done in different ways. Your surgeon will talk with you about the kind of surgery you need.



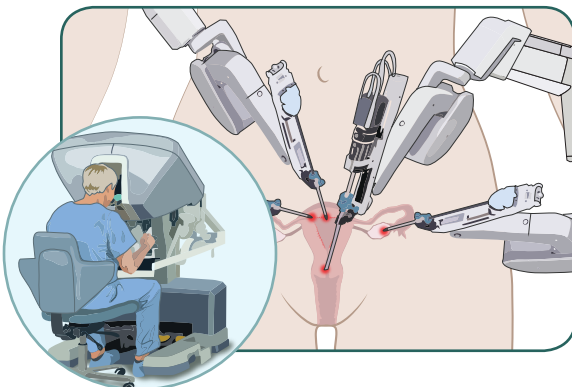
Laparoscopic

The surgeon will make several small cuts (incisions) in your belly, will use instruments and a camera, through which he/she will remove a part of your reproductive system.



Vaginal

The surgeon will remove the uterus through the vagina. You will not have cuts in your belly.



Robotic assisted

The surgeon will make several small cuts (incisions) in your belly, and will control the robotic arms through a computer to perform the surgery.

It is important to understand it is your surgeon doing the surgery, not the robot.

Preparing for your surgery

Be active

Your fitness level before surgery can make a difference in how you recover. Exercise does not need to be hard to make a difference. A 10 minute walk is better than no exercise at all.



Stop drinking alcohol

Do not drink alcohol for 4 weeks before your surgery. This could affect how you recover. Tell us if you need help with drinking less alcohol.



Cannabis use

Let us know if you use cannabis.

Stop using cannabis 4 weeks before your surgery if used for your enjoyment or recreational reasons.

Exception: If you are using cannabis authorized by a doctor for medical purposes, let us know during your pre-op visit. Bring your prescription. We may ask you to take your usual morning dose if you need one, on the day of surgery. If you need another dose at the hospital, bring your cannabis and your prescription with you.



Preparing for your surgery

Stop smoking and vaping

You should quit smoking 4 weeks before your surgery and stop vaping 3 days before your surgery. Quitting before surgery can help you recover faster. Quitting is possible even if you are a long time heavy smoker and have tried many times before.

It is never too late to stop.

Your doctor can help you stop smoking. Speak with your doctor about the different ways to stop.

See page 37 to learn more.

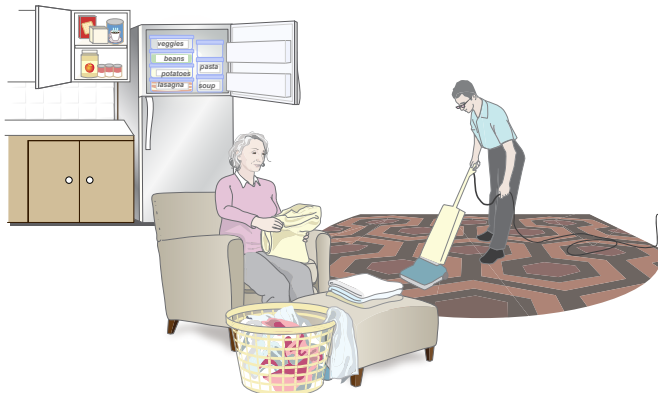


Plan ahead

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

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.).



Preparing for your surgery

Arrange transportation

☐ For day surgery patients:

If your surgeon told you that you are having day surgery you will need to:

- Arrange to have a responsible adult to take you home from the hospital and stay with you for **the first 24 hours after your surgery.**
- **You will not be allowed to leave the hospital alone.**
You CANNOT drive yourself or take a taxi home by yourself.



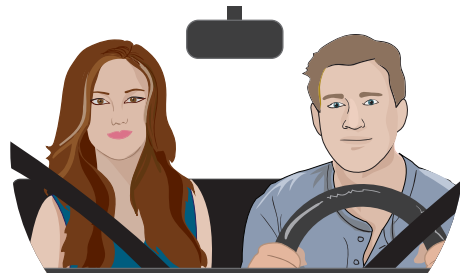
Important

Your surgery will be cancelled if you do not have someone to take you home and stay with you for the first 24 hours.

☐ For patients staying overnight in hospital:

If your surgeon told you that you will go home the next morning after your surgery, you will need to:

- Arrange for a ride to go home.
- Prepare to leave the hospital by 11 a.m. the morning after your surgery.



Pre-operative Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

During your Pre-operative Clinic visit, you will meet with a nurse and a doctor.

They will:

- Ask you about your health and any medical problems you have
- Ask you about any medication that you are taking
- Tell you how to get ready for your surgery, for example, what activities to do and what to eat
- Tell you what to expect while you are in the hospital and what to expect after your surgery

If you have medical problems, you might have to see another doctor (a specialist) before surgery.

