A Guide to Your Day Surgery
Bowel Surgery

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



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

Centre universitaire de santé McGill
McGill University Health Centre

This booklet was developed by the MUHC Surgical Recovery (SURE) working group and Dr. Lawrence Lee.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

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What is a Care Pathway?

When you have your surgery, 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.

Bring this booklet with you on the day of your surgery. Use it as a guide. Your health care team will review it with you before you go home.

Having surgery can be stressful for you and your family. 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 do not speak French or English:

Bring someone with you during your visits and hospital stay who can help you understand.

What is the Bowel?

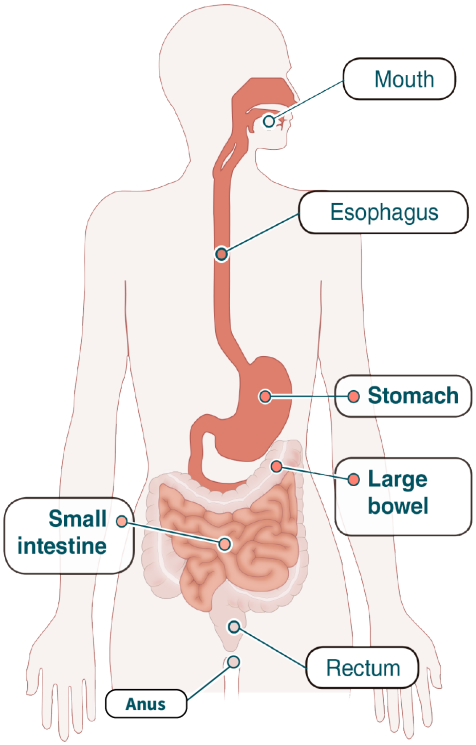
When you eat, food passes from your mouth, through your esophagus and into your stomach.

- The esophagus is the tube that connects your mouth to your stomach.
- The stomach holds, mixes, and grinds food. It also secretes acid and enzymes that break down the food.

This partly digested food leaves the stomach and passes into your small and large bowel (also called the intestines).

- The small bowel is where nutrients (proteins, sugars, fat, vitamins and minerals) are absorbed.
- The large bowel then absorbs fluid from the food. It is about 6 feet long.

The leftover waste is called stool. It is stored in the rectum, until it passes out of the body through the anus (the opening in the bum).



What is Bowel Surgery?

Bowel surgery, also called colorectal surgery, is when we remove or repair a part of the bowel that is damaged (unhealthy).

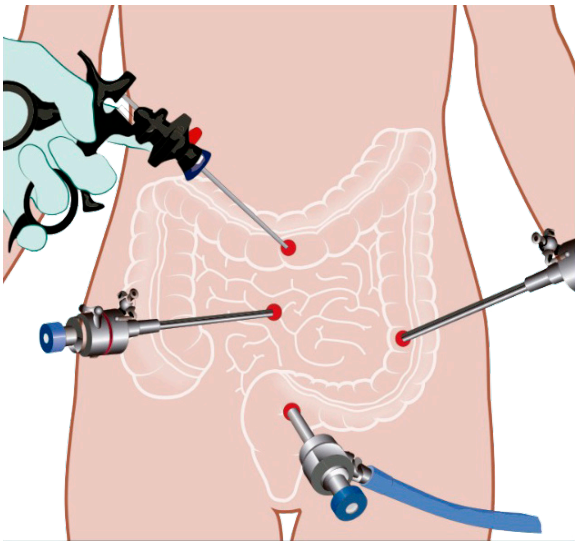
The bowel could be damaged because of cancer or inflammatory bowel disease (for example, Crohn's disease or diverticulitis), or for other reasons.

What is Day Surgery?

A day surgery is a procedure where you usually do not need to stay the night in the hospital. This means you would have the surgery and be able to go home on the same day.

