

A Guide to Anti-Reflux Surgery, Hiatal Hernia Repair and Heller Myotomy



This booklet is to help you understand your surgery and how to get ready.
Bring this booklet with you on the day of your surgery.

This booklet was developed by The MUHC Surgical Recovery (SURE) working group and Dr. Carmen Mueller.

We would like to thank Karen Brown and Han Han Li for their support throughout the development of this document, including the plain language editing, the design, the layout and the creation of all images.

Many thanks to the members of the Division of Thoracic and Upper Gastrointestinal Surgery who, under the leadership of Dr. Lorenzo Ferri, have helped fund the creation of this booklet.

© May 20th 2021, McGill University Health Centre. Reproduction in whole or in part without express written permission of the MUHC Surgical Recovery (SURE) working group is prohibited.



IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a 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

Centre universitaire
de santé McGill



McGill University
Health Centre



Division of
Thoracic and
Upper Gastrointestinal
Surgery

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

Table of Contents

Introduction

What is a Care Pathway?	1
What Body Parts are Involved With These Types of Surgeries?	2
What is Reflux?	4
What is Anti-Reflux Surgery?	5
What is a Para-Esophageal (or hiatal) Hernia?	6
What is Para-Esophageal (hiatal) Hernia Repair?	8
What is Achalasia?	9
What is a Heller Myotomy?	11

Before Your Surgery

Preparing for Your Surgery	12
Pre-Operative Clinic Visit	15
Phone Call from Admitting	16
Cancelling Your Surgery	17
Washing	18
What to Eat and Drink	19
What to Bring to the Hospital	21

Day of Surgery

At the Hospital	22
-----------------	----

After Your Surgery

Post Anesthesia Care Unit (PACU)	24
Pain Control	25
Going Home	26

Table of Contents

At Home

Pain Control	27
How to Take Care of Your Bandages and Incisions	28
Diet	29
Exercises and Activities	31
When to get Help	32
Follow-Up	33

Resources

Websites of Interest	34
Parking Information	35

Map of Montreal General Hospital

Back

What is a Care Pathway?

When you have your surgery, you will be part of a Care Pathway program. The Care Pathway program helps you get better quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain what you can do to get better, faster
- Give you information for when you return home

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

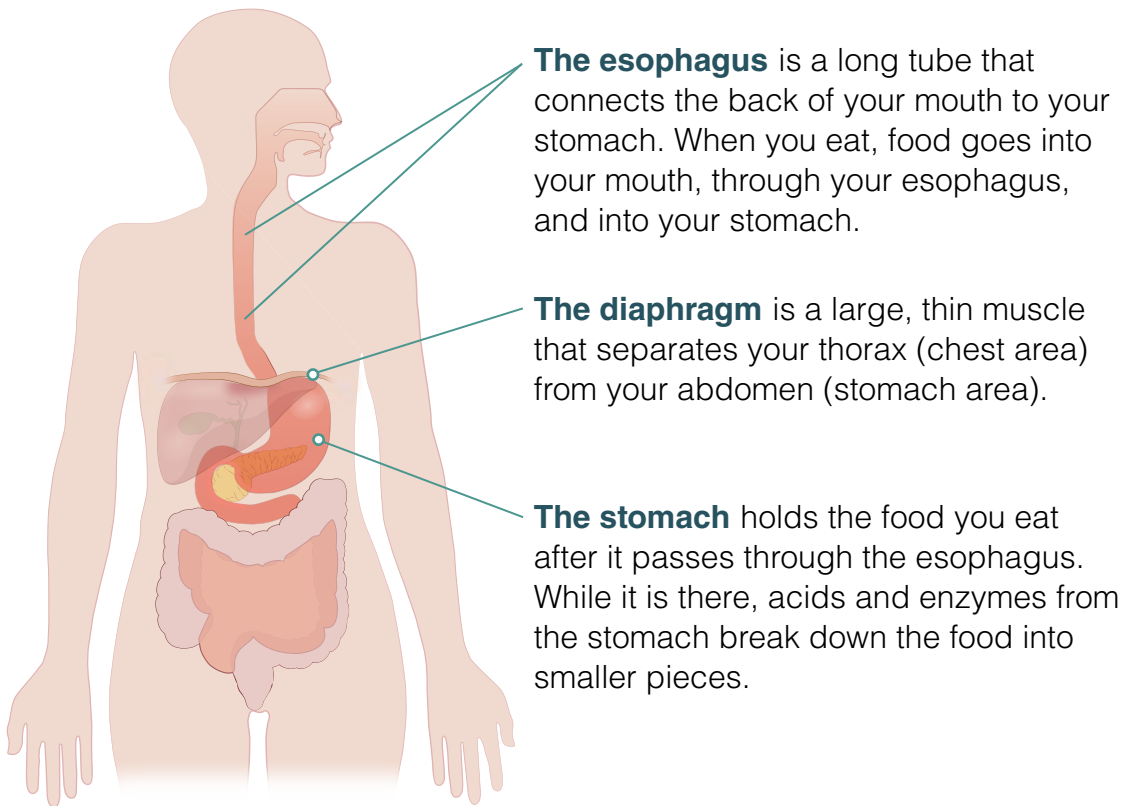
Your surgeon recommends that you have surgery for:

- Gastroesophageal reflux disease (anti-reflux surgery or fundoplication)
- Hiatal hernia (hiatal or para-esophageal hernia repair)
- Achalasia (Heller myotomy)

These are all conditions that affect your esophagus and can cause symptoms like regurgitation, reflux (or “heartburn”) or difficulty swallowing.

Before we explain the surgeries, let’s review your condition and the parts of the body involved.

What are the parts of the body involved in esophageal surgery?

