

A guide to your Bowel Surgery



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



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Map of Montreal General Hospital **Back**

This booklet was developed by the MUHC Surgical Recovery (SURE) working group.

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

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McGill University Health Centre. 7th edition.



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.



What is a care pathway?

When you are admitted to the hospital for bowel surgery, you will be part of a fast recovery program called a **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.

Having surgery can be stressful for patients and their families. We will support you each step of the way. Ask us if you have questions about your care.

This booklet will:

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

Bring this booklet on the day of surgery and keep it with you throughout your hospital stay. Hospital staff might refer to it as you recover, and review it with you and your family before you go home.

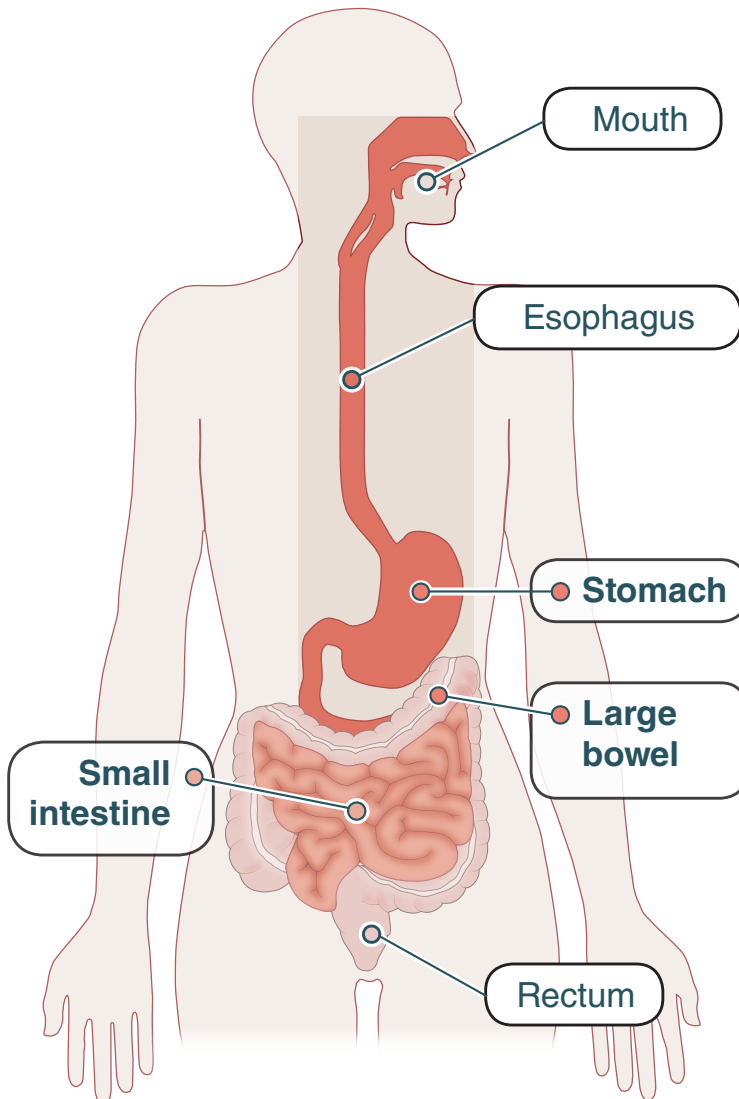
Your MUHC surgery team



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

What is the bowel?

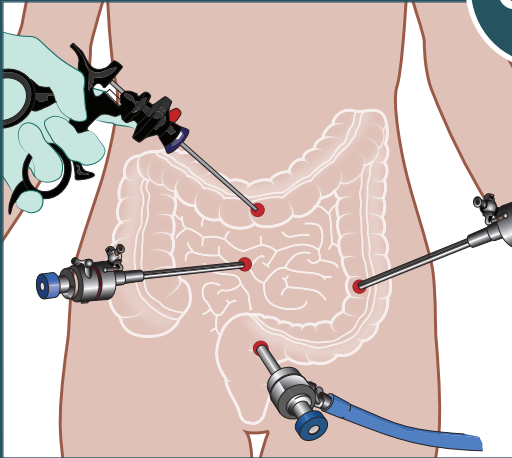
When you eat, food passes from your mouth through your esophagus, into your stomach. From there, it passes into the small bowel. This is where nutrients are absorbed. What is left of the food goes to the large bowel which is about 6 feet long. This is where fluids are absorbed from the food. The stool (waste matter that is left over) is stored in the rectum until it is passed out of the body through the anus.



What is bowel surgery?

Bowel surgery, also called **colorectal surgery**, is the removal of a diseased part of the bowel. The surgery can be done different ways. Your surgeon will talk with you about the kind of surgery you need.

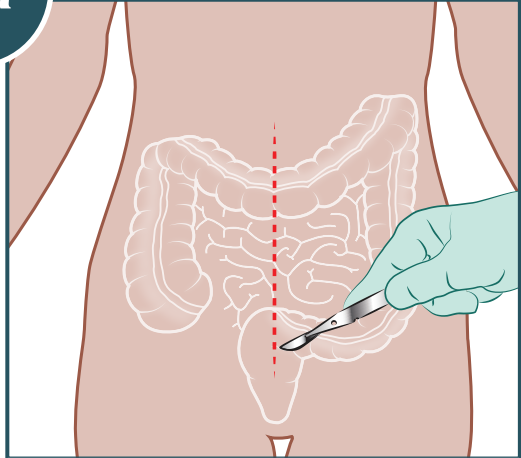
1. Laparoscopic



The surgeon will make small cuts (4- 6) in your belly. The surgeon will use a camera and instruments to operate on you and remove the diseased part of the bowel.

