A Guide to Gynecology Oncology Surgery

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

Centre universitaire de santé McGill
McGill University Health Centre

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

Table of Contents

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This booklet was developed by the MUHC Surgical Recovery (SURE) working group and Gyne-Oncology department.

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.

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

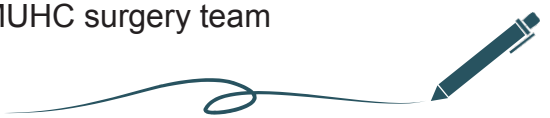
Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These will help you feel better faster.

Bring this booklet with you on the day of your surgery. Use it as a guide.

Your health care team will refer to it as you recover, and review it with you and your family 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

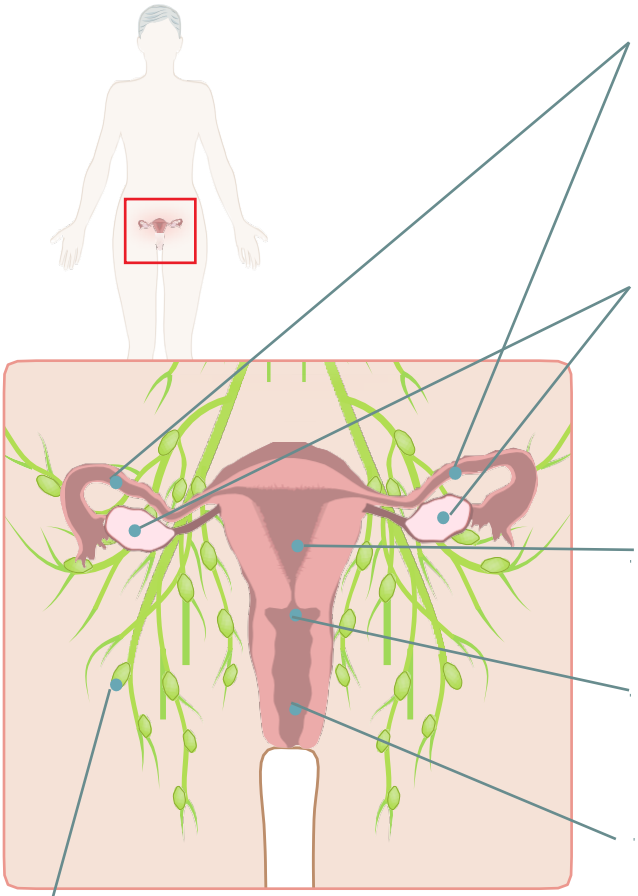


If you are not comfortable communicating in French or English, please bring someone to translate for you.

What is the Female Reproductive System?

The female reproductive organs are located in the abdomen (belly). They are covered by the omentum (a layer of fat), the intestines and the bladder. These organs are protected by your pelvis (hip bones).

The female reproductive system includes the: vagina, cervix, uterus, ovaries, and fallopian tubes.



Fallopian tubes

There are 2 and each are attached to a side of the uterus. The fallopian tubes connect the uterus to the ovaries.

Ovaries

There are 2 and they are responsible for producing the female sex hormones: estrogen and progesterone.

Uterus

It's a muscular organ connected to the vagina and fallopian tubes.

Cervix

It's the lower part of the uterus which connects to the vagina.

Vagina

It connects the reproductive organs to the outside of the body.

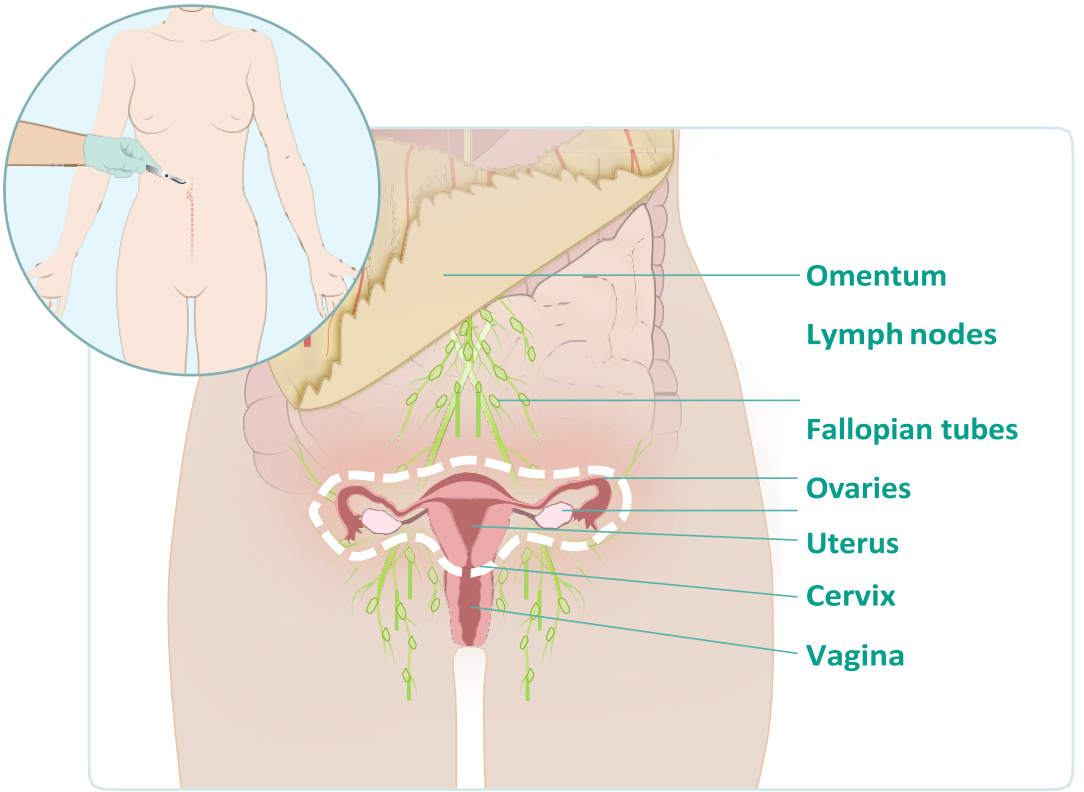
Lymph nodes

They are small, bean-shaped masses that act as filters to remove anything that does not belong in your body, such as bacteria, viruses, dead cells, debris, and cancer cells. They are part of the lymphatic system of your body.

