

A guide to your Pancreas 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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Office d'éducation des patients
Patient Education Office

PRET SURE

Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

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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 MUHC Patient Education Office website www.muhcpatienteducation.ca

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What is a care pathway?

When you go to the hospital for your pancreas 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.

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 as you recover and 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



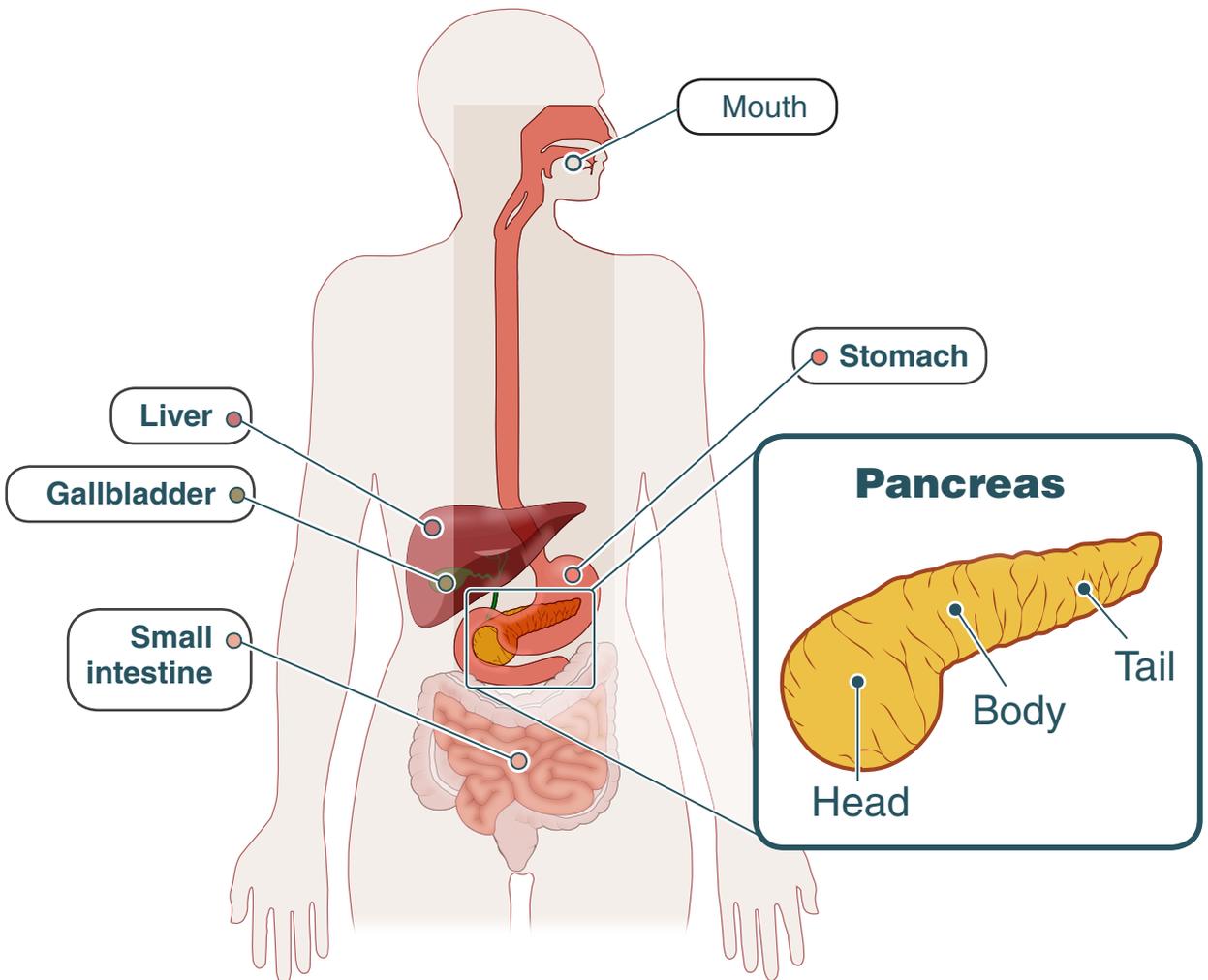
If you are not comfortable with French or English, try to have someone with you, during your clinic visits and hospital stay, in order to help you understand.

What is the pancreas?

The pancreas is an organ in your belly (abdomen) behind your stomach. It is attached to the first part of your small intestine.

The pancreas makes insulin. This controls the amount of sugar in your blood.

The pancreas also makes enzymes. These enzymes help to break down proteins, carbohydrates and fats from food so the body can absorb it.



What is a pancreas resection?

Pancreas resection is surgery that removes the unhealthy part of the pancreas. There are different types of pancreas resection surgeries. Your surgeon will tell you which is best for you.

This booklet will explain the 2 most common pancreas resections.

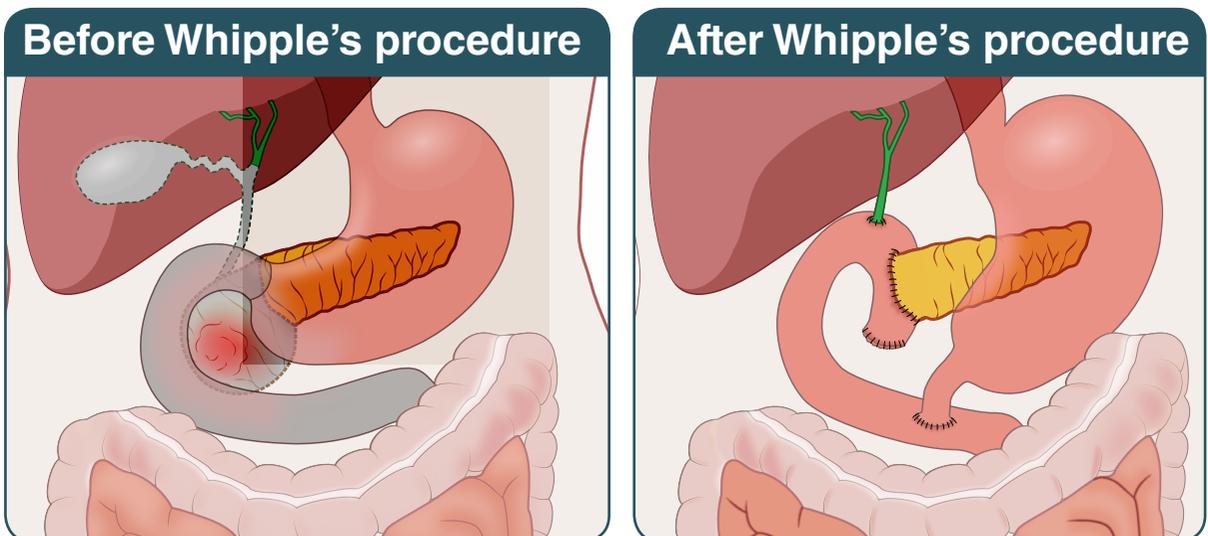
1. Whipple's procedure:

Whipple's procedure is also called pancreaticoduodenectomy.

