

A guide to your **Abdominal Hernia Repair Surgery**



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

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Patient Education Office

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

This booklet was developed by The MUHC Surgical Recovery (SURE) working group, Dr. Liane Feldman and the MUHC Patient Education Office.

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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.



This material is also available through the
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What is a care pathway?

When you go to the hospital for abdominal hernia repair 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 goals for every day that you are in the hospital
- 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 and go home sooner.

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



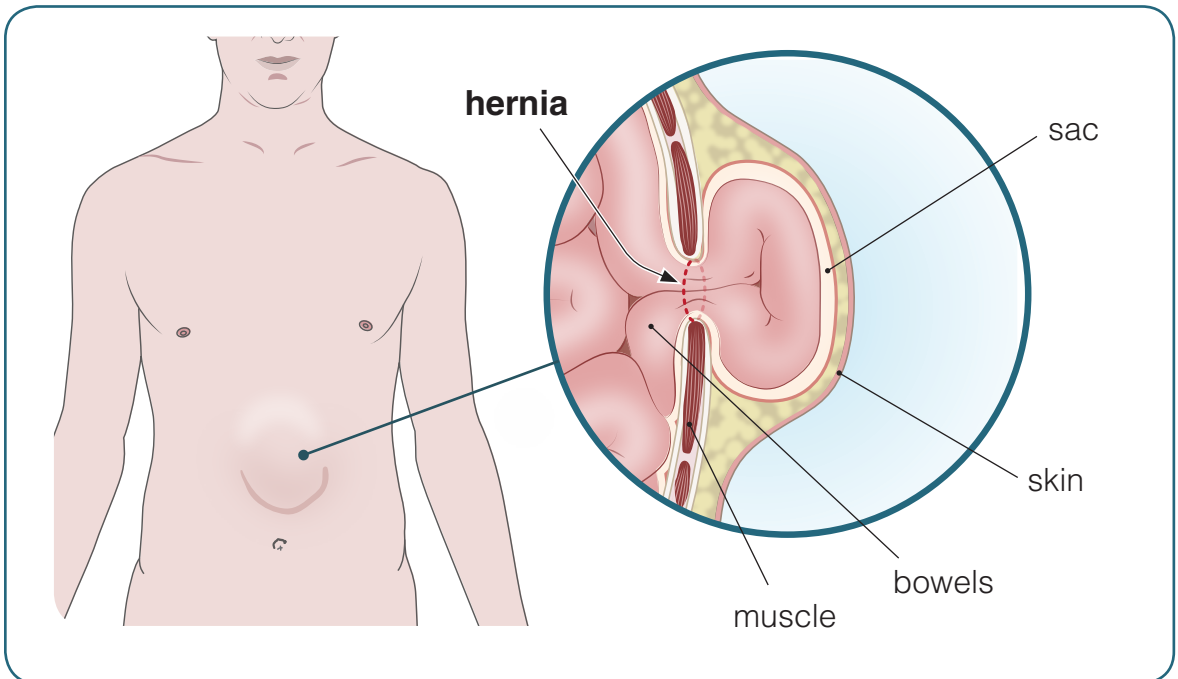
If you are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

What is an abdominal hernia?

An abdominal hernia looks like a bulge under your skin, especially when you are standing, coughing or straining. The bulge is from your bowels or other organs pushing through an opening in your belly muscles. The lining of your belly (abdomen) forms a sac.

In general, hernias happen where the wall of your belly is weak. If you have ever had surgery, you may have a weak spot where the surgeon made the cut. If a hernia develops in this spot, it is called an incisional hernia. Incisional hernias can happen at any time. This could be soon after your surgery or many years later.

A hernia does not get better over time. It will not go away by itself.



What is an abdominal hernia?

An abdominal hernia may cause pain when you:

- Lift heavy objects
- Cough
- Strain when you are using the toilet
- Stand or sit for a long time



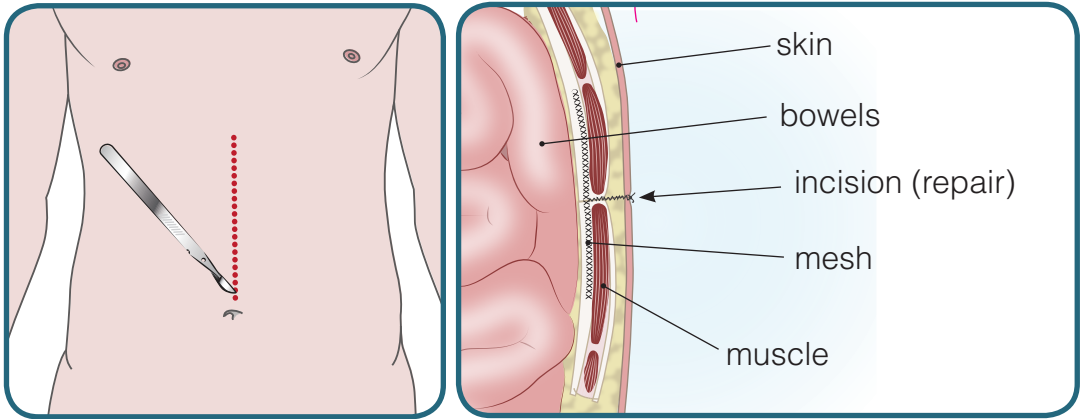
An incisional hernia is more likely to happen if you:

- Are overweight
- Have an infection in the incision after surgery
- Smoke
- Have cancer
- Have lung disease
- Are diabetic

What is an abdominal hernia repair surgery?

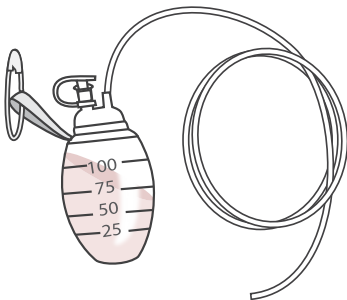
This is surgery that fixes your hernia. To do this:

- The surgeon first makes a cut near the hernia.
- The contents of the hernia are pushed back into place.
- The surgeon sews up the hernia opening.
- They may use a mesh to make the repair stronger.
(The mesh looks like a net.)



If your hernia is large, the opening in your belly can be hard to close. Your surgeon will use a technique called **component separation** to close your belly.