OR

2. Open

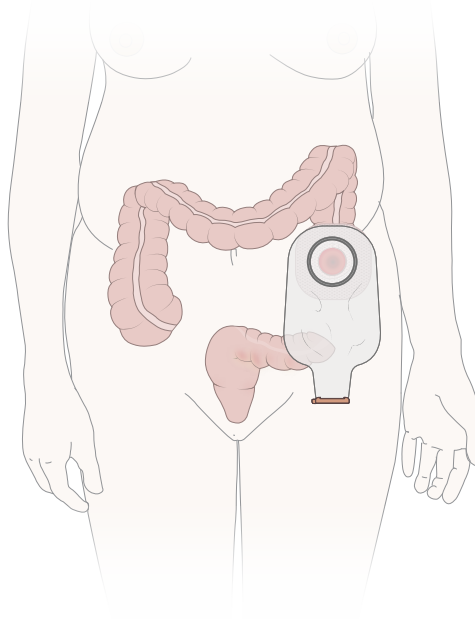
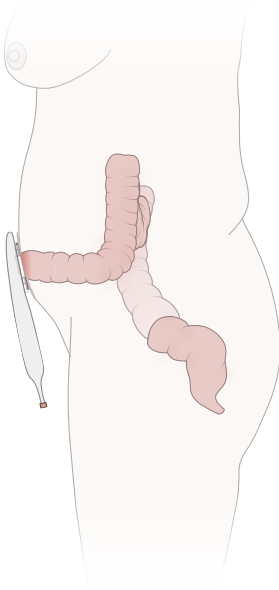


You will have 1 cut on your belly (10-20 cm) where the surgeon will remove the diseased part of the bowel.

What is an ostomy?

Some people need an **ostomy** as part of their bowel surgery. An ostomy is an opening in your belly where stool and waste pass out into a bag. This might be temporary or permanent. If you do need an ostomy, your surgeon will talk with you about it before your surgery.

You can also meet with a nurse that specializes in ostomy care called an Enterostomal Therapy (ET) nurse.



You can contact the ET nurse:

Telephone: 514-934-1934, ext. 44782

E-mail: woundandostomy@muhc.mcgill.ca

Preparing for your surgery

Be active

Exercise helps you be as fit as possible and keeps your weight under control. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day. A 10 minute walk every day is far better than not exercising at all.



Stop smoking

If you smoke, quitting 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 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 38 to learn more.



Restrict alcohol

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

Tell us if you need help cutting down on your alcohol use before surgery.



Preparing for your surgery

Plan ahead

After your surgery, you might need help with meals, bathing, laundry, cleaning, and transportation. Stock your fridge and freezer with food that is easy to reheat.

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

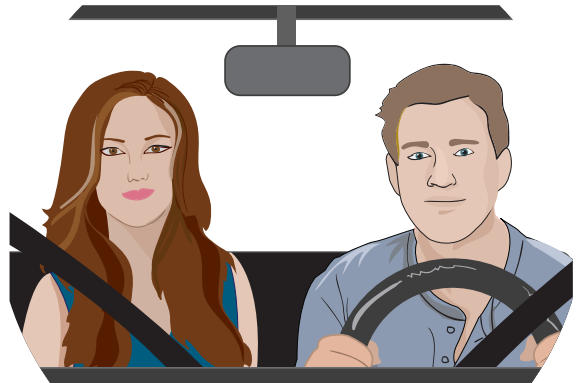
If you feel that you will not be able to manage at home after your surgery, you should talk with your local CLSC to learn about their services (housekeeping, meals on wheels, etc.).



Arrange transportation

The day of surgery is called Day 0. You should be able to go home from the hospital on Day 3 after your surgery. For example, if your surgery is on Monday, plan to return home on Thursday.

Tell your nurse if you have concerns about going home. Remember to arrange a ride. See pages 38-39 to find out more about the MUHC parking fees.



Preoperative Clinic visit

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 might be referred to another doctor (a specialist) before surgery.

Also, you may:

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



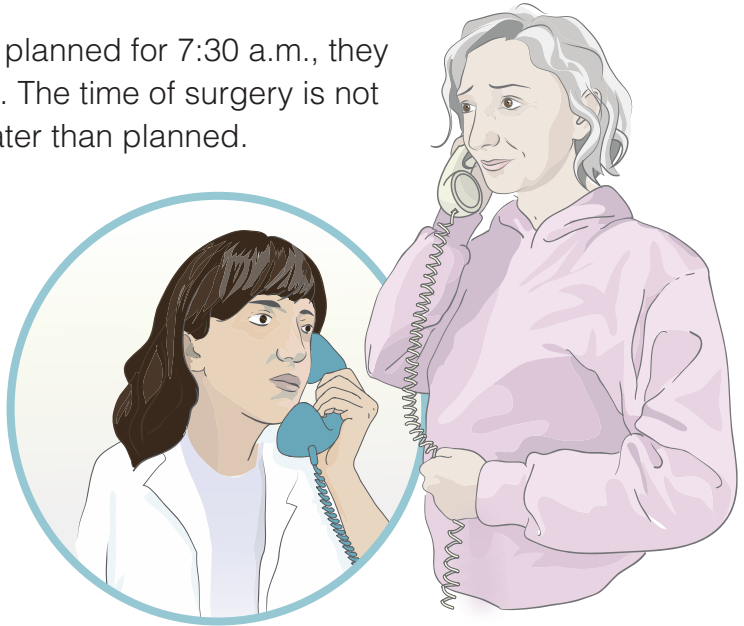
If you have any questions, call the Pre-operative Clinic nurses at 514-934-1934, ext. 43778, Monday to Friday from 1 p.m. to 3 p.m.