The surgeon removes:

- A part of your pancreas. This is called the head of the pancreas.
- Your duodenum (first part of your small intestine).
- Your gallbladder (a small organ that stores bile fluid).
- A small piece of the common bile duct.
- A small part of the stomach.

Your surgeon will reattach your stomach, pancreas and common bile duct to your small intestine.

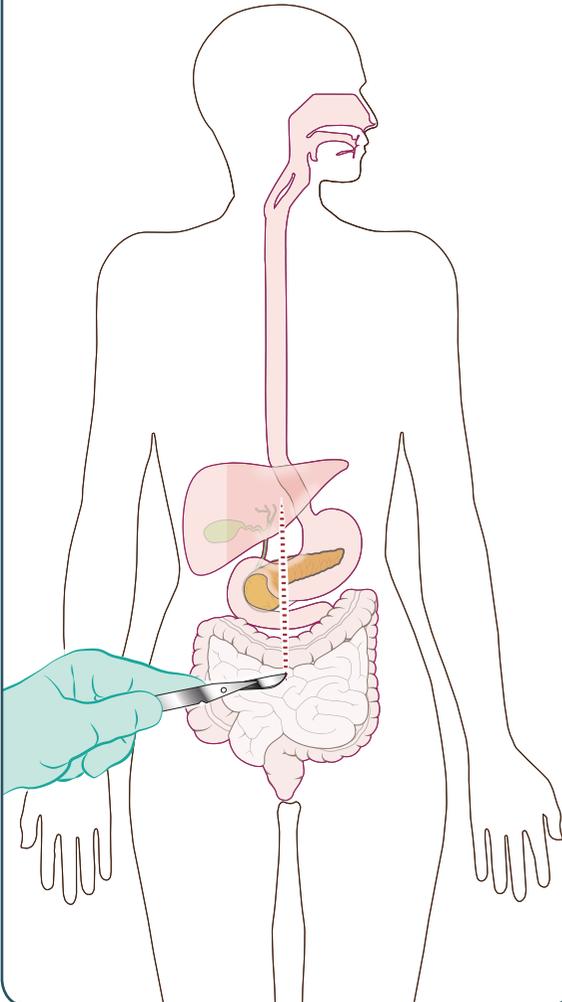


What is a pancreas resection?

Whipple's procedure is usually an open surgery. This means that your surgeon will make one long cut in your belly.

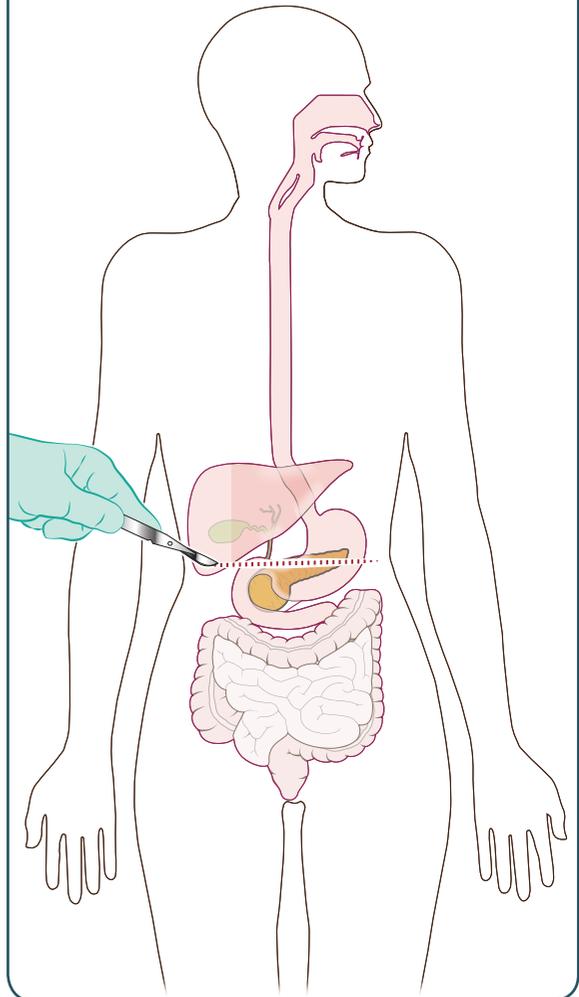
A) Vertical cut

Vertical cut on your upper belly.



B) Horizontal cut

Horizontal cut below your ribs.



What is a pancreas resection?

2. Distal pancreatectomy:

This surgery removes a part of your pancreas.

This could be:

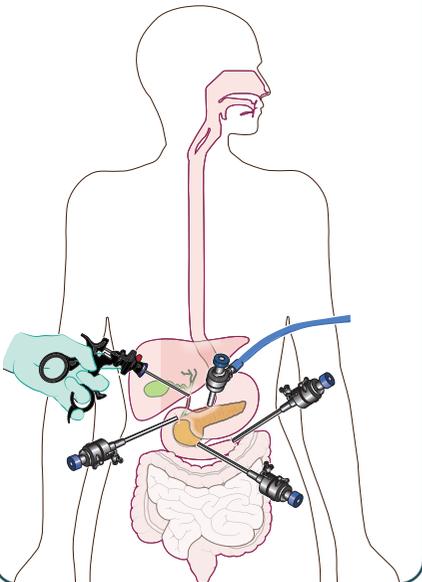
- The tail part of your pancreas;
- **Or** the body of the pancreas;
- **Or** both the tail and the body of the pancreas.

The spleen is also often removed. The spleen is an organ that filters blood and helps the immune system.

This type of surgery can be done 2 ways:

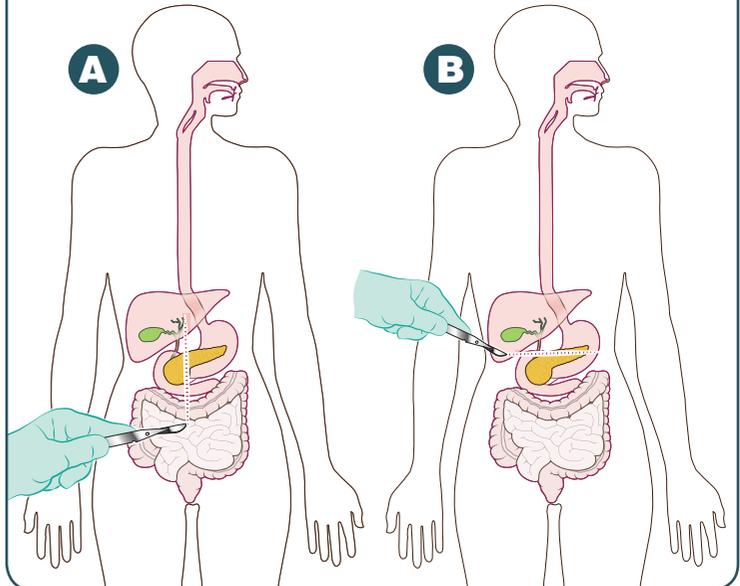
Laparoscopic

The surgeon will make several small cuts (incisions) in your belly with the help of a small camera to see inside the belly.