What is Debulking Surgery?

The name of the surgery you will have is called a **debulking** or **cytoreductive surgery**. Your surgeon will do a long incision from the middle of your belly to your pubic bone.

Your surgeon will remove your 2 ovaries, 2 fallopian tubes, uterus, cervix, omentum, and some of the lymph nodes. Depending where the cancer has spread, your surgeon will remove as much of cancer as can be seen. Every effort is made to do this without removing organs or important parts of organs. At times, the spleen, part of the intestines, part of the bladder, or part of the peritoneum (lining of the abdomen) may need to be removed.



What is Debulking Surgery?

At your visit in the Gyne-Oncology Clinic, your surgeon explained the surgery that is planned. The day of your surgery, your surgeon will review the surgery plan with you.

Total abdominal hysterctomy (TAH)

A total abdominal hysterectomy is the removal of your uterus (womb) and the cervix through an abdominal incision.

Bilateral salpingo-oophorectomy (BSO)

A bilateral salpingo-oophorectomy is the removal of both your fallopian tubes and ovaries.

Omentectomy

A omentectomy is the removal of the omentum. The omentum is a fat pad that drapes over the intestines.

Debulking

At the time of your surgery, your surgeon may find that the cancer has spread from the ovary to other organs in the abdomen. If so, they will try to remove as much of the cancer they can see and as safety allows.

Staging

Learning about where the cancer cells have spread and are growing is called staging. Random biopsies (samples of tissues) are taken from the surfaces in the abdomen or lymph nodes are removed. These samples are checked for cancer cells. Knowing the stage helps plan any further treatment if needed.

Preparing for Your Surgery

Be Active

Try to exercise every day. Exercise will help your body to be 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.

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 33 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.

Preparing for Your Surgery

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 your surgery.

- **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.

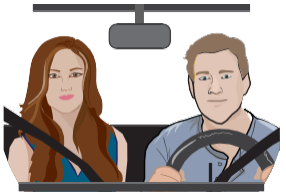
Plan Ahead

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 may go home from the hospital 3 - 4 days after your surgery. Keep in mind that we call the day of your surgery: Day 0. Tell your nurse if you have concerns about going home.

Remember to arrange a ride to go home.

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

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.

During your Pre-Op Clinic visit, you will meet with:

- a nurse who will explain how to get ready for surgery, what to expect while you are in the hospital.
- a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may also:

- 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 Pre-Op Clinic nurses at 514-934-1934, ext. 34916, Monday to Friday, 7 a.m. to 3 p.m.

RVH Pre-operative Clinic: Located near the cafeteria at DS1. 2428 (Block D, level S1).

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 6:30 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. 31557.

Date of surgery: _____

Time of arrival at the hospital: _____

Room: **Registration, Surgery and Intervention Centre, Block C, level 3 (C03.7055).** Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North) and go to the 3rd floor. These are the first set of elevators you will see.

Cancelling Your Surgery

If you get sick, pregnant, or for any reason you are not able to come to the hospital for your surgery call Central Operating Room Booking (CORB) 514-934-4488.

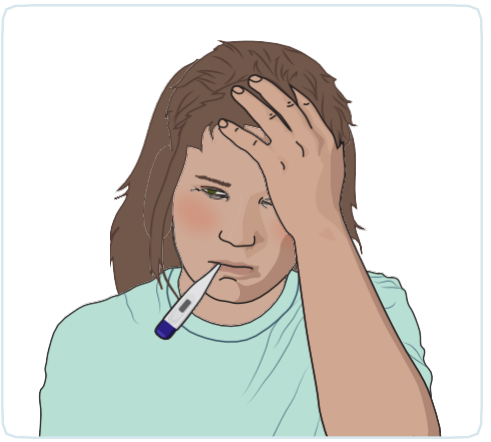
If you call outside of opening hours, please leave a message.

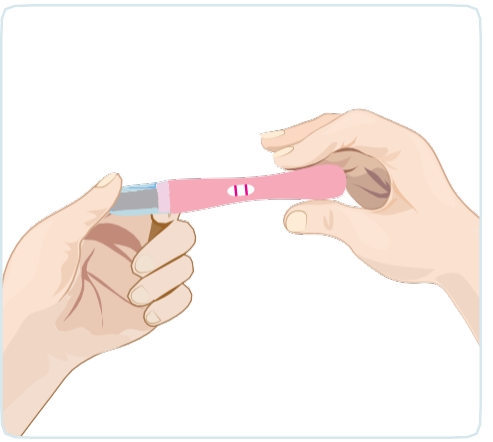
When you call or leave a message, provide these details:

- Your full name,
- The date of your surgery,
- Your phone number,
- Your hospital 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 at 514-934-1934 ext 31557.





