

# A guide to your **Hemorrhoid or Anal Fistula Surgery**



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 Dr. Sender Liberman and the MUHC Surgical Recovery (SURE) working group.

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## IMPORTANT

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

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# Table of Contents

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## Introduction

What is a Care Pathway?	1
What are Hemorrhoids?	2
What is a Anal Fistula?	3
What is a Hemorrhoidectomy and What is an Anal Fistula Surgery?	4

## Before Your Surgery

Preparing for Your Surgery	8
Pre-Operative Clinic Visit	11
Phone Call from Admitting	13
Cancelling Your Surgery	14
Washing	15
What to Eat and Drink	16
What to Bring to the Hospital	18

## Day of Surgery

At the Hospital	19
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## After Your Surgery

Post Anesthesia Care Unit (PACU)/Recovery Room	21
Pain Control	22
Going Home	23

# Table of Contents

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## At Home

Pain Control	24
How to Care for Your Incisions (Cuts)	26
Bathing and Showering	27
Diet	29
Exercises and Activities	30
When to get Help	31
Follow-Up	33

## Resources

Resources to Help you Stop Smoking	34
McConnell Patient Resource Centre	34
Parking Information	35
Notes	36
Map of Montreal General Hospital	39
Map of Royal Victoria Hospital	40

## What is a Care Pathway?

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When you go to the hospital for 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 during your hospital stay. Hospital staff will review it before you go home.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way.

Please ask us if you have questions about your care.

### **Your MUHC surgery team**



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

## What are Hemorrhoids?

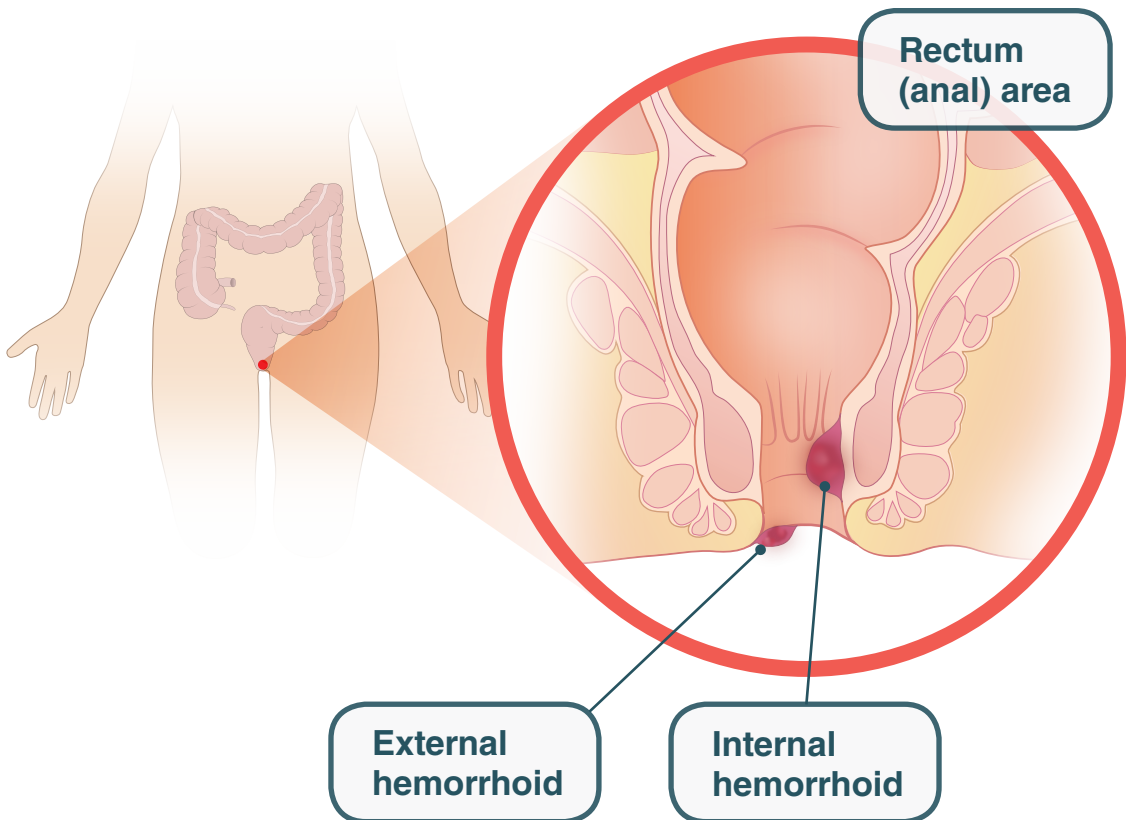
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**Hemorrhoids** are swollen blood vessels in your rectum (or anal) area. These can be inside or outside your rectum.

**Internal hemorrhoids** are inside your rectum. You will not usually feel them. But if they push through the anus, you may feel a lump, pain, and itching. They may also cause bleeding.

**External hemorrhoids** are outside, under your skin, near the anal opening. These hemorrhoids can get irritated especially when you go to the bathroom.

Causes of hemorrhoids include pregnancy, being overweight, sitting for a long time or straining during bowel movements.



## What is an Anal Fistula?

An **anal fistula** is a small tunnel (or channel) that develops between your bowels and the skin near the anus.

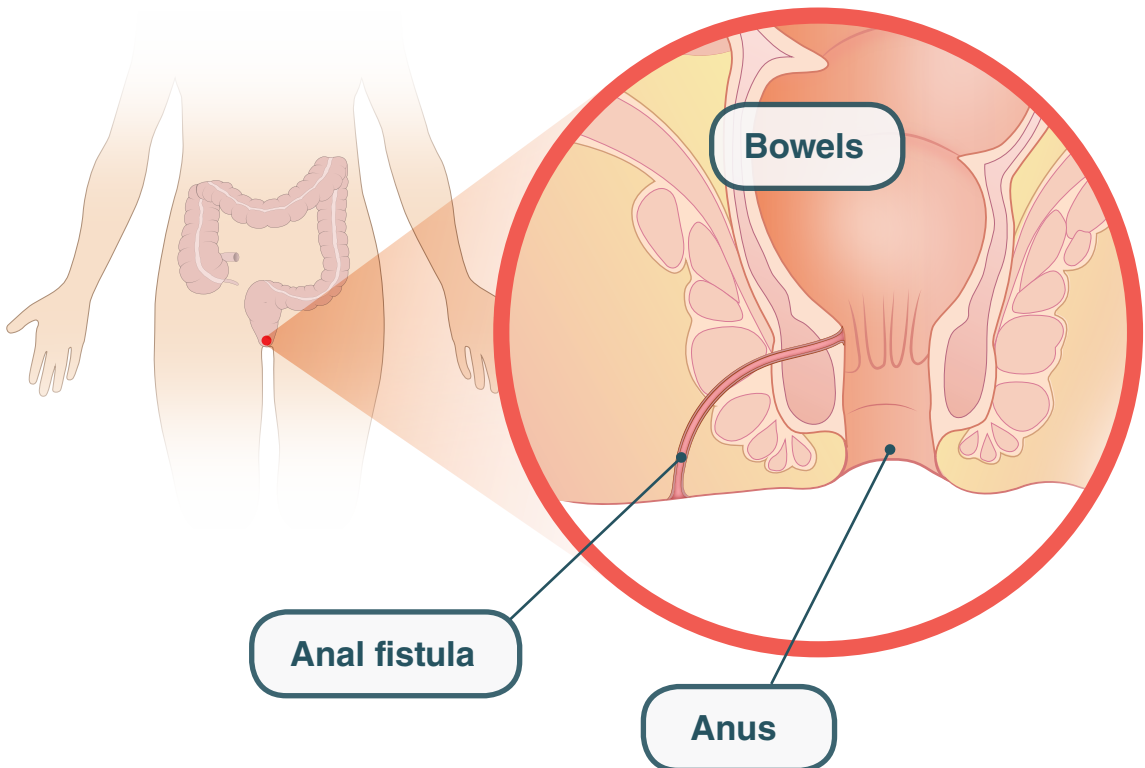
**Anal fistulas** usually happen because of an infection near the anus.