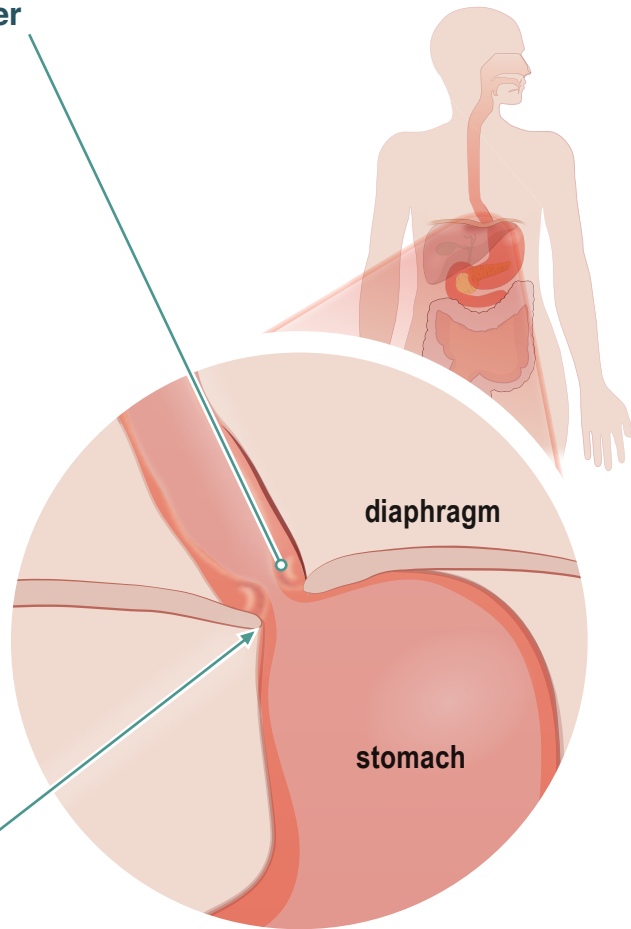


What Body Parts are Involved with These Types of Surgeries?

The lower esophageal sphincter

is a valve made of muscle that controls the flow of food into the stomach. It is like a gate.

Normally, food goes through this valve to the stomach, and the valve closes. When the valve works properly, it prevents food and acid that is in the stomach from backing up into the esophagus.



The esophageal hiatus

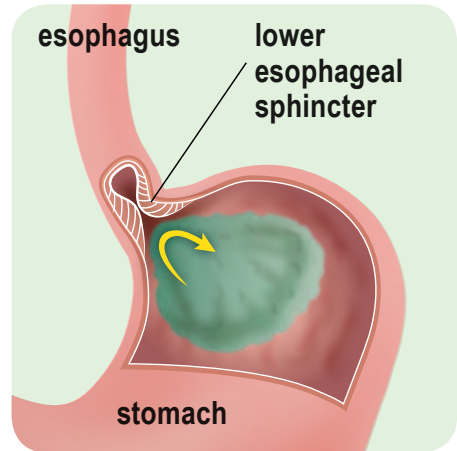
is an opening (or hole) in the diaphragm. The esophagus passes through the hiatus and attaches to the stomach. The hiatus is normally just big enough for the esophagus to pass through it with no gaps.

What is Reflux?

Gastric reflux is a condition caused by a weak valve at the bottom of the esophagus (lower esophageal sphincter).

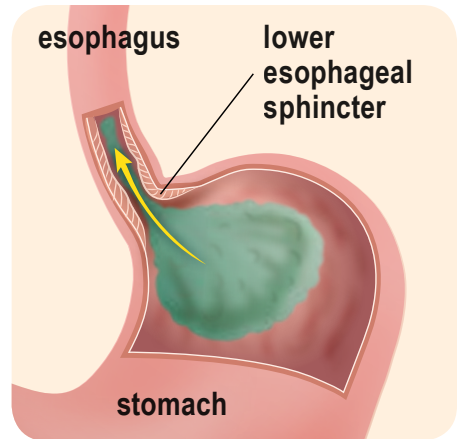
When you have a normal valve:

- Acids and enzymes in the stomach break down the foods (make them into smaller pieces)
- Contents of the stomach usually stay in the stomach



When the valve is weak:

- Acids and enzymes in the stomach break down the foods (make them into smaller pieces)
- Liquids and foodstuff pass through the weak valve back into the esophagus
- You may feel a burn in your throat area, called “heartburn”



When stomach acids back up, this is called reflux. This backflow can also happen with a para-esophageal hernia or hiatal hernia (see page 6).

When food that is not digested backs up, this is called regurgitation. Symptoms are often worse when lying down or bending over.

What is Anti-Reflux Surgery?

Anti-reflux surgery fixes a weak valve by tightening the valve at the bottom of the esophagus. This is called a fundoplication. Patients who have this surgery have less reflux or regurgitation.

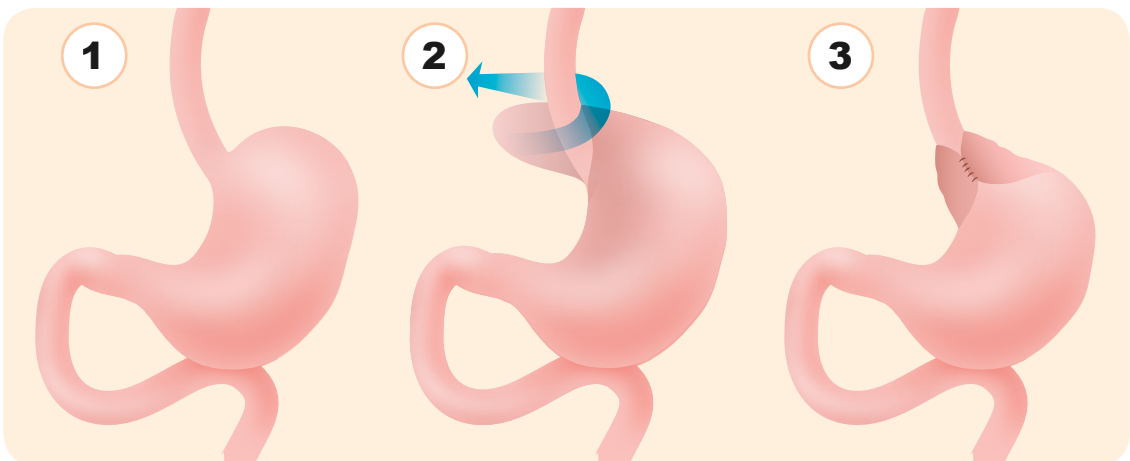
How is anti-reflux surgery done?

This operation is almost always done by laparoscopy. In laparoscopy (keyhole surgery), your surgeon :

1. Uses small incisions instead of 1 long cut
2. Inflates your belly with gas (This helps your surgeon see your insides better)
3. Uses a camera and instruments that are placed into the small cuts to do the surgery

How is the valve tightened?

The valve is tightened by doing a “fundoplication.” With a fundoplication, part of the stomach is wrapped around the valve at the bottom of the esophagus to make it tighter and prevent reflux. If there is a hiatal hernia (see page 8), it will be repaired at the same time.



What is Anti-Reflux Surgery?