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

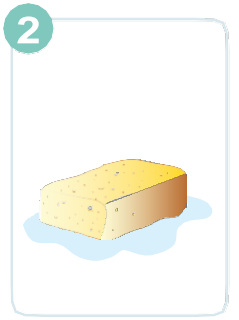
Washing

The Night Before Your Surgery:

1

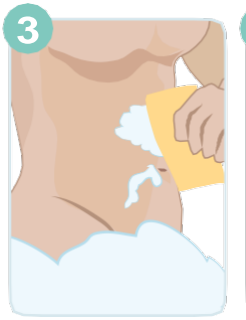
Use regular soap and shampoo for your face and hair

2



Take a shower or a bath

3



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

4

Do not shave the area where the surgery will be done

5

Wear clean clothes (pyjamas) to bed

The Morning of Your Surgery:

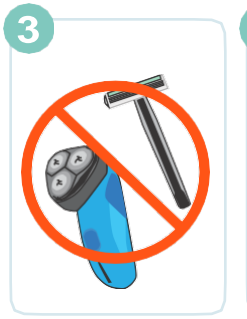
1

Take a shower or a bath

2

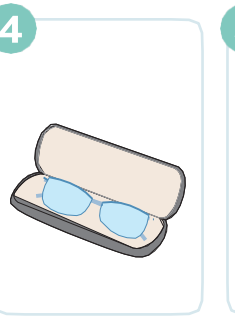
Do not apply lotion, perfume, makeup,nail polish and do not wear jewelry or piercings

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-Op Clinic will explain what to eat and drink before your surgery.

Exception: A small number of people should not drink at all on the day of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

The Evening Before Surgery:

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

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.

☐ 
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

- ☐ This booklet
- ☐ Medicare card
- ☐ List of medications that you take at home (your pharmacist can give you one)
- ☐ 2 packages of your favorite gum
- ☐ Slippers, loose comfortable clothing for when you'll return home
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and, tissues
- ☐ 1 package of sanitary pads

If needed:

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

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

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

At the Hospital

Admitting Area

Go to **Registration, Surgery and Intervention Centre**, Block C, level 3 (C03.7055), 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. These are the first set of elevators you will see.

In the Preoperative Admitting Area, the Nurse Will:

- Ask you to change into a hospital gown
- Make sure your personal belongings are in a safe place
- Fill out 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 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 and friends may wait for you in the **waiting room** located in **C03.7158** (Block C, level 3, room 7158). The space is small so we ask that you limit the number of people coming with you.

At 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.

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:

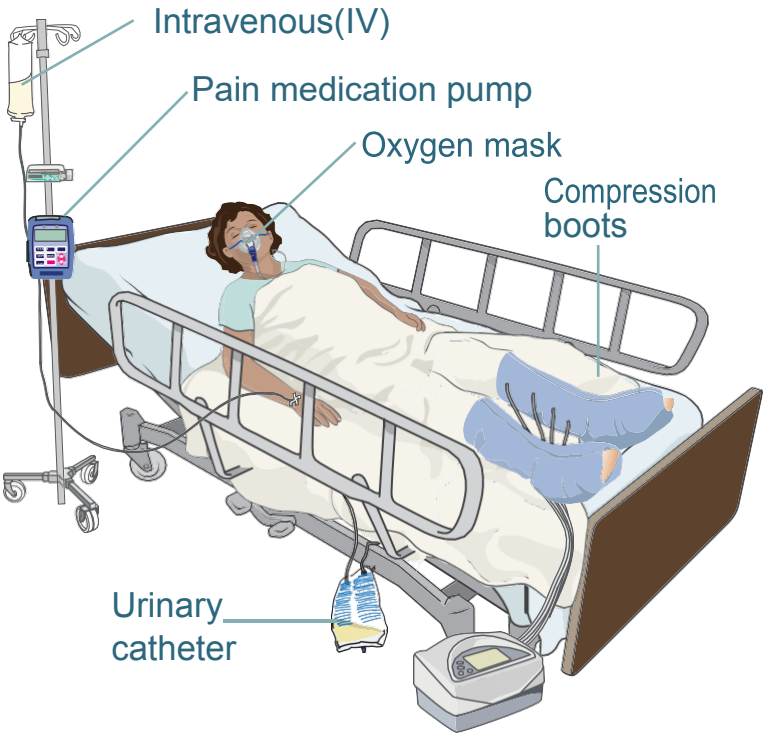
- Cafeteria: Located in the Adult Atrium on the level S1
- Vending machines: Block C, level S1
- Stores / Restaurants / Coffee shops : Galleria, RC (Ground floor) level & Atrium level S1
- Bank machines: Blocks C & D, RC (Ground floor) level; level S1
- McConnell Resource Centre (patient library): Block B, RC (Ground floor) level, room BRC. 0078
- Prayer and meditation room: Block C, level 2, room C02.0310.4

In the Recovery Room

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

You may have:

- An intravenous (IV), giving you fluid and medications
- An oxygen mask, giving you oxygen
- A urinary catheter (tube), draining urine out of your bladder
- Compression boots on your legs, to help your blood circulation and to prevent blood clots
- An epidural catheter or a block catheter and PCA giving you pain medication to control your pain (see page 17)



Your nurse will:

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

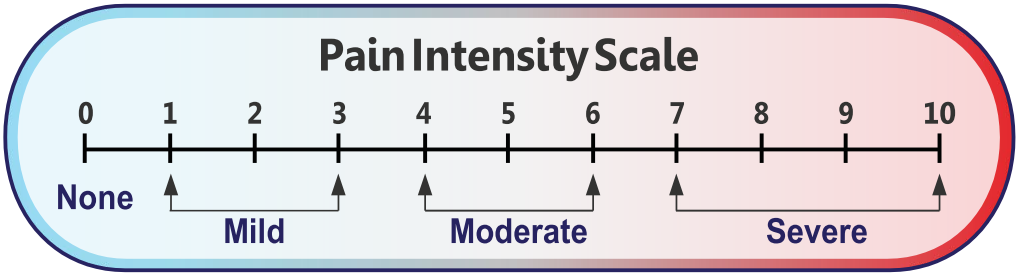
When you are ready, you will go to your room on a surgical unit. Your family may visit you once you are in your room.