Pre-operative Clinic: E10-117 (E wing, 10th floor, room 117).

Phone call from Admitting

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

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



Date of surgery:

**Time of arrival
at the hospital:**

Room: Surgical Admission Services at D10-124
(D wing, 10th floor, room 124).



If you do not receive a call by 2 p.m. the day before your surgery, contact the Admitting Department: 514-934-1934 ext. 42190

labelling your surgery

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.

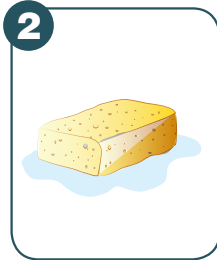


Washing

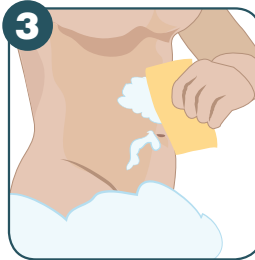
The night before your surgery



Use regular soap and shampoo for your face and hair.



Take a shower with 1 of the 2 sponges.



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

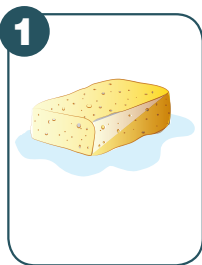


Do not shave the area where the surgery will be done.



Wear clean clothes to bed.

The morning of your surgery



Take a shower with the 2nd sponge.



Do not put on lotion, perfume, makeup, 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.

Bowel preparation

Some people need to have their bowels cleaned the day before their surgery.

There are 2 types of bowel preparation:

1. Enemas:

An enema is used on the day of surgery to clean out the lower part of your bowels (near your rectum).

The tube of the enema is inserted in your rectum. Follow the directions included with the enema.



2. Laxatives:

A laxative is a drink you take the day before surgery to clean out the entire bowels.

Your surgeon will decide which bowel preparation you will need for your surgery.

The preoperative clinic nurse will give you your prescription and explain how to take it.



Diet

The day before your surgery

With a laxative:

If you were asked to take a laxative the day before your surgery:

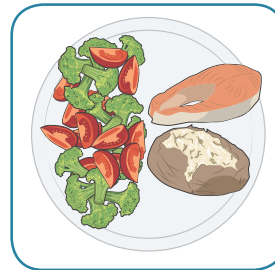
- Have a light breakfast.
- Drink your laxative.
- After your laxative, drink only clear fluids, jello or popsicles for the rest of the day. **Clear fluids** are juices and liquids that you can see through.
- Do not eat any food, dairy products or juice with pulp for the rest of the day.



Without a laxative:

If you were asked to take an enema OR nothing at all:

- Eat and drink normally until midnight.
- After midnight, do not have any food, dairy products or juice with pulp.



Diet

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 morning of surgery: (with or without laxatives -for all patients)

- 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.

AND

- 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 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.



Exception: If you are asked to come at 6 a.m. do not drink anything after 5:30 a.m.

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

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

www.enmednut.com/products/precovery

What to bring to the hospital

- This booklet.
- Medicare card.
- List of medications that you take at home (ask your pharmacist to give you one).
- 2 packages of your favorite gum.
- Non-slip slippers or shoes and loose comfortable clothing (for when you'll return home).
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and tissues.
- Private insurance information (covering private and semi-private rooms).



If needed

- Glasses, contact lenses, hearing aids, and/or dentures with their storage containers labelled with your name.
- Cane, crutches, or walker labelled with your name.
- CPAP machine, if you have sleep apnea.



Bring these items in a small luggage labelled 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.



At the hospital

Admitting area

Report directly to the Surgical Admission Services **D10-124 (D wing, 10th floor, room 124)** at the time given. The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer. 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.
- Make sure your personal belongings are in a safe place.
- Complete a pre-operative checklist with you.



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 for surgery) and the other members of the team. You will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family and friends can wait for you in the waiting room located in **D10-117 (D wing, 10th floor, room 117)**. The space is small so we ask that you limit the number of people you bring with you.

At the end of your surgery, the Recovery Room 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 Recovery room.

Internet access

There is free WiFi available at the hospital.

Connect to:

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



Other resources

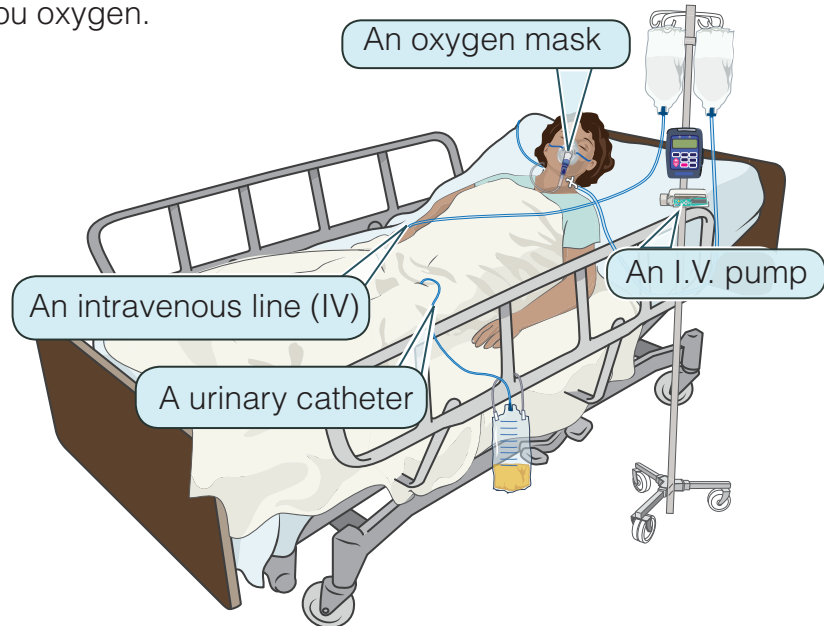
- Coffee shops - 1st floor Pine Ave. entrance and the 6th floor near the main entrance on Cedar Ave.
- Cafeteria - 4th floor - D wing
- “The Hospitality Corner”(Small sit down restaurant) - D6-125 (D wing, 6th floor, room 125)
- Bank machines - 1st floor Pine Ave. entrance and 6th floor near the main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

The Recovery Room

After your surgery, you will wake up in the **Recovery Room**.