Open surgery

The surgeon will make one long cut in your belly. It can be (A) vertical cut on your upper belly or (B) a horizontal cut below your ribs.



Preparing for your surgery

Be active:

Exercise helps your body to be as fit as possible and 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. A 30-minute walk every day is better than not exercising at all.



Stop smoking:

You should quit smoking 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 in the past.

Your doctor can help. Speak to your doctor about how you can stop smoking. See page 39 to learn more.



Stop drinking alcohol:

Do not drink alcohol for 24 hours before surgery. Alcohol can change the way some medication works. This could affect how you recover. Tell us if you need help cutting down on your alcohol use.



Preparing for your surgery

Plan ahead:

You may 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 local CLSC. They might offer services such as housekeeping or meals on wheels.



Arrange transportation:

For distal pancreatectomy patients:

The day of surgery is called Day 0. You should be able to go home from the hospital on **Day 4**.



For Whipple's procedure patients:

The day of surgery is called Day 0. You should be able to go home from the hospital on **Day 7**. Your surgeon will let you know when to expect to go home. Tell your nurse if you are worried about going home. Remember to plan a ride back home.

See page 41 for information on MUHC parking rates.

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 doctor will tell you which medications you should stop and which ones you should keep taking.



For any questions phone the Pre-op Clinic nurses :

Phone: 514-934-1934, ext. 34916

Days: Monday to Friday

Hours: from 7 a.m. to 3 p.m.

Preoperative Clinic: This clinic is located near the cafeteria on DS1.2428 (Block D, level S1).

Phone call from Admitting

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

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

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



Date of surgery: _____

Time of arrival at the hospital: _____

Room: Surgery Registration, Block C, level 3 (C03.7055).

Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North), these are the elevators you will see, and go to the 3rd floor.



If you do not receive a call by 2 p.m. the day before your surgery, contact the Admitting Department at 514-934-1934 ext. 31557.

labelling your surgery

If you are sick, pregnant, or for any reason cannot come to the hospital for your surgery, call as soon as possible to tell us:

You should call both your surgeon's office **and** the Central Operating Room Booking (CORB) 514-934-4488 (between 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine stating:

- Your full name
- The date of your surgery
- Your telephone number
- Your hospital card number
- The surgeon's name
- Tell us why you are cancelling your surgery
- Let us know for how long you will not be able to have the surgery

If you need to cancel your surgery the day before, and it is after 3 p.m.:

- Call the Admitting Department at 514-934-1934 ext. 31557.



The Royal Victoria Hospital is a Transplant and Cardiac Centre.

This means that your surgery may need to be delayed or cancelled because of an emergency.

Your surgeon will reschedule you as soon as possible.

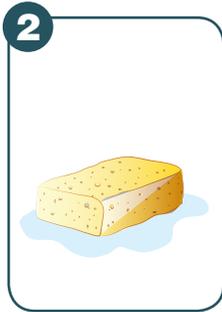


Washing

The night before 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, including your belly button and your genital area

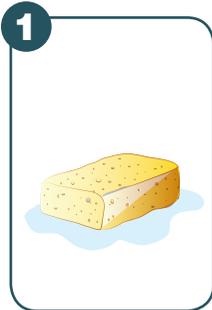


Do not shave the area where the surgery will be done



Wear clean clothes to bed

The morning of surgery:



Take a shower with the 2nd sponge



Do not apply lotion, perfume, makeup, nail polish and 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

The Pre-op Clinic nurse will explain what to eat and drink before your surgery.

Remember: Some 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
- Drink 1 carbohydrate drink (clear juice) in the evening (see list on the right)
- Drink it within 10 minutes
- **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 on the right)
- 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.



<input type="checkbox"/>		Commercial iced tea 1100 mL 
<input type="checkbox"/>		Lemonade without pulp 1000 mL 
<input type="checkbox"/>		Orange juice without pulp 1000 mL 
<input type="checkbox"/>		Apple juice 850 mL 
<input type="checkbox"/>		Cranberry cocktail 650 mL 



No sugar-free drinks.



<input type="checkbox"/>		Commercial iced tea 550 mL 
<input type="checkbox"/>		Lemonade without pulp 500 mL 
<input type="checkbox"/>		Orange juice without pulp 500 mL 
<input type="checkbox"/>		Apple juice 450 mL 
<input type="checkbox"/>		Cranberry cocktail 325 mL 

What to bring to the hospital

- This booklet
- Medicare card and hospital card
- List of medications that you take at home (ask your pharmacist to give you one)
- 2 packages of gum
- Non-slip slippers or shoes, loose comfortable clothing
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, and tissues



If needed:

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

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



Do not bring anything of value, including credit cards and 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 credit card or cash. Ask someone to take the credit card home after paying or have them arrange the payment for you.

At the hospital

Admitting area:

Go to the **Surgery Registration**, 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.

In the Preoperative admitting area, your nurse will:

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



In the operating room:

A patient attendant (orderly) will bring you to the Operating Room. In the Operating Room you will meet your surgical team and the anesthesiologist. The anesthesiologist is the doctor who will give you medication so you will be asleep and pain-free during your surgery.

At the hospital



Waiting room:

- Family and friends can wait for you in the **waiting room** located in **C03.7158** (Block C, level 3). The space is small, so 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:

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

Recovery Room

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

You will stay here for several hours or overnight before being moved to your hospital room.

There are no visitors allowed in the recovery room. After your surgery, a nurse will call the family member or friend you have chosen to tell them how you are doing.

Your family and friends can visit you when you are in your room on the surgical floor.

You might have:

- An intravenous (IV), giving you fluids and medication
- An oxygen mask, giving you oxygen
- A central intravenous line in your neck, to give you fluids and medication
- A urinary catheter (tube), draining urine out of your bladder
- An epidural catheter (small tube in your back) giving you pain medication
- 1 or 2 Jackson Pratt drain(s) (if needed)
- A nasogastric tube (if needed)