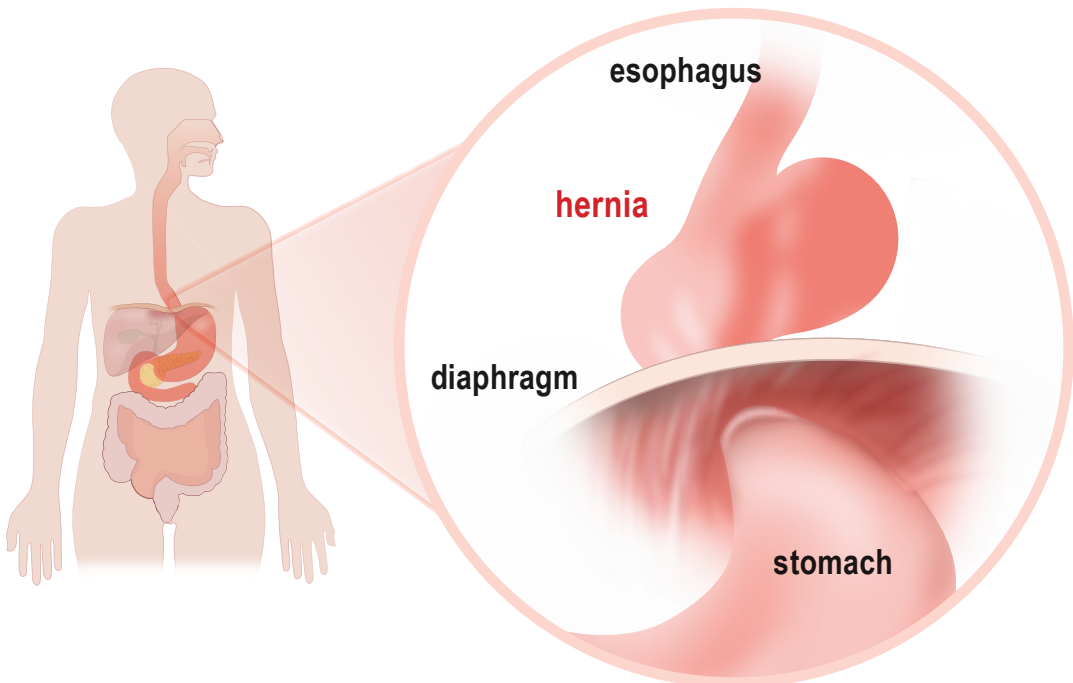
What happens after the valve is tightened?

After surgery, you can expect some changes.

- Swallowing may be more difficult for a while, but usually gets better in 4-8 weeks.
- You will be on a liquid diet for 1-2 weeks.
- When your swallowing gets easier, you can slowly start to eat more solid food.
- You can most likely stop taking or reduce your antacid medications.

What is a Para-Esophageal (or hiatal) Hernia?

A hiatal hernia happens when a part of the stomach pushes through the diaphragm.

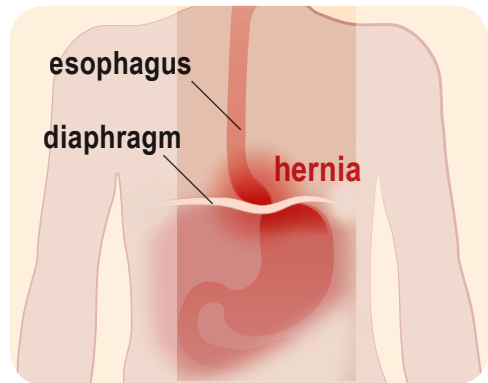


What is a Para-Esophageal (or hiatal) Hernia?

What organs are involved in hiatal hernias?

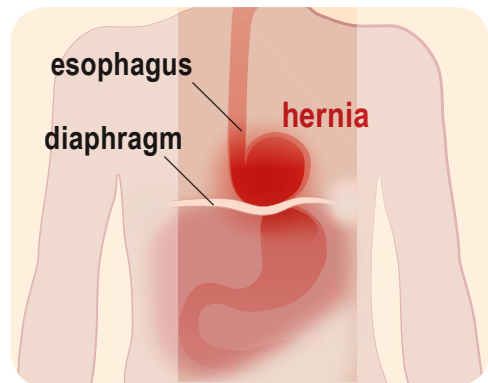
Small hiatal hernias

- Small hiatal hernias involve only the top of the stomach.
- Small hiatal hernias usually just cause reflux symptoms or no symptoms at all. These only need surgery if the reflux is severe.



Large hiatal (para-esophageal hernias)

- Large hiatal hernias (known as para-esophageal hernias), involve a large part of the stomach and other abdominal organs such as the bowel, spleen, or pancreas. These organs can push through the diaphragm. Like all hernias, they tend to grow larger over time if no surgery is done.



Why should I have surgery to fix a hiatal (para-esophageal) hernia?

Your surgeon may recommend surgery when your symptoms are serious or to prevent complications.

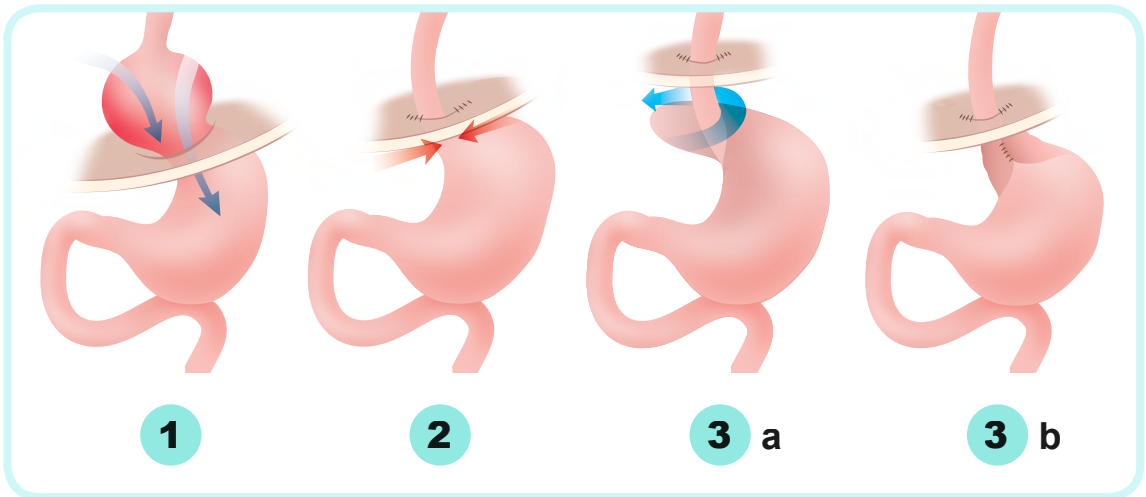
Large para-esophageal hernias can cause stomach bleeding and twisting of the stomach, which can be dangerous. These para-esophageal hernias usually need surgery.

What is Para-Esophageal (hiatal) Hernia Repair?