The anus is where your stool exits your body. There are small glands inside the anus that make mucus. Sometimes these glands get clogged or infected. This can lead to an abscess (a pocket of pus). When the pus empties out, it can leave a small tunnel or channel.

This can develop into a fistula.

Anal fistulas can cause leakage of fluid, pain and skin irritation.

They don't usually get better on their own.



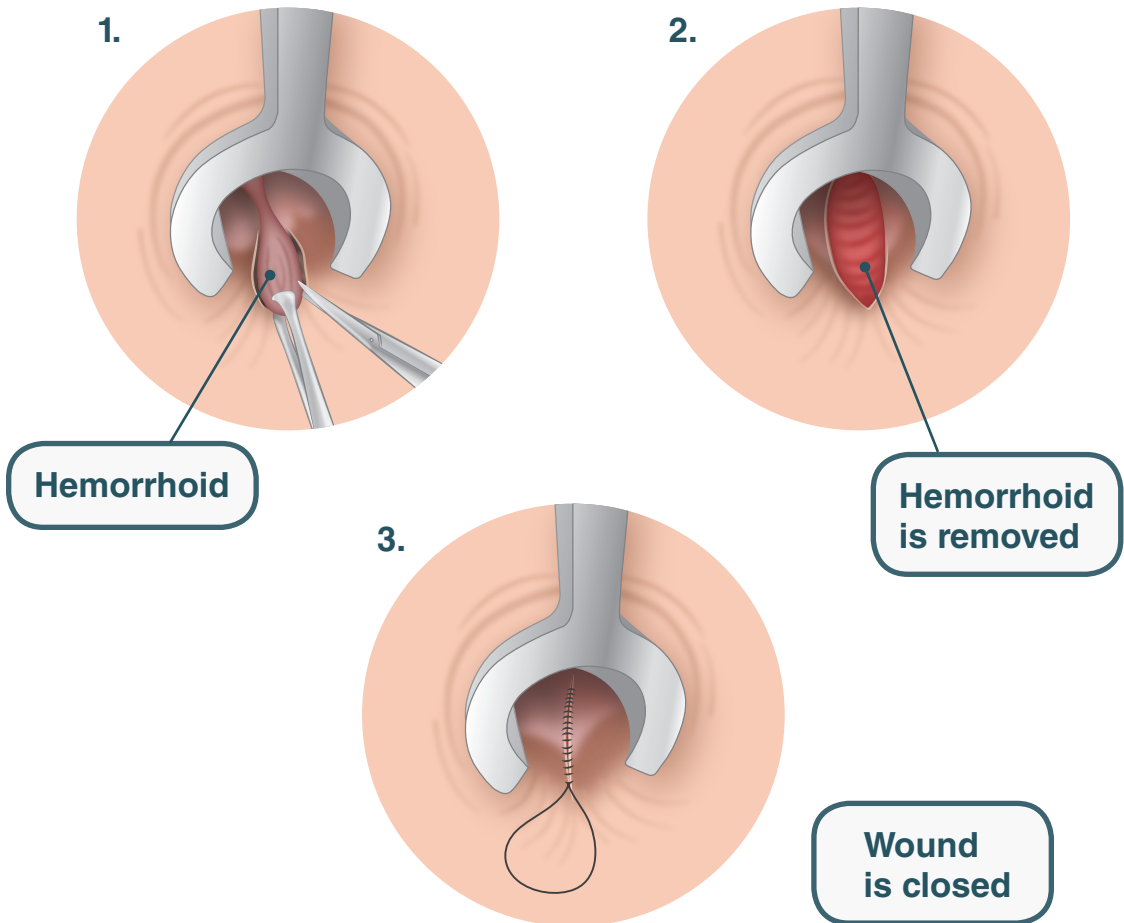
# What is a Hemorrhoidectomy and What is an Anal Fistula Surgery?

## What is a Hemorrhoidectomy Surgery?

A hemorrhoidectomy is the name of the surgery to remove hemorrhoids.

Your surgeon will cut the tissue around the hemorrhoid. The swollen vein inside the hemorrhoid is tied off to prevent bleeding, and the hemorrhoid is removed.

This surgery is usually done when other treatments have not worked.



# What is a Hemorrhoidectomy and What is an Anal Fistula Surgery?

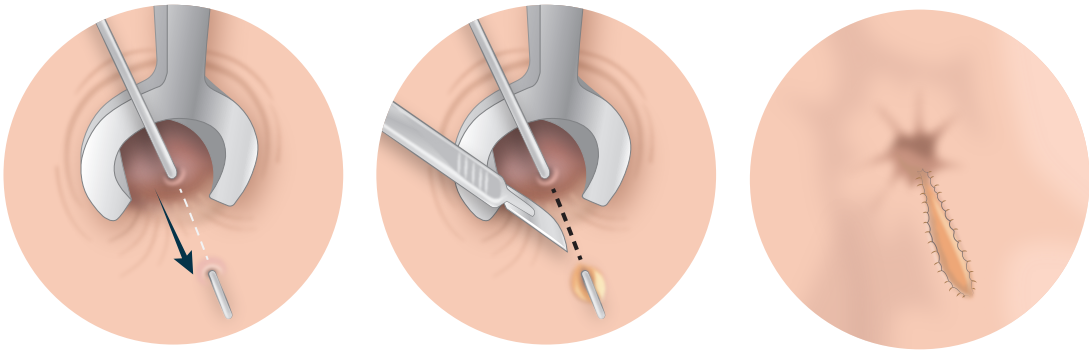
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## What is an Anal Fistula Surgery?

There are different types of anal fistula surgery.

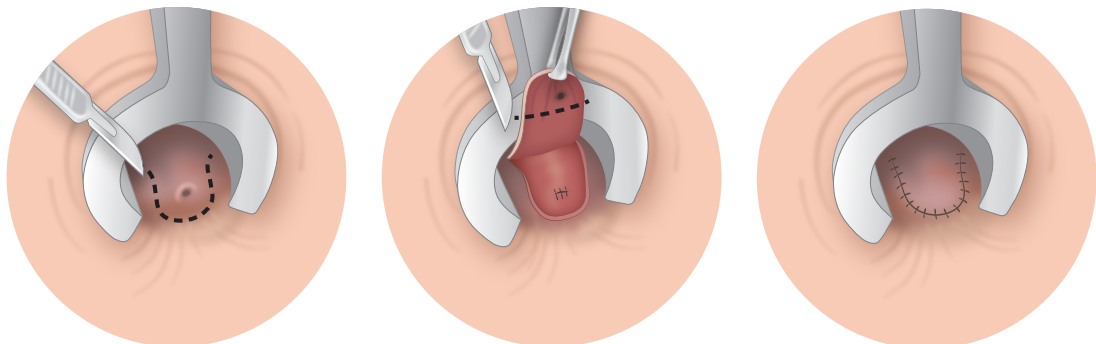
The most common surgery is a **fistulotomy**, which means that the tunnel is cut open.