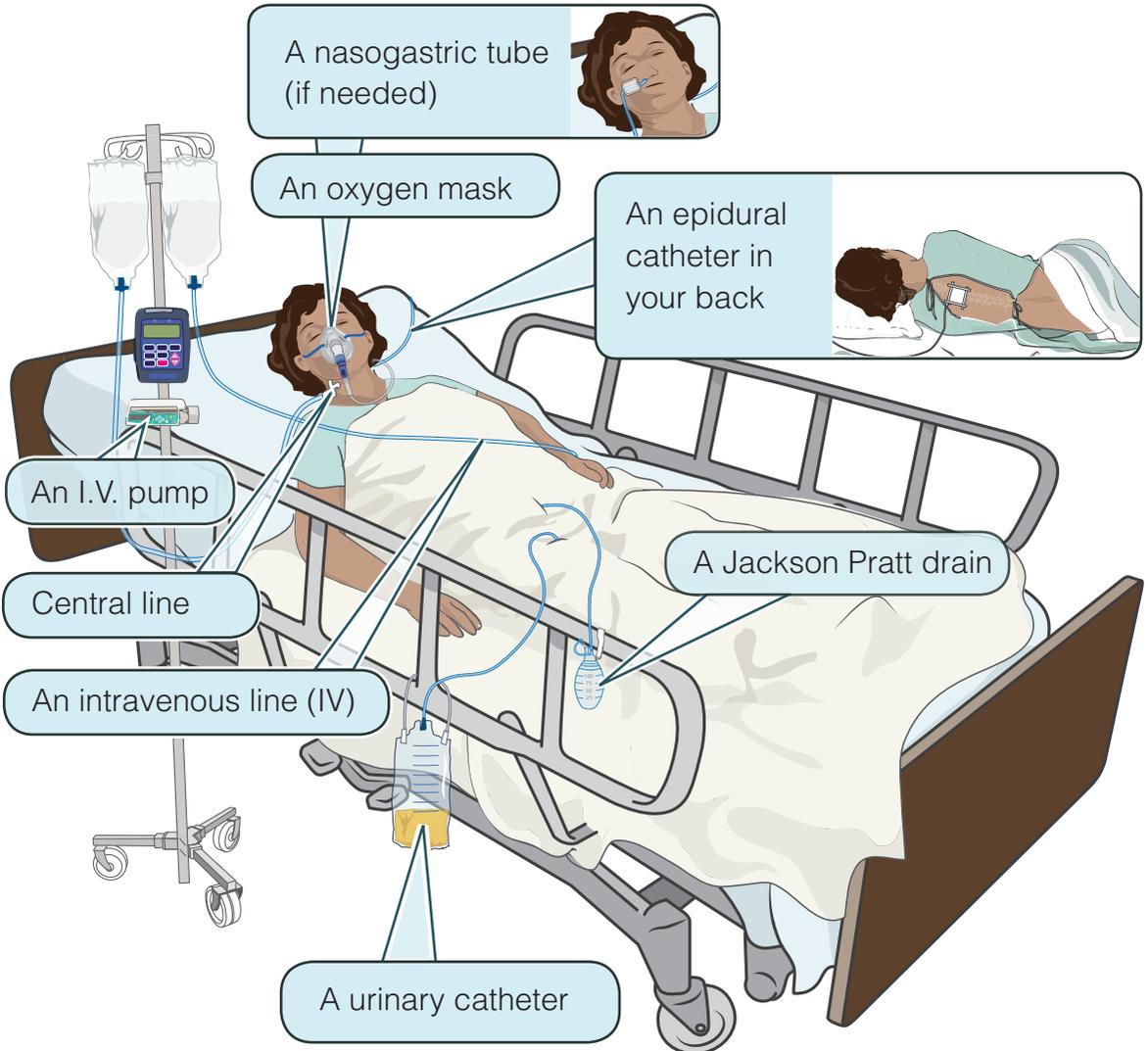
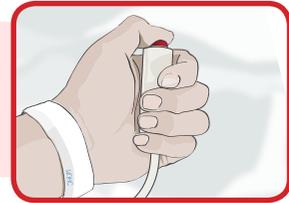
Your nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Check if your pain is under control
- Make sure you are comfortable

Recovery Room



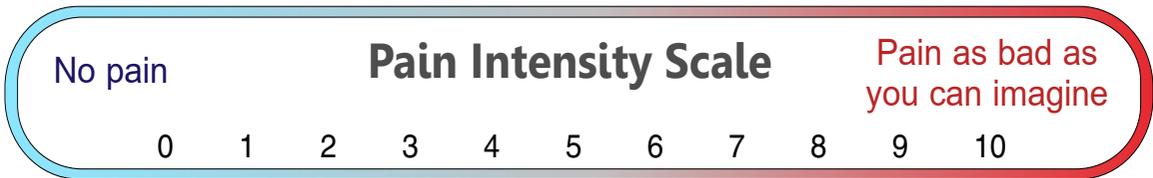
Always have your call bell at your side when in bed or sitting in a chair.



Pain control

Pain relief is important because it helps you:

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



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

Pain intensity scale:

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

Our goal is to keep your pain score below 4. Your nurse will give you medication if you have pain above a 4.

Epidural infusion:

Your anesthesiologist will place a small tube (catheter) in your back at the start of your surgery. This is to give you a steady stream of pain medication through a pump. This is called an epidural infusion. It is removed a few days after your surgery.



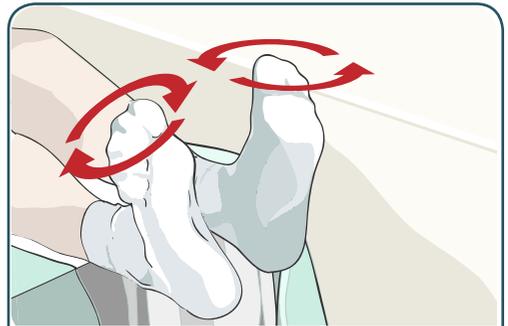
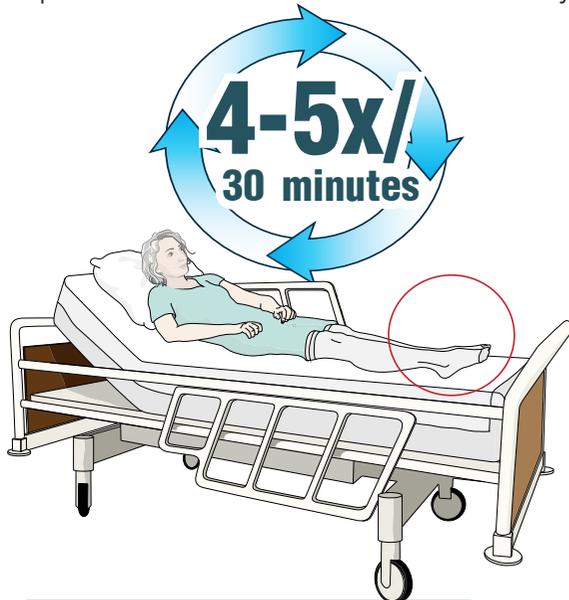
Exercises

You must move around after the surgery. This will help 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 to the left.



Wiggle your toes and bend your feet up and down.

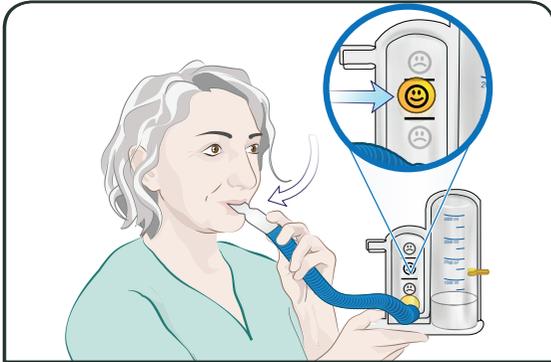


Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises:

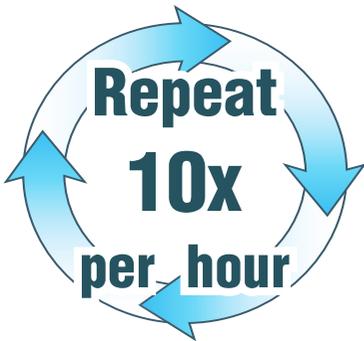
An inspiriometer is a machine that helps you breathe deeply. It helps prevent lung problems like pneumonia.