How is the surgery done?

This operation is almost always done by laparoscopy (keyhole surgery using small incisions - see page 5 describing laparoscopy). In laparoscopy, your surgeon will

1. Pull back the stomach into the abdomen
2. Close the hole in the diaphragm (the hiatus) with stitches
3. Use part of the stomach to tighten the valve at the bottom of the esophagus (to prevent reflux after surgery)



What can I expect after the surgery?

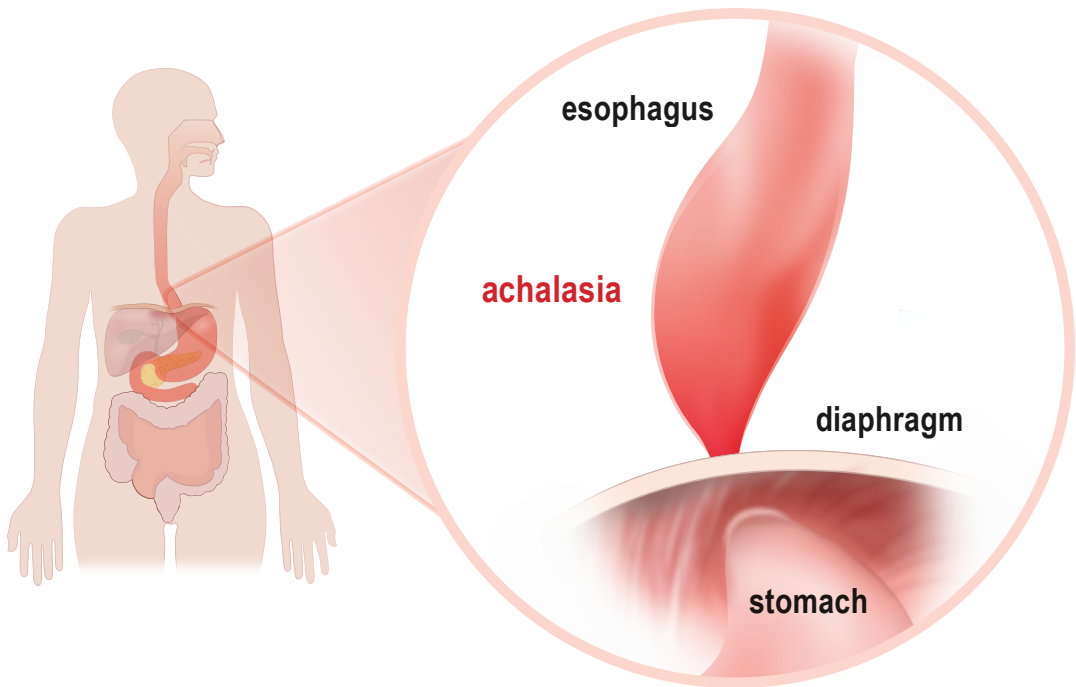
- Swallowing may be more difficult for a while, but usually gets better in 4-8 weeks.
- You will be on a liquid diet for 1-2 weeks.
- When your swallowing gets better, you can slowly start to eat more solid food.

What is Achalasia?

Achalasia is a condition of the esophagus that makes swallowing difficult.

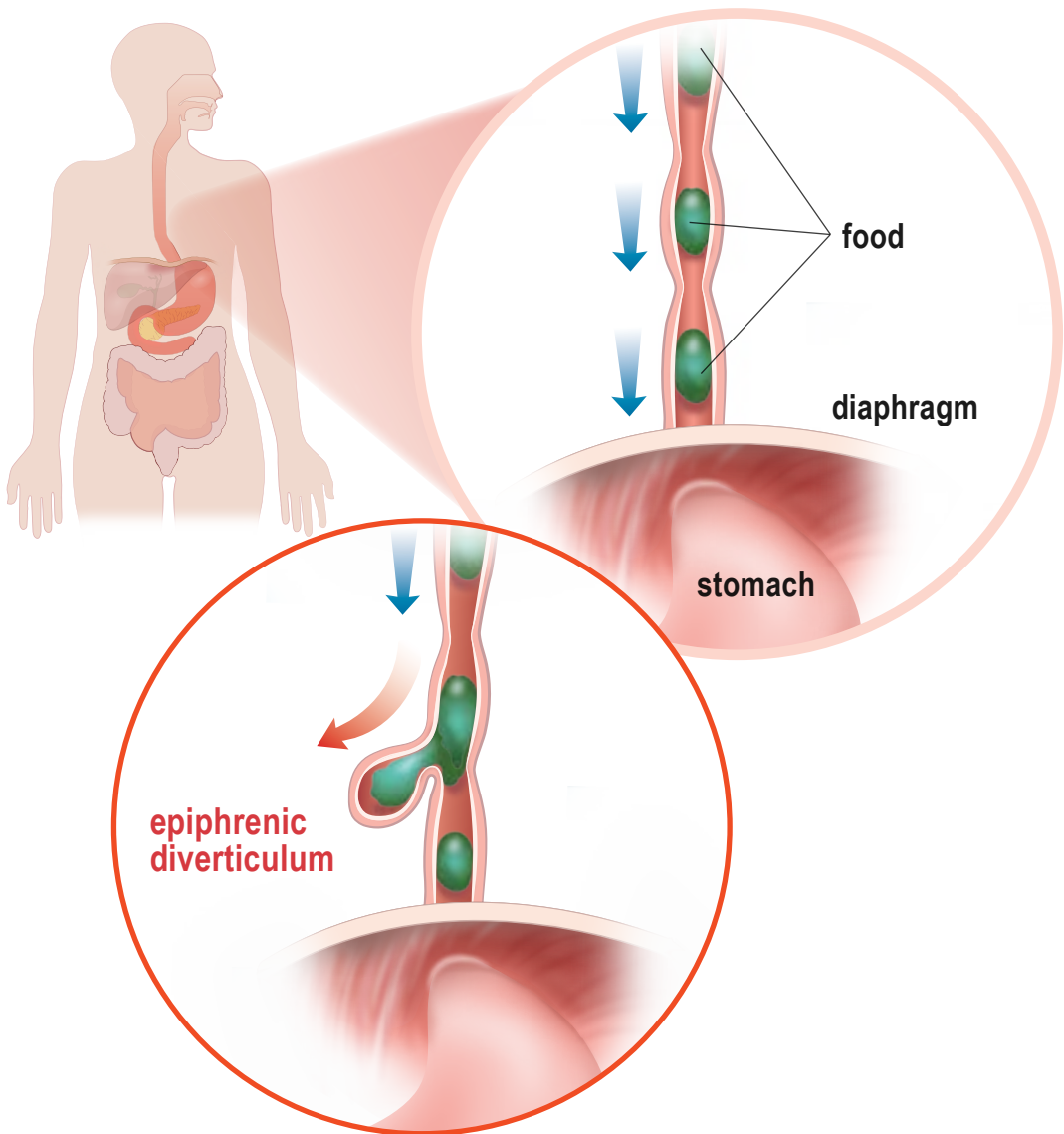
Achalasia is usually due to 2 main problems:

- The lower esophageal sphincter does not relax when food is swallowed, so food cannot enter the stomach.
- The muscle of the esophagus is either:
 - a. Paralyzed, so the muscle does not help to move food down when food is swallowed.Or
 - b. Spastic, meaning contractions are not coordinated, leading to pain when food is swallowed.