- **Fistulotomy**



- **LIFT Procedure**, where a small cut is made near the anus to fix the fistula.

- **Flap procedure**, where a small piece of skin or rectum is used to cover the inside opening of the fistula.

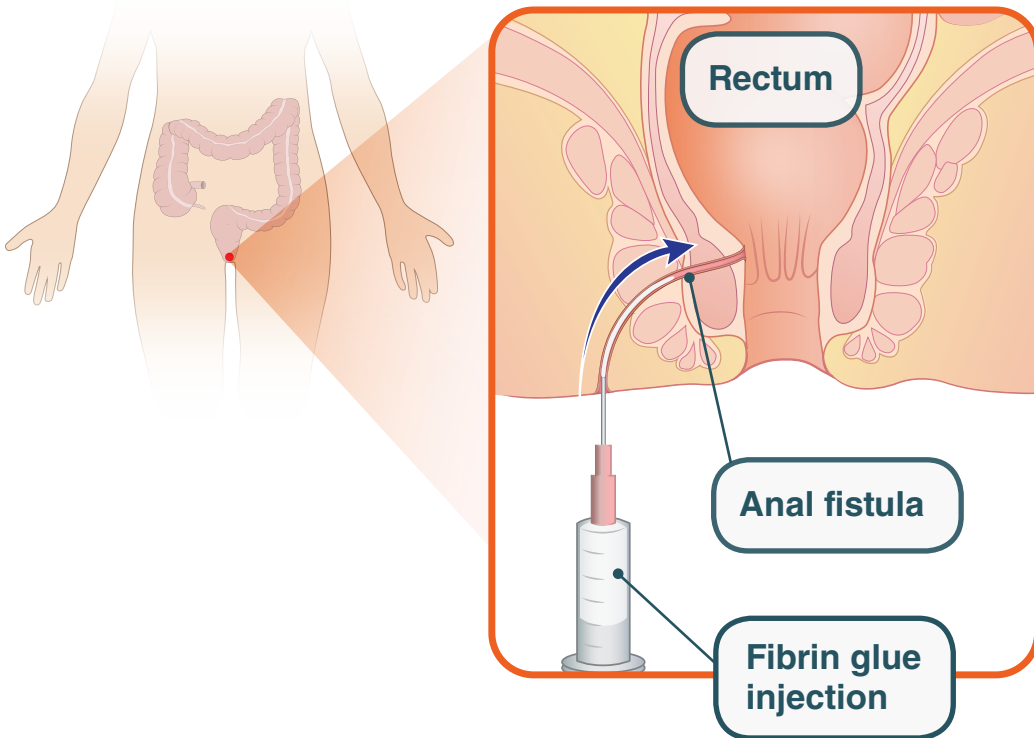


# What is a Hemorrhoidectomy and What is an Anal Fistula Surgery?

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## What is an Anal Fistula Surgery?

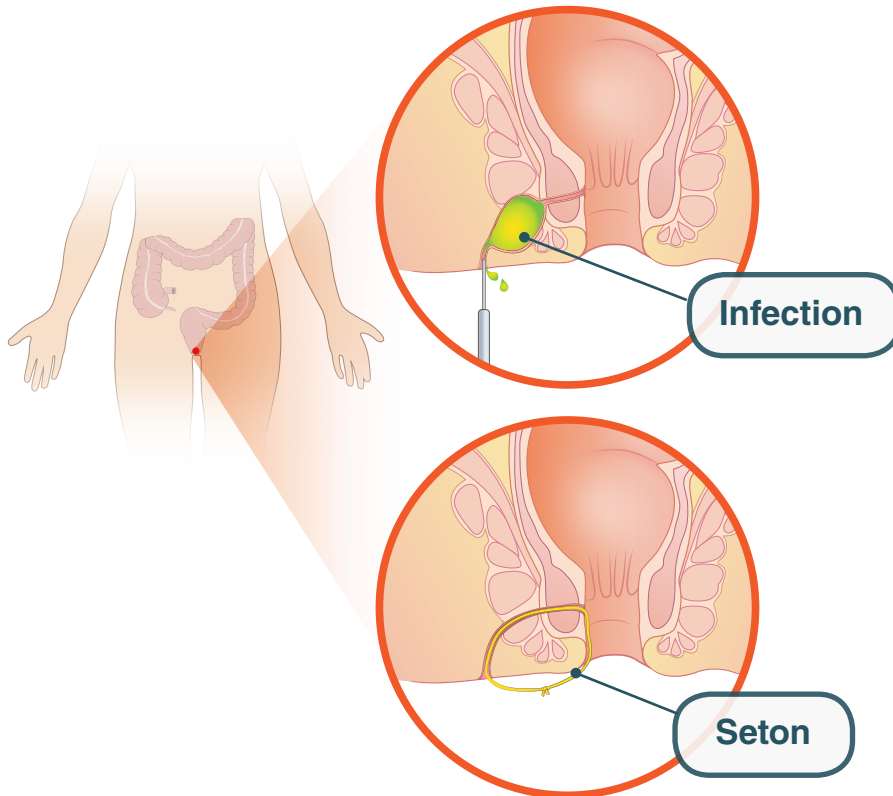
- **Fibrin glue injection**, where special glue is used to plug the tunnel.



# What is a Hemorrhoidectomy and What is an Anal Fistula Surgery?

## What is an Anal Fistula Surgery?

- **Seton placement**, where a small drain that looks like a rubber band is placed through the tunnel to help drain the infection. The Seton placement may be part of a 2-step process. After the infection is drained, your surgeon may complete your surgery with one of the methods described above. Often seton placement has no cuts made at the time of surgery.



Speak with your surgeon to find out which option is best for you.

## Preparing for Your Surgery

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### Stop smoking and vaping

You should quit smoking and vaping 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 and vaping. Speak with your doctor about the different ways to stop.

See page 37 to learn more.



### Stop drinking alcohol

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



## 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. Make sure you have food in the fridge or freezer that is easy to prepare.



## Preparing for Your Surgery

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### Arrange transportation

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

Arrange to have an adult with you to take you home from the hospital and stay with you for the first 24 hours after your surgery. You will not be allowed to leave the hospital alone.

You CANNOT drive, take a taxi or public transportation by yourself.



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

Tell your nurse if you are worried about going home.  
See page 38 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 or email them to: [colorectal@muhc.mcgill.ca](mailto:colorectal@muhc.mcgill.ca).

Some forms will need to be sent to the Registrar Office (L6.120) and some your surgeon will complete. Your surgeon's office will let you know. They can only be filled out after the surgery.