You might also:

- Have blood tests
- Have an electrocardiogram (ECG) to check how your heart is working
- Need to stop taking some medication and natural products before surgery



The Pre-operative Clinic doctor will tell you which medications you should stop and which ones you should keep taking.



If you have any questions, call the Pre-operative Clinic nurses at:

Phone: 514-934-1934, ext. 34916

Days: Monday to Friday

Hours: 7 a.m. to 3 p.m.

This clinic is located near the cafeteria on DS1.2428 (Block D, level S1).

Phone call from Admitting

The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call the Friday before.

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

Exception: If your surgery is at 7:30 a.m., we will ask you to come at 6:30 a.m.



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).

These are the first elevators you will see. Go to the 3rd floor.



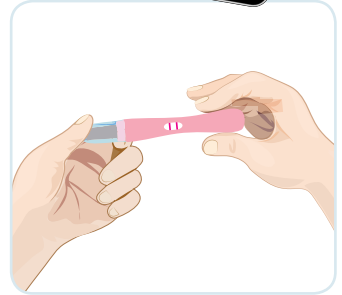
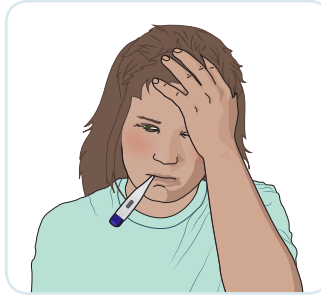
If you do not get a call by 2 p.m. the day before your surgery, call the Admitting Department at 514-934-1934 ext. 31557.

Cancelling your surgery

If you are sick, pregnant, or for any reason cannot come to the hospital for your surgery, call as soon as possible to tell us. You should call 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.
- Your telephone number.
- Your hospital card number.
- The surgeon's name.
- The reason you are cancelling your surgery.
- For how long you will not be 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 that your surgery might need to be delayed or cancelled because of an emergency.

Your surgeon will reschedule you as soon as possible.

Washing

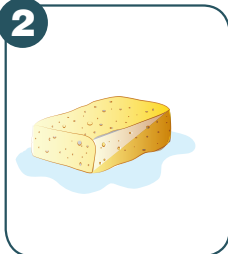
The night before your surgery:

1



Use regular soap and shampoo for your face and hair.

2



Take a shower with 1 of the sponges.

3



Wash your body from the neck down. Also wash your belly button and your genital area.

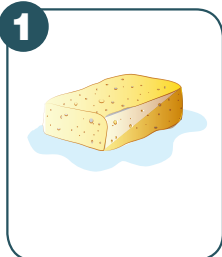
4



Wear clean clothes to bed.

The morning of your surgery:

1



Take a shower with the 2nd sponge.

2



Do not put on lotion, perfume, makeup, nail polish. **Do not** wear jewelry or piercings.

3



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

4



Put on clean, and comfortable clothes.

Diet

The nurse in the pre-operative clinic will explain what to eat and drink before your surgery.

The evening before surgery:

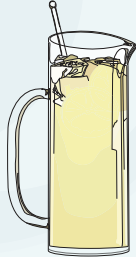
- Eat and drink normally until midnight.
- Drink 1 carbohydrate drink (clear juice) during the evening (see list below).
- Drink it within 10 minutes.
- **After midnight, do not have any food, dairy products, or juice with pulp.**
- Drink clear fluids up to 2 hours before your surgery. You can drink any clear juice (juice that you can see through) and have jello or popsicles.



No sugar-free drinks.



Commercial
iced tea
1000 mL



Lemonade
without pulp
1000 mL



Orange juice
without pulp
1000 mL



Apple juice
1000 mL



Cranberry
cocktail
650 mL



Diet

The morning of surgery:

- **Do not eat any food.**
- Drink 1 carbohydrate drink (clear juice) 2 hours before your surgery (see list below).
- 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.

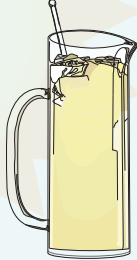
Exception: If you are asked to arrive around 6:30 a.m. Stop drinking at 5:30 a.m.



No sugar-free drinks.



Commercial
iced tea
500 mL



Lemonade
500 mL



Orange juice
500 mL



Apple juice
500 mL



Cranberry
cocktail
350 mL



What to bring to the hospital

- ☐ This booklet.
- ☐ Medicare and hospital cards.
- ☐ The list of all the medication you take.
Ask your pharmacist to give you a list.
- ☐ Non-slip slippers or shoes, loose comfortable clothing (for when you return home).
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and tissues.
- ☐ 1 package of your favorite gum.
- ☐ 1 package of sanitary pads.



If needed

- ☐ Your glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name.
- ☐ Your cane, crutches, walker, labeled with your name.



Bring these items in a small bag with your name on it. There is very little storage space.

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



At the hospital

Admitting area

Go to the **Registration, Surgery and intervention Centre**, Block C, level 3 (C03.7055) at the time given. The admitting clerk will ask you to sign an admission form.

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.

