

A guide to Major Head and Neck Surgery - Part 2



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



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.

This document is copyrighted. Reproduction in whole or in part without express written permission from patienteducation@muhc.mcgill.ca is strictly prohibited.

© Copyright December 6th, 2021. 2nd Edition. McGill University Health Centre.



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.

Centre universitaire
de santé McGill



McGill University
Health Centre

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Table of Contents

Before your surgery

Preparing for your surgery.....	1
Preoperative Clinic visit.....	3
Phone call from Admitting.....	4
Cancelling your surgery.....	5
Washing.....	6
Diet.....	7
What to bring to the hospital.....	9

Day of surgery

At the hospital.....	10
----------------------	----

After your surgery

Recovery Room.....	12
Pain control.....	14
Exercises.....	15
Goals for Days 0-1.....	19
Goals for Days 2-6.....	20
Goals for Days 7-14.....	21
Swallow tests.....	22
Going home.....	23

At home

Pain.....	24
Incisions.....	25
Speech.....	25
Diet.....	26
Exercises and activities.....	27
When to get help.....	28
Follow up.....	29

Resources

Tips for preventing infection in your hospital room.....	30
Websites of interest.....	31
Glen site parking information.....	32

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

Preparing for your surgery

Be active

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



Stop smoking

You should quit smoking 4 weeks 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 31 to learn more.



Stop drinking alcohol

Do not drink alcohol for 4 weeks before surgery. This could affect how you recover. Tell us if you need help cutting down on your alcohol use.



Preparing for your surgery

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.

Plan ahead

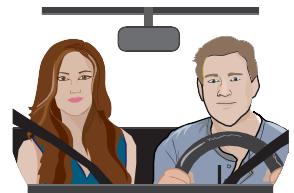
You might need some help at home after your surgery. Ask your family and friends for help with meals, bathing, laundry, or cleaning.

If you don't think that you can manage at home after your surgery, talk with your local CLSC. They might offer services such as housekeeping or meals on wheels.



Arrange transportation

The day of surgery is called Day 0. You should be able to go home from the hospital on **Day 8 or Day 15** after your surgery. Your surgeon will let you know when to expect to go home. Tell your nurse if you are worried about going home. Remember to plan a ride back home.



See page 32 for information on parking rates.

Insurance forms: CNESST, SAAQ, and salary insurance

If you have insurance forms to be filled out, bring them to your surgeon's office and bring them to your next follow up appointment. They can only be filled out after the surgery.



Note: There are fees to have these forms filled out.

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 may 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, you can 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.

Pre-operative Clinic. 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 planned 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: Surgery Registration, C03.7055 (Block C, level 3).

Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North), these are the elevators you will see, and 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.



Your surgery might need to be delayed or cancelled because of an emergency.

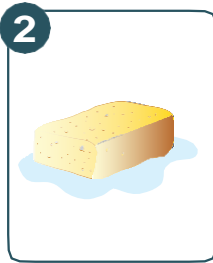
Your surgeon will reschedule you as soon as possible.

Washing

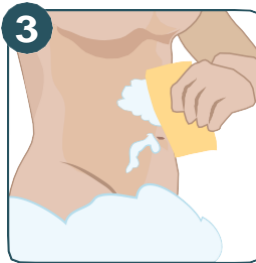
The night before your surgery



1 Use regular soap and shampoo for your face and hair.



2 Take a shower or a bath.



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

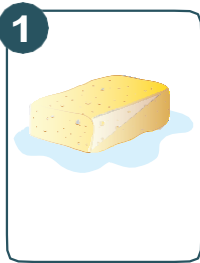


4 **Do not** shave the area where the surgery will be done.



5 Wear clean clothes to bed.

The morning of your surgery



1 Take a shower or bath.



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 If you wear contact lenses, wear your glasses instead.



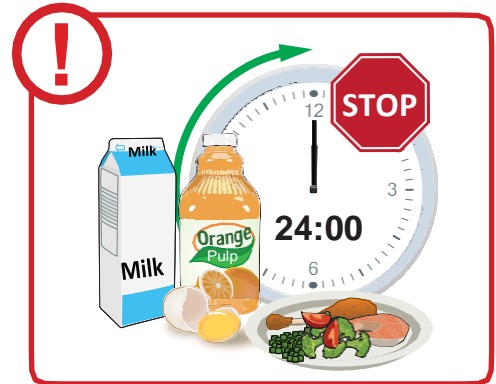
5 Put on clean and comfortable clothes.

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
- **After midnight, do not have any food, dairy products, or juice with pulp**



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

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 without pulp
500 mL



Orange juice without pulp
500 mL



Apple juice
500 mL



Cranberry cocktail
350 mL



What to bring to the hospital

- Your booklet Part 1 and Part 2
- Medicare card
- List of all the medications you take at home (ask your pharmacist to give you one)
- Non-slip slippers or shoes, loose comfortable clothing (for when you will return home)
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and tissues
- Writing materials (whiteboard with markers or clipboard with pen and paper)



If needed

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



Note: To rent a TV in your hospital room you will need to pay by either using a credit card or cash. Ask someone to take the credit card home after paying or have them arrange the payment for you.