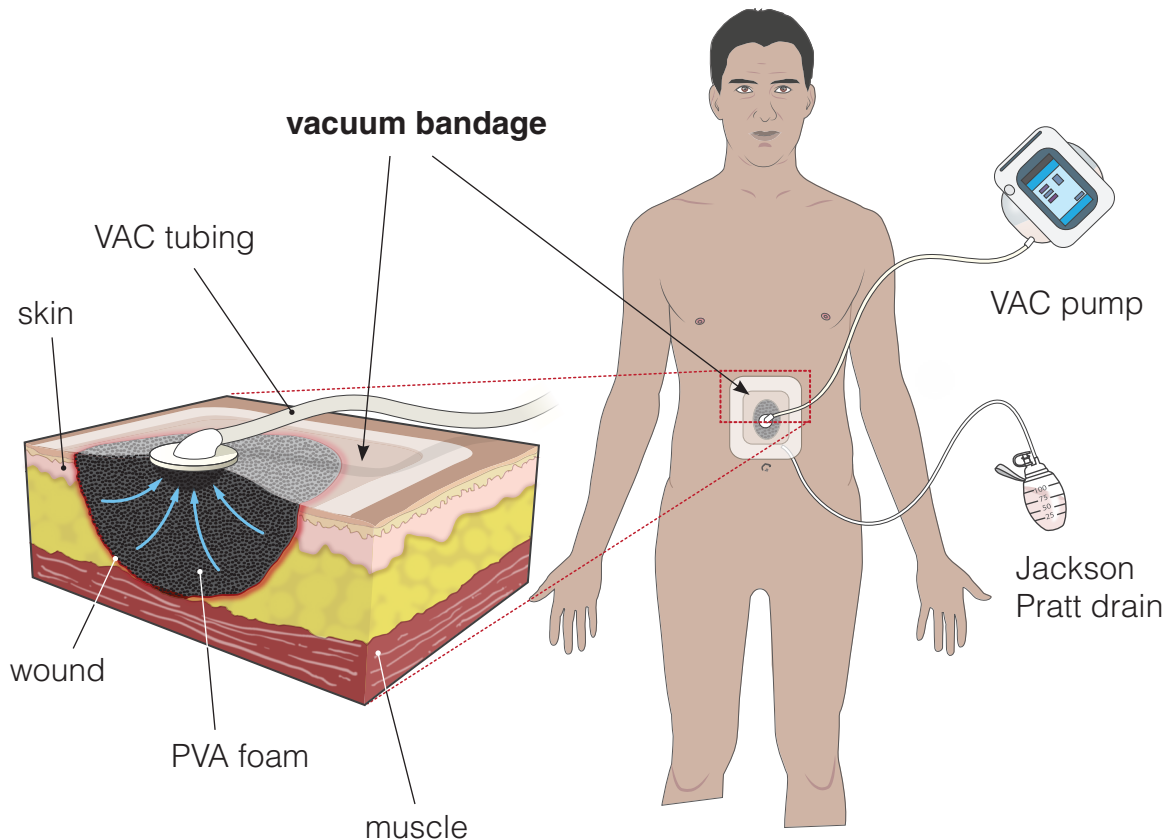
- The surgeon cuts some of the muscle on both sides of the hernia.
- They can then pull together the muscle to close the opening.
- Sometimes, a flap of muscle is used to make the area stronger.



Also, for larger hernias, we use a drain called a Jackson Pratt. Sometimes we use more than one. This drains the fluid where the surgery was done. The drain will be removed when it is not draining a lot of fluid anymore (usually less than 30 mls or 2 tablespoons) per day).

What is an abdominal hernia repair surgery?

If there is a high chance of infection, you may need a vacuum bandage over the cut. This will stay on for 5-7 days.



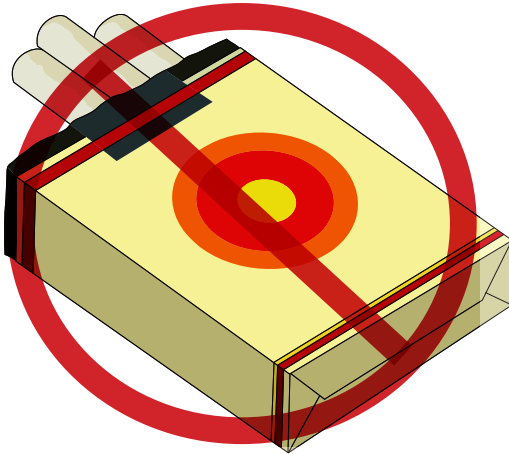
You may go home with:

- The vacuum bandage only
- The vacuum bandage and the drain
- The drain only
- A regular dressing only

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 must quit smoking at least 1 month before your surgery. If you cannot quit smoking 1 month before, we will cancel your surgery. If you smoke, you will meet a member of our staff to help you to stop smoking.

We ask you to quit smoking because smokers get more infections in their incisions than people who don't smoke. They also have a higher chance of the hernia coming back. Quitting is possible even if you are a long time heavy smoker and have tried to quit many times before. It is never too late to stop. Speak with your doctor or other health care staff about the different ways to stop smoking.

See **page 43** to learn more.

If you smoke, are overweight, have diabetes or other medical problems, your surgeon may send you to another team to help get you in the best shape possible for your operation.

Preparing for your surgery



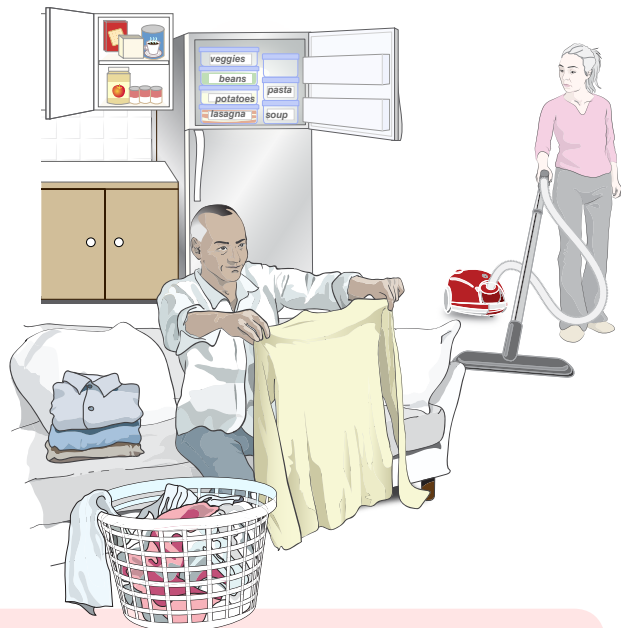
Stop drinking alcohol

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.

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.



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

Preparing for your surgery

Arrange transportation

The day of surgery is called Day 0. You should be able to go home from the hospital on Day 3 after your surgery. Your surgeon will let you know when to expect to go home.



Tell your nurse if you are worried about going home.
See **page 44** 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.

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

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 might 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, call the Pre-operative Clinic nurses at: 514-934-1934, ext. 43778

Days: Monday to Friday

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

Pre-operative Clinic: L10.509 (L wing, 10th floor, room 509)

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 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: **Surgical Admission Services D10-124 (D Wing, 10th floor, room 124)**



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

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
- Telephone number
- Hospital card number
- Surgeon's name
- The reason you are cancelling your surgery
- For how long you will not be able 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.**



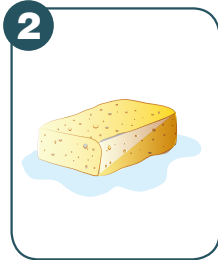
The Montreal General Hospital is a Trauma Centre. This means that your surgery might need to be delayed or cancelled because of an emergency. Your surgeon will reschedule you as soon as possible.

Washing

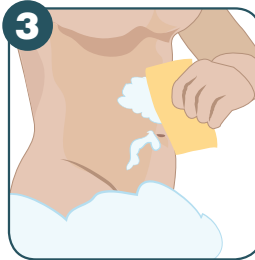
The night before your surgery:



Use regular soap and shampoo for your face and hair.



Take a shower with 1 of the sponges.



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

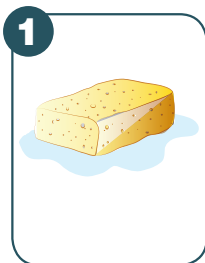


Do not shave the area where the surgery will be done.



Wear clean clothes to bed.

The morning of your surgery:



Take a shower with the 2nd sponge.



Do not put on lotion, perfume, makeup, nail polish. **Do not** wear jewelry or piercings.