You may have:

- An epidural (small tube in your back) or a PCA pump giving you pain medication.
- A urinary catheter (tube), draining urine from your bladder.
- An intravenous (IV), giving you fluids.
- A mask, giving you oxygen.



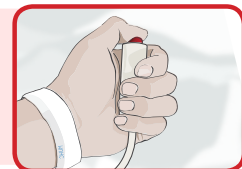
Your nurse will:

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

Once you are ready, you will be moved to your room on the surgery floor. Your family can visit you once you are in your room.



Always have your call bell at your side when in bed or sitting in a chair.

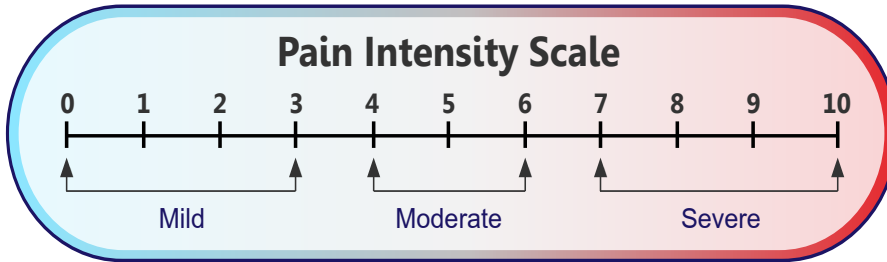


Pain control

Pain relief is important because it helps you:

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

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



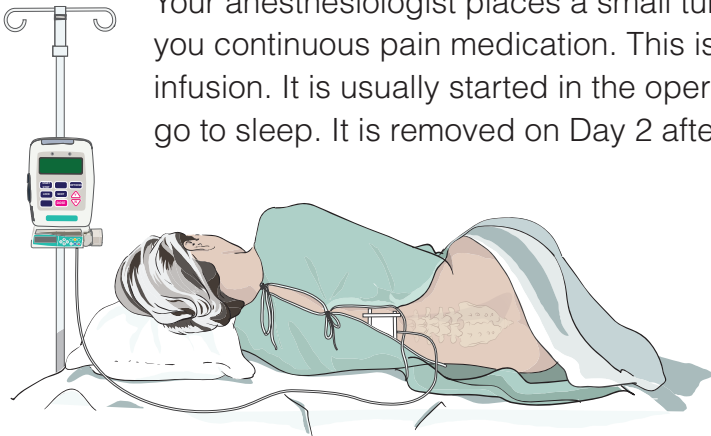
0 means no pain and 10 is the worst pain you can imagine. This will help your nurse decide how to best manage your pain.

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

There are 3 different ways to control your pain after surgery. They are:

1. Epidural catheter

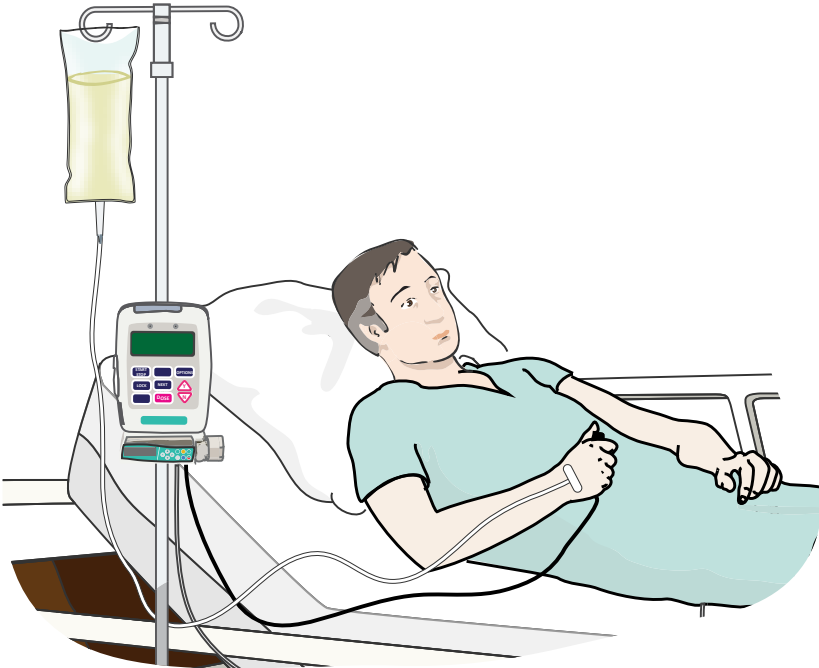
Your anesthesiologist places a small tube in your back to give you continuous pain medication. This is called an epidural infusion. It is usually started in the operating room before you go to sleep. It is removed on Day 2 after surgery.



Pain control

2. Patient-Controlled Analgesia (PCA)

Some patients have a pump attached to their IV. When you push the hand-held button, the pump gives you a safe dose of pain medication.



3. Pills

A few patients may be prescribed only pills after the surgery to control pain. These pills are usually acetaminophen also called Tylenol® and an anti-inflammatory pill such as Celebrex®. If this is not enough to control the pain, we will give you a stronger pain medication.