At the hospital

Admitting area

Go to the **Surgery Registration, C03.7055 (Block C, level 3)**, at the time given.

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.

In the Preoperative admitting area, your nurse will:

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



In the operating room

A patient attendant (orderly) will bring 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 and friends can wait for you in the **waiting room** located in **C03.7158** (Block C, level 3). The space is small so we ask that you limit the number of people you bring with you.

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: RC level (Ground floor) and S1 level
- Bank machines: Blocks C, D and RC level (Ground floor)
- McConnell Centre (patient library): Block B, RC level (Ground floor) BRC.0078
- Prayer and meditation room: Block C, level 2, room C02.0310.4

Recovery Room

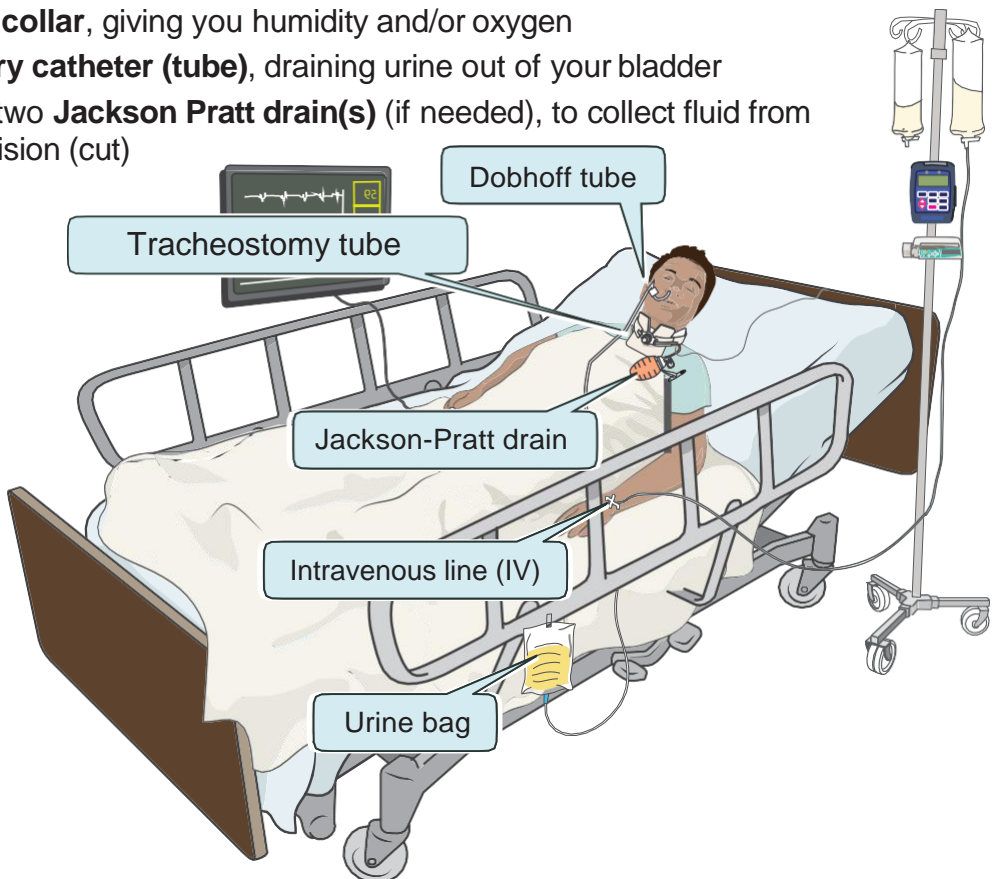
After your surgery, you will wake up in the **Recovery Room** also called the Post-Anesthesia Care Unit (PACU). You will stay here overnight before being moved to your hospital room.

There are no visitors allowed in the Recovery Room.

After your surgery, a Recovery Room nurse will call the family member or friend you have chosen to tell them how you are doing. Your family and friends can visit you when you are in your room.

You might have:

- An **intravenous (IV)** in your arm and another one in your neck giving you fluids and medication
- A **tracheostomy tube**, to help you breathe
- A **trach collar**, giving you humidity and/or oxygen
- A **urinary catheter (tube)**, draining urine out of your bladder
- One or two **Jackson Pratt drain(s)** (if needed), to collect fluid from your incision (cut)



Recovery room

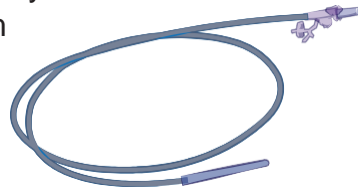
You might have:

- A feeding tube called a **Dobhoff tube**. This tube goes in through your nose to your stomach or small intestine. The nutritionist will recommend a feeding solution that has proteins, calories and essential nutrients.

The nurse may also use this tube to give you your medications.

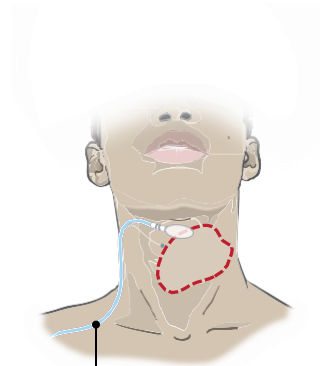
The Dobhoff tube will stay in place for 7 or 14 days.