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

## **Pre-operative Clinic Visit**

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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
- Tell you what to expect while you are in the hospital and what to expect after your surgery



### **You might also:**

- Have blood tests
- 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.)
- Have an electrocardiogram (ECG) to check how your heart is working
- Need a prescription for an enema

## Pre-operative Clinic Visit

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### Enemas

Your surgeon may prescribe 2 enemas to clean out your bowels and prepare you for your surgery.

If so, read and follow the directions included with the enema.

Take the 1<sup>st</sup> enema, then wait 30 minutes before taking the 2<sup>nd</sup> one on the day of your surgery.

If you must be at the hospital very early in the morning (before 8 am) you may give yourself the 1<sup>st</sup> enema the night before your surgery and the 2<sup>nd</sup> one at home, on the morning of the surgery.



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



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

**Phone: 514-934-1934, ext. 43778**

**Days: Monday to Friday**

**Hours: 1 p.m. to 3 p.m.**

**Pre-operative Clinic: L10-509 (L wing, 10<sup>th</sup> floor, room 509).**

## Phone Call from Admitting

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

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

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



Date of surgery: .....

Time of arrival at the hospital: .....

Room: .....



**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. 42190.**

## Cancelling Your Surgery

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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)  
514-934-4460 (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
- 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. 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:



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



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

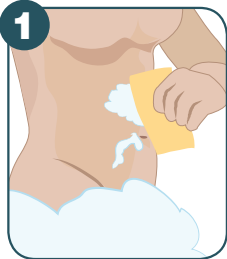


**3** **Do not** shave the area where the surgery will be done.



**4** Wear clean clothes to bed.

### The morning of your surgery:



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



**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.

**\*Remember to take your enemas if you have a prescription.**



If you are menstruating on the day of the surgery use a pad. Tampons and menstrual cups are not allowed.

## What to Eat and Drink

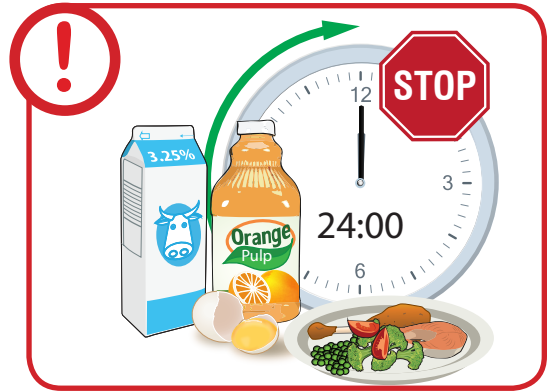
Eating well will give you the energy you need to recover from surgery. But you may need to restrict your diet just before your surgery.

Your pre-op clinic nurse will explain what to eat and drink before surgery.

### Day before surgery

#### Until midnight:

- Eat and drink normally until midnight (unless told otherwise).



#### After midnight:

- Do not have any food, dairy products, or juice with pulp.
- Drink clear fluids up to 2 hours before your surgery. You can drink any clear juice (juice that you can see through) and have jello or popsicles.



Exception: If you are asked to come at 6 a.m. stop drinking any clear fluids at 5:30 a.m.

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

## What to Eat and Drink

### The morning of surgery:

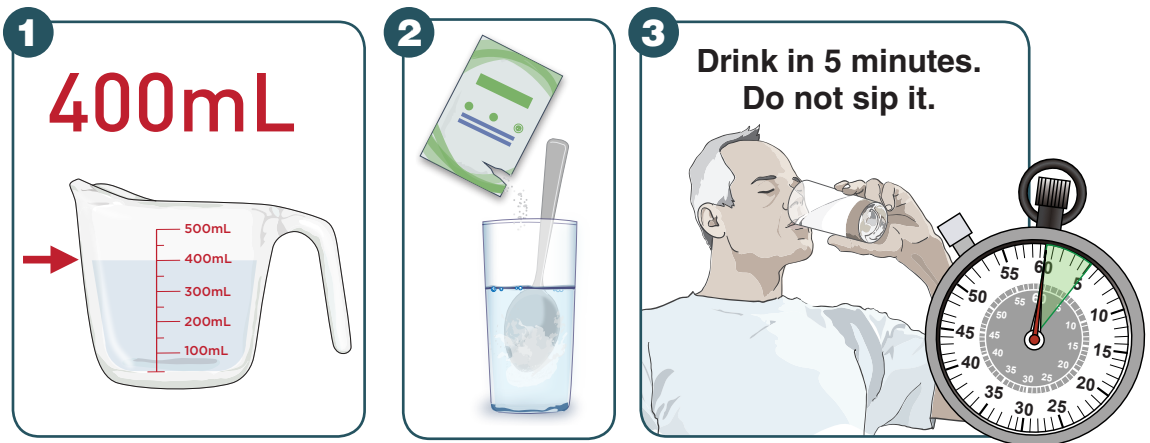
Drink 1 PREcovery beverage. This drink has special sugars and salts that will give you energy.

#### 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 of 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.



Want to know more about PREcovery? Follow this link:

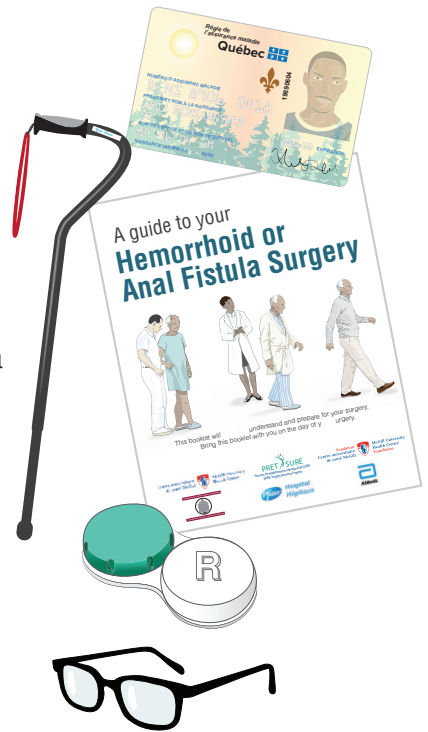
[www.enmednut.com/products/precovery](http://www.enmednut.com/products/precovery)

## What to Bring to the Hospital

- This booklet
- Medicare card
- The list of all the medication you take.  
Ask your pharmacist to give you a list.

### If needed

- Your CPAP machine if you have sleep apnea
- Your glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- Your cane, crutches, walker, labeled with your name



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

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



## At the Hospital

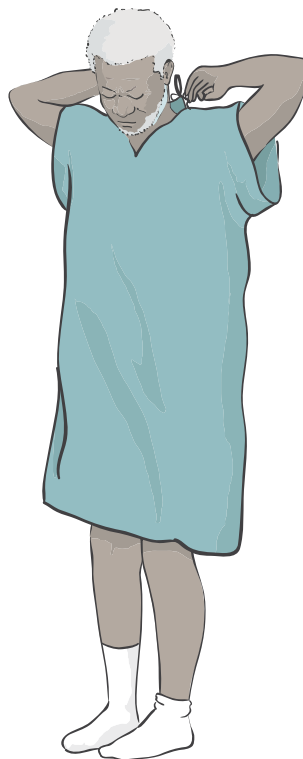
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### Admitting area

Go to the Surgical Admission D10.124 (D wing, 10<sup>th</sup> floor, room 124) at the time given. The admitting clerk will ask you to sign an admission form.