Exercises

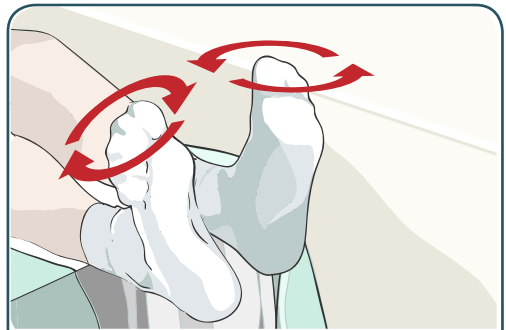
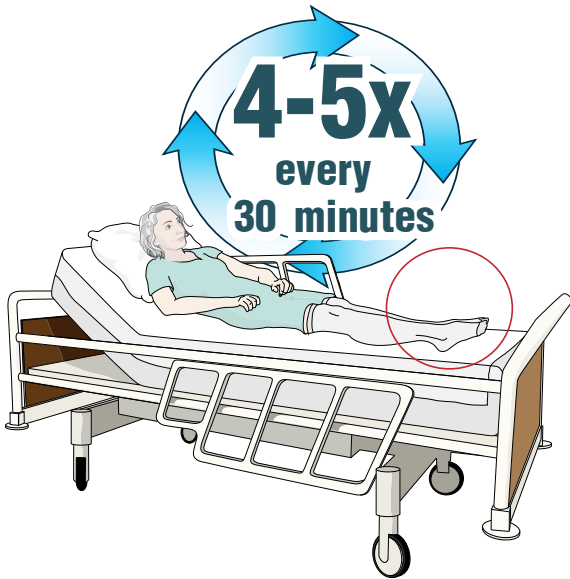
You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia.

Start these exercises when you wake up. Continue them while you are in the hospital.

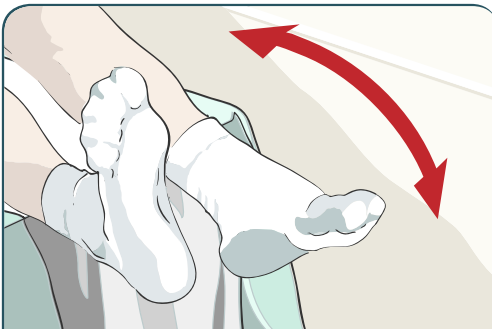
Leg Exercises

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 to the left.



Wiggle your toes and bend your feet up and down.



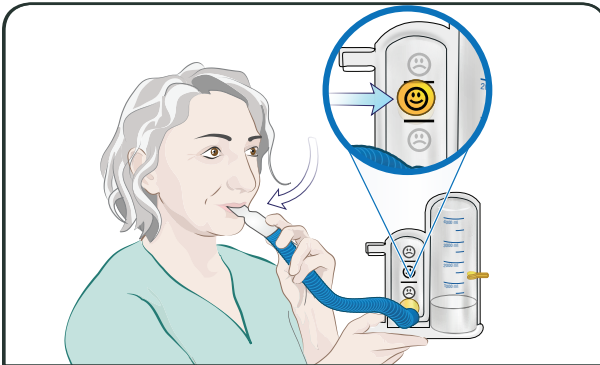
Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises

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

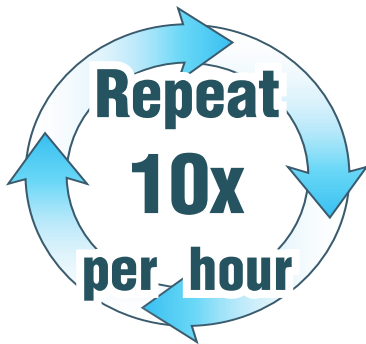
To use your inspiriometer:



Put your lips around the mouthpiece.
Breathe in deeply 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.



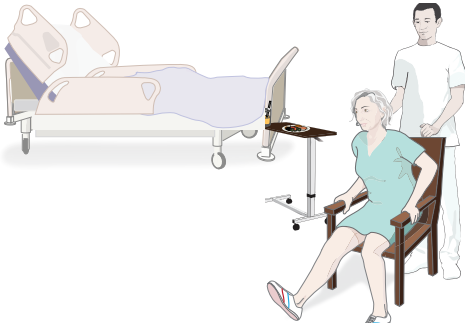
Repeat this exercise 10 times every hour while you are awake.



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

Goals for Day 0: Day of surgery

Activities



- **Get out of bed. Sit in a chair or go for a walk with your nurse's help (in the evening).** You can walk as often as you like. Staying in bed and not moving is not good after surgery.