The tube will be removed by the medical team when it is safe for you to start eating.



ONLY for free flap patients:

- A special wire, called an implantable **Doppler wire**, is placed in your neck. This wire checks the blood flow to your free flap.
- Your surgeon will cover the area of the flap with a piece of skin, usually from the thigh. This is called a **skin graft**. Then the area will be covered with bandages and/or a cast. This will protect your skin where the healthy tissue was taken.



Doppler wire

Your nurse will:

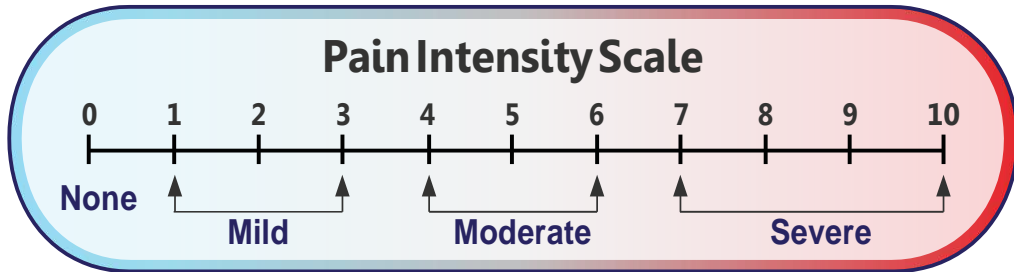
- Check your blood pressure, pulse, and breathing often
- Check your bandages
- Check if your pain is under control
- Make sure you are comfortable

Pain control

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

- 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.



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 manage your pain.

Tell us right away if you are in pain. Having pain can make you not want to move around. This can slow down your recovery.

Patient-Controlled Analgesia (PCA) Pump

A PCA pump is a machine that will give you a dose of pain medication when you press a button. The pump is attached to an intravenous line (IV) in your vein. We will teach you how to use this pump to control your pain and keep you moving.



Exercises

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

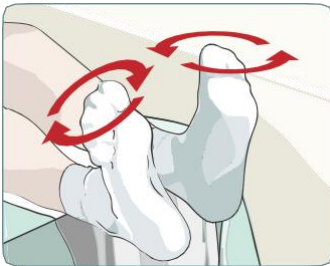
Start these exercises when you wake up and continue them while you are in the hospital. Repeat each exercise 4 to 5 times every 30 minutes while you are awake.

Leg exercises

These exercises help your blood flow in your legs.



Exception: Do NOT do these exercises if you have a cast on your leg.



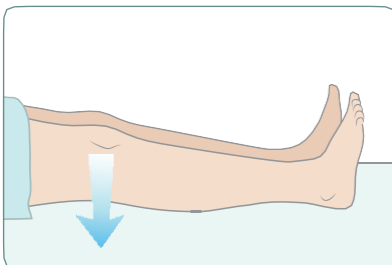
Make circles with your feet to the right and left.



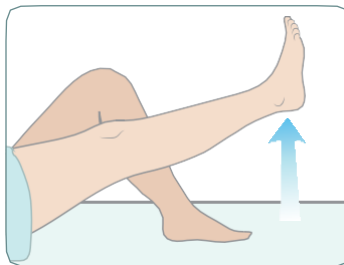
Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.



Squeeze your thigh by pushing the back of your knee into the bed. Hold this position for 5 seconds, then relax.



Stretch one leg out straight and slowly lift it. Then slowly bring it back down. Do the same exercise with the other leg.



Repeat 4 to 5 times every 30 minutes.

Exercises

Walking

After your surgery, you will be asked to walk several times each day. Walking after surgery helps you in many ways. It:

- Helps avoid breathing problems like pneumonia
- Lowers the risk of blood clots
- Prevents muscle weakness
- Lowers the risk of skin breakdown and pressure sores



Only for patients with a flap reconstruction

If you had a flap reconstruction, your physiotherapist will give you exercises to do.

Your surgical team will tell you how long you must wait before putting any weight on the part of your body that was used to take skin or muscle for your flap.

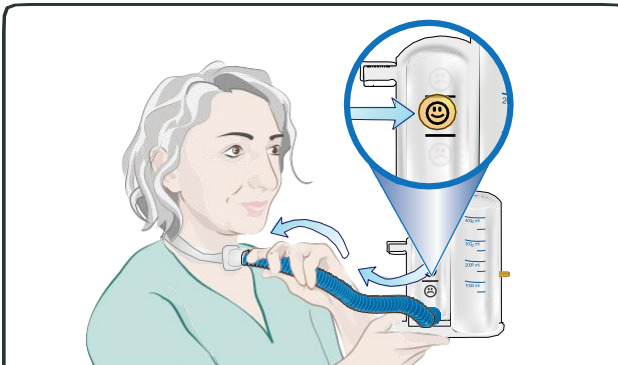


Exercises

Deep breathing and coughing exercises

An inspirimeter is a device that helps you breathe deeply. It helps prevent lung problems like pneumonia.