At the Pre-operative Admitting area, your nurse will:

- Ask you to change into a hospital gown.
- Fill out a pre-operative checklist with you.
- Make sure your personal items are in a safe place.



In the Operating Room

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist. The anesthesiologist is the doctor who will give you medication so you will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family or friends can wait for you in the **waiting room** located in **C03.7158** (Block C, level 3, room 7158). The space is small, so please limit the number of people you bring 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 S1 level.
- **Vending machines:** Block C, S1 level.
- **Stores / Restaurants / Coffee shops:** Galleria, RC (Ground floor) level and S1 level Adult Atrium.
- **Bank machines:** Blocks C & D, RC (Ground floor) level.
- **McConnell Centre (patient library):** Block B, RC (Ground floor) level, room BRC.0078.
- **Prayer and meditation room:** Block C, level 2, room C02.0310.4.

Recovery Room

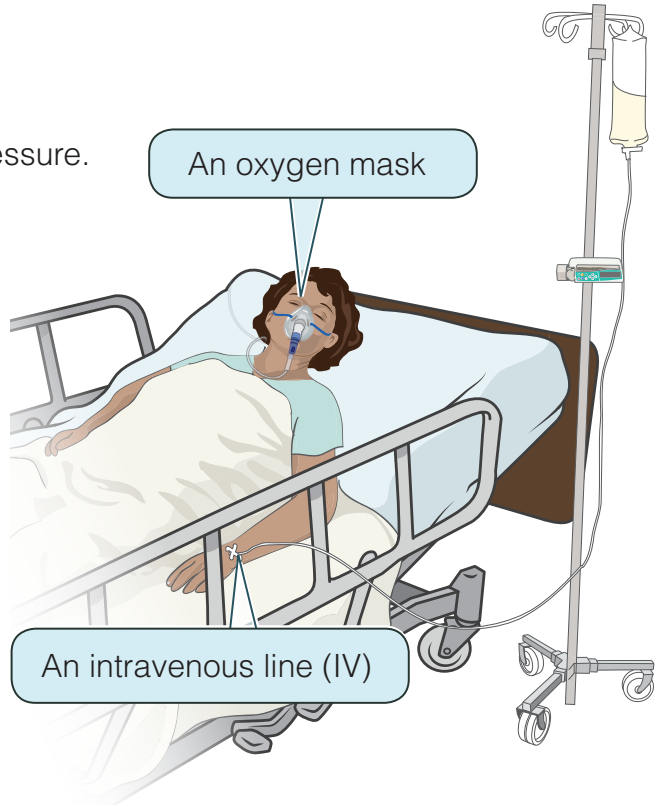
After your surgery, you will wake up in the **Recovery Room**. This is also called the **Post-Anesthesia Care Unit (PACU)**. You will stay here for a few hours.

The nurse will:

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

You might have:

- An oxygen mask, giving you oxygen.
- An intravenous (IV) in your arm, giving you fluids and medication.



For Day Surgery Patients

If your doctor told you that you are having a day surgery, your condition will be assessed in the recovery room after surgery to make sure that you have recovered enough to go home safely before you are discharged.

For Patients Staying Overnight in Hospital

If you were told you are staying one night in the hospital you will go to your room on the surgical unit. Your family may visit you once you are in your room.

Pain Control

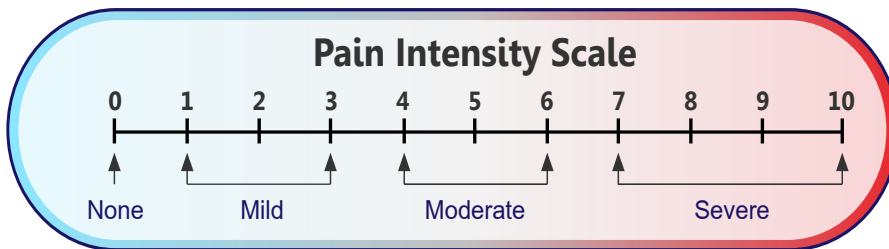
Our goal is to keep your pain low so you can:

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

Your nurse will ask you to rate your pain on a scale from 0 to 10.

Pain intensity scale

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



Do not wait to let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.

Pain medication

We will give you pain medication pills to keep you comfortable and able to move around.