Put your lips around the mouthpiece, breathe in deeply, and try to hold the yellow ball where the happy face is located.



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



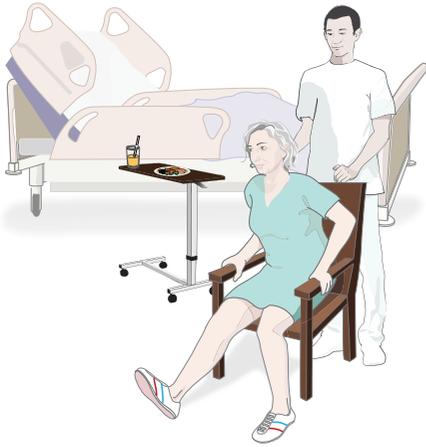
Repeat this exercise 10 times every hour while you are awake.



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

Goals for Day 0: Day of surgery

Activities



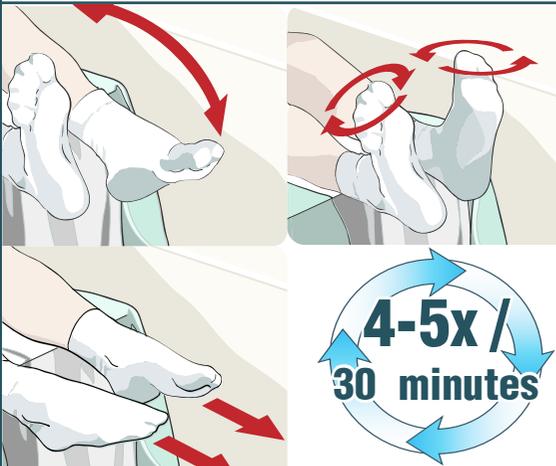
Get up and sit in a chair with your nurse's help in evening.



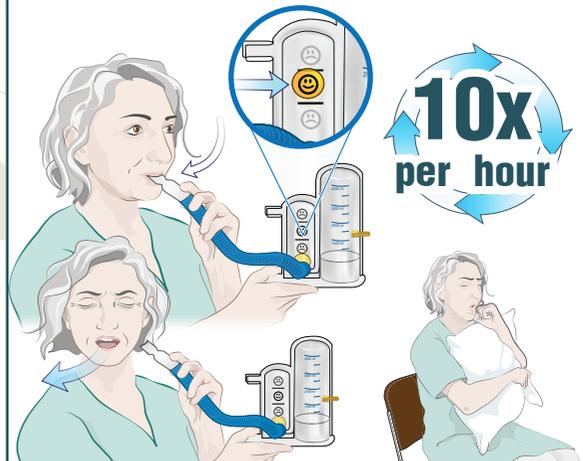
Chew gum
30
minutes



Start clear fluids (unless otherwise ordered by your doctor). Chew gum for 30 minutes to help your bowels start to work.



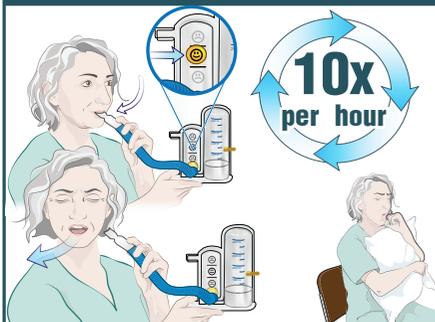
Do your leg exercises (see page 23).



Do your breathing exercises (see page 24).

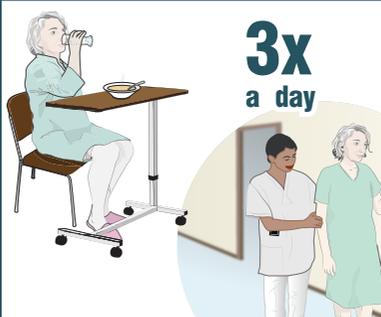
Goals for Day 1–2

Breathing



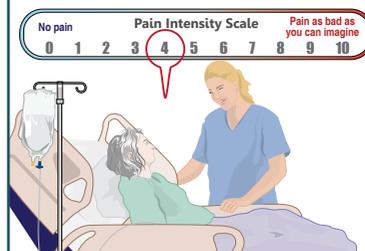
Do your breathing exercises (see page 24).

Activities



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

Pain control



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

Diet



Chew gum
3x a day
30 minutes

Drink a clear fluid diet, as tolerated (unless otherwise ordered by your doctor).

Chew gum for 30 minutes 3 times during the day.

Tubes

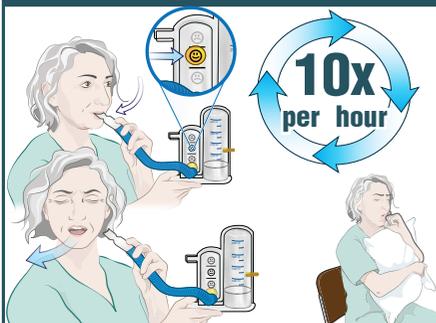


Your nasogastric tube and IV central line in your neck will be removed by your nurse or the medical team (unless otherwise ordered by your doctor).

Your urinary catheter will be removed by your nurse.

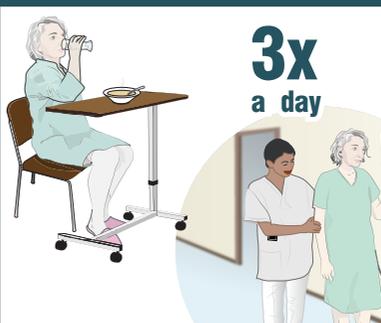
Goals for Days 3–4–5–6–7

Breathing



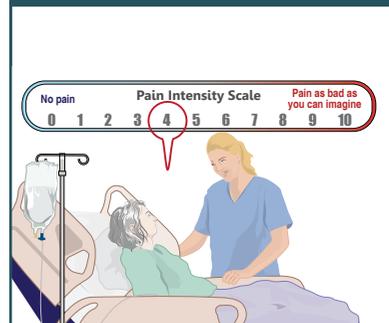
Do your breathing exercises (see page 24).

Activities



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

Pain control



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

Diet



Your diet will be changed from a full fluid diet to a regular diet based on the recommendations of your nutritionist and medical team.
Drink liquids, including supplement drinks like Ensure or Boost.
Chew gum for 30 minutes 3 times during the day.

Teaching

If you need to have injections to prevent blood clots at home, your nurse will show you how to give yourself the injection. Your nurse will review pages 29 to 37 of this booklet with you to make sure you can safely return home.

Discharge home

For distal pancreatectomy patients:

- You may go home from the hospital on **Day 4** after your surgery.

For Whipple procedure patients:

- You may go home from the hospital on **Day 7** after your surgery.

Remember to arrange your ride.

Please tell your nurse if you have any concerns about going home.