The bowel day surgeries that are done at the MUHC are laparoscopic:

- Laparoscopic surgery is sometimes also called keyhole surgery or minimally invasive surgery.
- This means that the surgeon will make small cuts in your belly.
- The surgeon will use a camera and instruments to do the surgery.
- Depending on the surgery you are having, a part of your bowel will be removed or repaired.



Preparing for Your Surgery

Be Active

Try to exercise every day. Exercise will help your body to be as fit as possible. You will be better prepared for surgery.

If you are already exercising, keep up the good work. If you are not, start adding exercise into your day.

Exercise does not need to be intense to make a difference.
A 15-minute walk is better than no exercise at all.



Preparing for Your Surgery

Stop Smoking and Vaping



Quit smoking and vaping at least 4 weeks before your surgery.

- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots and infections.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Your health care team can prescribe medication to help you stop smoking
- It is never too late to stop!

See page 32 to learn more.

Stop Drinking Alcohol



Do not drink alcohol for 4 weeks before your surgery. Alcohol can affect how well you recover.

- Alcohol can change the way some medications work.
- Tell us if you need help to stop drinking alcohol.

Cannabis Use



Let us know if you use cannabis (marijuana).

- **If you use cannabis for enjoyment or leisure reasons:** Stop using cannabis 4 weeks before
- **If you use cannabis, authorized by a doctor, for medical reasons:**
  Let us know during your pre-op visit. 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

Where will my Surgery Be?

You will have your surgery at the Montreal General Hospital.

Your appointments before surgery and after surgery (follow-up) will be at the Glen Site (Royal Victoria Hospital), except for one Pre-op Clinic visit, which will be at the Montreal General Hospital.

Plan Ahead

You might need some help at home after your surgery.

Make plans with your family and friends so you will have help if you need it. Have food in the fridge or freezer that is easy to prepare.

You can also reach out to your local CLSC. They might offer services such as cleaning or meal delivery.

Arrange Transportation

You should be able to go home from the hospital on the same day as your surgery.

Arrange to have an adult with you 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 or take a taxi or public transportation by yourself.

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

Tell your nurse if you are worried about going home.

See information on parking rates at muhc.ca/patient-and-visitor-parking



Insurance Forms: CNESST, SAAQ, and Salary Insurance

If you have insurance forms to be filled out, bring them with you on the day of your surgery. Your surgeon or their assistants will take these and complete them.

Note: There might be fees to have these forms filled out.

Pre-Op Clinic Visit

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

When you visit the Pre-Op Clinic, you will meet with:

- A nurse, who will explain how to get ready for surgery, what to expect while you are in the hospital and what to do if you have to take a special medication called Fragmin after your surgery. This is explained in the section **Medication to Prevent Blood Clots** on page 28.
- A doctor, who will review your medication and ask you questions about your health. If you have other health problems, you may be referred to another doctor (a specialist) before surgery.

You may also:

- Have blood tests
- Have an ECG (electrocardiogram)
- Meet an anesthesiologist (the doctor who puts patients to sleep for surgery)

You may need to stop taking some medicines and herbal products before surgery.

The Pre-Op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.

If you have any questions, contact the Montreal General Hospital Pre-Op Clinic nurses:

514-934-1934, ext. 43778
Monday to Friday
1 p.m. to 3 p.m.
L10-509 (L wing, 10th floor, room 509)



Phone Call from Admitting

We will ask you to come 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m. – in this case, we will ask you to come at 6 a.m.

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

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 you the Friday before.

If you do not receive a call by 2 p.m., call 514-934-1934, ext. 42190.

Date of surgery: _____

Time of arrival at the hospital: _____

Where to go: Surgical Admission Services
D10-124 (D wing, 10th floor, room 124)



Cancelling Your Surgery

If you get sick, pregnant, or for any reason are not able to come to the hospital for your surgery, call Central Operating Room Booking at 514-934-4460.

If you call outside of opening hours, please leave a message.

When you call or leave a message, provide these details:

- Your full name,
- The date of your surgery,
- Your phone number,
- Your medicare card number,
- Your surgeon's name,
- The reason for cancelling or postponing your surgery,
- How long you are not available to have the surgery.