Instructions for laryngectomy patients



Put your inspirimeter around the tracheostomy tube. You will need an adaptor to do this. Breathe in deeply. Try to hold the yellow ball where you see the happy face (☺).



Remove the inspirimeter from around the tracheostomy tube and breathe out. Rest for a few seconds.



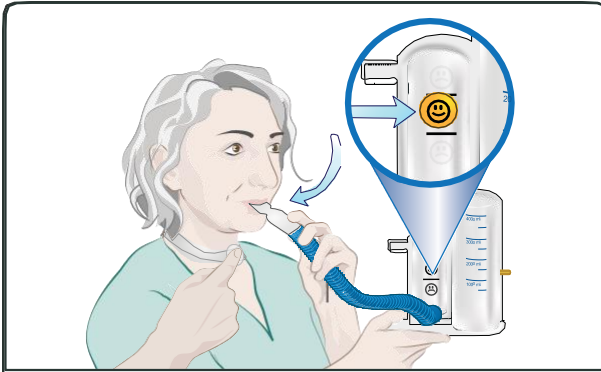
Repeat this exercise 10 times every hour while you are awake.



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

Exercises

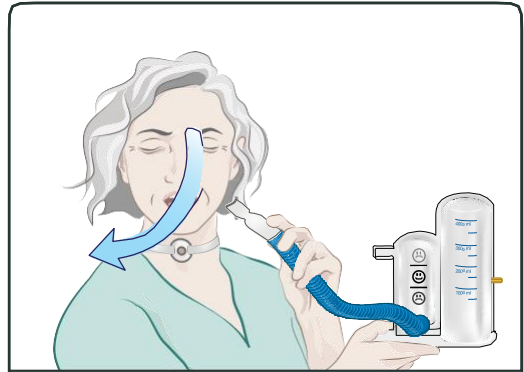
Instructions for tracheostomy patients



Put your inspirimeter up to your mouth.

Put one finger over the tracheostomy tube or ask someone to do this for you.

Breathe in deeply through your mouth.
Try to hold the yellow ball where you see the happy face (☺).



Remove the finger from the tracheostomy tube.

Remove the inspirimeter and breathe out.

Rest for a few seconds.



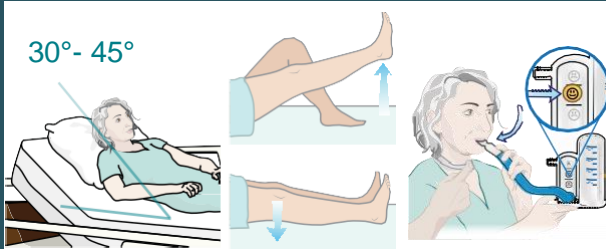
Repeat this exercise 10 times every hour while you are awake.



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

Goals for Days 0 and 1

Activities



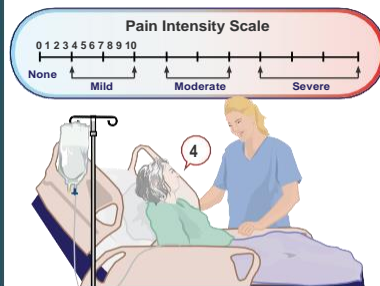
- Keep the head of your bed elevated at 30-45 degrees at all times while in bed.
- Do your leg exercises (see page 15).
- Do your breathing exercises (see page 17 or 18).
- Once the physiotherapist sees you, start the exercises he gives you.

Diet



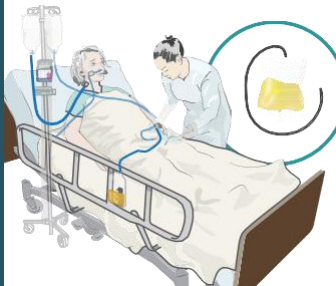
- You won't be able to eat or drink anything until Day 7 or Day 14 after your surgery, depending on the type of surgery you had.
- On Day 1, your nutritionist will come to see you. You will get a feeding solution through your feeding tube.

Pain control



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

Tubes



- Your urine catheter might be removed on the morning of Day 1.

Teaching



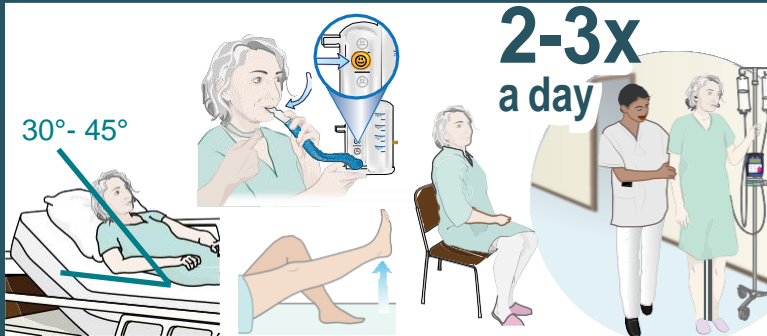
- Always have a communication board and pen at your bedside.
- You will meet with your speech-language pathologist who will help you with your communication.