What is Achalasia?

Sometimes, the pressure can cause a pouch to develop in the lower part of the esophagus. This pouch is called an “epiphrenic diverticulum” and can cause discomfort, bad breath, and regurgitation because food gets stuck in the pouch.

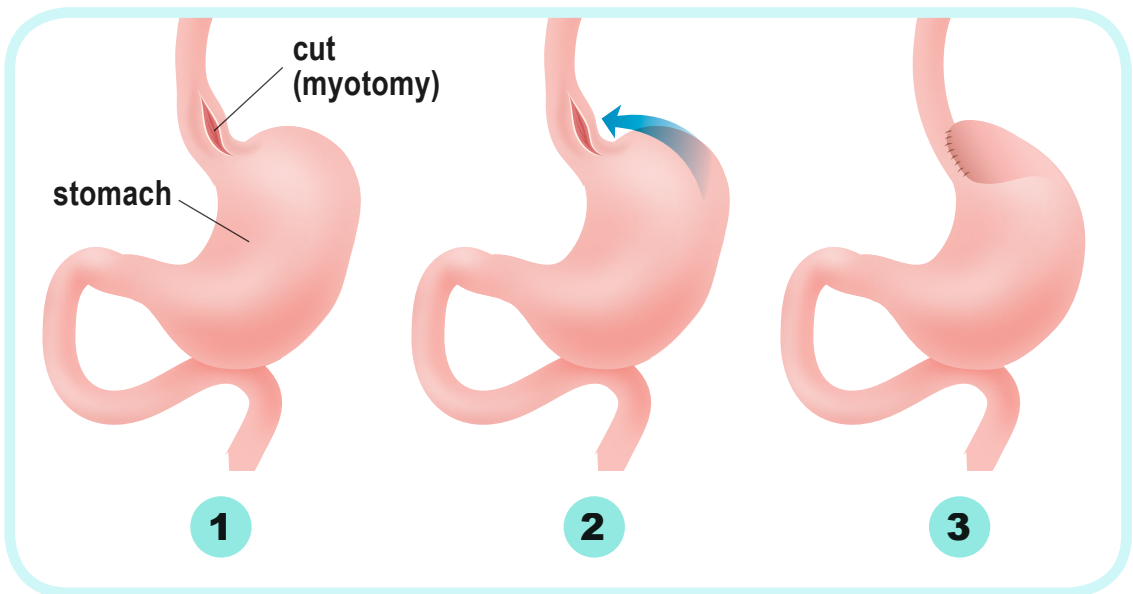


What is a Heller Myotomy?

Heller myotomy is a surgery that opens the valve at the bottom of the esophagus so you can swallow food again. If there is also an epiphrenic diverticulum, it is removed at the same time.

Here is some more information about this procedure.

- In Heller myotomy, the surgeon opens the valve at the bottom of the esophagus to allow food to pass into the stomach.



- There is no treatment to fix the esophagus muscle, so the esophagus remains paralyzed and cannot push food down on its own. Swallowing will depend on gravity.
- Since the valve is open and the esophagus muscle does not work, you may still have some acid reflux or regurgitation after this surgery. To fix this, your surgeon will usually perform a partial fundoplication (anti-reflux at the same time).

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 and vaping

You should quit smoking and vaping 4 weeks (or sooner) 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.

It is never too late to stop.

Your doctor can help you stop smoking. Speak with your doctor about the different ways to stop.

See page 34 to learn more.



Stop drinking alcohol

Do not drink alcohol for 4 weeks before surgery. Alcohol can change the way some medications work. 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.



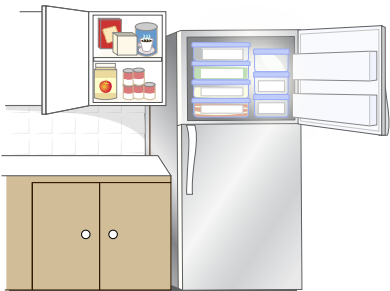
Exception:

If you are using cannabis authorized by a doctor for medical purposes, let us know during your pre-op visit. 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.

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 delivery of meals.



Preparing for Your Surgery

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 or take a taxi home by yourself.

Tell your nurse if you are worried about going home.

See page 35 for information on parking rates.



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

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 might 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 on the day of the surgery at 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:

Phone: 514-934-1934, ext. 43778

Days: Monday to Friday

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

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

Pre-operative visit Gatineau/Hull area

The MGH Preoperative clinic nurse will phone you to review the information in this booklet and answer questions you might have.

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 6:00 a.m.



Date of surgery:

Time of arrival at the hospital:

Room: **Surgical admission 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) 514-934-4488 (between 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.).

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

- Your full name
- Date of surgery
- Your telephone number
- Your hospital card number
- The surgeon's name
- The reason you are cancelling your surgery
- For how long you will not be available to have the surgery



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

- Call the Admitting Department at 514-934-1934, ext. 42190.



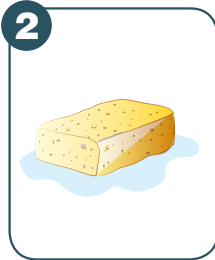
The Montreal General Hospital is a Trauma Centre. This means that your surgery might need to be delayed or cancelled because of an emergency. Your surgeon will reschedule you as soon as possible.

Washing

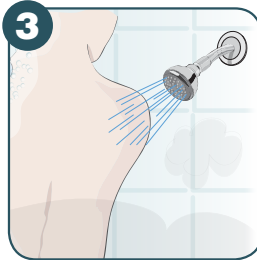
The night before your surgery:



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



2 Take a shower with 1 of the sponges.



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

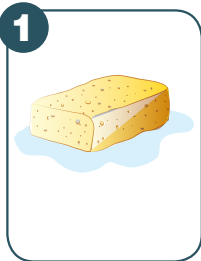


4 **Do not** shave the area where the surgery will be done.