Exercises

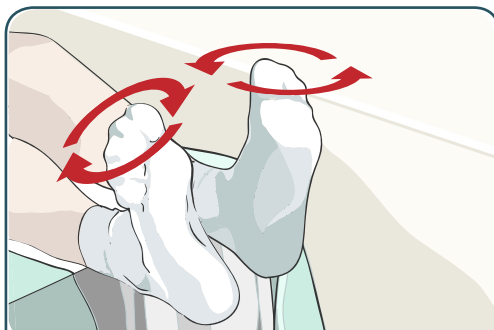
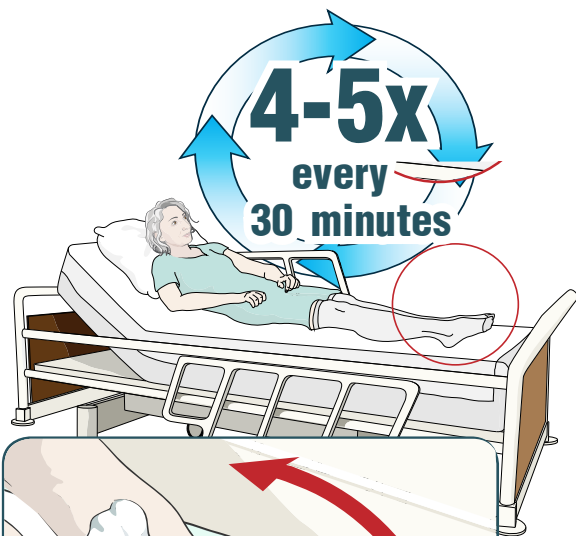
You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia.

Start these exercises when you wake up. Continue them while you are in the hospital. The following exercises are only for same-day admitted patients who are staying overnight in hospital (p. 26-27).

Leg Exercises

These exercises help your blood flow in your legs.

Repeat each exercise 4 to 5 times every 30 minutes while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



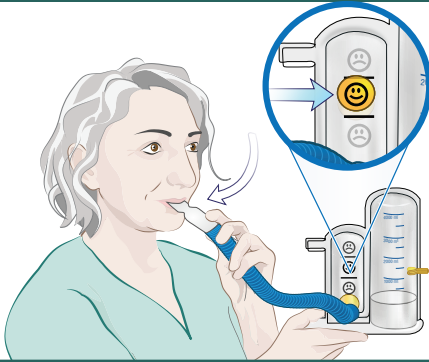
Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises

An inspiriometer is a machine that helps you breathe deeply.
It helps prevent pneumonia.

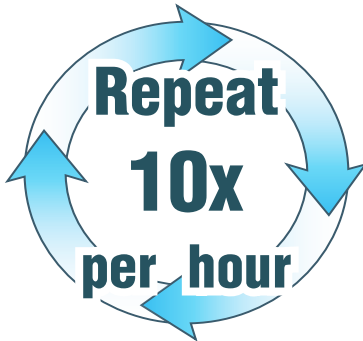
To use your inspiriometer:



Put your lips around the mouthpiece.
Breathe in deeply. 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.

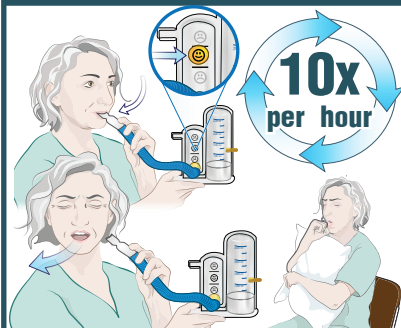


Take a deep breath and cough.
If you have some secretions,
cough them up.

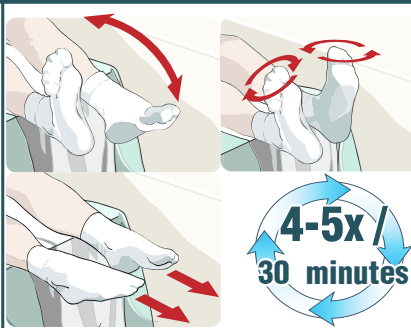
Goals on the day of your surgery

For all patients staying overnight in hospital:

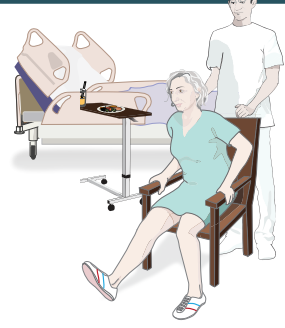
Goals for the evening of surgery:



- Do your breathing exercises (see page 25).

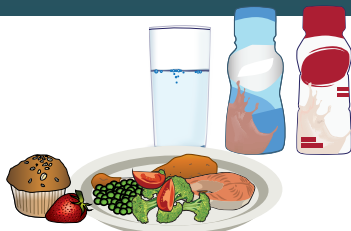


- Do your leg exercises (see page 24).



- Get out of bed and sit in a chair.