Pain Control

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

- Breathe better
- Move better
- Sleep better
- Eat 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 will help your nurse decide 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.

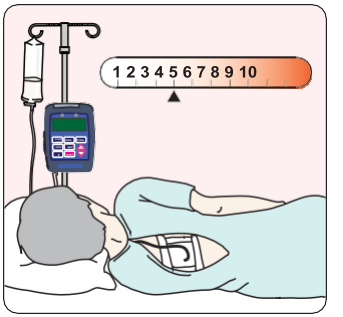
Pain Control

Different Ways to Control Your Pain

Your anesthesist or surgeon will talk to you about the best ways to control your pain. These are the different ways:

Epidural Catheter

Your anesthetist will place a small catheter (tube) in your back to give you continuous pain medication. This is called an epidural infusion. It is usually removed on Day 3 after your surgery.



Block Catheter

We will place a small tube (catheter) on each side of your incision. This will give you continuous pain medication through a pump. This will freeze the muscles around the incision.

Patient-Controlled Analgesia (PCA) Pump

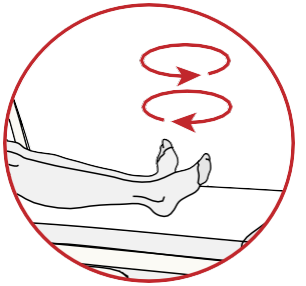
A PCA pump is a machine that will give you a dose of pain medication when you press a button. The pump is attached to an intravenous line (IV) in your vein. We will teach you how to use this pump to control your pain and keep you moving.

Exercises

It is important to move around in the bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

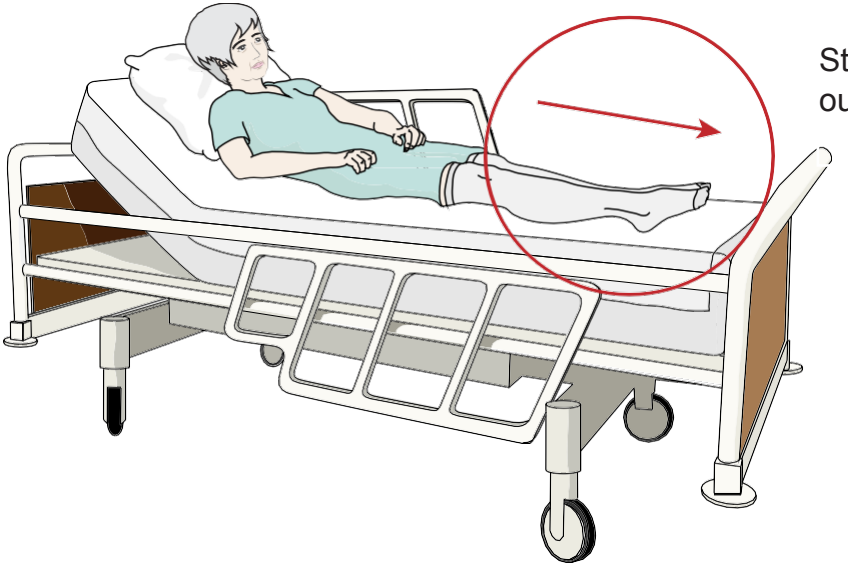
Leg Exercises

These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.

Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

Deep Breathing and Coughing Exercises

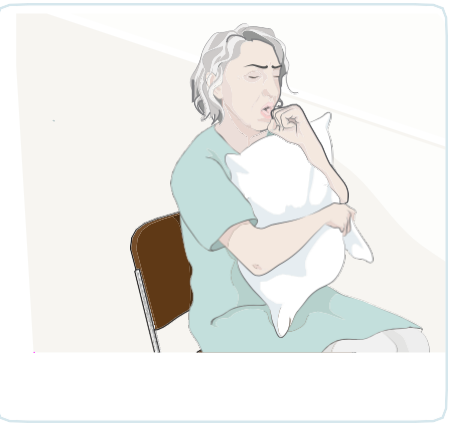
An inspirometer is a device that helps you breathe deeply to prevent lung problems.

To use your inspirometer:

Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up for 2 to 4 seconds

Remove the mouthpiece, breathe out, and rest for a few seconds

Repeat this exercise 10 times every hour while you are awake

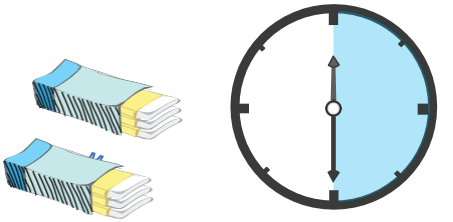


Take a deep breath and cough. If you have some secretions, cough them up.