### At the Surgical Admission area, your nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place
- Give you some Tylenol before you leave for your surgery.



### In the Operating Room

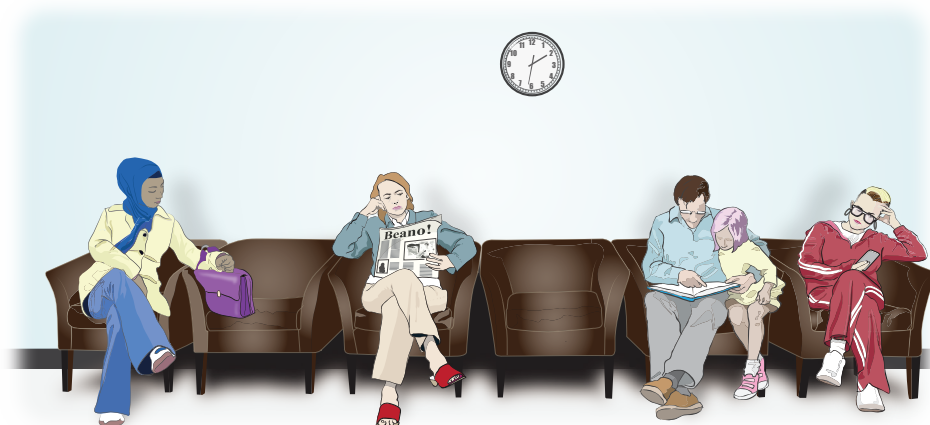
A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist. The anesthesiologist is the doctor who will give you medication so you will be asleep and pain-free during your surgery. Your surgery is usually done with a general anesthesia (sleeping). The anesthesiologist will decide with you what type of anesthesia is best for you.

## At the Hospital

### Waiting room

Family or friends can wait for you in the waiting room located in D10-117 (D wing, 10<sup>th</sup> floor, room 117). The space is small, so please 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

- **Coffee shops** - 1<sup>st</sup> floor Pine Ave. entrance and the 6<sup>th</sup> floor near the main entrance on Cedar Ave.
- **Cafeteria** - 4<sup>th</sup> floor - D wing
- **Small restaurant called “The Hospitality Corner”** – D6-125, D wing, 6<sup>th</sup> floor, room 125
- **Bank machines** – 1<sup>st</sup> floor Pine Ave. entrance and the 6<sup>th</sup> floor near the main entrance on Cedar Ave
- **Gift shop** on the 6<sup>th</sup> floor near the main entrance D6-145, D wing, 6<sup>th</sup> floor, room 145

## Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU). This is also called the Recovery Room.

There are no visitors allowed in the PACU.

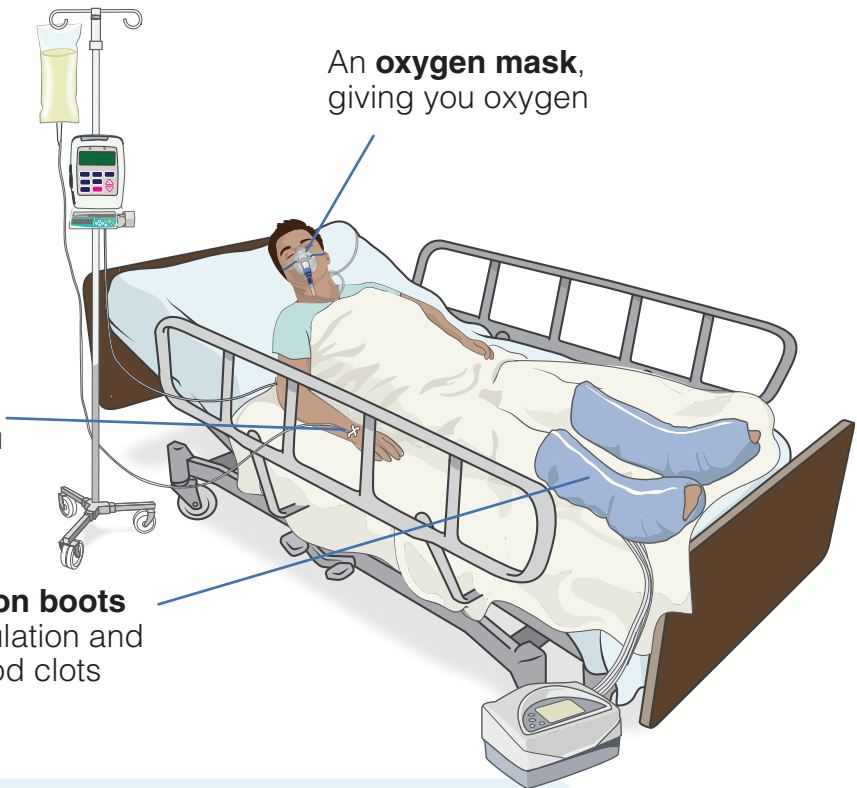
After your surgery, a PACU nurse will call the family member or friend you have chosen to tell them how you are doing. You will stay in the PACU (Recovery Room) until you go home.

### You might have:

An **oxygen mask**, giving you oxygen

An **intravenous (IV)**, in your arm giving you fluids and medication

**Compression boots** to help circulation and prevent blood clots



### The nurse will:

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

## Pain Control

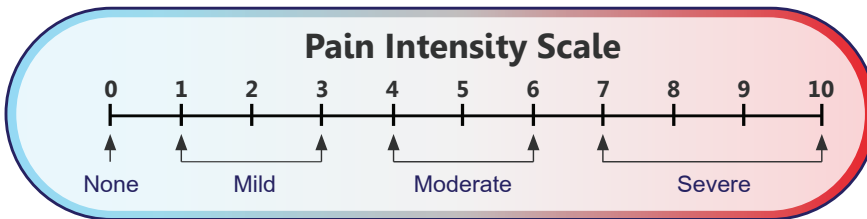
### Our goal is to keep your pain low so you can:

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

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

### Pain intensity scale

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



**If you have pain, tell us right away. Do not wait to let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.**

### The different ways to control your pain

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

#### Pills

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



## Going Home

You will be able to leave the hospital on the same day of surgery, a few hours after your surgery.



Remember you must have someone to take you home and to stay with you for the first 24 hours after your surgery. Patients will not be allowed to leave the hospital alone. You **CANNOT** drive, take a taxi or public transportation by yourself.

For the next 24 hours, because of the medication side effects, it is important that you:

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



Before leaving the hospital, make sure you have information for your follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.

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

## Pain Control

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Your surgeon will prescribe pain medication for you. This is to help you get back to your activities as quickly as possible. These medications may include Tylenol and anti-inflammatory medications (pills that decrease the swelling) for mild to moderate pain.

If the Tylenol and the anti-inflammatory pills do not control your pain well, then you can add the stronger pain medication called an opioid or a narcotic. Do not stop taking the Tylenol and anti-inflammatories. while taking the opioid. Taking the Tylenol and anti-inflammatories may decrease the need to take opioids. Bring back all unused opioids to your pharmacy.