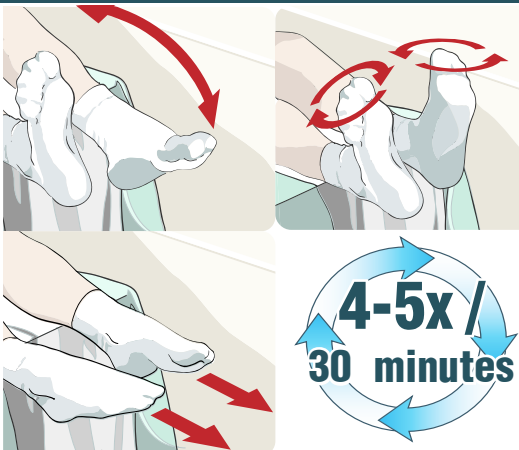
Diet



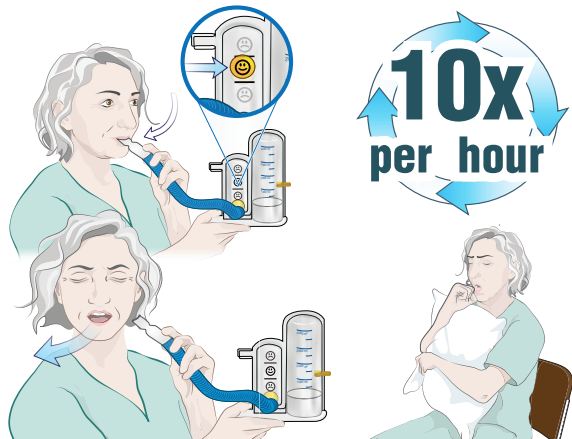
Chew gum
3x a day
30 minutes



- Drink liquids, as well as a protein drink like Ensure or Boost if tolerated.
- Chew gum for 30 minutes to help your bowels start to work.



- Do your leg exercises (see page 24).



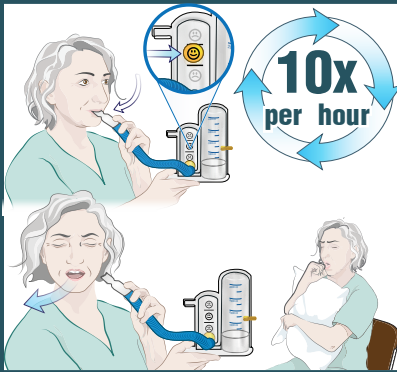
- Do your breathing exercises (see page 25).



If you have a stoma, consult your Path to home: caring for your ostomy after bowel surgery www.bit.ly/2KxNvID

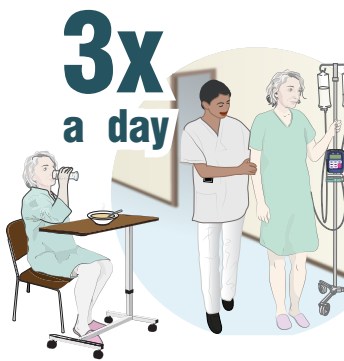
Goals for Day 1

Breathing



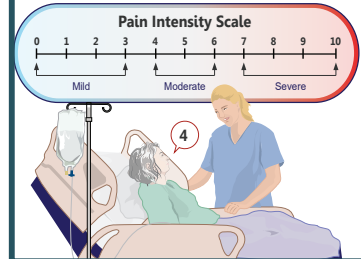
- Do your breathing exercises (see page 25).

Activities



- Sit in a chair for meals.
- Walk in the hallway 3 times, with help.

Pain control



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

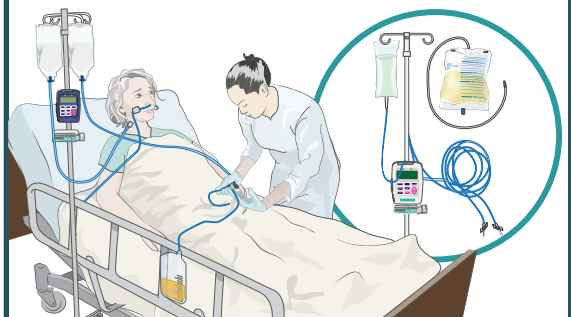
Diet



Chew gum
3x a day
30 minutes

- Drink liquids.
- Eat regular food.
- Chew gum for 30 minutes 3 times during the day.

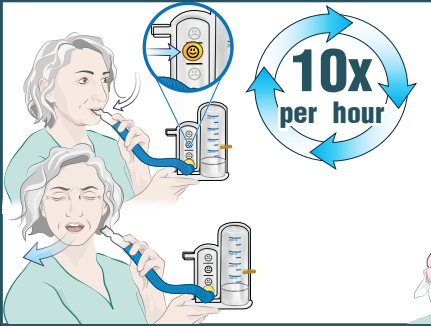
Tubes and lines



- For most patients the urinary catheter will be removed today.
- Your IV will be removed when you are drinking well.

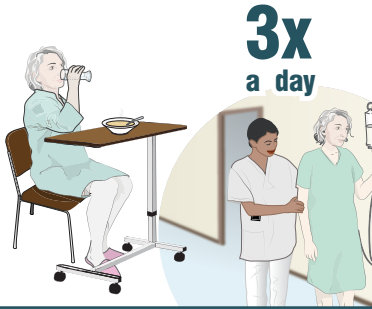
Goals for Day 2

Breathing



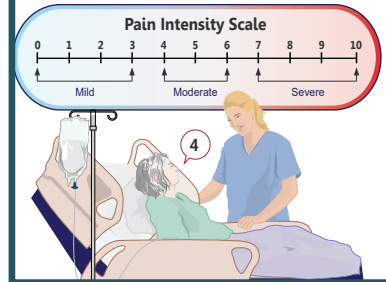
- Do your breathing exercises (see page 25).

Activities



- Sit in a chair for meals.
- Walk in the hallway 3 times, with help.

Pain control



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

Diet



Chew gum
3x a day
30 minutes



- Drink liquids.
- Eat regular food.
- Chew gum for 30 minutes 3 times during the day.

Tubes and lines



- If you have a PCA pump: It may be removed today and you will take pills to control your pain.
- If you have an epidural: You will have a “stop test” today, to see if your pain can be controlled only with pills.



You may go home from the hospital on Day 3 after your surgery. Remember to arrange a ride. Tell your nurse if you have any concerns about going home.

Goals for Day 3: Going home

Plan to go home before 11 a.m.



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

Read the next section of the booklet called the “At home” section and ask questions before leaving the hospital if you don’t understand.