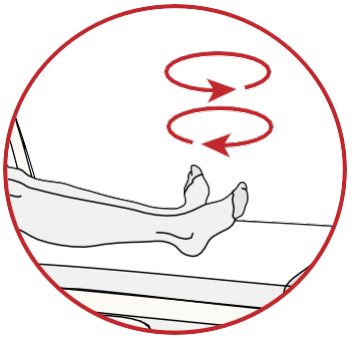
Goals for Day 0: Day of Surgery

Goals For the Evening of Surgery:

Eat regular food as tolerated (unless otherwise ordered by your doctor).



Chew gum for 30 minutes to help your bowels start to work.



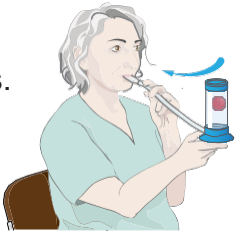
Do your leg exercises (see page 18).

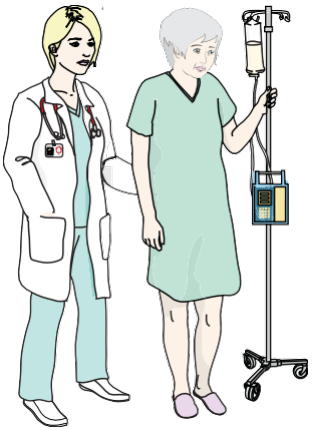
Do your breathing exercises (see page 19).

Goals for Day 1: The Day After Your Surgery

Breathing

Do your breathing exercises.



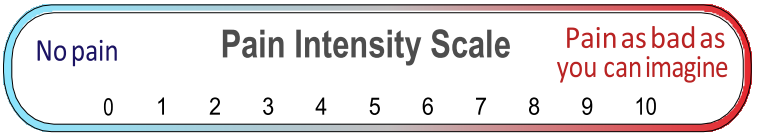


Activities

Sit in a chair for meals.
Walk in the hallway with help.

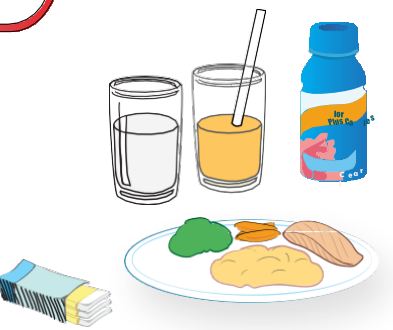
Pain Control

Tell your nurse if your pain reaches 4/10 on the pain scale.



Diet

Eat regular food, as tolerated.
Drink liquids, including drinks like Ensure or Boost.
Chew gum for 30 minutes 3 times/day.



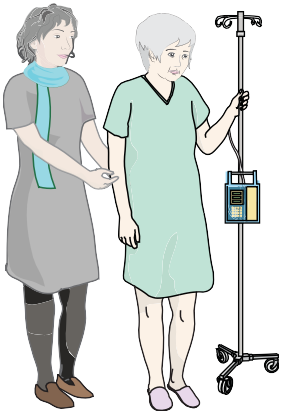
Tubes and Lines

Your urinary catheter will be removed by your nurse.

Goals for Day 2

Breathing

Do your breathing exercises.



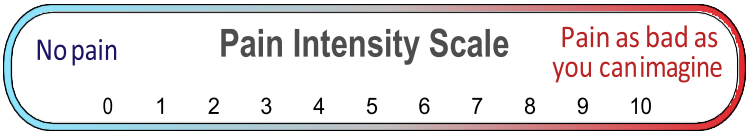
Activities

Sit in a chair for meals.

Walk in the hallway 3 times with help.

Pain Control

Tell your nurse if your pain reaches 4/10 on the pain scale.



Diet

Eat regular food, as tolerated.

Drink liquids, including drinks like Ensure or Boost Chew gum for 30 minutes 3 times/day.

Tubes and Lines

Your intravenous fluid will be stopped by your nurse if you are drinking well and having no nausea or vomiting.

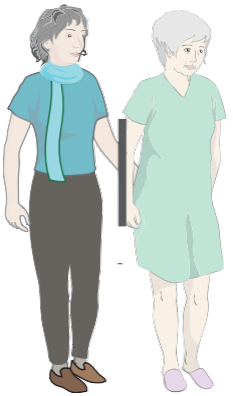
Teaching

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

Goals for Day 3

Breathing

Do your breathing exercises.



Activities

Sit in a chair for meals.

Walk in the hallway 3 times with help.

Pain Control

Tell your nurse if your pain reaches 4/10 on the pain scale.

Your bowel activity will be slow at first. Many women feel bloated and have “gas pains”. Pain medication helps, but walking and chewing gum are most effective to help get the gas moving and ease the discomfort.

Diet

Eat regular food, as tolerated.

Drink liquids, including drinks like Ensure or Boost.

Chew gum for 30 minutes 3 times/day.

Teaching

Your nurse will make sure you are able to give yourself the blood clot prevention injections.