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

Call the Admitting Department of the Montreal General Hospital at 514-934-1934, ext. 42190.

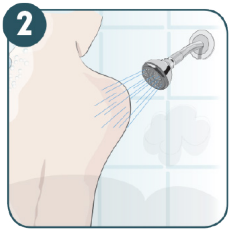
Your surgery might be delayed or cancelled because of an emergency. Your surgeon will reschedule your surgery as soon as possible.

Washing

The Night Before Your Surgery



Take a shower or bath.



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



Use regular soap and shampoo for your face and hair.



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



Wear clean clothes (pyjamas) to bed.

The Morning of Your Surgery



Take a shower or bath.



Do not put on lotion, perfume, makeup, or nail polish.



Do not wear jewelry or piercings.



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



If you wear contact lenses, wear your glasses instead.



Put on clean and comfortable clothes.

If you have your period, use a pad. Do not use a tampon or menstrual cup.

Preparing Your Bowel

You may need to have your bowel cleaned before your surgery.

Your surgeon will decide which bowel preparation you will need, if any. You may be asked to do 1 of these 2 types of bowel preparation:

1. Enema

An enema is when you use a tube to put a liquid up the anus to clean out the lower part of your bowel (near your rectum).



You normally will have to take 2 enemas on the morning of your surgery before you come to the hospital.

You will do these 30 minutes apart. Your enema kit will come with directions that explain how to insert the tube into your rectum and give yourself the enema.

OR

2. Laxative

A laxative is a drink you take the day before surgery that will clean out the whole length of your bowel.



You will go to the bathroom often after you take the laxative.

The Pre-Op Clinic nurse will give you a prescription to pick up what you will need and explain how to take it.

What to Eat and Drink

The Pre-Op Clinic nurse will explain what you should eat and drink before your surgery.

The Day Before Your Surgery

1. If you will be taking a laxative:
- Have a light breakfast
- Take the laxative, following the steps on your prescription
- After taking the laxative, drink only clear fluids (see list below) for the rest of the day until midnight.

2. If you will be taking enemas or will have no bowel preparation to do:
Eat and drink normally until midnight.

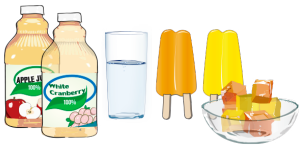
The Morning of Your Surgery

From midnight until 2 hours before your surgery, drink only clear fluids (see list below). Stop drinking any fluids 2 hours before your surgery.

Exception: If you are asked to come to the hospital at 6 a.m., stop drinking fluids at 5:30 a.m.

Examples of Clear Fluids
- Water
- Clear juice with no pulp (juice that you can see through)
- Jello or a popsicle
- Clear broth

Do not have any food, dairy products, or juice with pulp.



What to Eat and Drink

Special Instructions for Some Patients

Your Pre-Op Clinic nurse will let you know if this section applies to you and where to get the PREcovery beverage.

The morning of your surgery:

Drink 1 PREcovery beverage. This drink has special sugars and salts that will give you energy to prepare for your surgery. It is a clear fluid.

When: Drink it 2 to 3 hours before surgery.
This is usually the same time that you are asked to arrive at the hospital.

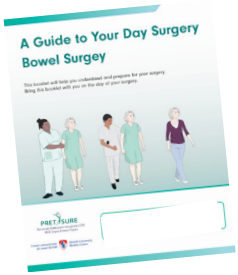
Exception: If you are asked to come at 6 a.m., drink it between 5 and 5:30 a.m.

How:

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



What to Bring to the Hospital





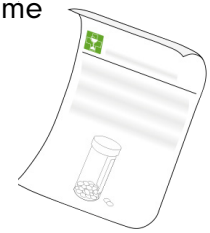
- This booklet
- Medicare card
- List of medications that you take at home (your pharmacist can give you one)
- 1 package of gum
- Loose comfortable clothing (for when you go home)







- Your glasses, contact lenses, hearing aids, and/or dentures with their storage containers, labelled with your name
- Your cane, crutches, or walker, labelled with your name



- CPAP machine, if you have sleep apnea
- Any insurance forms that need to be filled out

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

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



At the Hospital

Admitting Area

Go to Surgical Admission Services (D10-124 – D wing, 10th floor, room 124) at the time given. The admitting clerk will ask you to sign a form.