5 Wear clean clothes to bed.

The morning of your surgery:



1 Take a shower with the 2nd sponge.



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.

For women : 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 nurse will explain what to eat and drink before surgery, including the day before surgery and the morning of surgery.

Your nurse will place a checkmark ✓ if these instructions are for you.

- Clear fluids the day before surgery then nothing to eat or drink after midnight and until after surgery (clear fluid diet includes juice that you can see through, jello or popsicles and no dairy products or juice with pulp.)



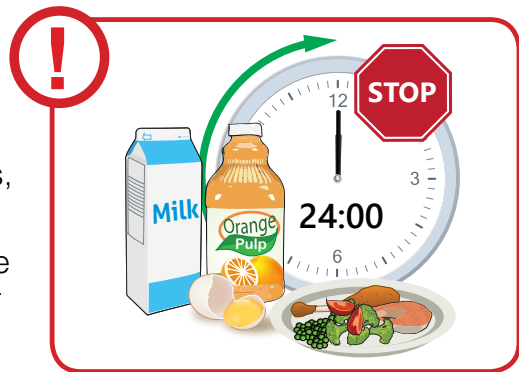
Or

- Regular diet the day before surgery until midnight.

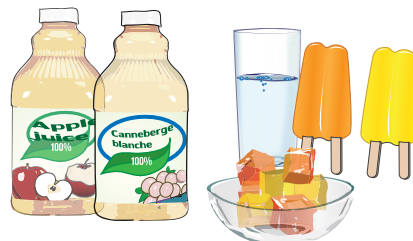
Then:

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.

What to Eat and Drink

The morning of surgery:

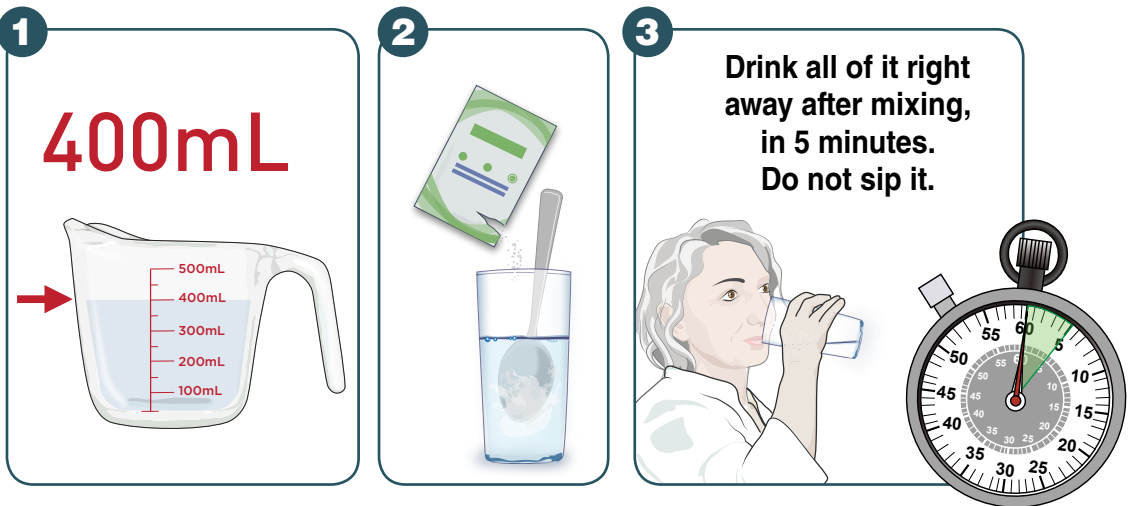
Drink 1 PREcovery beverage. This drink has special sugars and salts that will give you energy to prepare for your surgery.

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 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.



If needed:

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



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



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



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 preoperative checklist with you
- Make sure your personal items are in a safe place
- Give you some acetaminophen (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 will be done with a general anesthesia (sleeping).

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

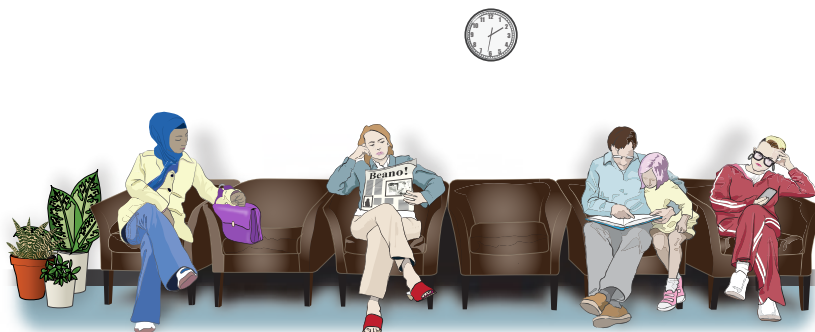
There is free Wi-Fi at the hospital.

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 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.

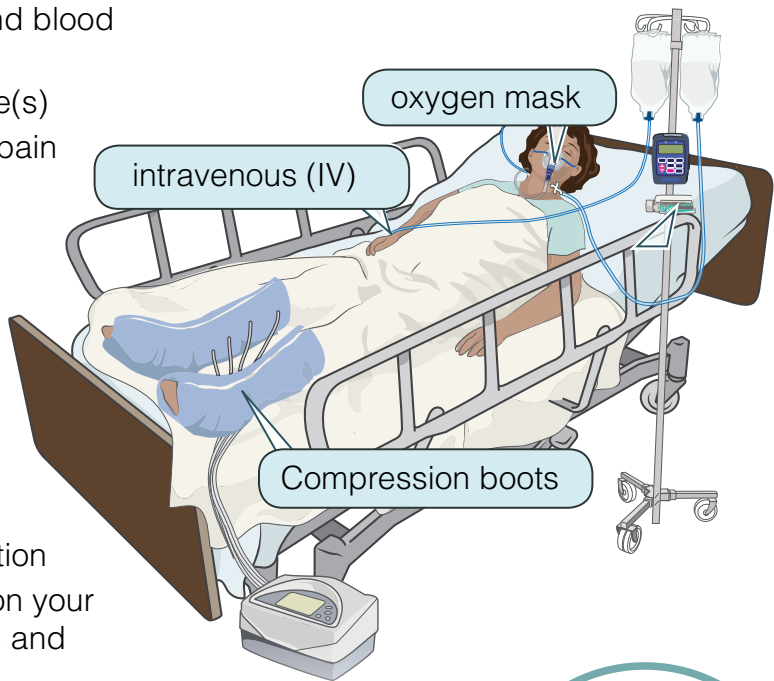
After your surgery, a nurse will call the family member or friend you have chosen to tell them how you are doing. You will stay in the PACU (Recovery Room) until you go home.