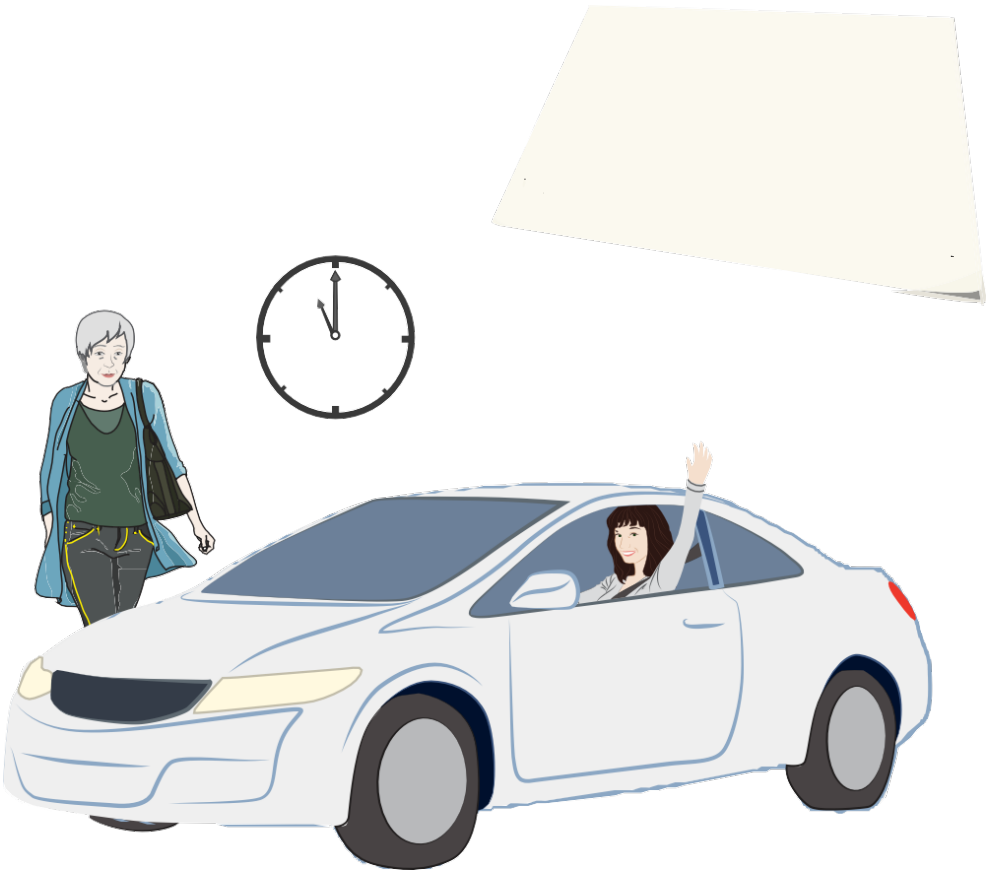
Your nurse will review pages 25 to 31 of this booklet with you, to make sure you can safely return home.

Goals for Day 4: Going Home

Plan to Go Home Today Before 11 a.m.

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

If you have staples to be removed, we will arrange for the CLSC to remove them.



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:

Acetaminophen (Tylenol®) and anti-inflammatory (Naproxen®):

- These medications are for mild to moderate pain.
- Take these medications when you start having pain.
- Taking Acetaminophen and anti-inflammatory at the same time is safe.
  Important: Do not take other types of anti-inflammatory (ex: Advil, Aleve, Celebrex, etc.) if you are taking Naproxen.

Opioids (narcotics)

- If Acetaminophen 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 Acetaminophen 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.

If you have severe pain that is not relieved with medication, call your surgeon or go to the emergency room.

Pain medication may 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 is a good start)
- Take laxative your doctor ordered

Diet

You can eat anything you want to unless told otherwise by your doctor, nurse, or nutritionist.

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

If your find it hard to eat enough calories, try eating smaller amounts at each meal. Add nutritious snacks between meals. Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost.

If you are nauseous and cannot keep fluids down, call your surgeon.

Caring for Your Incisions (Cuts)

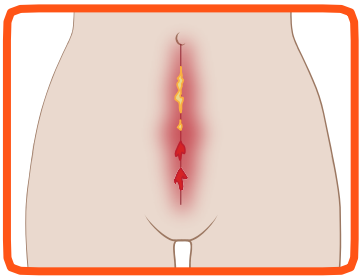
Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery.

You may take a shower 5 days after your surgery.

Let the water run softly over your incision(s) and wash the area gently.
Do not scrub.

Avoid tub baths until your doctor tells you that it is ok. Usually its 2-3 weeks after the surgery.

Your nurse will arrange for the CLSC to remove your staples about 10-14 days after your surgery. The CLSC will contact you at home.



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

Vaginal Bleeding

It is normal to have light bleeding for up to 2 weeks after your surgery. Some patients may have discharge or spotting lasting up to 6 weeks while the stiches in the vagina are absorbing. Call your surgeon if you have heavy bleeding similar to your period, blood clots, or foul smelling vaginal discharge.

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

If you have some vaginal bleeding, use sanitary pads or panty liners,
do not use tampons.

Activities

After you go home:

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Do not lift more than 5 pounds for 6 weeks after your surgery.
- There is no restriction on walking or climbing stairs once you get home.
- Ask your surgeon when it is safe for you to drive. Do not drive while you are taking narcotic pain medication or for 1 month after your surgery.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- Avoid penetration during sexual activities until the follow up appointment with your surgeon. Ask your surgeon at the appointment if it is ok for you to resume your usual sexual activities. It usually takes 6 to 8 weeks to resume all your normal activities.

Ask your family and friends for help with:

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

Medication to prevent blood clots

You will receive an injection once a day to prevent blood clots for 28 days after your surgery. While you are in the hospital your nurse will teach you about the injection. If you are unable to give yourself the injection, your CLSC will provide support to help you with the injections.

Your nurse will provide you with an instruction sheet on how to give yourself the injection. Please follow each step.

Menopause

If you have not gone through menopause, you will have surgical menopause when both of your ovaries are removed. The amount of hormones circulating in the blood drops suddenly.