At **Surgical Admission Services**, 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
- Give you Tylenol before you go for surgery



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 (general anesthesia) so you will be asleep and pain-free during your surgery.

At the Hospital

Waiting Room

Family or friends can wait in D10-117 (D wing, 10th floor, room 117). The space is small. Limit the number of people who come with you.

There is a phone available in the waiting room to call the Post-Anesthesia Care Unit (PACU or Recovery Room) for updates.



Other Resources

Free Hospital Wi-Fi	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Coffee Shops	1st floor, Pine Ave entrance & 6th floor, near the main entrance on Cedar Ave (D6-125 – D wing, 6th floor, room 125)
Cafeteria	D4 – 4th floor, D wing
The Hospitality Corner (small restaurant)	D6-125 – D wing, 6th floor, room 125
Bank Machines (ATMs)	1st floor, Pine Ave entrance & 6th floor, near the main entrance on Cedar Ave
Gift Shop	6th floor, near the main entrance on Cedar Ave (D6-145 – D wing, 6th floor, room 145)
Parking	Rates: muhc.ca/patient-and-visitor-parking

The PACU (Recovery Room)

After your surgery, you will wake up in the PACU, which stands for Post-Anesthesia Care Unit (PACU). It's also sometimes called the Recovery Room. You will stay here for a few hours before going home.

You may have:

- A mask, giving you oxygen
- A tiny tube in your vein (intravenous or IV), giving you fluids
- Compression boots for your legs, to help circulation and prevent blood clots

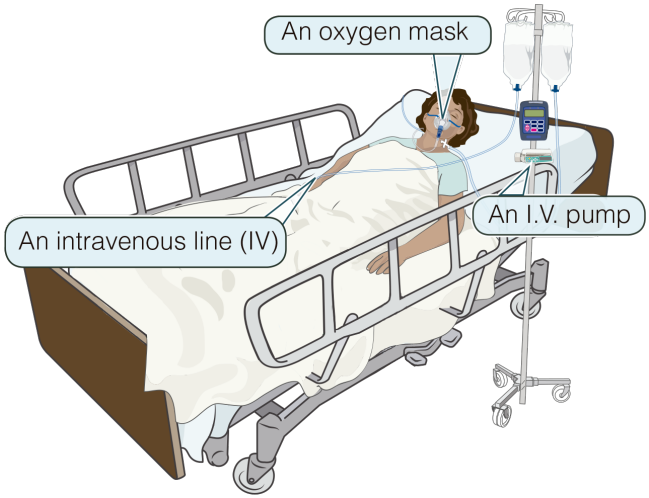
A nurse will:

- Check your pulse (heart beat) and blood pressure often
- Check your bandages
- Make sure you are comfortable

There are no visitors allowed in the PACU.

After your surgery, a nurse or doctor will call the family member or friend you have chosen as your contact person to tell them how you are doing.

You will stay in the PACU until you go home.



Pain Control

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

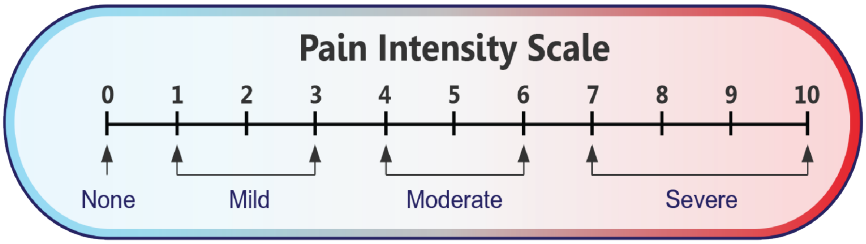
- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

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.
This number will help your nurse know how to best manage your pain.