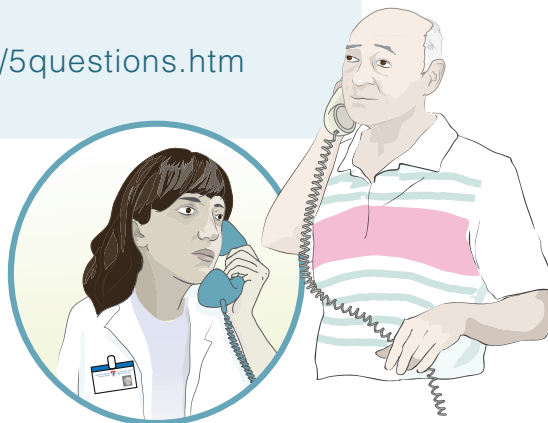
You must follow the instructions on the bottle. It is important to understand the risks and benefits of using an opioid.

**For fistula surgeries:** Your surgeon may also prescribe a cream called Nefidipine. This cream relaxes the muscles near the anus to help with pain.

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:

[www.ismp-canada.org/medrec/5questions.htm](http://www.ismp-canada.org/medrec/5questions.htm)



## Pain Control



If you have severe pain that is not helped by the medications you have been prescribed, call your surgeon's office or go to the Emergency Department.

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



Drink at least 6 to 8 glasses of liquids (preferably water) every day\*



Eat more whole grains, fruits and vegetables.



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



Take stool softeners prescribed by your surgeon.

\*If you have a heart or kidney condition, or other health condition, you may need to drink less. Speak with your doctor if you are concerned.

## How to Care for Your Incisions (Cuts)

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### Hemorrhoidectomy

- You may have some fluid leaking from the incision (cut) in the 1<sup>st</sup> week after your surgery. This is normal.
- If you have heavy bleeding that lasts more than a few minutes, come to the emergency department to be examined.
- You may have heavy bleeding from the rectum 1 week after your surgery. This does not happen often. If this happens, come to the hospital, and tell the nurse in the emergency department that you have had a hemorrhoidectomy. Inform your surgeon that you are going to the hospital. Call 514-934-8486 or email [colorectal@muhc.mcgill.ca](mailto:colorectal@muhc.mcgill.ca).

See page 34 for more information when to get help.



### Fistula Surgery

- Take off your bandage the day after surgery while soaking in the bathtub.
- Use a dry bandage or a sanitary pad to cover the cut.
- Change your bandage 2 or 3 times every day for the 1<sup>st</sup> week after your surgery.
- A light discharge of blood and pus (yellow-green liquid) is normal for 2 to 3 weeks.
- If you see large amounts of red blood, call 514-934-8486 or email [colorectal@muhc.mcgill.ca](mailto:colorectal@muhc.mcgill.ca).

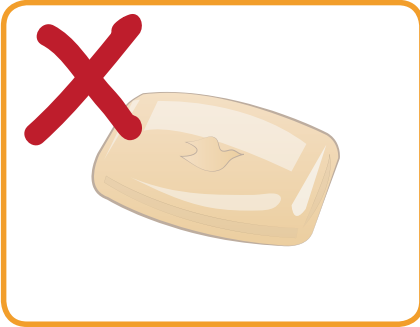
See page 34 for more information when to get help.

## Bathing and Showering

You can take showers or baths after your surgery.

### Do not

- use soap on the cut.
- rub your cut.



### Do

- pat gently your cut with a towel until it is dry.
- take a sitz bath with warm water 4 times a day for 1 week after surgery.

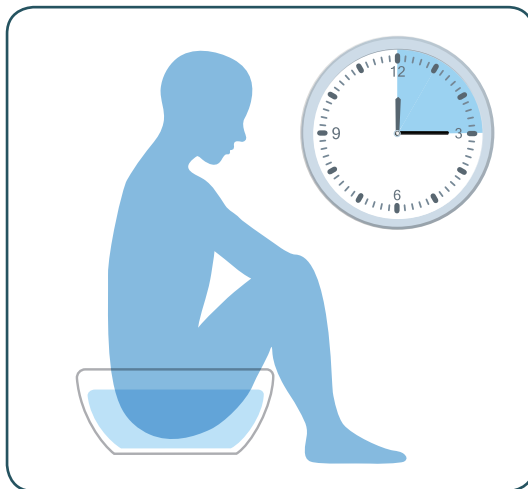
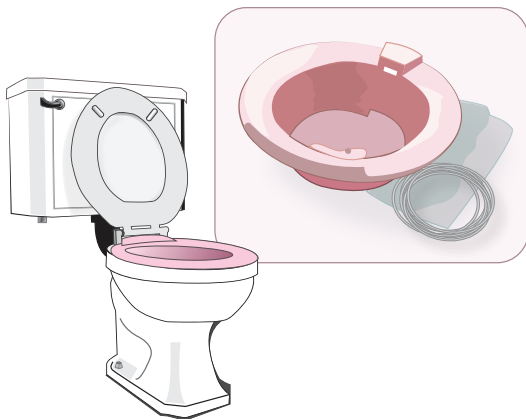


## Bathing and Showering

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### What is a sitz bath?

- A sitz bath is a warm water bath for your bottom and private parts area. This type of bath can help lessen the pain after surgery.
- Use warm water. Do not add soap, gel, bubble bath or any type of cleanser.
- You can have a sitz bath in the bathtub, in the shower, or on the toilet seat. (You can also buy a special plastic bowl that fits on the toilet seat. Most pharmacies sell these bowls.)
- Fill your bathtub, shower or plastic tub with warm water.
- Sit in about 2 or 3 inches of warm water – enough to cover the cut and your privates completely.
- Stay sitting for 15 minutes unless your surgeon tells you otherwise.
- Use a towel to gently pat the area dry.
- Do not rub your cut.



## Diet

Eat and drink whatever you want unless your doctor, nurse, or nutritionist tells you otherwise. Eat foods with fiber (fruits, vegetables, whole grains). Drink plenty of water to help prevent constipation.

It is important to keep your stool soft so add fiber to your diet. Take the Metamucil as prescribed.

Eat foods that have protein to help your body heal. Tofu, nuts, meat, fish, chicken and dairy products are good sources of protein.

If you get full quickly, try eating smaller amounts at each meal and add nutritious snacks between meals. Try high protein, high calorie shakes or commercial supplements.

Avoid spicy food while healing from this surgery. It may cause a burning feeling in the anal area.



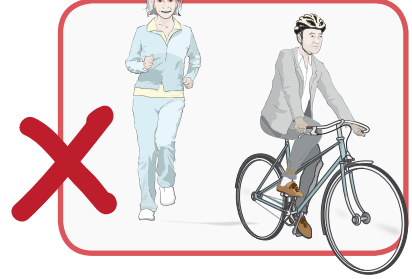
### Extra instructions for Fistula Surgery

**Avoid spicy foods and caffeine until the cut is healed.**

## Exercises and Activities

### Hemorrhoidectomy and Fistula Surgery

- Cut down on physical activity for 3 to 4 days.
- Avoid strenuous activity for 7 days (to help prevent bleeding).
- You will feel some discomfort with your bowel movements. This is normal.



You can slowly go back to your usual activities when you feel like it. You may feel tired after your surgery. Remember to rest between activities.



### Family and friends can usually help with:

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

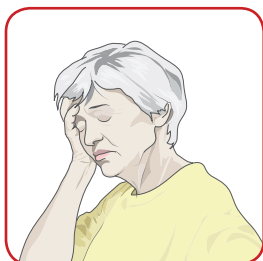


You can be a passenger in a car, but you cannot drive for the first 24 hours after surgery or while you are taking pain medication.