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

Goals for Days 2-6

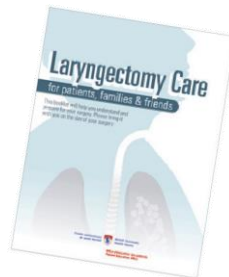
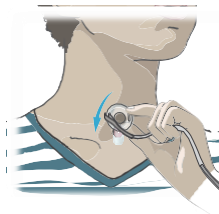
Activities



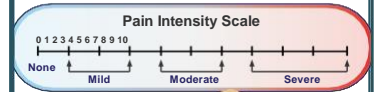
- Keep the head of your bed elevated at 30-45 degrees at all time while in bed.
- Continue your leg exercises (see page 15) and your breathing exercises (see page 17 or 18).
- Continue the exercises given to you by your physiotherapist.
- Sit in a chair for meal time.
- Walk in the hallway with help at least 2-3 times per day.

Teaching

- Watch how the nurse takes care of your tracheostomy cannula, stoma and incision.
- If you had a laryngectomy: Read the booklet **Laryngectomy Care for patients, families, and friends**.
- If you will be discharged with a tracheostomy: Read the booklet **Tracheostomy Care for patients, families, and friends**.
- You and your family caregivers will watch the video “Living with a Tracheostomy”.



Pain control



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

Tubes



Laryngectomy patients:

The tracheostomy tube will be changed to a stoma vent on Day 1 or 2.

Goals for Days 7-14

Activities



- Keep the head of your bed elevated at 30-45 degrees at all time while in bed.
- Continue your leg exercises (see page 15) and your breathing exercises (see page 17 or 18).
- Continue the exercises given to you by your physiotherapist.
- Sit up in a chair for meal time.
- Walk in the hallway with help at least 3 times per day.

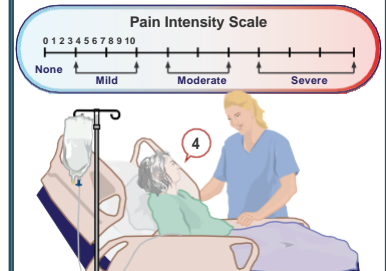
Diet

- To see how you swallow, your surgical team and speech-language pathologist will ask you to have a swallow test. This usually happens 7 or 14 days after your surgery. To learn more about this test, go to page 22.

Teaching

- If you had a laryngectomy: Read and review the **Laryngectomy Care for patients, families, and friends** booklet with your nurse.
- If you will be discharged with a tracheostomy: Read and review the **Tracheostomy Care for patients, families, and friends** booklet with your nurse.

Pain control



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

Going home



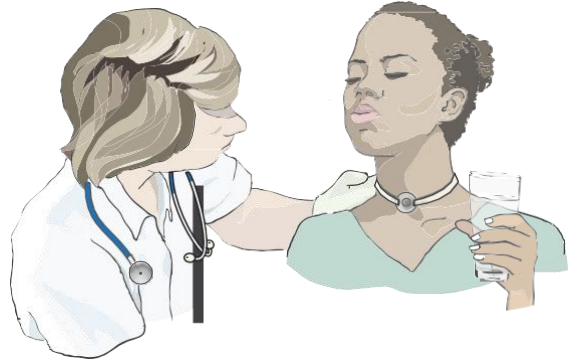
- You may go home from the hospital on Day 8 or on Day 15 after your surgery. **Remember to arrange your ride.** Please tell your nurse if you have any concerns about going home.
- Review with your nurse if you need any medical supplies before going home.

Swallowing tests

There are 3 main swallowing tests that you may have. These tests check that you are swallowing safely after your surgery.

Bedside swallow test

This test is done in your hospital room by the speech-language pathologist. The speech-language pathologist will examine your mouth and throat and will watch how you swallow liquid and/or food.



Modified Barium Swallow (MBS) test

This test is done in Radiology. Food and liquid are mixed with barium (contrast liquid). As you swallow the barium mixture, x-rays of your throat are taken as you swallow.

Fiberoptic Endoscopic Evaluation of Swallowing (FEES) test

This test uses a small camera inserted through your nose into your throat. You will swallow food and liquid while the speech–language pathologist watches your throat through the camera.

Recommendations after the test

After the test, the speech-language pathologist will explain the results to you. They will give you tips on how to swallow and what to swallow. This is to make sure that you are swallowing safely and efficiently.



Going home

On your day of discharge, plan to leave the hospital before 11 a.m. You must arrange to have a ride home since you will not be able to drive.

Before leaving the hospital, make sure you get the 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”.
Ask any questions before you leave the hospital.

Pain

Your surgeon will prescribe pain medication for you. This is to help to get back to your activities as quickly as possible. Take Acetaminophen (Tylenol®) for mild to moderate pain.

If the Tylenol® does not control your pain well, you can add a stronger pain medication called an opioid or a narcotic. Do not stop taking the Tylenol®. You must follow the instructions on the bottle. It is important to understand the risks and benefits of using an opioid.

If you have questions about pain medications, speak with your pharmacist or 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. If you cannot reach your surgeon or nurse, 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 is a good start).



Take stool softeners prescribed by your surgeon.