If you have pain, tell us right away. When you have pain, you may not want to move around. This can slow down your recovery.



Ways to Control Your Pain

We will give you pain pills so that you are comfortable and able to move around.

Your anesthesiologist will also talk to you about the best ways to control your pain.



Going Home

You will be able to leave the hospital on the same day as your surgery.

For the next 24 hours:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions

You must have someone to take you home and to stay with you for the first 24 hours after your surgery.

You will not be allowed to leave the hospital alone. You cannot drive, take a taxi or public transportation by yourself.



Before Leaving the Hospital

- You will receive a light meal and a protein drink.
- Make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.
- Read the next section of the booklet called At Home (pages 23-29).
- Ask any questions you have before leaving the hospital.

Managing Pain

Your surgeon will prescribe pain medication for you. This is to control your pain and help you get back to your normal activities as soon as possible.

These medications will include:

Tylenol and anti-inflammatory pills (medications that reduce swelling)

- These medications are for mild to moderate pain
- Take both of these medications as prescribed for the first 3 days after your surgery, even if you don't have much pain.
- After the first 3 days, take them only when needed.

Opioids (narcotics)

- If Tylenol and anti-inflammatory pills do not control your pain well, you can also take this stronger pain medication.
- If you take this medication, do not stop taking Tylenol and the anti-inflammatory pills.
- Follow the instructions on the pill bottle. It is important to understand the risks and benefits of using an opioid.
- Opioids can make you constipated.

If you take an opioid pain medication:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions

Bring all unused medications back to your pharmacy.

Managing Pain

It is normal to have some pain after surgery. You might not be completely pain-free, but you should be able to go about your normal activities.

The pain will be more severe in the first few days after surgery. As you recover, it will fade to a dull ache, like a pulled or sore muscle.

If you are still feeling a lot of pain, even after adding an opioid, contact us in one of these ways:

- contact your surgeon
- use the app we helped you download on your phone
- email the colorectal surgery team at colorectal@muhc.mcgill.ca

Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit:
Five Questions to Ask about Your Medications
ismp-canada.org/medrec/5questions.htm

Pain Medication and Constipation



Pain medication can make you constipated (have trouble pooping).

To help your bowels stay regular:

- Drink at least 6 to 8 glasses of liquids (water if possible) every day*.
- Eat more whole grains, fruits and vegetables.
- Get regular exercise (a 15-minute walk is a good start).
- Take the stool softeners you were prescribed.





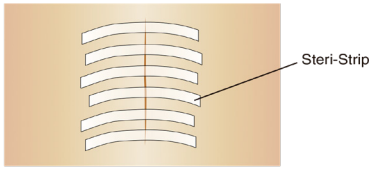
***Note:** If you have a heart or kidney condition or other health condition, you may need to drink less. Speak with your doctor or nutritionist if you have questions or are not sure.



Caring for Your Incisions (Cuts)

Bandages and Tape

Remove the bandages that cover your cuts 2 days after your surgery. After that, you can leave the cuts without any bandages on them.



Your cuts will have thin pieces of tape called Steri-Strips on them. They normally peel off by themselves.

If the pieces of tape have not fallen off after 7 days, remove them:

- Lift up one end of the tape.
- Roll it to the other end of the tape.

Washing



The bandages are waterproof, so you can take a shower right after your surgery. You can continue taking showers even after the bandages come off.

Let the water run softly over your cuts. Pat them gently with a clean towel to dry.



Do not scrub or rub your cuts. Do not take a bath for 2 weeks.

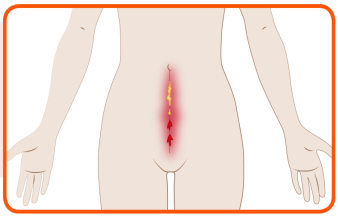
What to Expect

Your skin may get thicker where the cuts are. This is normal.