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



If you wear contact lenses, wear your glasses instead.



Put on clean and comfortable clothes.

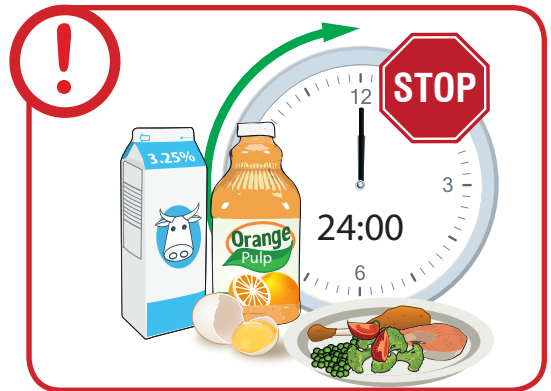
Diet

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like marathon runners, patients going for surgery should also prepare and feed their bodies. The Pre-op Clinic nurse will explain what to eat and drink before your 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.

Drink clear fluids up to 2 hours before your surgery.



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.

Diet

The morning of surgery:

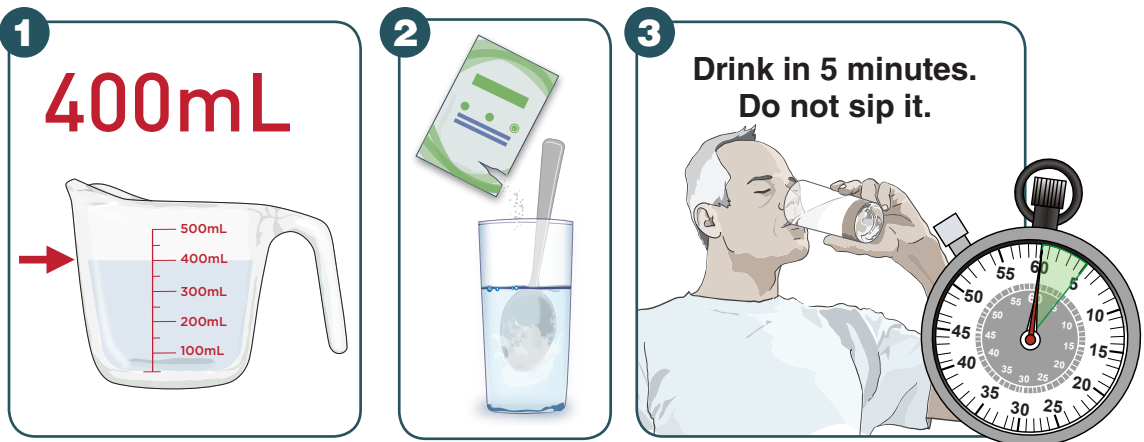
Drink 1 PREcovery® beverage. This drink has special sugars and salts that will give you energy.

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

What to bring to the hospital

- ☐ This booklet
- ☐ Medicare and hospital cards
- ☐ The list of all the medication you take. Ask your pharmacist to give you a list.
- ☐ Private insurance information (if you have any) for private and semi-private rooms
- ☐ Bathrobe, non-slip slippers or shoes, loose comfortable clothing for your return home
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues, and perhaps earplugs



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.



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.

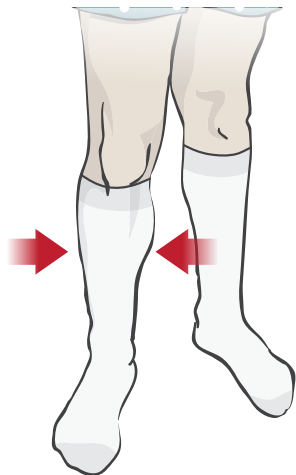
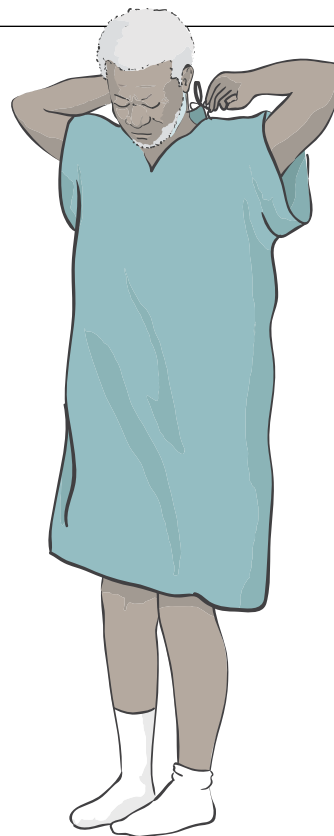
At the hospital

Admitting area

Go to the Surgical Admission **D10.124**
(**D wing, 10th 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 Acetaminophen (Tylenol®) and an anti-inflammatory pill before you leave for your surgery.



You might have to wear tight elastic stockings. This will help your blood flow and prevent blood clots. Wear them until the nurse says you can take them off.

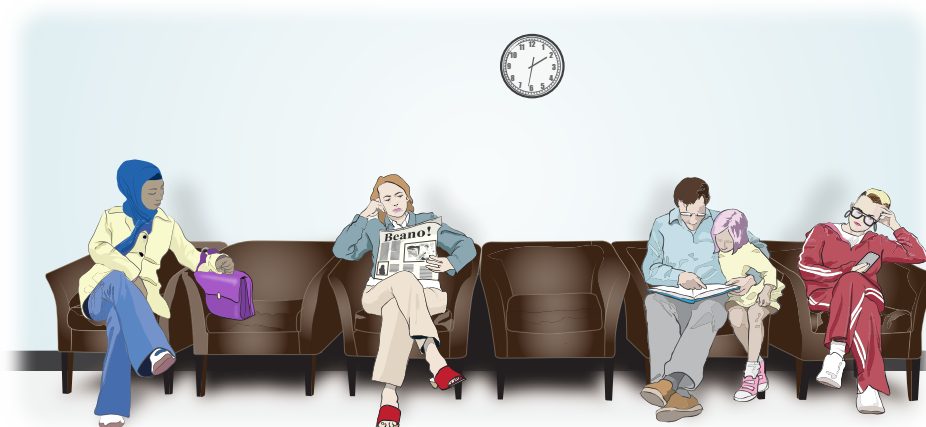
In the Operating Room

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.