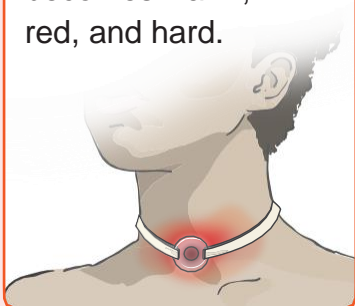
Incisions

Your incision(s) (cut(s)) may be slightly red and uncomfortable for 2-3 weeks after your surgery.

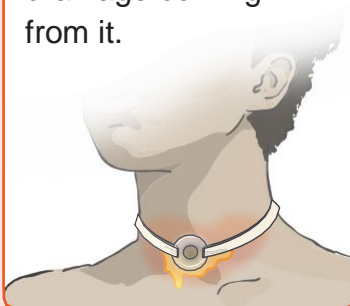


If any of these happen call your surgeon's office. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).

Your incision becomes warm, red, and hard.



You see pus or drainage coming from it.

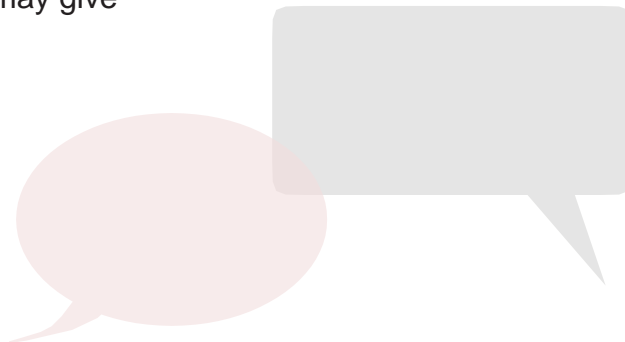


You have a fever higher than 38 °C/
100.4 °F.



Speech

If your speech is affected by your surgery, your speech-language pathologist may give you exercises to improve it.



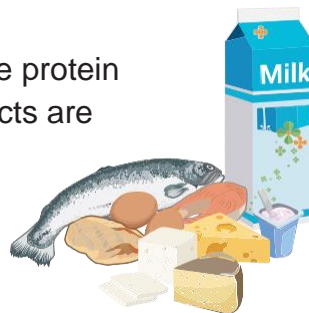
Diet

Before your discharge from the hospital, your nutritionist will tell you which diet is best for you.

These are the most common diet options at home after your surgery.

Regular Diet

You will be able to eat regular food. Include foods that have protein to help your body heal. Meat, fish, poultry, and dairy products are good sources of protein. You could also add commercial protein drinks between meals. You should eat and drink slowly and chew your food well.



Modified Texture Diet

The modified texture diet makes it easier for food to get safely from your mouth to your stomach. This way, there is less chances of food or liquid getting into your lungs. You should eat and drink slowly and chew your food well.

Your nutritionist will tell you what kinds of foods and drinks you can have on this diet.



Tube Feeding

Tube feeding is a way to provide nutrition to people who cannot safely eat or drink by mouth.

Your nutritionist will give you a feeding plan to make sure that you get all the calories and nutrients that you need.



If you are finding it harder to swallow or you have nausea, vomiting, or fever, call your surgeon's office. If you cannot reach your surgeon or nurse, go to the Emergency Department.

Exercises and activities

You can slowly go back to all your usual activities when you are pain free. Continue to increase your activities each day. It is normal to feel tired after your surgery. Remember to rest between activities.

Family and friends can usually help with:

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

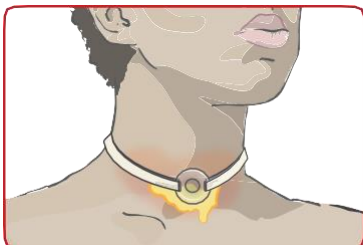


- Walk every day. It is good exercise (shopping malls are good places to walk in the winter and summer).
- Continue the exercises given to you by your physiotherapist at home.
- Do not lift more than 5 pounds for 4-6 weeks after your surgery.
- Your surgeon will let you know when you will be able to drive.
- When you are pain free, you may go back to most of your usual activities, including sex.



When to get help

If you notice any of the following, call your surgeon's office or pivot nurse. If you cannot reach your surgeon or nurse, go to the nearest Emergency Department.



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



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



You cannot drink or keep liquid or solid foods down (nausea or vomiting).

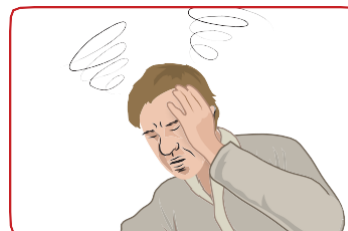


You have loose stools/diarrhea for a long time, your stools change color, or you have cramps in your belly.



**0,9 kg
or 2 lbs
per week**

You are losing too much weight (more than 0.9 kg/2 pounds per week).



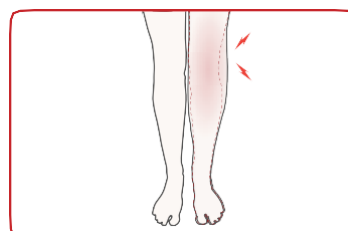
You are extremely thirsty or dizzy.



Your feeding tube has partly or completely fallen out.



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



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

Follow up

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, please phone us.