Many people feel numbness near the cuts. This feeling is normal. It will go away over time.

Your cuts may be slightly red and uncomfortable for 1 to 2 weeks.

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



Diet

The day after your surgery, you can eat solid foods, not just liquids. You can eat anything you want, unless your surgeon, nurse or nutritionist tells you not to.

Your bathroom habits might change after surgery. You may:

- Have diarrhea (more watery or liquidy poop)
- Become constipated (have trouble pooping)
- Have bowel movements (poop) more often

This should settle into a normal pattern over time.

Some foods can upset your stomach or cause loose bowel movements at first. If this happens, stop eating them for a few weeks and start them 1 at a time once you feel better.

Eat foods with protein to help your body heal. Meat, tofu, fish, poultry (chicken), legumes 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 healthy snacks between meals. Try high protein, high calorie shakes or drinkable supplements like Ensure or Boost.

If you have nausea and can't keep anything down (are vomiting) for 24 hours, contact us in one of these ways:

- call your surgeon
- use the app we helped you download on your phone
- email the colorectal surgery team at colorectal@muhc.mcgill.ca



Exercise and Activity

You can slowly go back to all your usual activities once you are pain-free.

Slowly up how active you are every day. It is normal to feel tired after your surgery.

Remember to rest between activities and feel free to ask your loved ones for help if you need it. Family and friends can often help with:

- Transport
- Preparing meals
- Doing groceries
- Cleaning
- Laundry

Physical Activity

- Walk every day. It is good exercise (shopping malls are good places to walk in the winter and summer).
- Do not lift more than 5 pounds (2.5 kg) for 4 to 6 weeks after your surgery.
- For most people, there are no limits on physical activity after surgery, including sex. Your surgeon will let you know if there are any limits for you.

Work

- Your surgeon will recommend when you are able to return to your job. This will depend on your surgery, recovery and your type of work.

Driving

You can be a passenger in a car, but you cannot drive for the first 24 hours after surgery (or having anesthesia) or while you are taking pain medication.

You may start driving again only when you are no longer taking opioid (narcotic) medication for pain.

Medication to Prevent Blood Clots

Some people will need to take an injection (a tiny needle) of Fragmin every day for 28 days after surgery. This is to prevent blood clots from forming.

Only some people need to take Fragmin after surgery. The Pre-Op nurse will have told you if this is the case for you during your Pre-Op Clinic visit.

If you have to take Fragmin after your surgery:

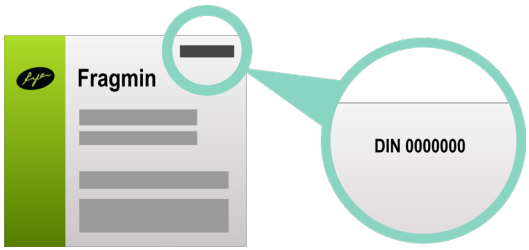
When you meet with the Pre-Op nurse before your surgery, they will:

- teach you or a family member how to give the injection
- give you a step-by-step sheet that explains how to give yourself the injection.

If you or your family member is not able to give the injection, your nurse will arrange for CLSC services to help you with the injections after your surgery.

You will be given a prescription for Fragmin after surgery. Once you pick up the medication from the pharmacy, you will also be able to watch a short video that will show you how to use Fragmin:

- Go to fragmin.ca
- Use the DIN (drug identification number) on your Fragmin medication box to log in to watch the video





Follow-Up Appointments

The recovery room nurse will call you the day after your surgery. They will call to see how you are doing.

Even though your surgery was at the Montreal General Hospital, your follow-up appointment with your surgeon will be at the Glen Site Surgical Clinic North, about 4 to 6 weeks after your surgery.

The colorectal surgery clinic will contact you for your follow-up appointment with your surgeon. If you have not been contacted 2 weeks after your surgery, call the clinic at 514-934-8486.