Going home

On your day of discharge, plan to leave the hospital before 11 a.m.



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

We will arrange for your clips to be removed by the CLSC nurse 10-14 days after your surgery.

Pain control

You may have some pain during the first few days following surgery.

Take acetaminophen (Tylenol) and the anti-inflammatory medication first to relieve your pain. Add the narcotic only if your pain is not relieved by acetaminophen (Tylenol) and the anti-inflammatory.

If the anti-inflammatory and pain medication (painkiller) cause burning or pain in your stomach, stop taking them right away and call your surgeon.



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



Pain medication (painkiller) 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 every day is a good start)



Take a mild laxative if your doctor prescribed one

Incisions

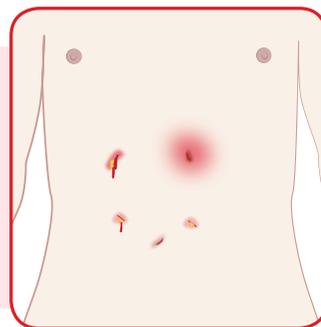
Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after your surgery.

You may take a shower. Let the water run gently over your incisions and wash the area gently. Do not rub your incisions.

Your local CLSC will contact you to arrange an appointment to remove your clips. These are usually removed 10-14 days after your surgery.



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



Medication

Medication to prevent blood clots

Some patients will get an injection every day to prevent blood clots for up to 28 days after your surgery. If that is your case, your nurse will teach you or a family member on how to give the injection.

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



Medication to reduce the amount of stomach acid

All patients should be on Pantoprazole (Pantoloc) after their surgery for the rest of their lives. This medication will be taken once a day to reduce the amount of acid the stomach produces.

Diet

Include foods that contain protein to help your body heal. Meat, fish, poultry and dairy products are good sources of protein. Add nutritious snacks between meals. Try high protein, high calorie shakes or commercial supplements like Ensure or Boost.

We recommend you:

- Choose nutritious foods
- Eat 3 small meals at regular times
- Eat 3-4 snacks or additional small meals per day
- Eat slowly and chew your food well
- Space your meals and snacks 2-3 hours apart
- Keep track of your weight
- Keep track of your bowel habits
- Drink most of your fluids in between your meals and snacks; take only a small amount of liquids at meal or snack time
- Start with low fiber foods and cooked vegetables; gradually add fiber rich foods to your diet as tolerated

We recommend you AVOID:

- Food known to cause you difficulty
- Deep fried and very fatty foods
- Alcoholic beverages



Take pancreatic enzymes if prescribed by your doctor. The amount of pancreatic enzymes will be adjusted based on how much and what you eat.



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



Activities

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Do not lift more than 5 pounds for 4-6 weeks after your surgery.
- Do not drive while you are taking painkiller medication.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- When you are pain-free, you may resume most activities, including sexual activities.

Ask your family and friends for help with:

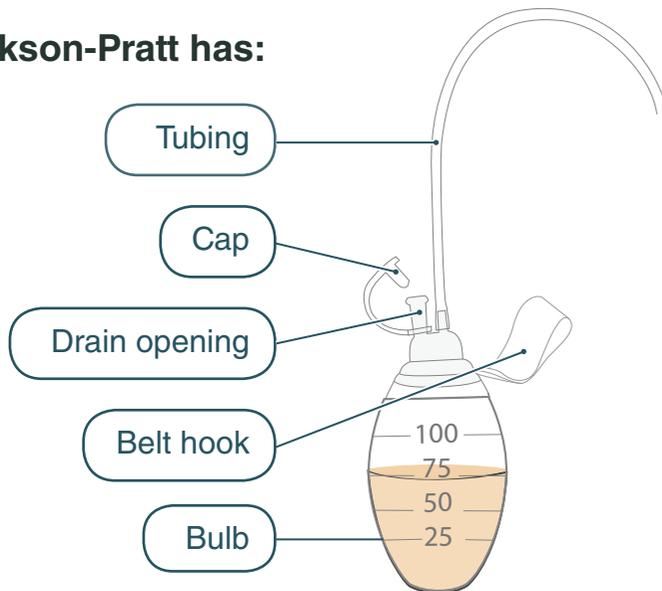
- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning



Jackson-Pratt drain

Some patients will go home with a Jackson-Pratt drain. The tube connects to a bulb-shaped container that collects fluid. This helps healing.

A Jackson-Pratt has:



How to empty your Jackson-Pratt drain?

1



Wash your hands before touching the Jackson-Pratt drain.

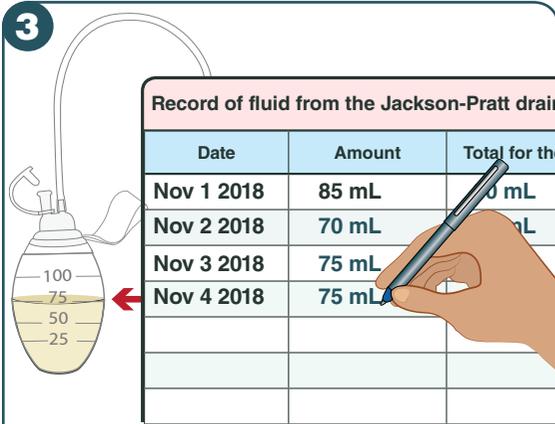
2



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.

Jackson-Pratt drain

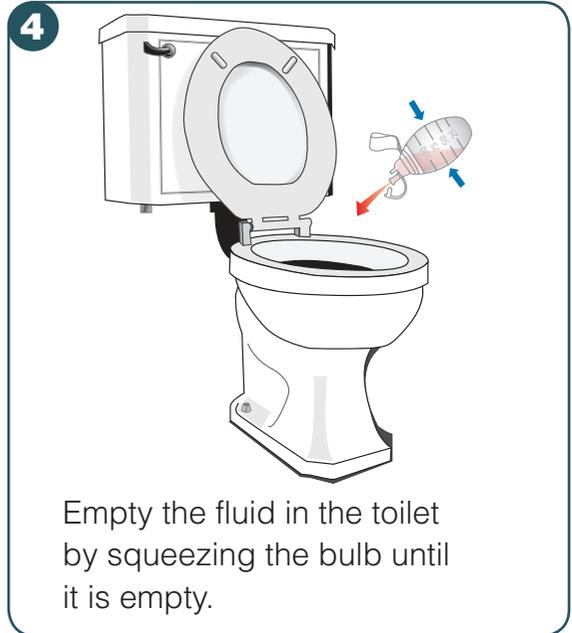
3



Record of fluid from the Jackson-Pratt drain		
Date	Amount	Total for the
Nov 1 2018	85 mL	0 mL
Nov 2 2018	70 mL	0 mL
Nov 3 2018	75 mL	
Nov 4 2018	75 mL	

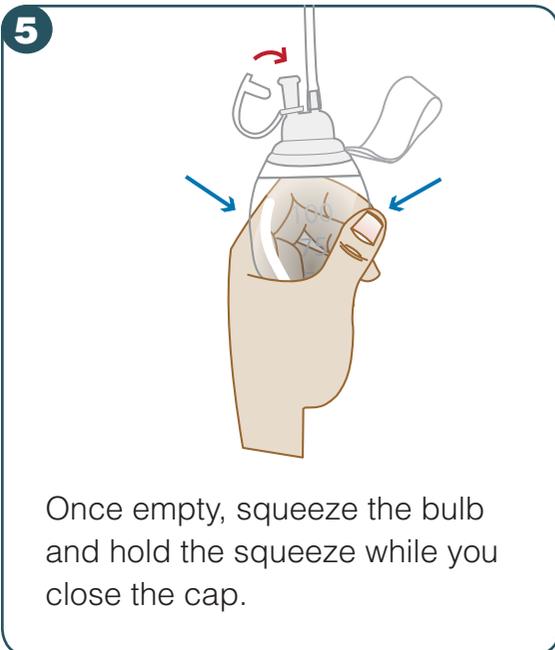
Write the amount found in the bulb in the Jackson-Pratt drain diary (page 40).