At the hospital

Waiting room

Family or friends can wait for you in the waiting room located in **D10-117 (D wing, 10th 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

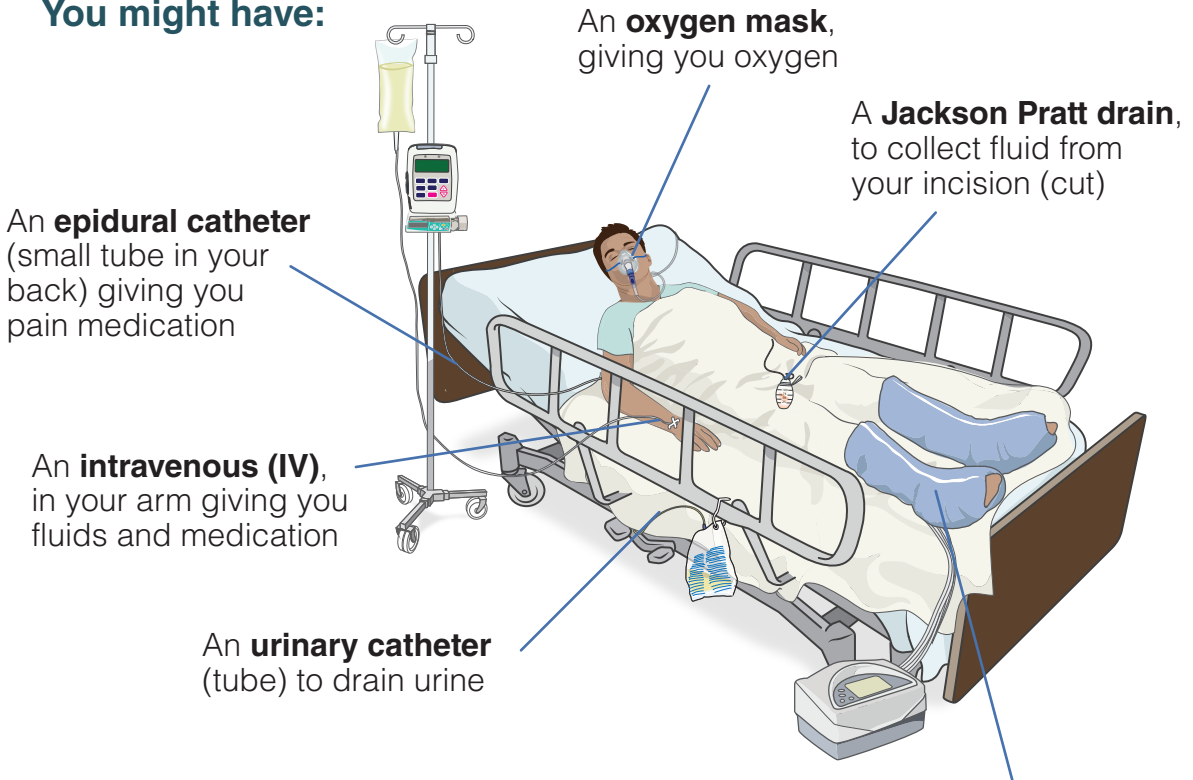
- **Coffee shops** - 1st floor Pine Ave. entrance and the 6th floor near the main entrance on Cedar Ave.
- **Cafeteria** - 4th floor - D wing
- **Small restaurant called “The Hospitality Corner”** – D6-125, D wing, 6th floor, room 125
- **Bank machines** – 1st floor Pine Ave. entrance and the 6th floor near the main entrance on Cedar Ave
- **Gift shop** on the 6th floor near the main entrance D6-145, D wing, 6th 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**. You will stay here for a few hours before going home. **There are no visitors allowed in the PACU.**

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

You might have:



The nurse will:

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

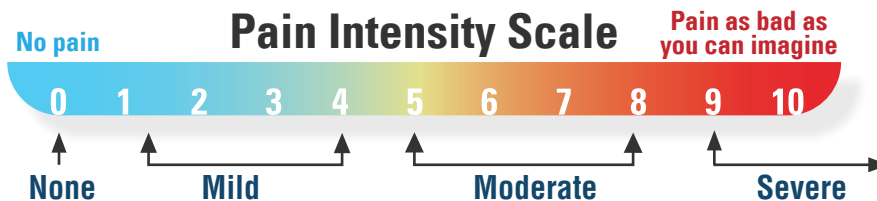
Pain control

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

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

Pain intensity scale

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 best manage your pain.



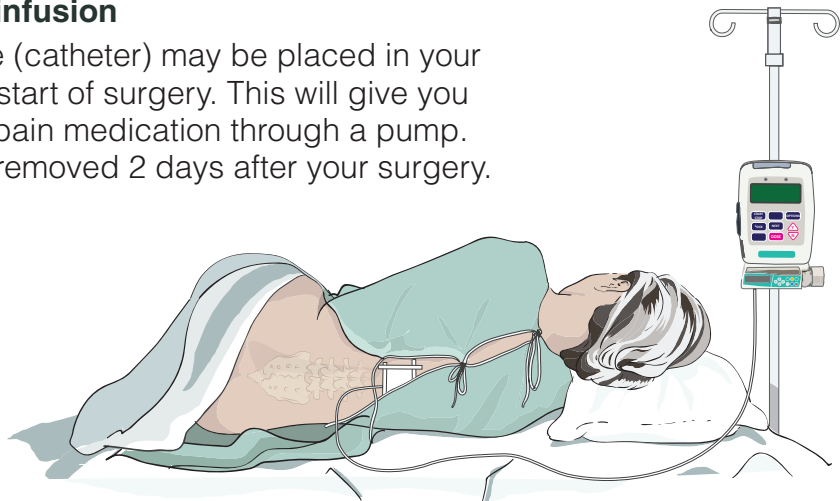
Do not wait to let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.

The different ways to control your pain

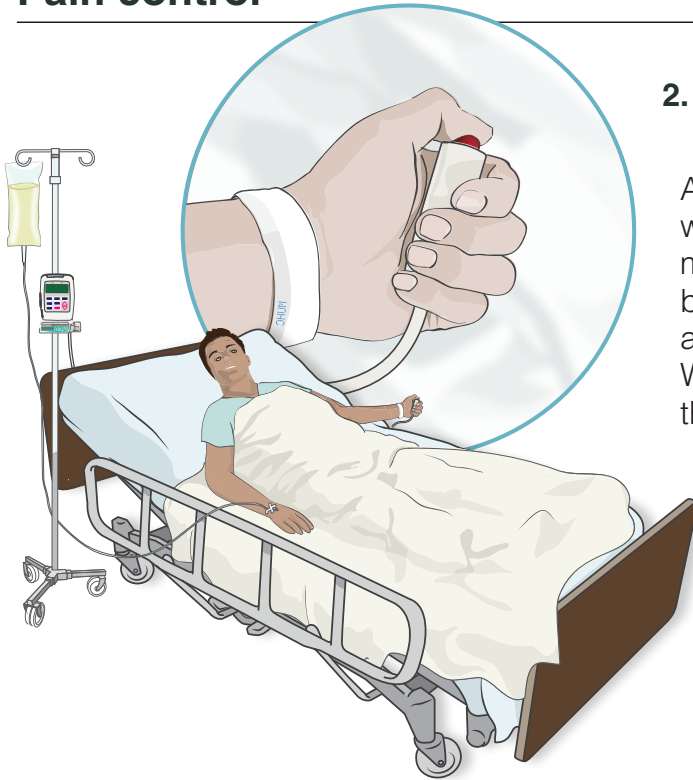
Your anesthesiologist will talk to you about the best ways to control your pain.

1. Epidural infusion

A small tube (catheter) may be placed in your back at the start of surgery. This will give you continuous pain medication through a pump. It is usually removed 2 days after your surgery.



Pain control



2. Patient-Controlled Analgesia (PCA)

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 (IV) in your vein. We will teach you how to use this pump to control your pain.