Glen Site Surgical Clinic North
(Royal Victoria Hospital)

D.S1.3310 (D Block, Level S1, Room 3310, on the north side of the hospital)

514-934-8486

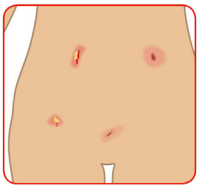
colorectal@muhc.mcgill.ca

For appointments with other specialists at the MUHC, consult the appointment information page online: muhc.ca/patients/plan-your-visit/make-appointment

When to Go to the Emergency Room

Contact your surgeon using the app on your phone or by email at colorectal@muhc.mcgill.ca if:

- Your cuts are warm, red and hard
- You see pus or liquid coming out of your cuts



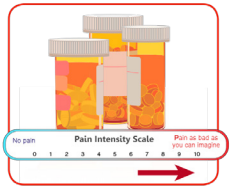
- You have a fever (temperature of 38.5°C / 101°F or more)



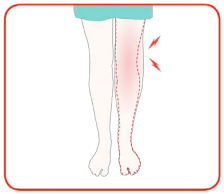
- You cannot drink or keep liquids down (nausea or vomiting) for 24 hours



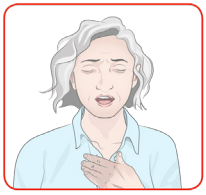
- Your pain is getting worse and the pain medicine does not help



- You have redness, swelling, warmth, or pain in your leg



- You are having trouble breathing



- You are peeing a lot, have a burning feeling or pain when you pee, or have an intense urge to pee but cannot



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

Important Contacts and Locations

Montreal General Hospital	1650 Cedar Ave., Montreal, QC H3G 1A4
Pre-Op Clinic	L10-509 (L wing, 10th floor, room 509)
Surgical Admission Services	D10-124 (D wing, 10th floor, room 124)
Waiting Room	D10-117 (D wing, 10th floor, room 117)
Parking	Accessible from Cedar Ave or Côte-des- Neiges Road (see map on page 36) Rates: muhc.ca/patient-and-visitor-parking

Glen Site (Royal Victoria Hospital)	1001 Decarie Blvd, Montreal, QC H4A 3J1
Surgical Clinic North	D.S1.3310 (D Block, Level S1, Room 3310) 514-934-8486 colorectal@muhc.mcgill.ca
Parking	Accessible from Decarie Blvd or St-Jacques Street (see map on page 36) Rates: muhc.ca/patient-and-visitor-parking

Resources to Help You Stop Smoking

- **I QUIT NOW phone line:** 1-866-527-7383 (free) or iquitnow.qc.ca
- **Quit smoking centres:** ask your CLSC for information
- **The Quebec Lung Association:** 1-888-768-6669 (free) or poumonquebec.ca/en
- **Smoking cessation clinic at the MUHC:** This requires a referral from your doctor. Send the request by fax to 514-934-8488.

McConnell Patient Resource Centre

For more information about bowel surgery, bowel conditions, anesthesia, or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