4



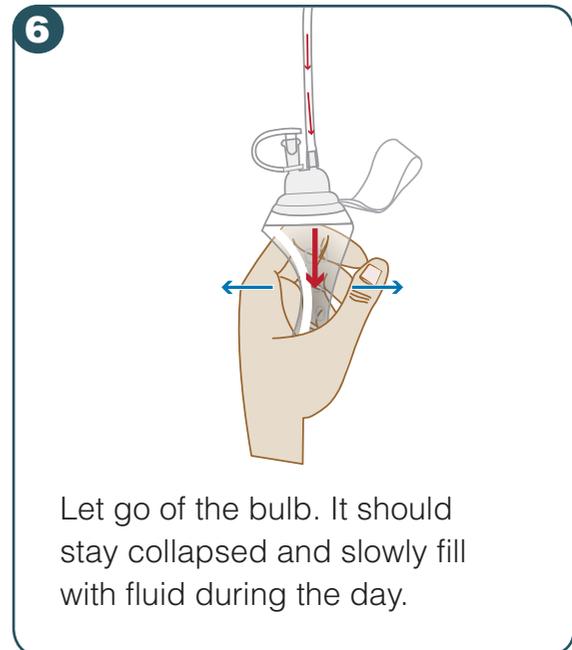
Empty the fluid in the toilet by squeezing the bulb until it is empty.

5



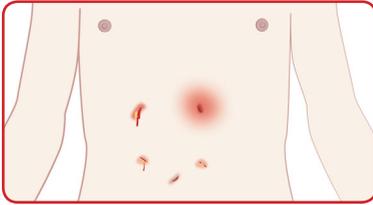
Once empty, squeeze the bulb and hold the squeeze while you close the cap.

6



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

When to call the surgeon



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



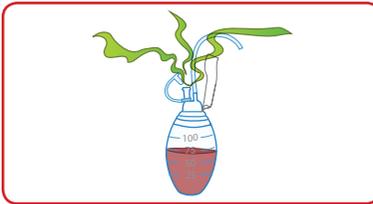
You have redness, swelling, warmth or pain anywhere in either leg.



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



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



Your fluid from the Jackson-Pratt drain becomes bright red blood, foul-smelling, or the amount of fluid increases instead of decreasing.



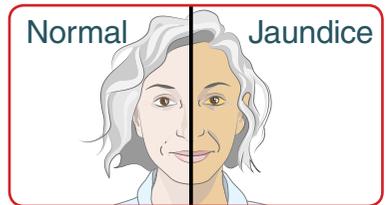
You have persistent loose stools/diarrhea, color change in your stools, or abdominal cramps.



You are losing too much weight.



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



You have signs of jaundice (yellow eyes, dark urine).



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

When to call the surgeon

Follow-up

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

If you have any questions, phone us

Dr. Barkun: 514-934-1934, ext. 36313

Dr. Chaudhury: ... 514-934-1934, ext. 31951

Dr. Metrakos: 514-934-1934, ext. 48295

Dr. Zogopoulos: 514-934-1934, ext. 31951

Other surgeon:

Other phone numbers

Surgical South Clinic

Tel: 514-934-1934, ext. 34957

Room: DS1. 2833 (Block D, level S1)