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

Pain

You can have pain for a few weeks after your surgery. Follow the instructions that were provided by your doctor and your nurse to control your pain.

To relieve your pain, take acetaminophen (Tylenol®) and your anti-inflammatory first. Add the narcotic (Oxycodone®) prescribed by your surgeon if your pain is not controlled by taking the Tylenol® and the anti-inflammatory pills.

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



If you have severe pain not relieved by the medications, call your surgeon or go to the emergency.

Also, if you have any new pain, pain that has gotten worse or pain that is not relieved by the medications, call your surgeon or go to the emergency.



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 30-minute walk every day is a good start).



Take stool softeners if your doctor tells you to.

Incisions

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

You may take a shower:

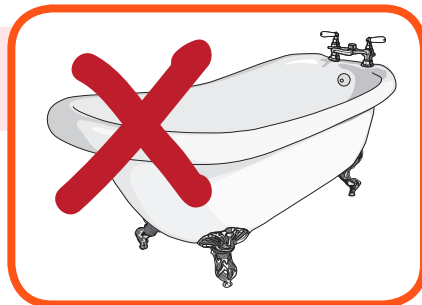
- 3 days after laparoscopic surgery
- 5 days after open surgery

Let the water run softly over your incision(s) and wash the area gently.

Do not scrub.



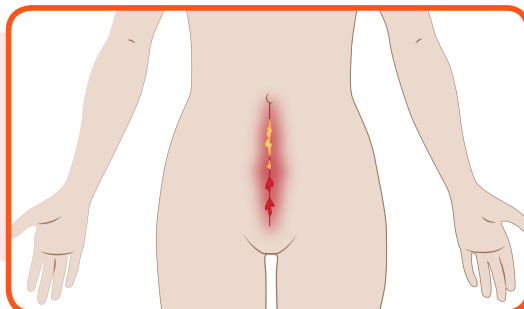
Do not take a bath for 2 weeks.



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



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



Diet

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

Your bowel habits may change after part of your bowel is removed. You may have loose stools, become constipated, or have more frequent bowel movements. This should settle into a normal pattern over time.

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

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

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



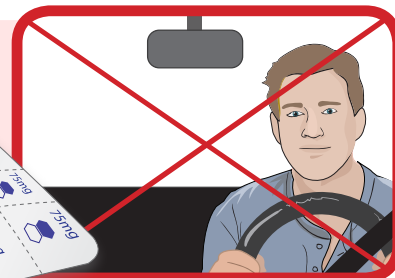
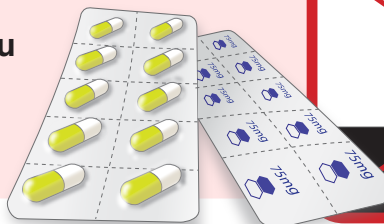
If you have nausea or if you vomit, call your surgeon.

Activities

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Slowly return to all your usual activities when you feel like it.
- Ask your surgeon when you can return to work. Your return to work depends on your recovery and your type of work.
- When you are pain-free, you can resume most activities, including sexual activities.



Do not drive while you are taking narcotic pain medication.



Ask your family and friends for help with:

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



Medication to prevent blood clots

Some patients will need an injection every day to prevent blood clots for 28 days after your surgery. If that is your case, your nurse will teach you or a family member how to do this. Your nurse will give you an instruction sheet on how to give yourself the injection. Follow each step.

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



When to call your surgeon

Call your surgeon if:



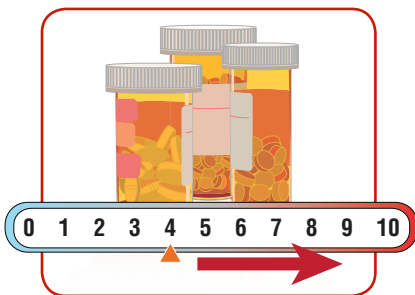
Your incision(s) is warm, red and hard, or if you see pus or drainage coming from it.



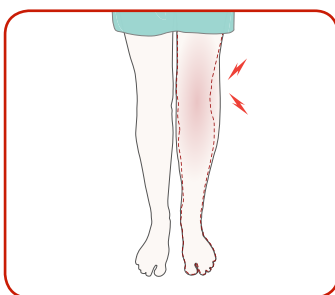
You have a fever higher than 38 °C/100.4 °F



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



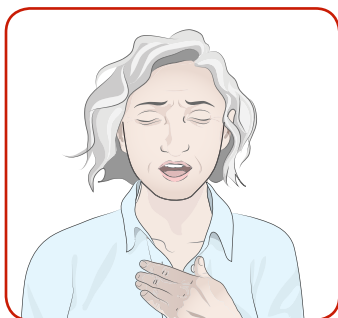
You have more pain and your pain medicine does not help.



You have redness, swelling, warmth, or pain in either leg.



You urinate a lot, have a burning sensation, or pain when you urinate, or an intense urge to urinate.



You have trouble breathing.



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



Follow up

You will be given a follow-up appointment or you will be asked to make your own follow-up appointment with your surgeon.