Diet

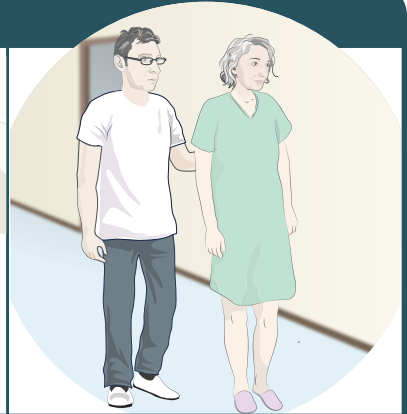
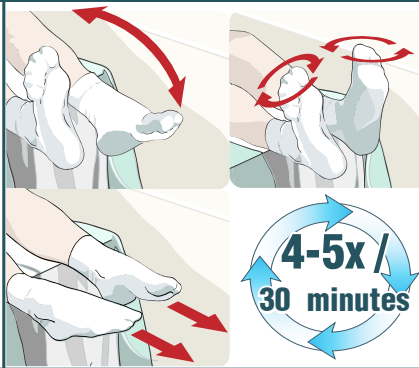
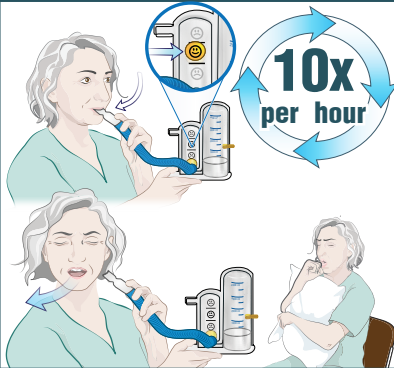


- Eat regular food.
- Chew gum for 30 minutes to help your bowels start to work.

Some patients may notice that their urine is green instead of yellow after surgery. This is normal. Your urine will return to its usual color in a day or two.

Goals for the day after the surgery and going home

Activities

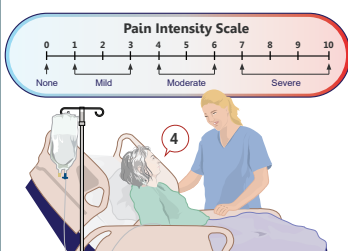


- Continue your breathing exercises (see page 25).

- When in bed, do your leg exercises (see page 24).

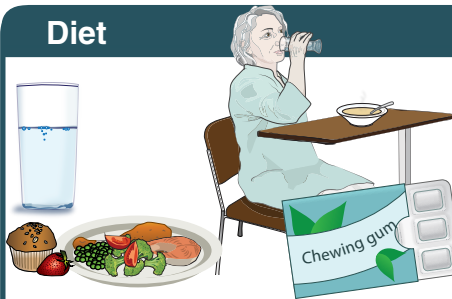
- Walk in the hallway help.

Pain control



- Tell your nurse if your pain reaches 4 out of 10 on the pain scale.

Diet



- Eat regular food.
- Chew gum for 30 minutes 3 times a day.
- Sit in a chair for breakfast.

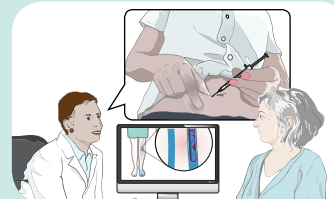
Tubes and lines



- If you still have an intravenous line, it will be removed by your nurse.

Teaching

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



Goals for the day after surgery and going home

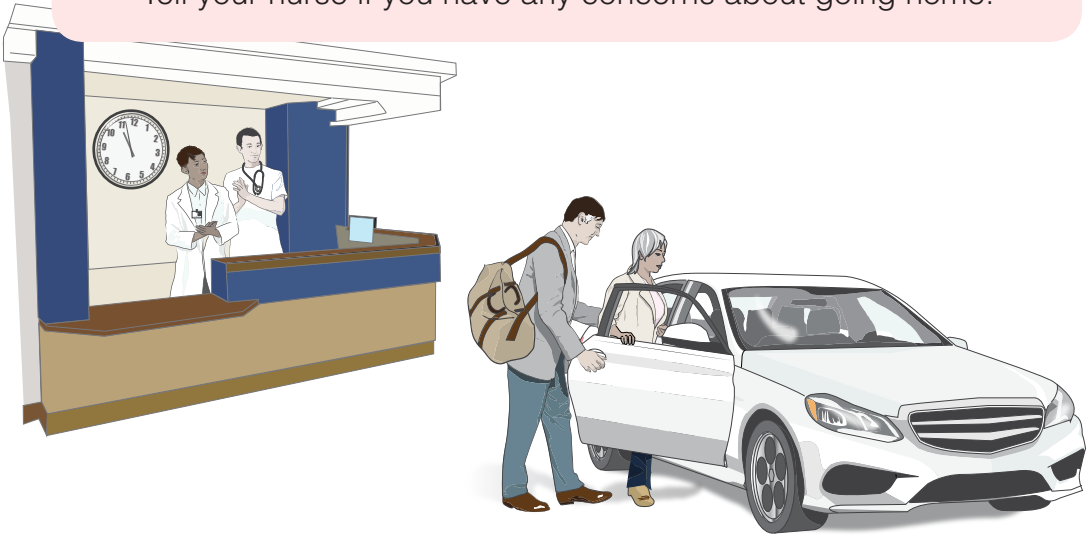
Plan to go home before 11 a.m. You must arrange to have a ride home since you cannot drive.



To all patients:

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

Tell your nurse if you have any concerns about going home.



Read the next section of the booklet called “At home.”
Ask any questions before you leave the hospital.



Pain control

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 lessen 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.

Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit this link:

https://www.ismp-canada.org/download/MedRec/MedSafety_5_questions_to_ask_poster.pdf



If you have severe pain that is not helped by the medications you have been prescribed, call your Surgeon's Office or go to the Emergency Department (ED)



**Did you know that pain medication can cause constipation?
To help your bowels stay regular:**



Drink more liquids.



Eat more whole grains, fruits and vegetables.



Get regular exercise (a 10-minute walk every day is a good start).



Take the stool softeners 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 feel sick to your stomach and cannot keep fluids down, call your surgeon.



Do not drink any alcohol for 24 hours after your surgery or while you are taking pain medication.



Incisions

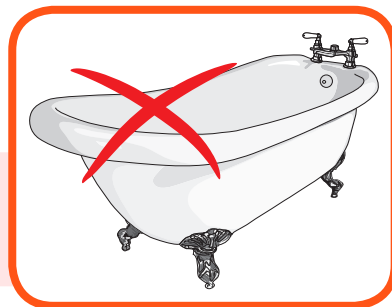
You may have small incisions on your belly and they may be covered by small skin tapes, called Steri-Strips. Do not remove the Steri-Strips, they will fall off by themselves. If they have not fallen off in 2 weeks, remove them.

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

You may take a shower. Let the water run softly over your incision(s) and wash the area gently. Do not scrub.



Do not take tub baths until your doctor tells you that it is ok.



Contact 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. Contact your surgeon if you have any heavy bleeding, bright red bleeding, or discharge with a bad odor.

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

If you have 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 4 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 to help with:

- Transportation.
- Meal preparation.
- Grocery shopping.
- Cleaning house.
- Laundry.



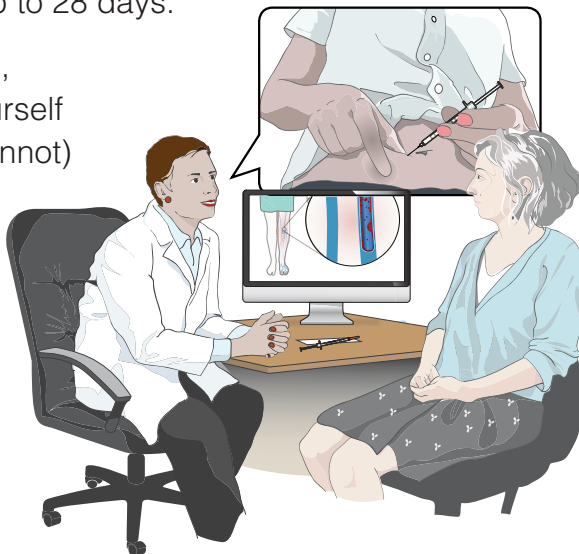
Medication to prevent blood clots

If you stay in the hospital overnight, you may get an injection once a day to prevent blood clots while you are in the hospital.

Patients who have undergone gyne-oncology surgery may also go home with injections to prevent blood clots for up to 28 days.

If you need to go home with injections, a nurse will teach you how to give yourself the injections. If you are unable (or cannot) to give yourself the injections, we will arrange for the CLSC to give you your injections every day.

We will make these arrangements before you go home.



Menopause

When the ovaries are removed during a hysterectomy, the amount of hormones circulating in the blood drops suddenly. If you have not gone through menopause before your surgery, and if your ovaries were removed, hormone replacement therapy may be needed to help you with menopausal symptoms. You may talk with your doctor about this at your follow up appointment.

The main symptoms of menopause are:

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

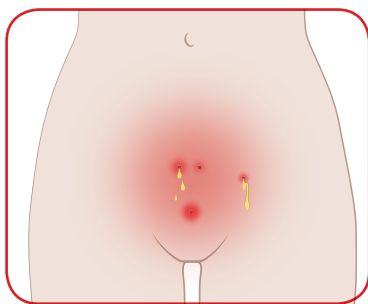
If you experience any of the changes of surgical menopause, speak with your doctor or nurse for information about how to best manage your symptoms.

When to call your surgeon...

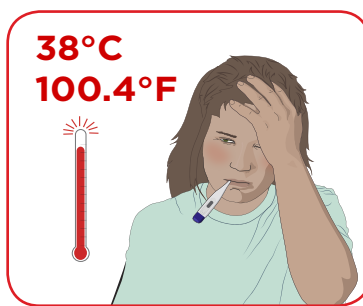


If you cannot reach your surgeon, call the hospital at 514-934-1934. Tell the receptionist that you had surgery and ask to speak to the resident on call for gynecology.

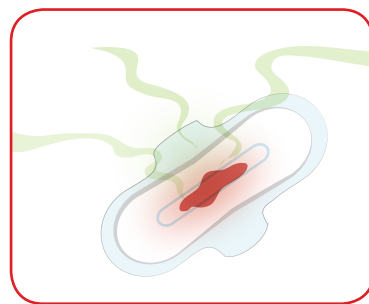
If you cannot reach the resident on call, go to the nearest Emergency Department.