The nurse will:

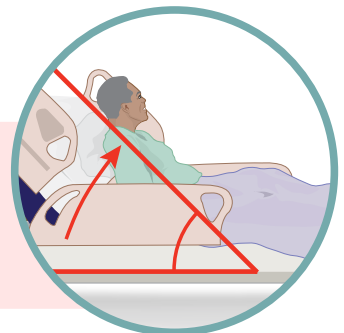
- Check your pulse and blood pressure
- Check your bandage(s)
- Ask you if you have pain
- Make sure you are comfortable

You might have:

- An **oxygen mask**, giving you oxygen
- An **intravenous (IV)** in your arm, giving you fluids and medication
- **Compression boots** on your legs to help circulation and prevent blood clots



Important: the head of your bed needs to stay slightly elevated (raised) until you go home. This helps your breathing.



Pain Control

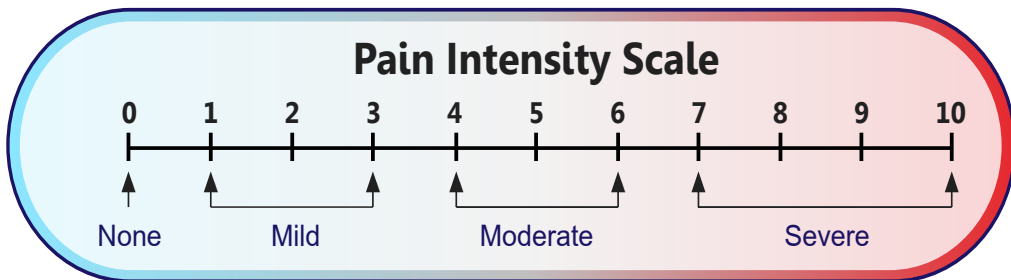
Our goal is to keep your pain low so you can:

- Breathe better
- Move better
- Eat better
- Sleep 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.



If you have pain, tell us right away. 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

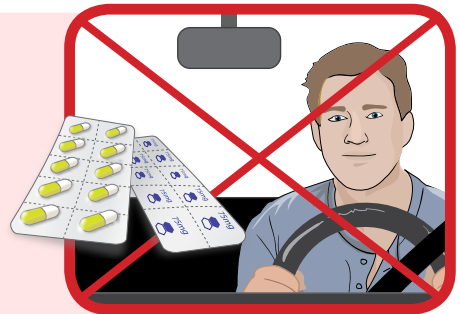
You will be able to leave the hospital on the same day of surgery, a few hours after your surgery.

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, 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 you have before leaving the hospital.



Pain Control

Your surgeon will tell you if you need to stop taking all antacid (heartburn) medications after your surgery.

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:

<https://www.ismp-canada.org/fr/BCM/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:



Take the stool softeners prescribed by your surgeon.



Eat more whole grains, fruits and vegetables.



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



Drink more liquids*.

*If you have heart or kidney disease or another health problem, you might need to drink less. Talk to your doctor if you have any concerns about this.

How to Take Care of Your Bandages and Incisions

Your bandage is waterproof, so you can take a shower right after your surgery with the bandage on.

2 days after surgery, remove the bandages.

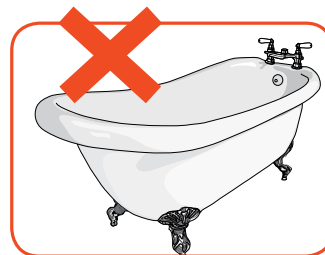
The thin pieces of tape under the bandage will peel off by themselves.

7 days after surgery, remove the pieces of tape if they have not fallen off.

Lift up one end of the tape. Peel it off by rolling it to the other end of the tape.

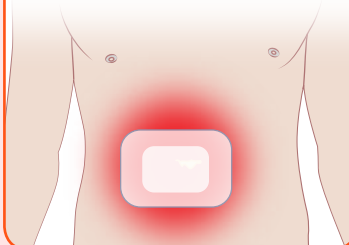
You can continue taking showers even after the bandages come off. Let the water run softly over your incision(s) and wash the area gently.

- **Do not scrub.**
- **Do not take a bath for 2 weeks.**

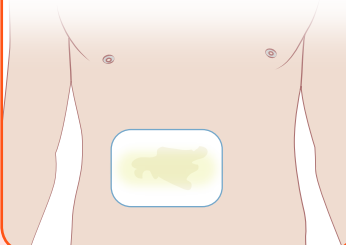


If any of these happen call your surgeon's office or our nurse clinician at 514-934-1934 ext. 44339. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).

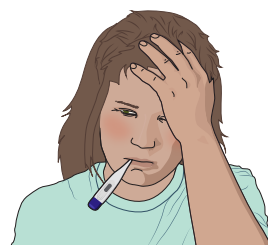
Your incision becomes warm, red, or hard.



You see pus or drainage coming from it.



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



Diet

- You may have some swelling around the esophagus where you had the surgery. This can make it difficult to swallow. This is normal and should improve with time.
- After surgery, follow these instructions to slowly get back to a normal diet. Here is how:**

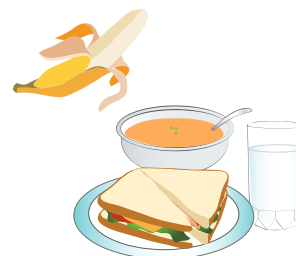
1. The day of your surgery: take **clear liquids only** (water, juice, broth, coffee, tea, jello).



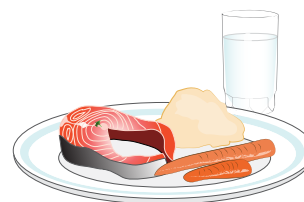
2. The day after your surgery: start a **semi-liquid diet**. You will stay on this diet for about 1 to 2 weeks in most cases. The **semi-liquid diet** includes all the clear liquid items listed above plus cooked or soft cereals (e.g., oatmeal, cream of wheat), milk, yogurt, pudding, apple sauce, smooth cream soups, homemade smoothies or milkshakes, oral nutritional supplements (ex: Ensure or Boost or another brand).



3. About 2 to 3 weeks after your surgery: if you are eating well on the semi-liquid diet, add foods that have a **soft or moist texture**. Stay on this diet for another 1 to 2 weeks. This diet includes toast, pancakes, pasta, mashed potatoes, eggs, very tender or minced meat, fish, legumes, well cooked vegetables, and soft fruits.