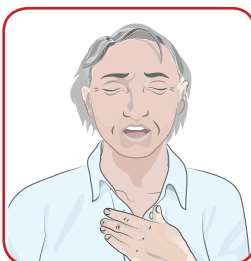
You may start driving again only when you are no longer taking narcotic medication for pain.



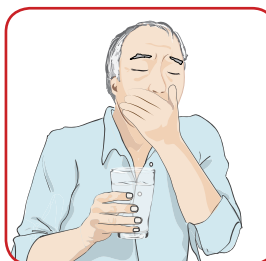
## When to Get Help



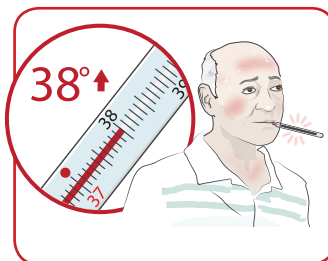
You feel extremely weak



You have trouble breathing



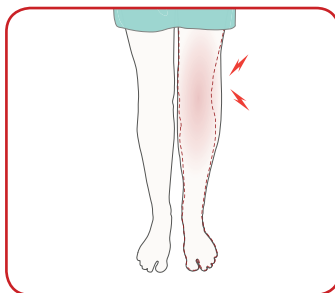
You cannot drink or keep liquids or solid foods down (nausea or vomiting)



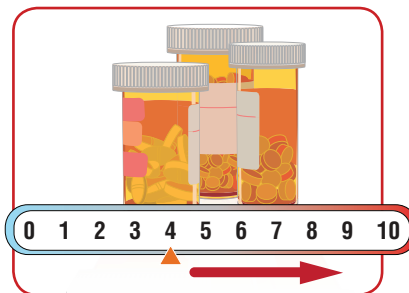
You have a fever higher than 38°C (100.4°F)



You have large amounts of rectal bleeding



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



You have more pain and your pain medication does not help



### A few options are available to get help.

1. You may phone 514-934-1934 ext. 44365 and email [colorectal@muhc.mcgill.ca](mailto:colorectal@muhc.mcgill.ca)
2. You may phone the recovery room nurse (514-934-1934 ext. 43285)
3. After hours, you may also phone the hospital and ask to speak for the general surgery resident on call.
4. You may go to the MGH Emergency Department (ED) or if you are bleeding and feel unwell go to the closest ED.





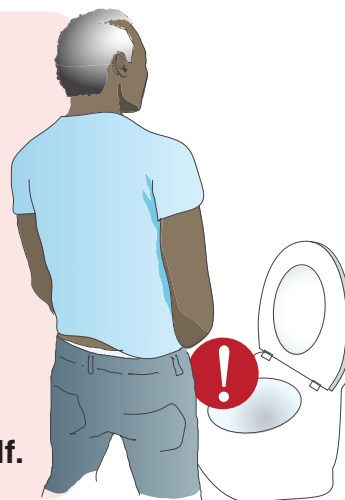
**Sometimes, patients can have difficulty urinating (peeing) after this surgery.**

If you feel the need to urinate (pee) but have problems urinating,

**or**

If you have not urinated in the first 8 hours after your surgery:

- 1. Go to the Montreal General Hospital Emergency Department.**
- 2. Do not wait. This will not go away by itself.**



**Follow these steps if you are having problems urinating after your surgery**

- Go to the Emergency Department (ED) of the Montreal General Hospital
- Tell the nurse at the ED that you had surgery and are having problems urinating.
- The nurse in the ED will put a tube (catheter) in your bladder. This drains the urine. You will go home with the tube in place.
- The nurse in the ED will explain how to empty your bags. You should get 2 bags; one for day and one for night.
- You can go home after you understand how to change your bags and know how to clean them.(add link if resource is available)
- You can shower or take your sitz bath with this tube in your bladder.
- The next working day, call the Urology Clinic: 514-934-8488. Ask the secretary for an appointment with the urology nurse for a “trial of void”. If no one answers, leave a message. It is important to get an appointment in the next week.
- At this appointment, the urology nurse will remove your urine tube and make sure that you are urinating normally.
- If you had a urine tube, please make sure to contact your surgeon’s office. They need to know what happened and that you will see a urology nurse.

## Follow-up

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Your follow-up appointment with your surgeon is usually 4-6 weeks at the Royal Victoria Hospital surgical clinic.

RVH Surgical Clinic North: DS1.3310 (D Pavilion, S1 Level, Room 3310)  
 Phone: 514-934-8486  
 Hours: 9 a.m. – 4 p.m.  
 Email: colorectal@muhc.mcgill.ca

You should get a phone call from the clinic staff to give you your follow-up appointment with your surgeon.

If they have not contacted you 2 weeks after your surgery, phone them at 514-934-8486 to make your appointment.

### If you have any questions, phone us

Name of your surgeon: .....

Phone number of your surgeon: .....

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

### 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.)



## Resources

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### Resources to help you stop smoking

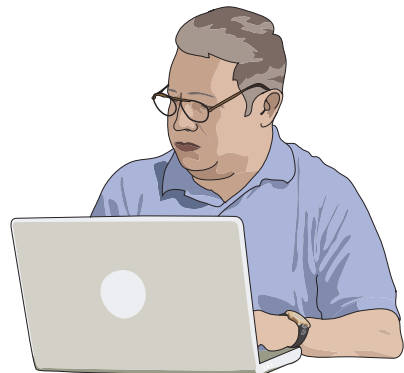
- Quit line : 1-866-527-7383 (free) or [www.iqitnow.qc.ca](http://www.iqitnow.qc.ca)
- Quit Smoking Centers, ask your CLSC for information
- The Quebec Lung Association: 1-888-768-6669 (free) or: [www.pq.lung.ca](http://www.pq.lung.ca)
- Smoking cessation clinic at the MUHC:  
Send the consultation by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



### McConnell Patient Resource Centre

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

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



## Parking Information

Note that these rates were in effect in June 2020 and could have changed since the printing of this booklet. Please visit this link for any updated information:

Source: [www.muhc.ca/patient-and-visitor-parking](http://www.muhc.ca/patient-and-visitor-parking)



### Daily Rate

Less than 2 hours	<b>FREE</b>
2h - 3h59	<b>\$6</b>
4-24 hours	<b>\$10</b>

### Parking Pass Rate

7 days	<b>\$45</b>
30 days	<b>\$90*</b>

### 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	<b>\$22.50</b>	Unlimited entry and exit at the hospital where the pass was purchased. Certain conditions apply
30 days	<b>\$45</b>	