Some of the main symptoms of menopause are:

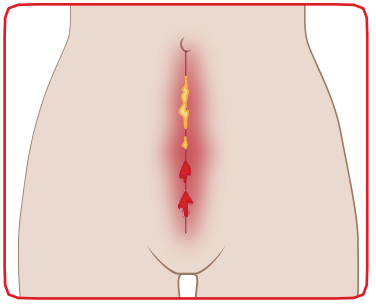
- Hot flashes, night sweats
- Vaginal dryness (lubrication problems)
- Fatigue
- Mood swings
- Changes in sexual desire
- Insomnia

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

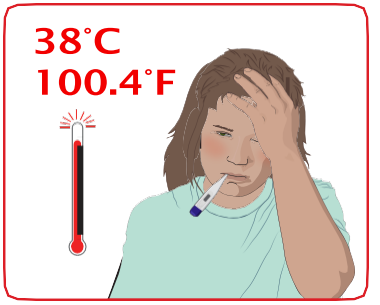
Sexuality

Many patients who have had cancer worry about how their sexual life will be affected. Having cancer may affect how a woman feels about herself, her relationships, and her comfort with sexual intimacy. It is important to be aware of how you are feeling, and discuss any questions or concerns with your partner, your doctor or nurse.

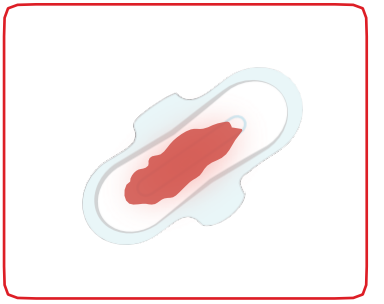
When to Call Your Surgeon…



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

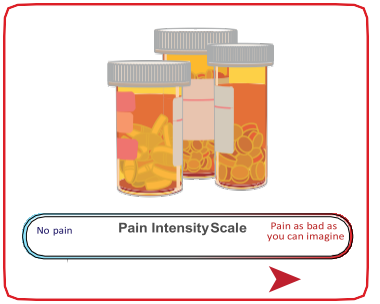


You have a temperature higher than 38°C/100.4°F.



You have heavy vaginal bleeding similar to your period, blood clots, or foul smelling vaginal discharge.

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



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

You have urinary frequency, burning sensation, or pain when you urinate.

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

Follow up appointment

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

If you have any questions, phone us.

Drs. Bernard / Gilbert / Leung / Zeng: 514-843-2833

Other surgeon: _____

Gyne-Oncology Clinic
Tel: 514-934-4400

Room: DRC. 1438 (Block D, RC level, Centre Cedar Cancer)
Royal Victoria Hospital- Glen Site

If you have any appointment related questions, or questions or concerns related to your surgery:

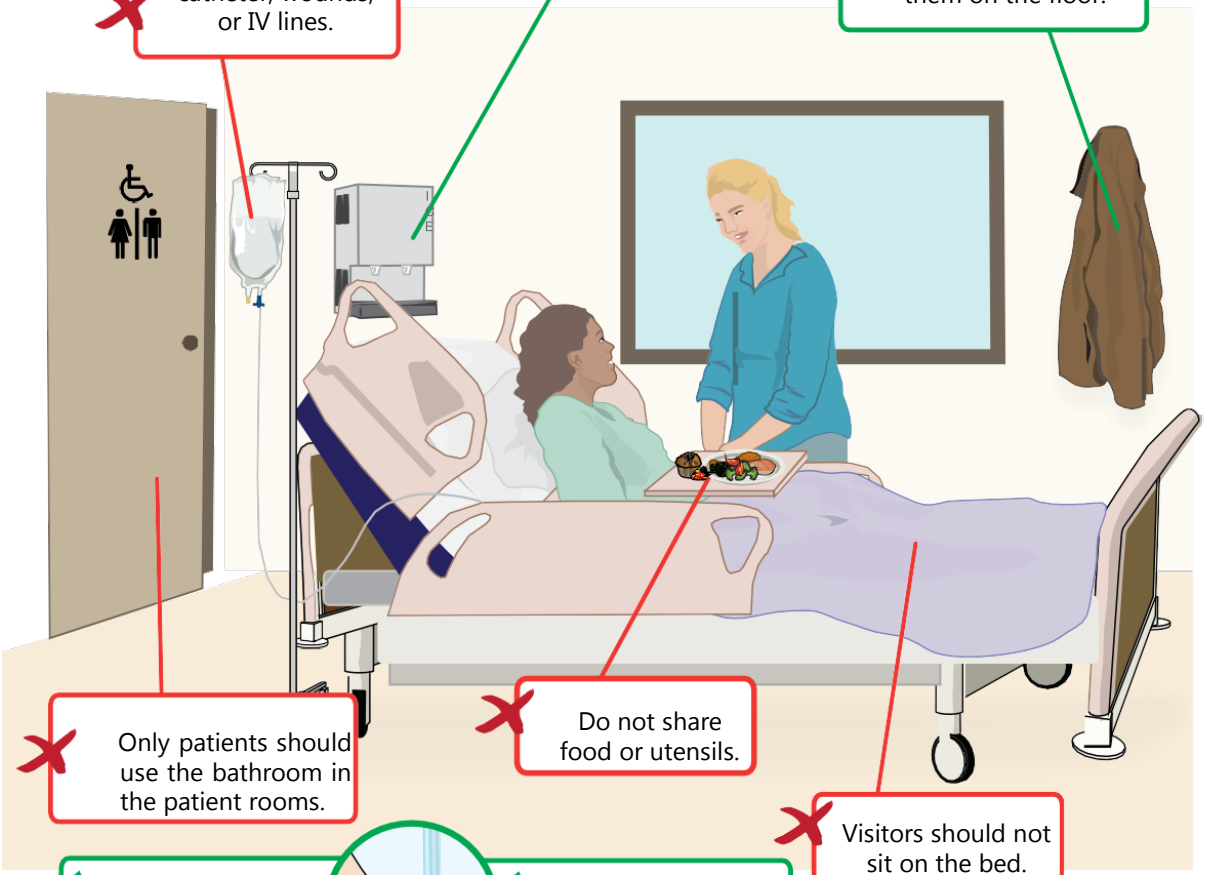
- Call your surgeon's office at 514-843-2833, Monday-Friday between 9:00 a.m.-2:30 p.m. There is an option to leave a message after hours and someone will return your call within 48 hours Monday-Friday.