Cedar Cancer Centre

Tel: 514-934-4400

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

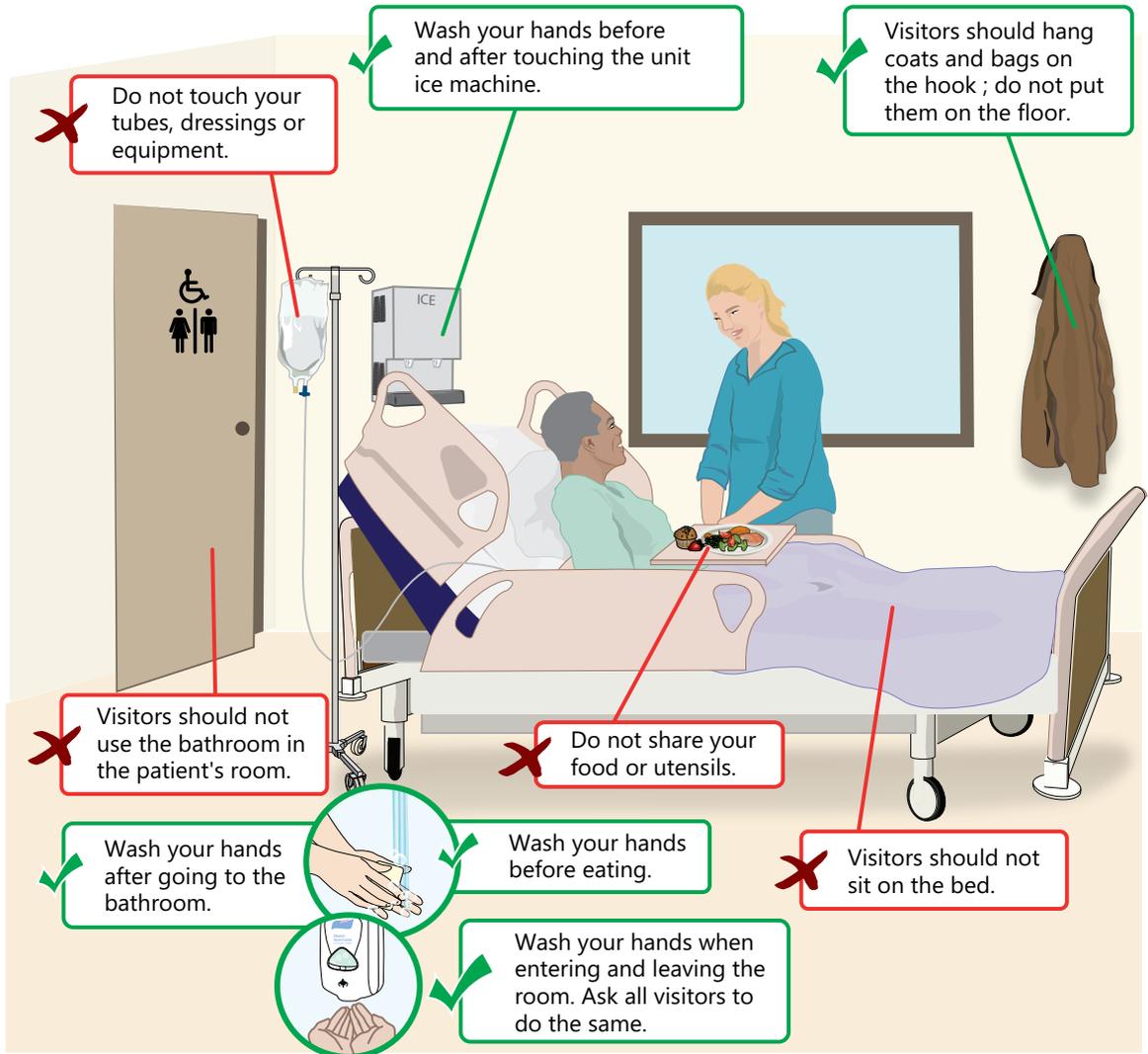
MUHC Appointment and Referral Centre

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

Info-Santé

Tel: 811 (Contact a nurse for non-urgent health issue,
24 hours a day, and 365 days a year)

Tips to prevent infection in the hospital room



Websites of interest

Resources to help you stop smoking:

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

Looking for more information on your surgery:

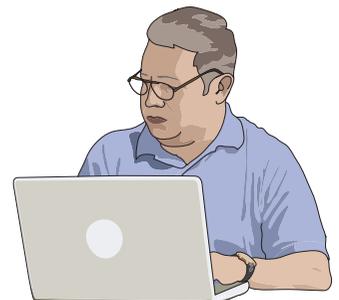
- **Patient Education Office:**
<http://www.muhcpatienteducation.ca/surgery-guides/.html?sectionID=441>
- **MUHC Libraries-Patient portal:**
Health information for patients and their caregivers
<http://www.muhclibraries.ca/patients/health-topics/pancreatic-cancer/>

If you would like to know more anesthesia:

www.cas.ca/english/patient-information

Glen site parking information:

<https://muhc.ca/glen/handbook/parking-hospital>



Parking information

Note: these rates were in effect in May 2018 and could have changed since the printing of this booklet.

Please visit the [link](#) on P.39 for the updated information.



MINIMUM AND MAXIMUM 24H RATES

0-30 minutes	FREE	
4-24 hours	FLAT RATE	\$24
EXPRESS PARKING 4-24 hours	FLAT RATE	\$30

REDUCED PARKING RATE PASSES

WEEKLY PASS	7 DAYS	\$60	Unlimited entry and exit at the hospital where the pass was purchased	Available at payment machines
	14 DAYS	\$85		
LONG-TERM PASS	30 DAYS	\$70	Certain conditions apply	Available at the Customer Service Parking Office
FLEXI-PASS	7 VISITS	\$100	1 entry 1 exit per visit No expiry date	Available at the Customer Service Parking Office

WHERE TO PAY



Cash or by credit card
Visa or MasterCard

Automated payment machines on each P level



By debit card or credit card

Customer Service Parking Office on RC level



By credit card Visa or MasterCard

Barrier gate at exit (hourly parking only)

CONTACT US



Monday to Friday
8 a.m. to 12 p.m.
1 p.m. to 4 p.m.

Customer Service Parking Office
Royal Victoria Hospital Main Entrance
D RC.1000 514 934-1934, 32330
Montreal Children's Hospital Main Entrance
A RC.1000 514 412-4400, 23427



If you encounter a problem or have a payment question, please use the intercom located on the automated payment machines. Assistance is available 24 hours a day, 7 days a week.

Looking for information on

YOUR SURGERY ?



Visit the Patient Education Collection

Search : Surgery Patient Guides
muhcpatienteducation.ca



Centre universitaire
de santé McGill



McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

Plan de l'Hôpital Royal Victoria au site Glen



Cafeteria:

Located off the Atrium
on the S1 level



Surgery Registration:

C03.7055 (Block C, level 3)



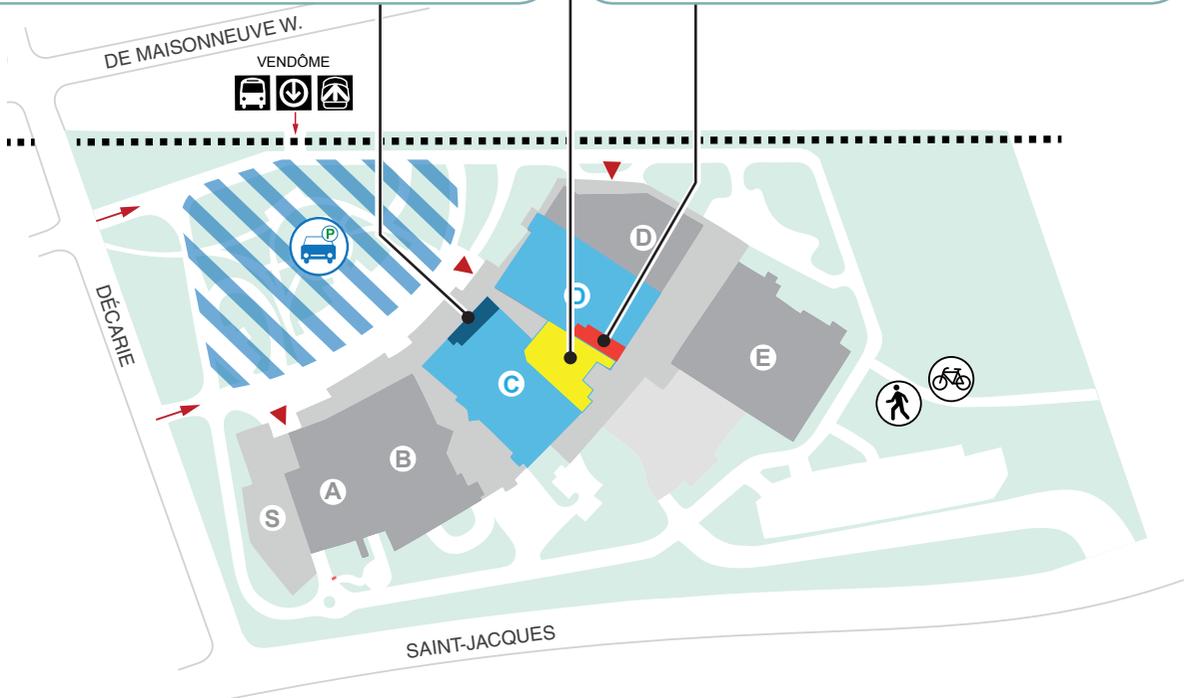
RVH Pre-operative Clinic:

Located near the cafeteria
on DS1. 2428 (Block D, level S1)

514-934-1934, ext. 34916

Monday to Friday,

7:30 a.m. to 3:00 p.m.



Centre universitaire
de santé McGill  McGill University
Health Centre

Office d'éducation des patients
Patient Education Office

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)