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



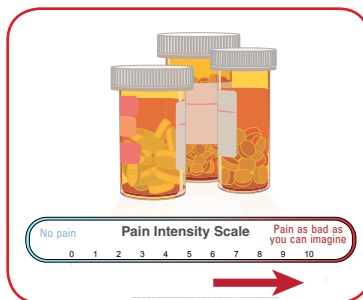
You have a temperature higher than 38°C/100.4°F.



You have bright red vaginal bleeding, more vaginal bleeding 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 a burning sensation or pain when you urinate (pee). You urinate more than usual.

Follow up appointment

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



If you have any questions, phone us.

Dr. Gilbert | Dr. Jardon | Dr. Zeng

514-843-2833

Dr. Krishnamurthy | Dr. Mansour | Dr. Papillon-Smith

Dr. Buckett | Dr. Zakhari

514-228-8889

Dr. Tulandi

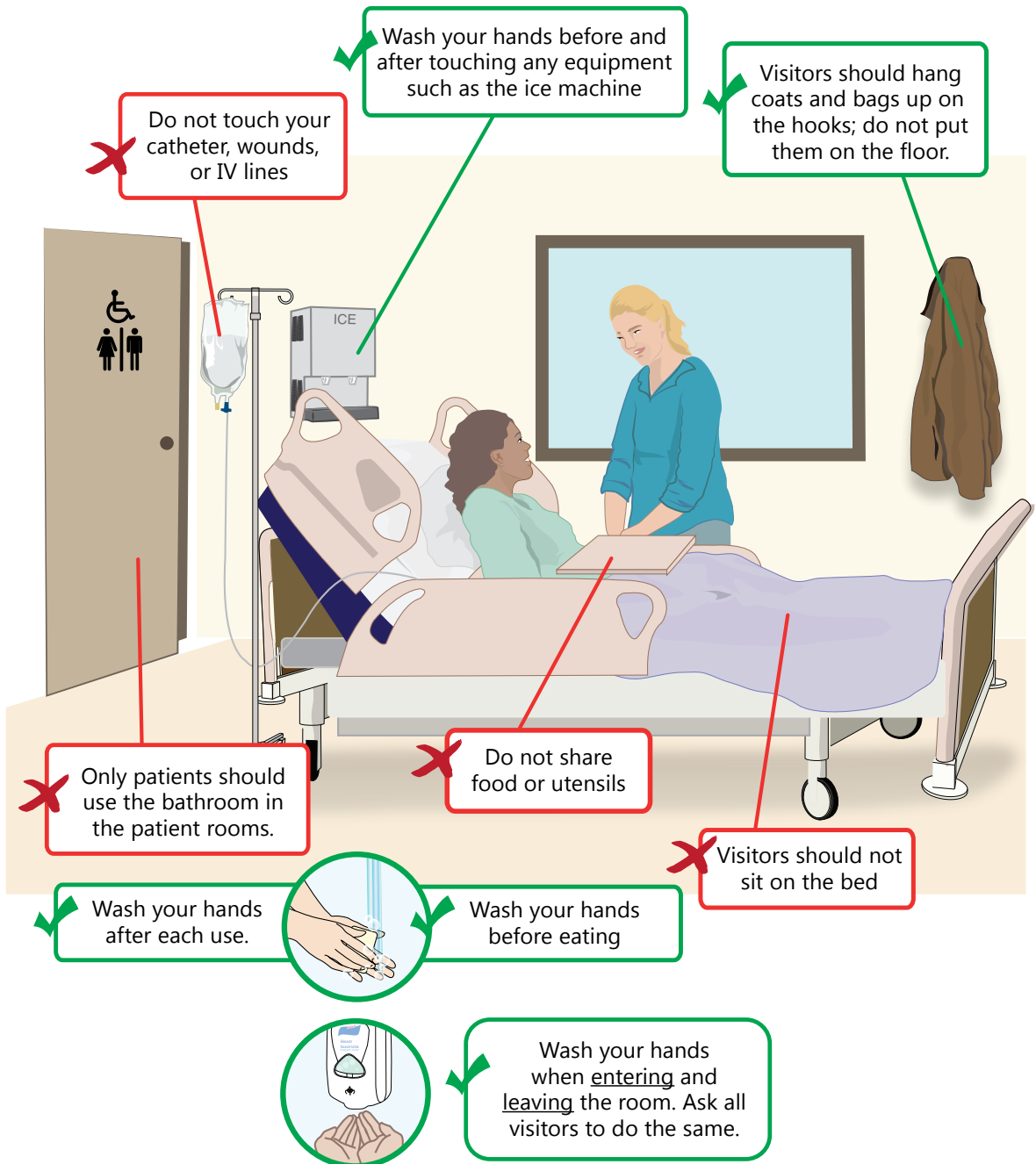
514-843-1650

Dr. Walter

514-905-1234

Other surgeon

Tips for preventing infection in the hospital room



Suggestions to help you stop smoking

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.