4. About 4 to 6 weeks after your surgery: if the soft/moist texture diet is going well, add all the other foods. The **regular diet** also includes hard, dry, sticky and fibrous foods so continue to eat slowly, take small bites, and chew well.



Diet

When you eat, we recommend that you:

- Eat slowly
- Take small bites
- Chew well
- Eat 6 small meals every day instead of 3 larger meals. This may help with digestion, especially at the beginning of your recovery
- Sit up straight when eating. Stay in this upright position for at least 30-45 minutes after eating
- Drink liquids before eating (this makes it easier to swallow)
- Take sips throughout your meal to help the food go down
- Include 1 high protein food with every meal to help you heal. Examples include milk, cheese, yogurt, fish, meat, poultry, legumes, tofu, eggs, nuts, and seeds.



Avoid:

- Foods that are too hot or icy cold
- Spicy foods
- High acidity foods (citrus, tomatoes, alcohol, excess caffeine)
- Swallowing air (do not use a straw when drinking, do not drink carbonated beverages and do not chew gum)



Phone the nutritionist at 514 934 1934 ext. 42594 if you have questions.

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 every day. It is normal to feel tired after your surgery. Remember to rest between activities.

Family and friends can usually help with:

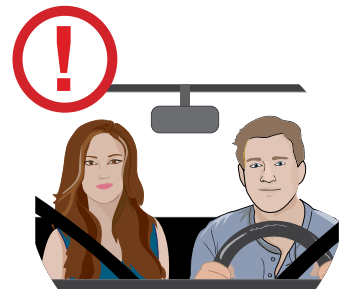
- Transportation
- Meal preparation
- Grocery shopping
- Cleaning house
- Laundry



- Walk every day. It is good exercise (shopping malls are good places to walk in the winter and summer).
- For most people, there are no limits on physical activity after surgery, including sex. Your surgeon will let you know if there are any limits.
- Your surgeon will recommend when you are able to return to your job. This will depend on your surgery, recovery and your type of work.

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

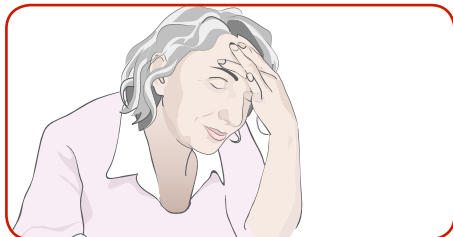
You may only start driving again when you are no longer taking narcotic medication for pain



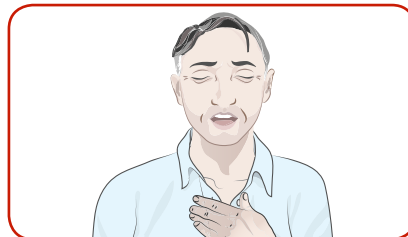
When to get Help



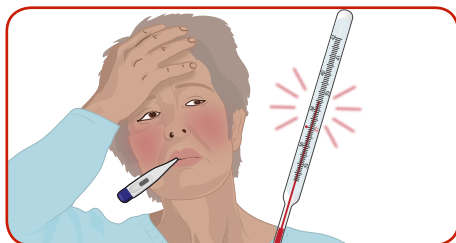
If any of these happen call your surgeon's office or our nurse clinician at 514-934-1934 ext. 44339. If you cannot reach your surgeon or nurse, go to the Emergency Department (ED).



You feel extremely weak



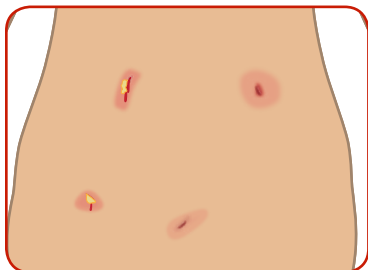
You have trouble breathing



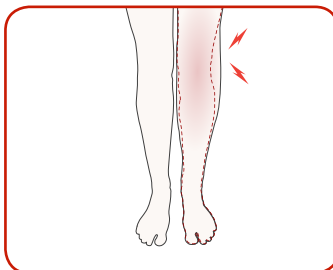
You have a fever higher than 38 °C/100,4 °F.



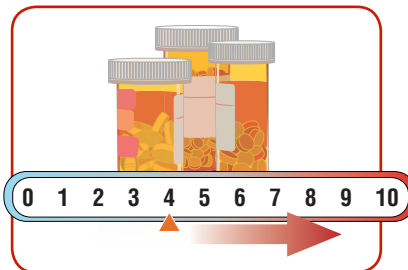
You cannot drink or keep liquids or solid foods down (nausea or vomiting)



Your incisions are warm, red and hard 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

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

You will get a follow-up appointment, or you will be asked to make your own follow-up appointment with your surgeon. This follow-up appointment is usually 4 weeks after your surgery.

- **MGH Thoracic and Upper GI surgery:**
L8.505 (L wing, 8th floor, room 505), phone: 514-934-1934 ext. 43050.
- **Hull/Gatineau Hospital Clinic:**
Phone: 1 819-966-6200 ext. 331170
- **MGH General Surgery Clinic:**
L9.200 (L wing, 9th floor, room 200). Phone: 514-934-8025.

If you have any questions, phone us:

Name of your surgeon:

Phone number of your surgeon:



Website of Interest

Resources to help you to 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:

Looking for more information on your surgery:

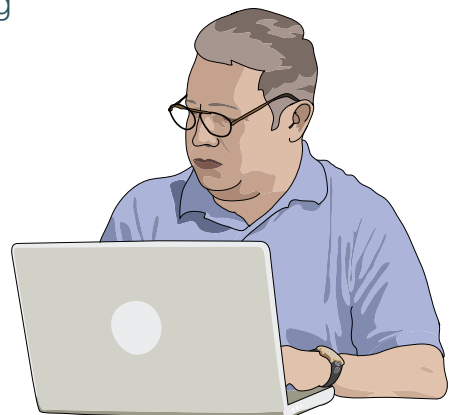
<https://www.muhclibraries.ca>

For more information about anesthesia:

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

For more information about parking:

www.muhc.ca/patient-and-visitor-parking



Parking Information

Note :

It is possible that the rates may have changed since the printing of this booklet. Please visit the 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

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

Location

L6 – 129
OJ4
D RC.1000

Extension

43626
77001
32330

Royal Victoria Hospital
Montreal Chest Institute

D RC.1000
A RC.1000

32330
23427

Montreal Children's Hospital
Montreal Neurological Hospital

E3-61

34625





Centre universitaire
de santé McGill

McGill University
Health Centre

Montreal General Hospital

1650 Cedar ave., Montréal, QC H3G 1A4