3. Pills

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

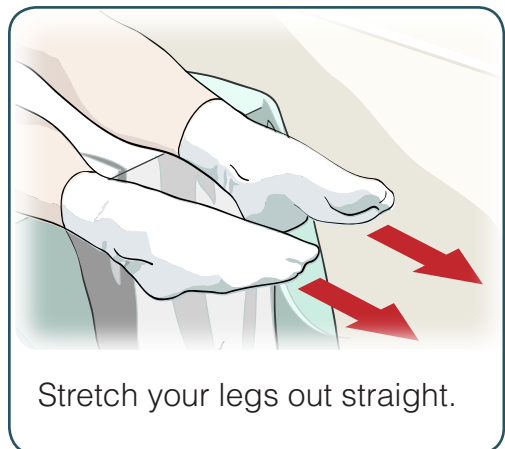
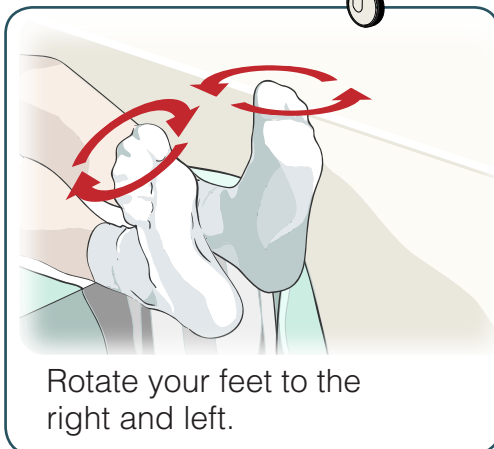
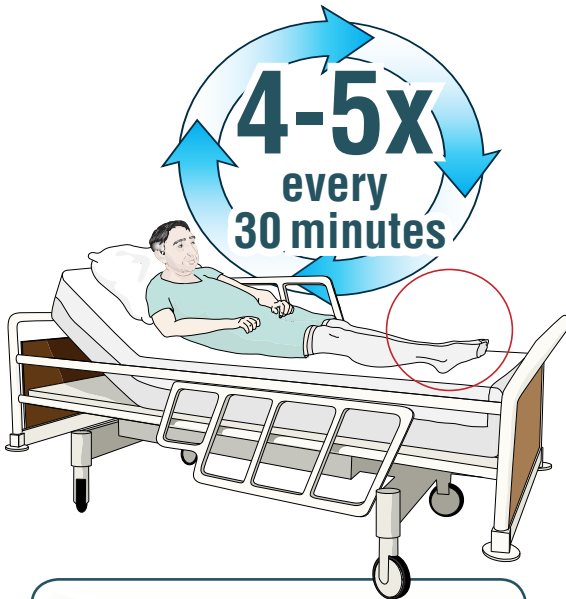


Exercises

You must move around after surgery. This will help prevent blood clots, muscle weakness and lung problems like pneumonia. Start these exercises when you wake up. Continue them while you are in the hospital.

Leg exercises

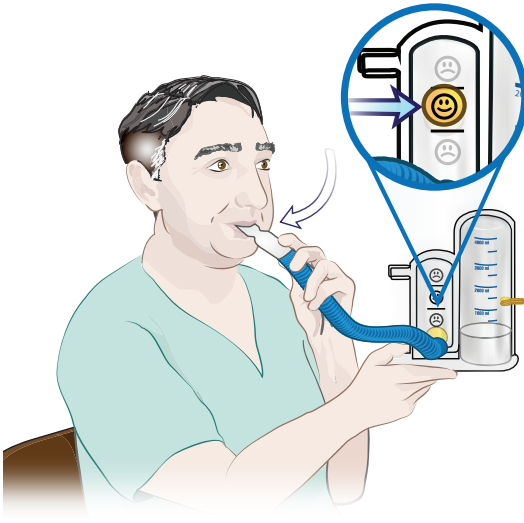
These exercises help your blood flow in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Exercises

Deep breathing and coughing exercises

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



To use your inspiriometer:

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



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

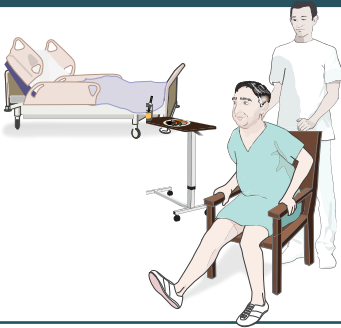
Take a deep breath and cough. If you have some secretions, cough them up.



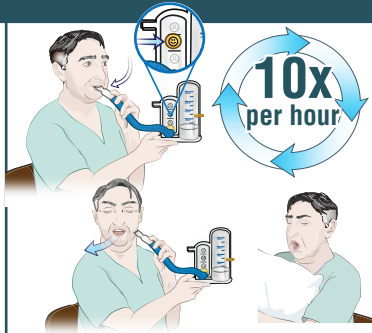
Repeat this exercise 10 times every hour while you are awake.

Goals for Day 0: Day of surgery

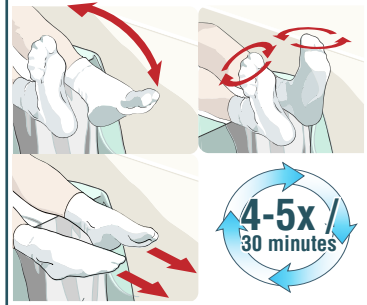
Activities



- **Get out of bed. Sit in a chair or go for a walk with your nurse's help (in the evening).**
You can walk as often as you like.



- **Do your breathing exercises (see page 27).**



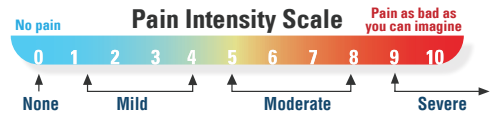
- **Do your leg exercises (see page 26).**

Diet



- **Eat regular foods / Drink liquids (unless your doctor tells you not to) and include your protein drink with your meal.**
- You should always have your meals while sitting in a chair.

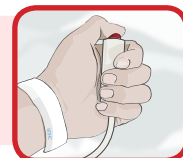
Pain control



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



Always keep your call bell beside you when in bed or sitting in your chair

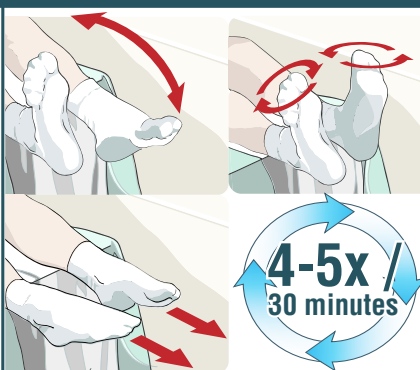


Goals for Day 1

Activities



- Continue your breathing exercises (see page 27).

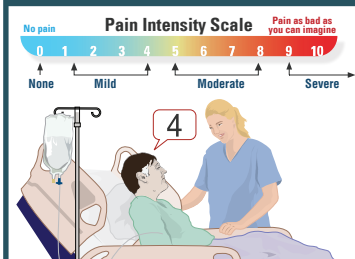


- When in bed, do your leg exercises (see page 26).



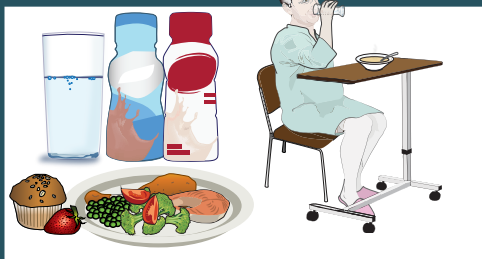
- Walk in the hallway at least 3 times a day. Try to stay out of bed as much as possible.

Pain control



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

Diet



- When you start eating regular food, include foods with fiber (fruits, vegetables, whole grains).
- Continue to drink liquids, including your protein drinks.
- Always have your meals outside of bed while sitting in a chair.