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

Looking for information on your surgery ?

Visit the Patient Education Collection
at: muhcPatientEducation.ca
Search for: surgery patient guide



For more about hysterectomy:
www.muhclibraries.ca/hysterectomy

For more information about menopause:
www.menopauseandu.ca

For more information about anesthesia:
www.cas.ca/english/patient-information

MUHC Libraries – Patient portal:
www.muhclibraries.ca/patients/

MUHC parking information:
www.muhc.ca/patient-and-visitor-parking

Parking Information

Note that these rates were in effect in September 2020 and could have changed since the printing of this booklet. Please visit this link for any updated information: www.muhc.ca/patient-and-visitor-parking



Daily Rate

Less than 2 hours	FREE
2h - 3h59	\$6
4-24 hours	\$10

Parking Pass Rate

7 days	\$45
30 days	\$90 *

Parking Rate for Frequent User *

A frequent user is an out-patient who visits the hospital by car for their appointments or treatments at least ten (10) times per month.

*** These parking rates do not apply to the staff nor its physicians.**

7 days	\$22.50	Unlimited entry and exit at the hospital where the pass was purchased. Certain conditions apply
30 days	\$45	

10 visits (flexible)	\$30	1 entry and 1 exit per visit, no expiry date
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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



Parking Service Desks



Montreal General Hospital
Lachine Hospital
Royal Victoria Hospital
Montreal Chest Institute
Montreal Children's Hospital
Montreal Neurological Hospital

Location

L6 – 129
OJ4
D RC.1000
D RC.1000
A RC.1000
E3-61

Extension

43626
77001
32330
32330
23427
34625

Map of Royal Victoria Hospital - Glen site



Cafeteria:

Located off the Atrium
on the S1 level



Surgery Registration:

C03.7055 (Block C, level 3)

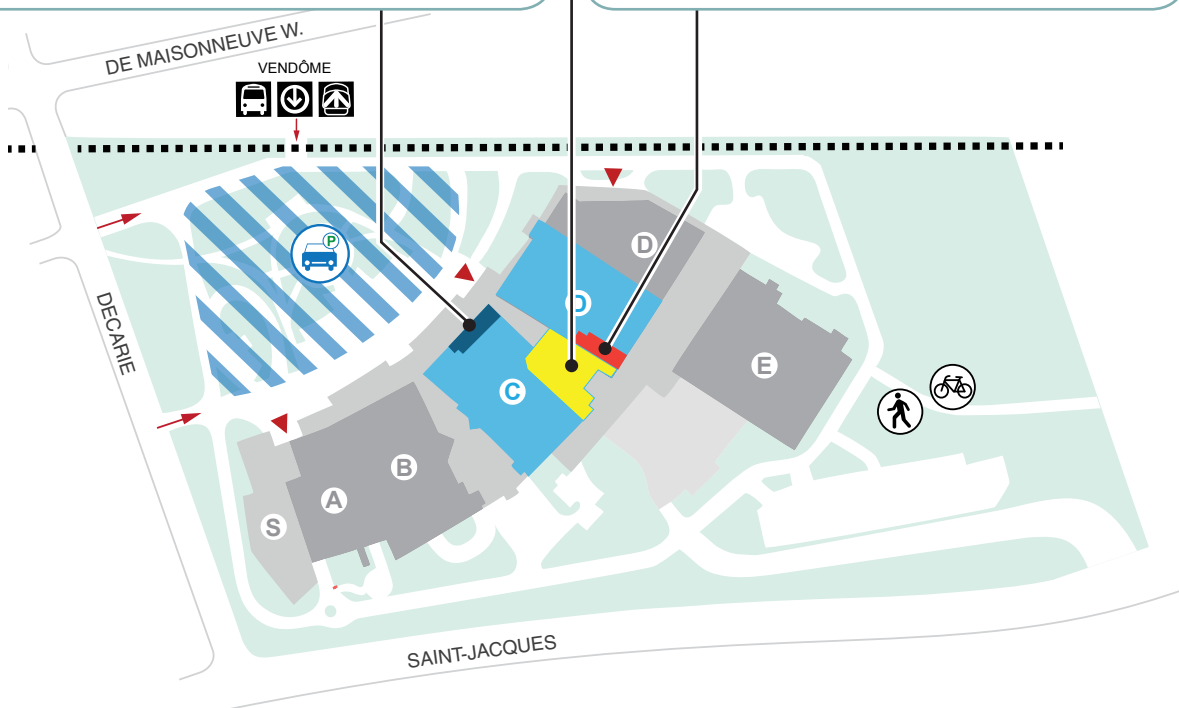


RVH Pre-operative Clinic:

Located near the cafeteria
on DS1. 2428 (Block D, level S1)

514-934-1934, ext. 34916

Monday to Friday,
7 a.m. to 3 p.m.



Centre universitaire
de santé McGill



McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

Glen site: 1001 Decarie 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)