If you have a symptom related question, you may:

- Call the Cedars Cancer Centre Triage Line at 514-934-1934 ext. 34160, and a nurse will return your call within 24-48 hours Monday-Friday.

For any urgent symptoms, please go to the nearest Emergency Department.

Tips for preventing infection in the hospital room



Websites of interest

For more information about menopause:
www.menopauseandu.ca

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

For more information about ovarian cancer:
www.ovariancanada.org

Resources to help you stop smoking

- Quit line : 1-866-527-7383 (free) or www.iquitnow.qc.ca
- Quit Smoking Centers, ask your CLSC for information
- The Quebec Lung Association: 1-888-768-6669 (free) or www.poumonquebec.ca/en/
- Smoking cessation clinic at the MUHC:
  send the consultation by fax: 514-934-8488
  (requires referral from your doctor)

Parking information

Note: Note that these rates were in effect in October 2023 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	**$6.25**
4-24 hours	**$10.75**

Parking Pass Rate

7 days	**$48.25**
30 days	**$97.00 ***

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	**$24.00**	Unlimited entry and exit at the hospital where the pass was purchased. Certain conditions apply
30 days	**$48.50**	
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	0J4	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

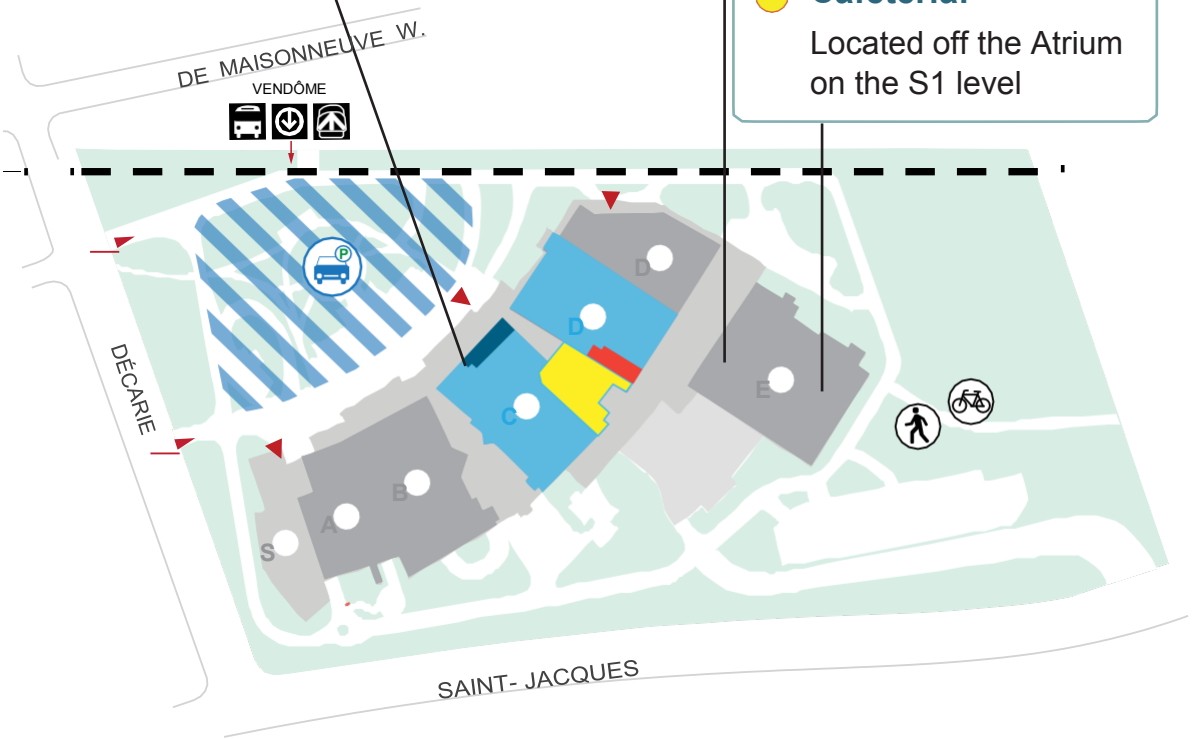
Notes

Map of the Royal Victoria Hospital at the Glen site

Registration, Surgery and Intervention Center:
C03.7055 (Block C, level 3)

RVH Pre-operative Clinic:
Located near the cafeteria on DS1. 2428 (Block D, level S1).
514-934-1934, ext.34916
Monday to Friday, 7 a.m. - 3 p.m.

Cafeteria:
Located off the Atrium on the S1 level



Centre universitaire de santé McGill
McGill University Health Centre

Glen site: 1001 Décarie Blvd. Montreal, QC H4A 3J1

A + B Montreal Children's Hospital
C + D **Royal Victoria Hospital**
D Montreal Chest institute
D Cedars Cancer Centre
E MUHC Research Institute
S Shriners Hospitals for Children
Main Entrances
Underground Parking (patients and visitors)