Dr. Kost	514-843-2099, ext. 2
Dr. Mascarella	
Dr. Richardson	
Dr. Sadeghi	
Dr. Zeitouni	

Head and neck pivot nurse

Name: Phone: 514-934-1934, ext.

Speech language pathologist

Name: Phone: 514-934-8028

Room D04.7510 (Block D, level 4)

Nutritionist

Name: Phone: 514-934-1934, ext.

Other phone numbers:

Surgical North Clinic

Tel: 514 934-1934, ext 34978

Room: DS1. 3310 (Block D, level S1)

Email: rvhhead.neck@much.mcgill.ca

Cedar Cancer Centre

Tel: 514-934-4400

Room: DRC.1438 (Block D, level RC)

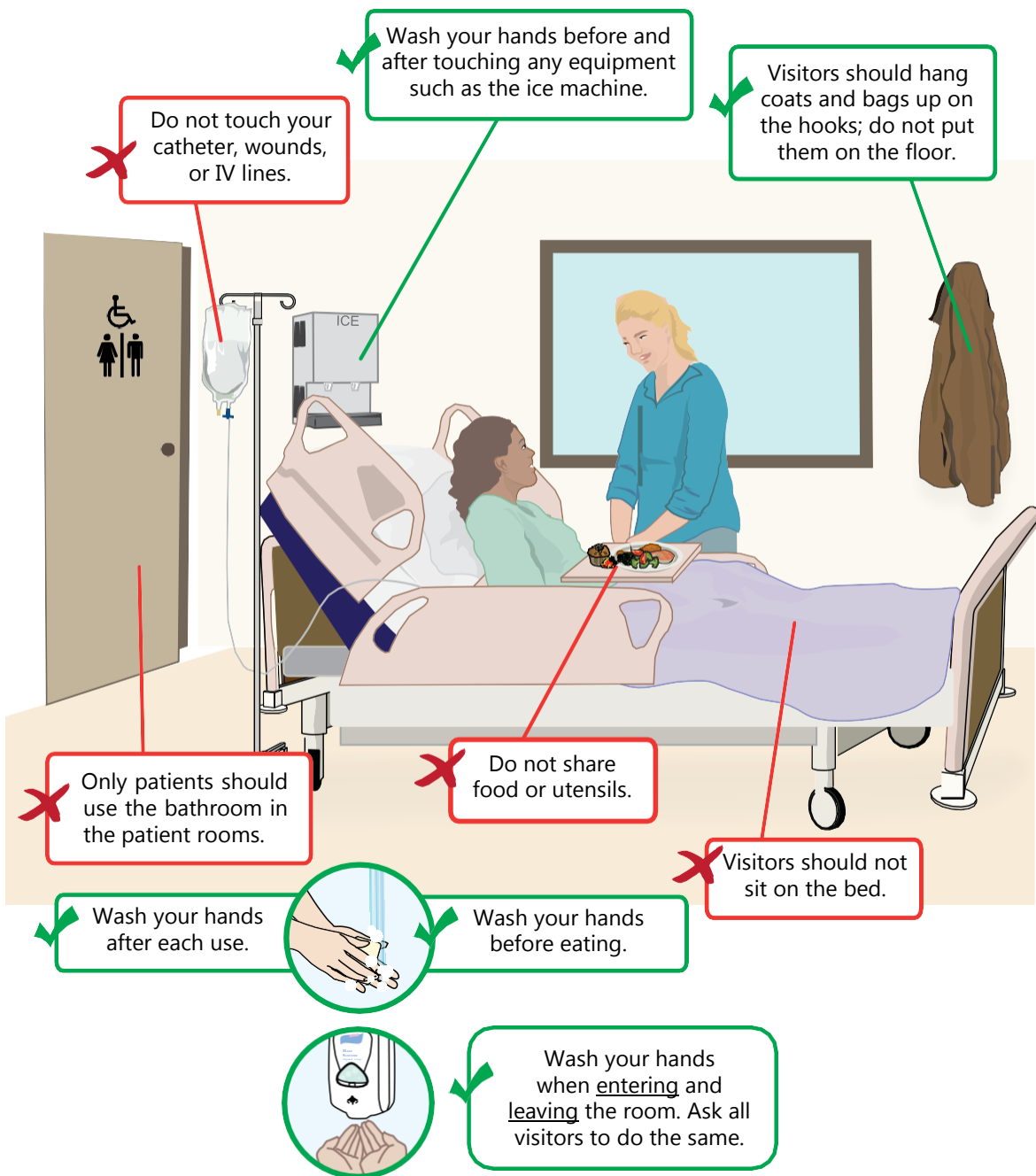
MUHC Appointment and Referral Centre

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

Info-Santé

Tel: 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 anesthesia:

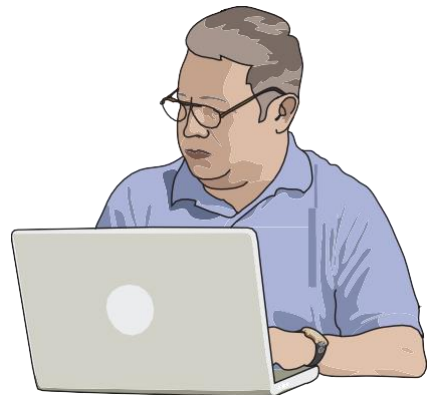
www.cas.ca/english/patient-information

MUHC Libraries – Patient portal:

www.muhclibraries.ca/patients/

RVH parking information at the Glen site:

www.muhc.ca/glen/handbook/parking-hospital



RVH Parking Information at the Glen site

Note: Note that these rates were in effect in November 2020 and could have changed since the printing of this booklet.