If you have any questions, phone us

Name of your surgeon:

Phone number of your surgeon:

Contact Information

**For patients of Dr. Charlebois, Dr. Stein,
Dr. Liberman, and Dr. Lee**

Royal Victoria Hospital at the Glen site,
Surgical North Clinic: DS1.3310 (Block D, level S1)
514-934-1934 ext. 44365

For patients of Dr. Fried, Dr. Feldman, Dr. Vassiliou

Montreal General Hospital,
Surgery Clinic: L9.200 (L Wing, 9th floor, room 200)
514-934-1934 ext. 48025

For the Enterostomal Therapy (ET) nurse:

514-934-1934, ext. 44782
woundandostomy@muhc.mcgill.ca

Other phone numbers:

MUHC Appointment and Referral Centre:

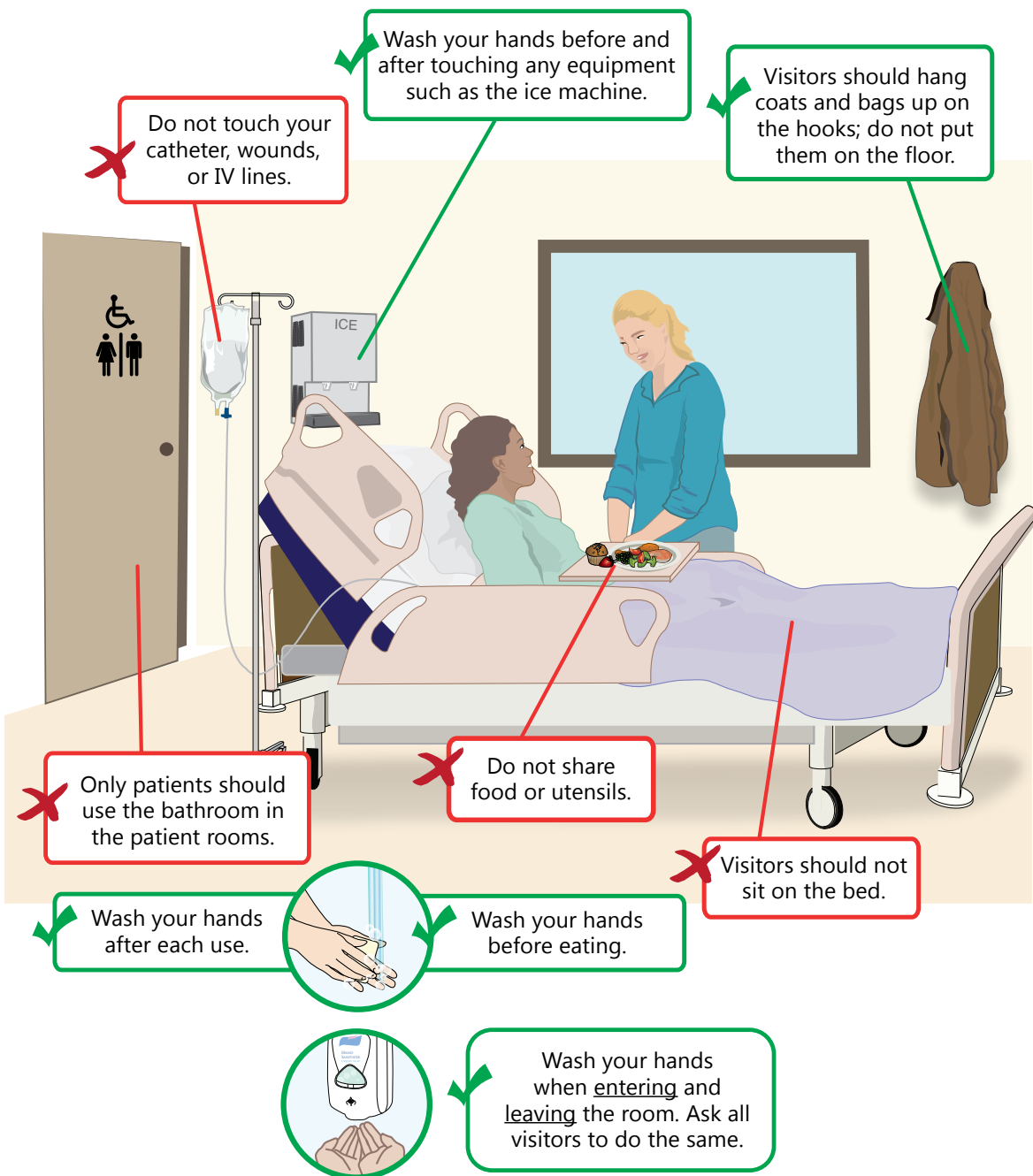
514-934-8488
(Monday to Friday from 8 a.m. to 5 p.m.)

Info-Santé: 811

(Contact a nurse for non-urgent health
issue, 24 hours a day, and 365 days a year)



Tips for preventing infection in the hospital room



Websites of interest

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).



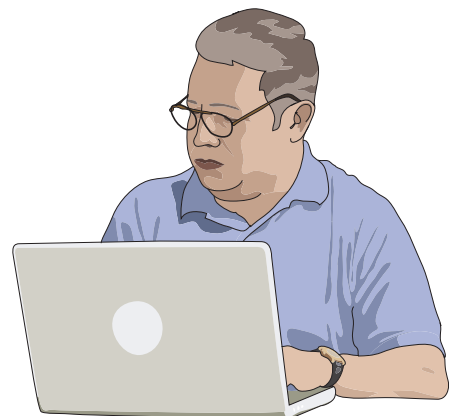
Looking for more information on your surgery

For more about ostomy:

www.muhcpatienteducation.ca/DATA/GUIDE/693_en~v~ostomy-recovery-poster-muhc.pdf

For more about anesthesia:

www.cas.ca/english/patient-information



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 38 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

WEEKLY PASS	7 DAYS	\$60	Unlimited entry and exit at the hospital where the pass was purchased
	14 DAYS	\$85	
LONG-TERM PASS	30 DAYS	\$70	Certain conditions apply
FLEXI-PASS	7 VISITS	\$100	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

Légende - Legend

 Entrées
Entrances

 Stationnement
Parking

 **E10.117**
Clinique Préopératoire
Preoperative clinic

 **D10.124**
Service d'admission chirurgie
The surgical admission services