Tubes



- Your urinary catheter will be removed.
- Your Jackson Pratt drain will be emptied.



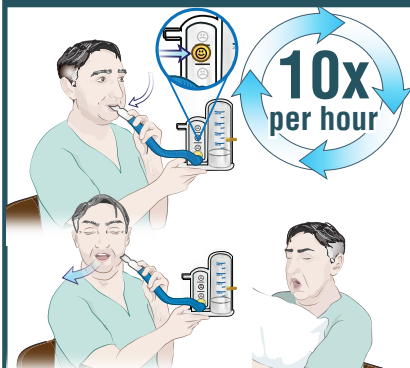
Always keep your call bell beside you when in bed or sitting in your chair



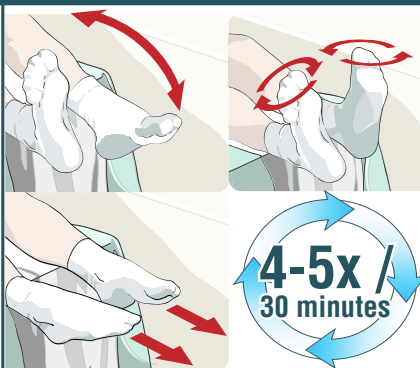
Goals for Day 2

After your surgery

Activities



- Continue your breathing exercises (see page 27).

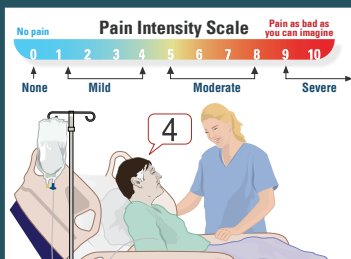


- When in bed, do your leg exercises (see page 26).



- Walk in the hallway and try to stay out of bed as much as possible.

Pain control



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

Diet



- Eat and drink whatever you want. Include foods, with fiber (fruits, vegetables, whole grains).
- Continue to drink liquids including your protein drinks.
- Always have your meals outside of bed while sitting in a chair.

Tubes



- If you have an epidural: you will have a “stop test” today to see if your pain can be controlled only with pills.
- If you have Jackson Pratt drains, they may be removed today.



You might go home from the hospital on Day 3 after your surgery. **Remember to arrange your ride.** Tell your nurse if you are concerned about going home.

Goals for Day 3: Going home

You might go home from the hospital on Day 3 after your surgery. If you do, plan to go home before 11 a.m.



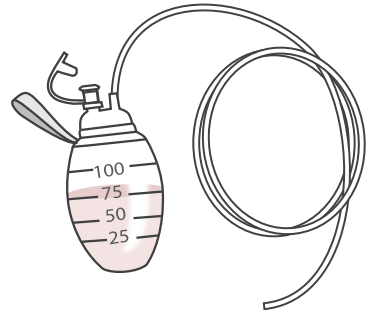
You must arrange to have a ride home since you cannot drive.



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.

Many people need to go home with **Jackson Pratt drains**. If you do, the nurses will teach you how to take care of them. The surgeon will see you every week to decide when they can be removed. We will also ask you to keep track of how much fluid is draining out every day. We will give you a diary to help you keep track. (See **page 37**).



Some people will have a bandage called a **vacuum dressing**. This will stay in place for 5-7 days. You might leave hospital with this bandage. If you do, we will explain how to look after it. We will also give you a follow-up appointment.



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

Pain control

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 Acetaminophen (Tylenol®) and anti-inflammatory medications 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.

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:

www.ismp-canada.org/medrec/5questions.htm



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 more liquids.



Eat more whole grains, fruits and vegetables.



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

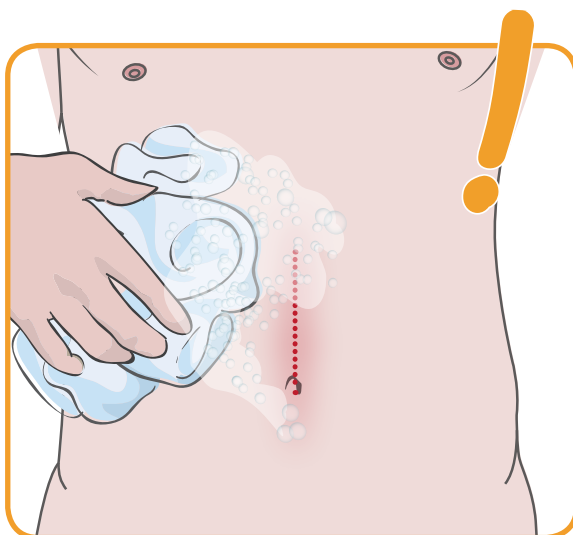


Take stool softeners if your doctor prescribed you one.

Incisions

Your scars will heal in about 4-6 weeks and continue to get softer and fade over the next year.

You may take a shower 2 days after surgery, unless you are told not to.



- Let the water run over your incision(s)
- Wash around the incision but do not scrub.
- To dry your incision, pat it gently with a towel. Do not rub it.

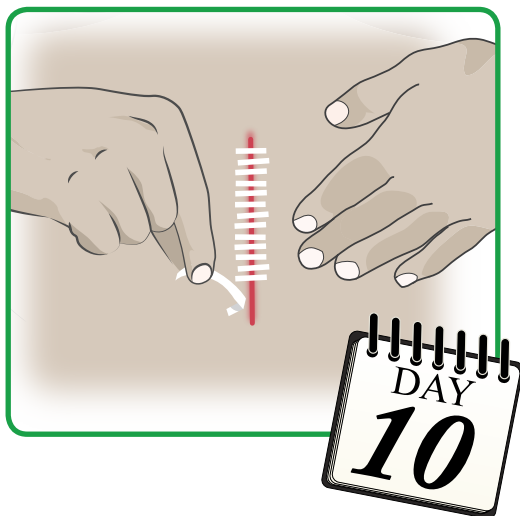


Do not soak in a tub or go swimming for at least 1 week.

Incisions

Some patients might have **melting stitches** and **Steristrips** (narrow sticky pieces of tape) stuck to the skin instead of stitches. Steristrips usually fall off by themselves. If they are still there after 10 days, you can peel them off yourself.

Your nurse will ask the CLSC to remove your stitches about 7-10 days after your surgery. The CLSC will call you at home.

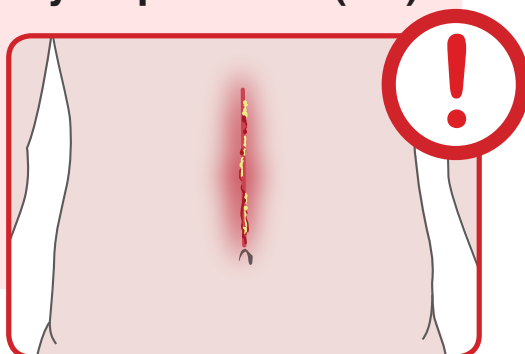


Some stitches will melt away by themselves. If you have this type of stitches, they don't need to be removed.



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, or more painful.
- You see pus or drainage coming from it.
- You have a fever higher than 38 °C/100.4 °F.