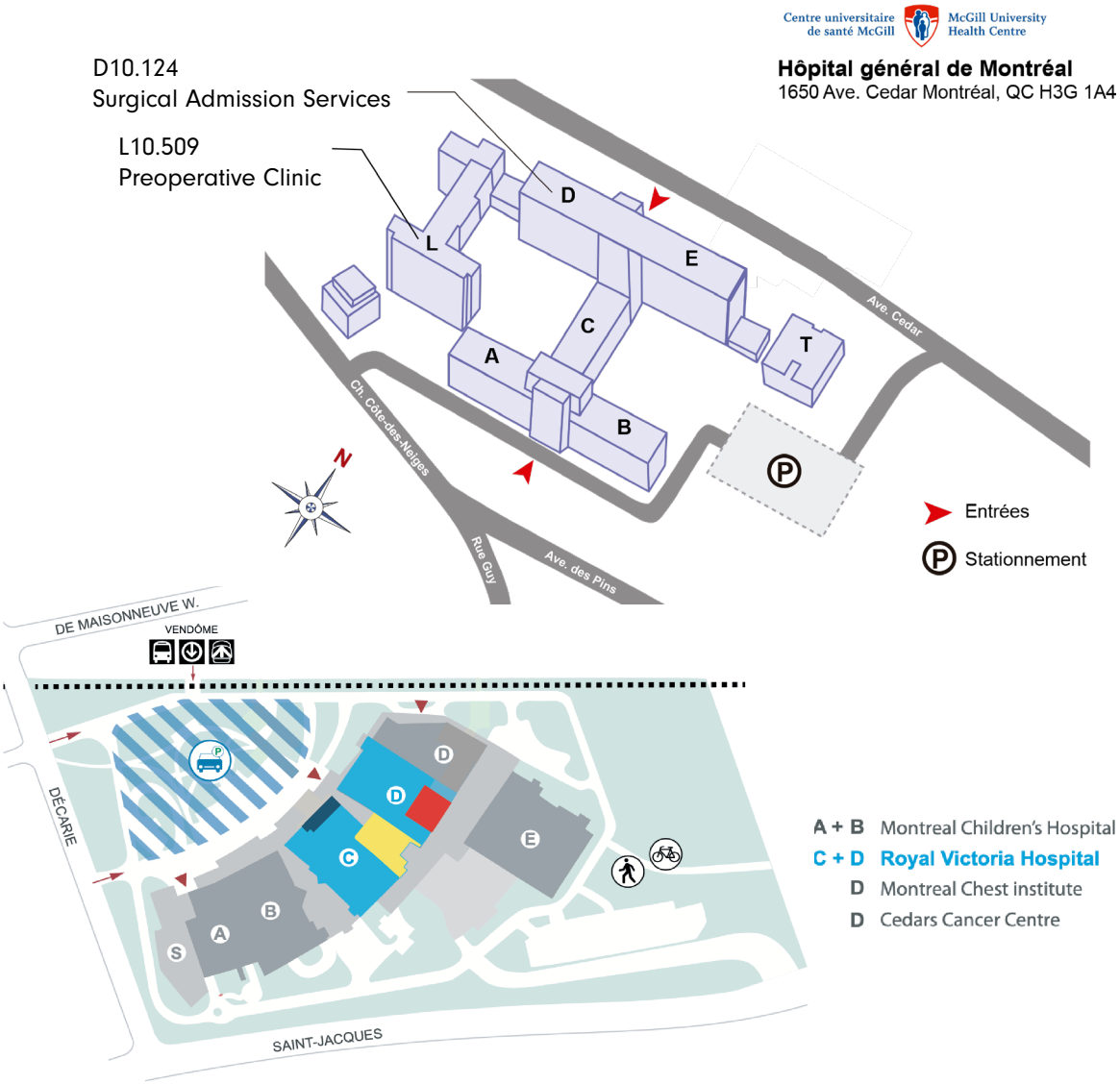
- **Bowel Resection:** muhclibraries.ca/bowel-resection
- **Colorectal Cancer:** muhclibraries.ca/colorectal-cancer
- **Crohn's Disease:** muhclibraries.ca/crohns-disease
- **Diverticulosis & Diverticulitis :** muhclibraries.ca/diverticulosis-and-diverticulitis
- **Ulcerative Colitis:** muhclibraries.ca/ulcerative-colitis
- **Pain:** muhclibraries.ca/pain
- **Anesthesia:** muhclibraries.ca/anesthesia
- **Quitting Smoking:** muhclibraries.ca/smoking-cessation

For help finding reliable health and wellness information, contact the McConnell Patient Resource Centre at crp-prc@muhc.mcgill.ca.

You may also visit their website for more information and resources: muhclibraries.ca/patients

Notes

Notes



Montreal General Hospital
1650 Cedar Ave, Montreal, QC, H3G 1A4
Pre-Op Clinic: L10-509
Surgical Admission Services: D10-124

Glen Site (Royal Victoria Hospital)
1001 Décarie Blvd, Montreal, QC, H4A 3J1
Surgical Clinic North: DS1.3310