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



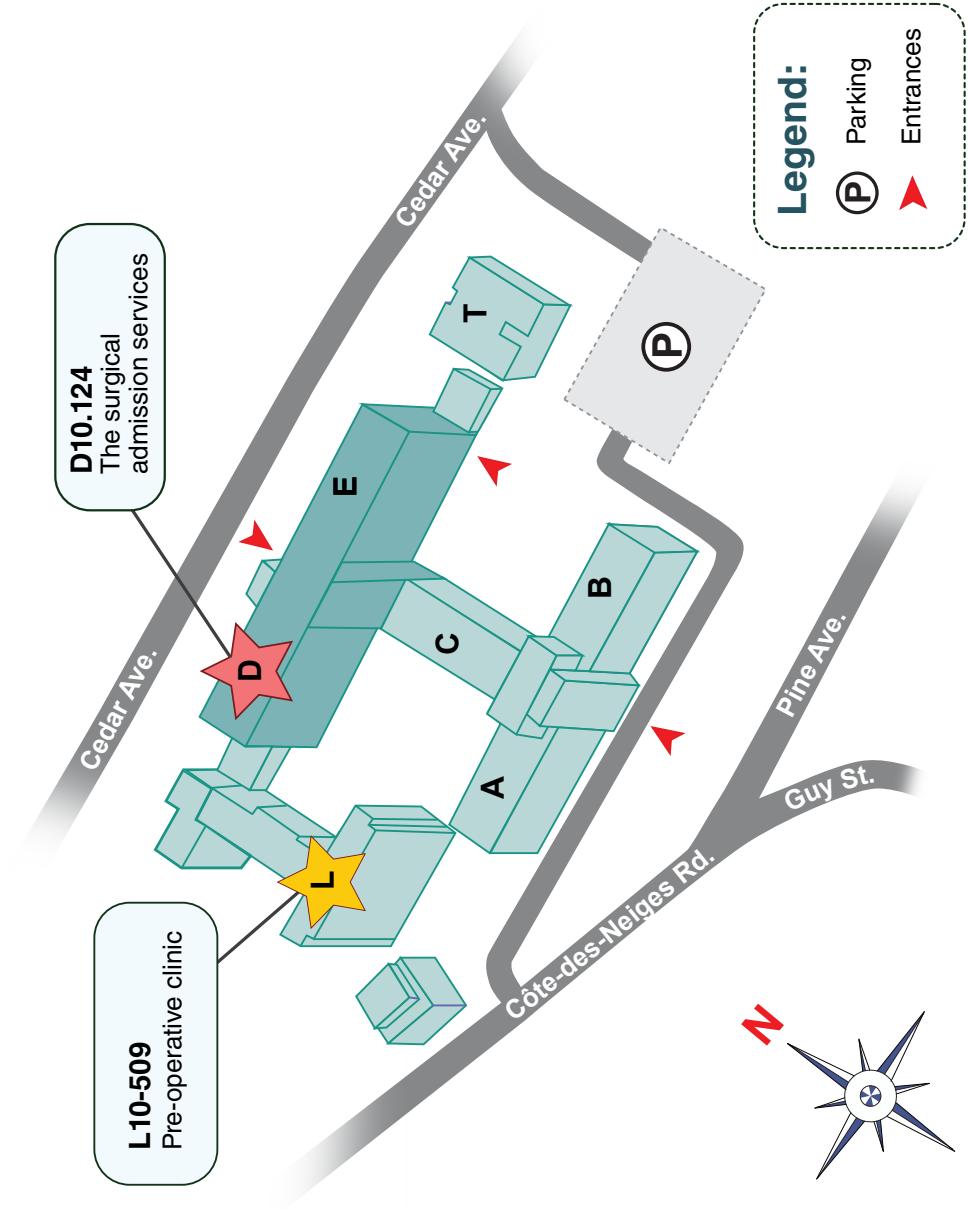






# Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4

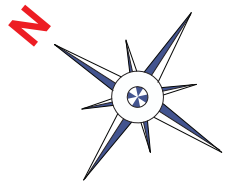


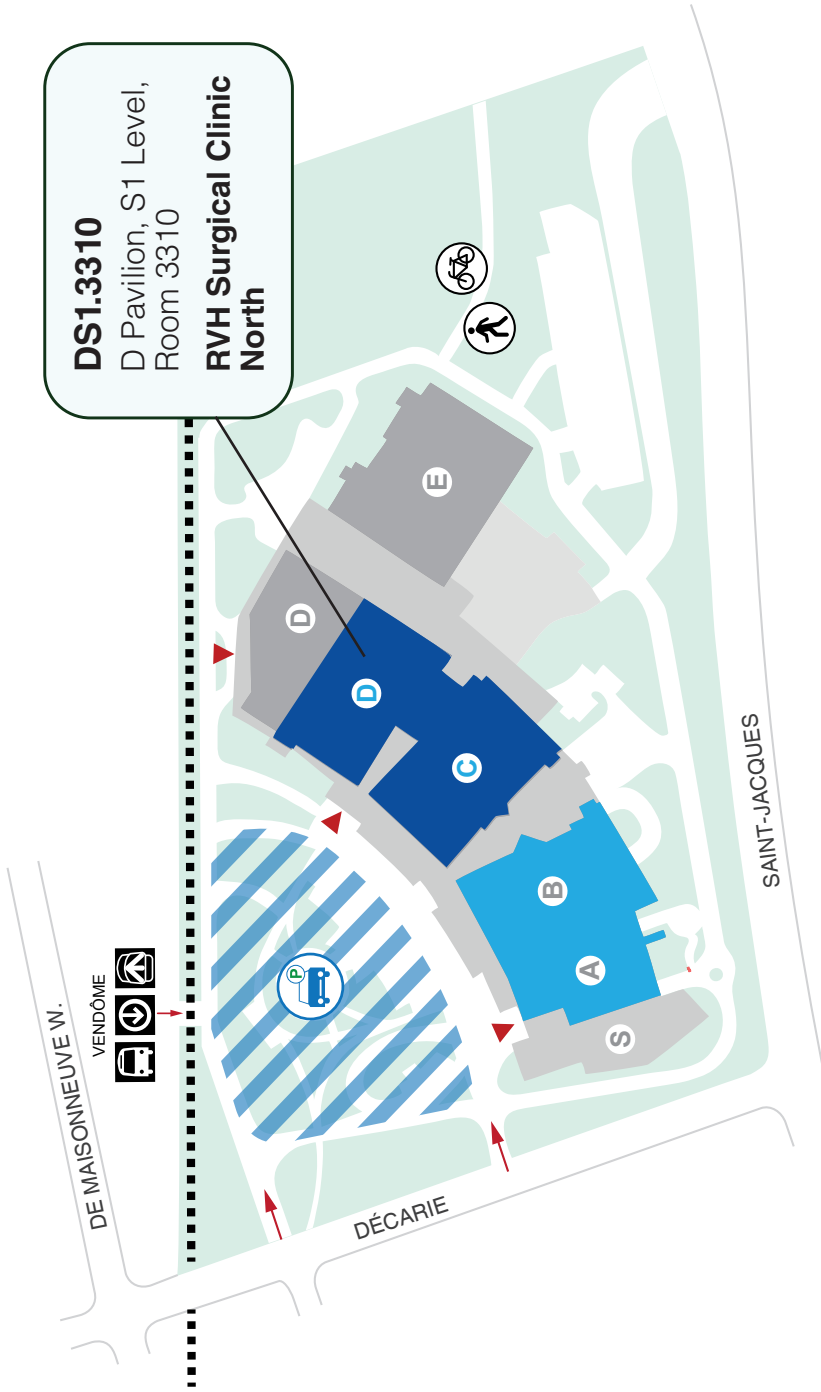
**D10.124**  
The surgical  
admission services

**L10-509**  
Pre-operative clinic

**Legend:**

-  Parking
-  Entrances





- 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)



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