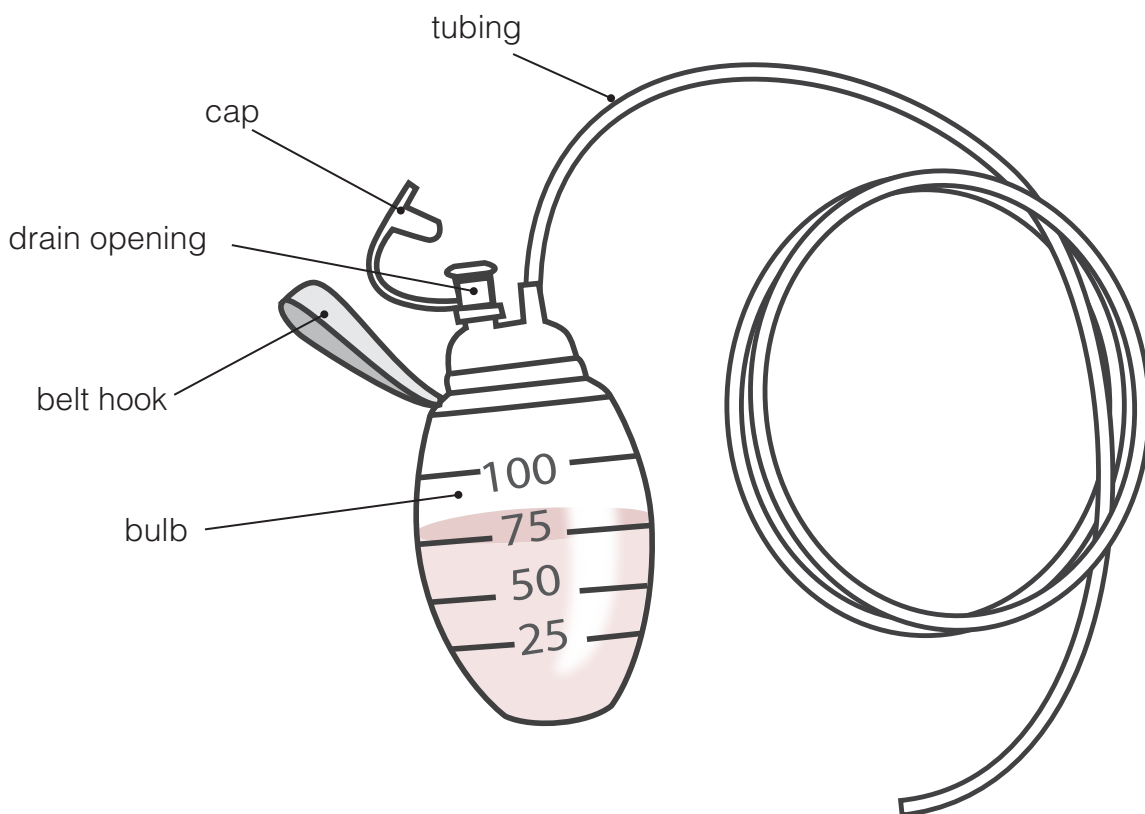


Your Jackson Pratt drain

If you go home with a Jackson Pratt drain follow these steps to empty the liquid and record the amount of liquid on **page 37**.

The tube connects to a bulb-shaped container that collects fluid. This helps healing.

A Jackson-Pratt has:



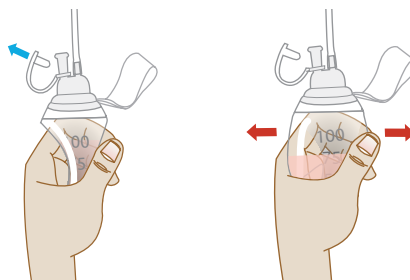
At first, the fluid draining might be blood-tinged. After a few days, there will be less fluid and it will become clear yellow.

How to empty your Jackson-Pratt tube

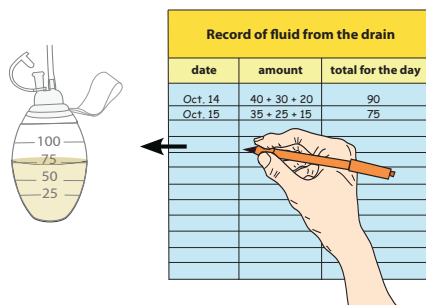
1. Wash your hands, before handling the Jackson-Pratt.



2. Open the cap. As soon as you open the cap, the bulb will take back its shape. The Jackson-Pratt bulb is like a measuring cup.



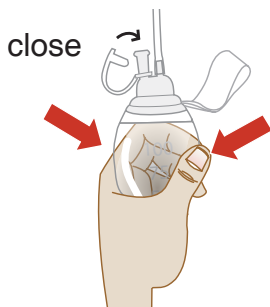
- 3.** Write the amount found in the bulb in the fluid diary (page 37).



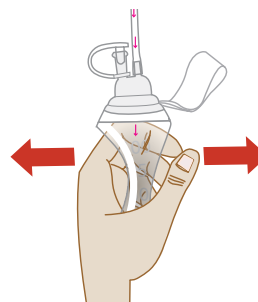
- 4.** Empty the fluid in the toilet by squeezing the bulb until it is empty.



5. Once empty, squeeze the bulb and hold the squeeze while you close the cap.



- 6.** Let go of the bulb. It should stay collapsed and slowly fill with fluid during the day.



[illegible]

Diet

Eat and drink whatever you want unless your doctor, nurse or nutritionist tells you differently.

Eat foods with fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation.

Eat foods that have protein to help your body heal. Meat, fish, chicken, legumes, nuts, tofu 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.



If you have nausea that doesn't go away and you can't keep anything down, call your surgeon's office. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).

Exercises and activities

You can slowly go back to all your usual activities when you are pain free and feel like it. 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
- Cleaning house
- Laundry



Walk every day - it is good exercise (shopping malls are good places to walk in the winter and summer).

For 6 weeks after surgery:

- **DO NOT** do intense abdominal exercise



DO NOT drive while you are taking narcotic pain medication

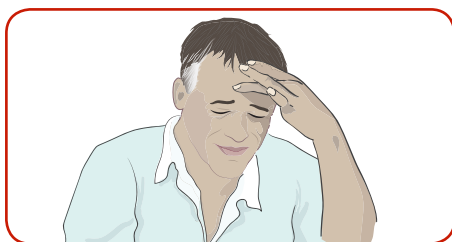


Your surgeon will suggest when you can go back to work. This will depend on your surgery, recovery and your type of work.

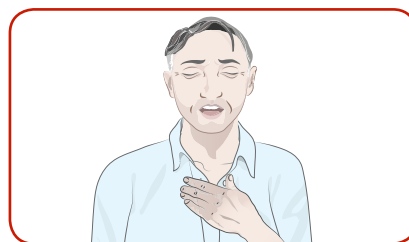
When to get help



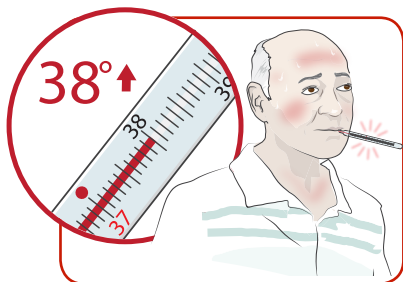
If any of these happen call your surgeon's office. If you cannot reach your surgeon go to the Emergency Department (ED).