For any updated information, please visit:

<https://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
----------------------	-------------	--

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

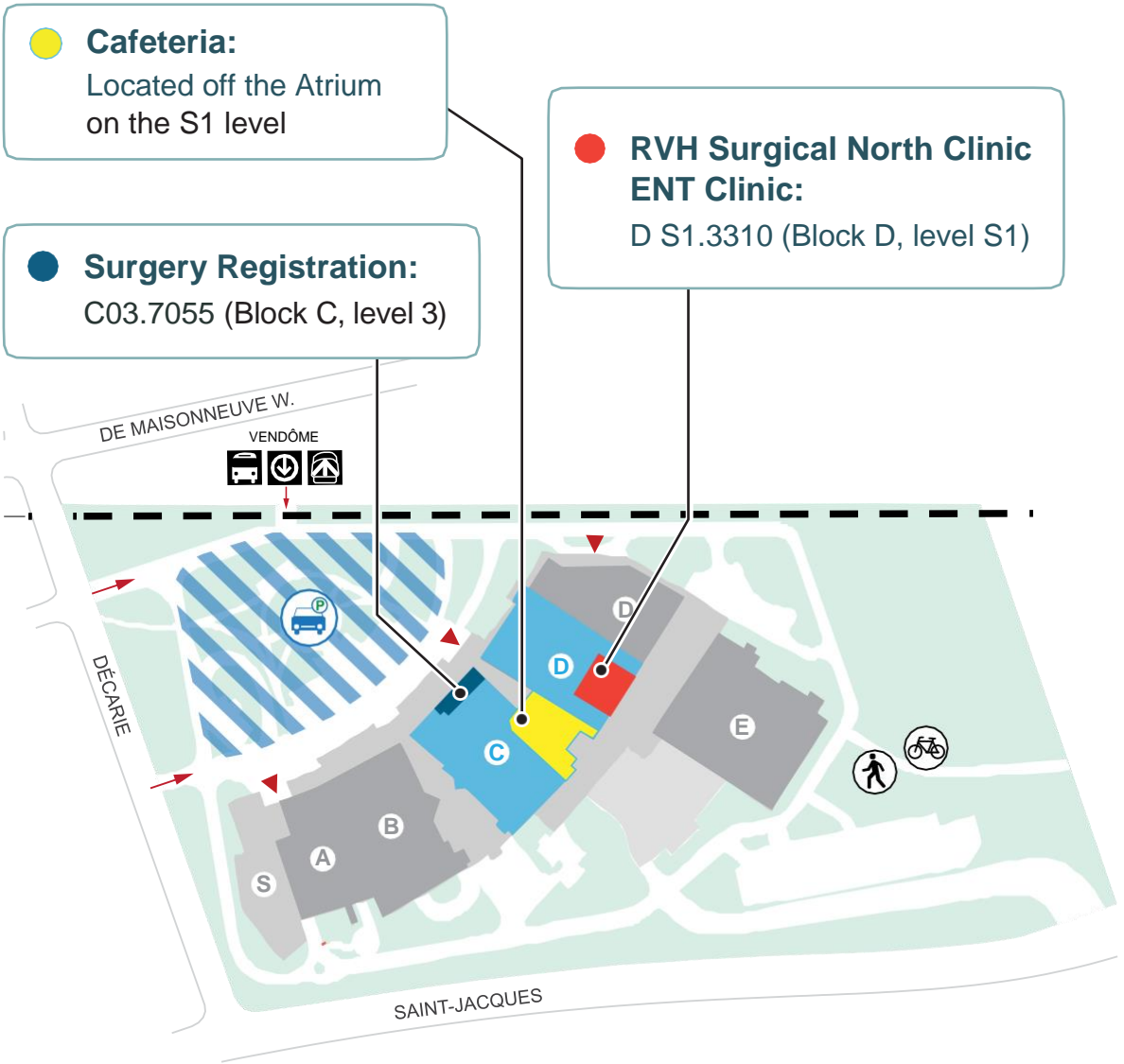


Parking Service Desks

	Location	Extension
Montreal General Hospital	L6 – 129	43626
Lachine Hospital	OJ4	77001
Royal Victoria Hospital	D RC.1000	32330
Montreal Chest Institute	D RC.1000	32330
Montreal Children's Hospital	A RC.1000	23427
Montreal Neurological Hospital	E3-61	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 Surgical North Clinic
 ENT Clinic:**
 D S1.3310 (Block D, level S1)

Centre universitaire
 de santé McGill



McGill University
 Health Centre

A + B Montreal Children's Hospital

C + D Royal Victoria Hospital

D Montreal Chest institute

D Cedars Cancer Centre