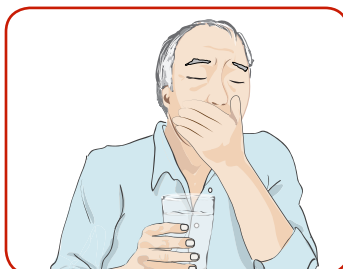
You feel extremely weak



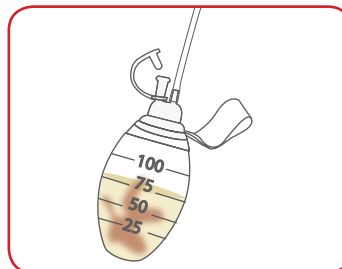
You have trouble breathing



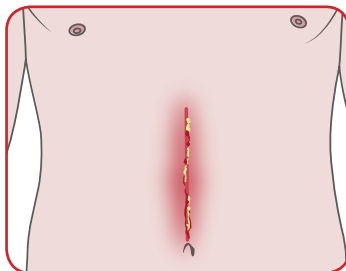
You have a fever higher than 38°C (100.4°F)



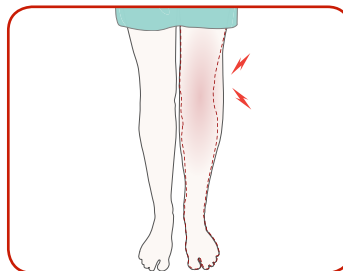
You cannot drink or keep liquids or solid foods down (nausea or vomiting)



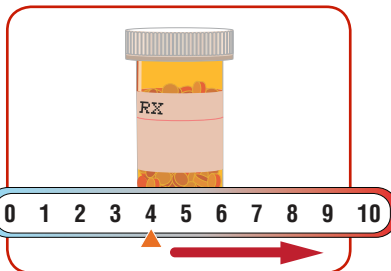
The liquid from your drain is not clear or has pus in it.



Your incisions are warm or red or you see pus coming out



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



You have more pain and your pain medication does not help

Follow-up

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

If you go home with a Jackson Pratt drain: You will get an appointment in clinic about 1 week after you leave the hospital. We will teach you how to empty your drain. We will also teach you how to keep track of the fluid that comes out of your drain.

If you go home with no Jackson Pratt drain: You will get an appointment in clinic about 4 weeks after surgery.

If you go home with a vacuum bandage, you will get an appointment with the CLSC to remove it in 5-7 days.

If you have any questions, phone us

Name of your surgeon:

Phone number of your surgeon:

Other phone numbers:

MUHC Appointment and Referral Centre:

514-934-8488

(Monday to Friday from 8 a.m. to 5 p.m.)

Info-Santé: 811

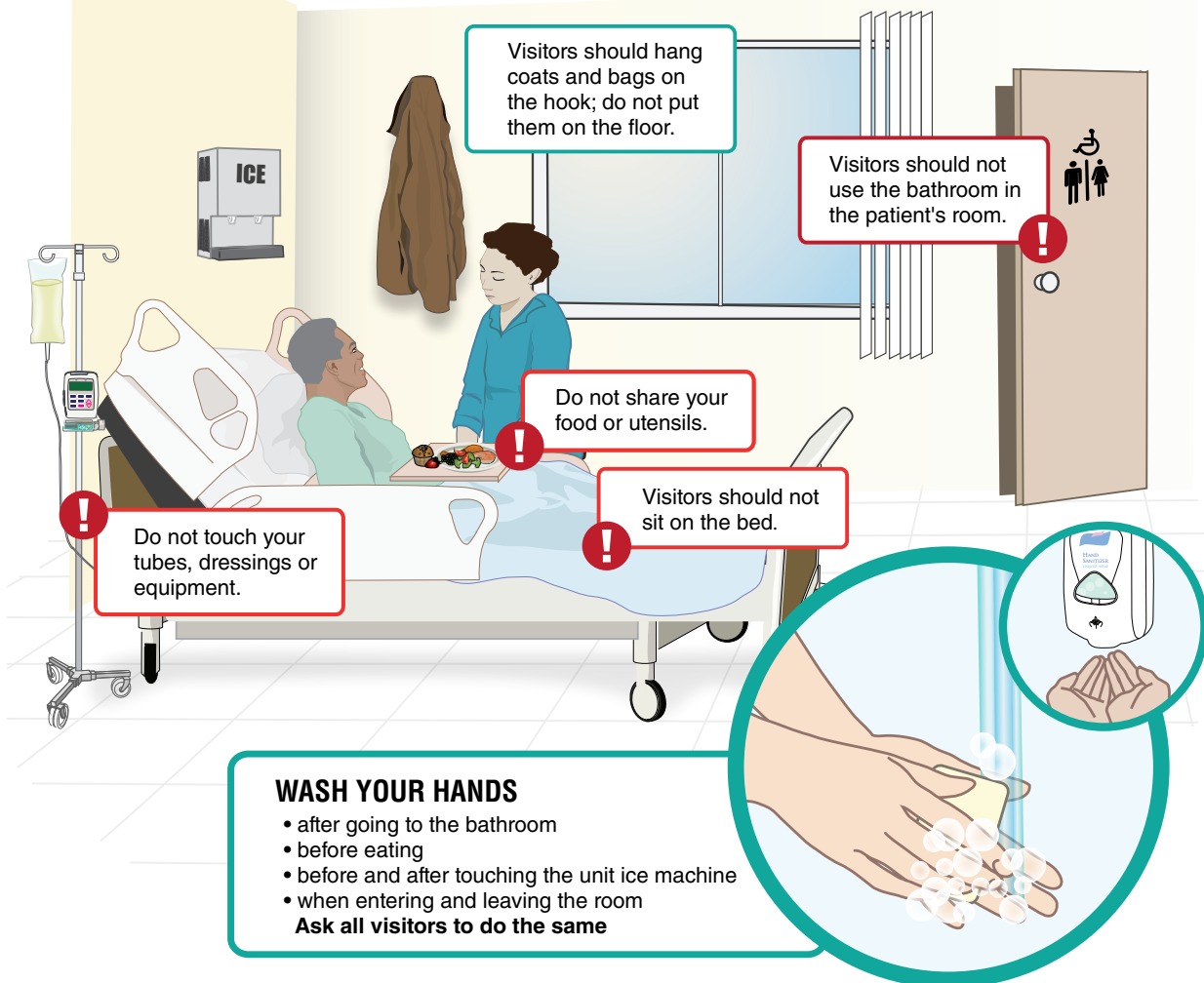
(Contact a nurse for non-urgent health issue.
24 hours a day, and 365 days a year.)



Tips for



PREVENTING INFECTIONS IN YOUR HOSPITAL ROOM



Websites of interest

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.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

MUHC Libraries-Patient portal

Health information for patients and their care givers

<https://www.muclibraries.ca/patients/health-topics/hernia/>

For more information about anesthesia:

www.cas.ca/en/about-cas/advocacy/anesthesia-faq

MUHC parking information:

www.muhc.ca/mgh/handbook/parking-hospital-0



Parking Information

Note that these rates were in effect in May 2019 and could have changed since the printing of this booklet. Please visit this link for any updated information:

www.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
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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



Montreal General Hospital
Lachine Hospital
Royal Victoria Hospital
Montreal Chest Institute
Montreal Children's Hospital
Montreal Neurological Hospital

Location	Extension
L6 – 129	43626
OJ4	77001
D RC.1000	32330
D RC.1000	32330
A RC.1000	23427
E3-61	34625

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Visit the Patient Education Collection

at: muhcPatientEducation.ca

Search for: Surgery Patient Guide



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Notes



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Health Centre

Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4

