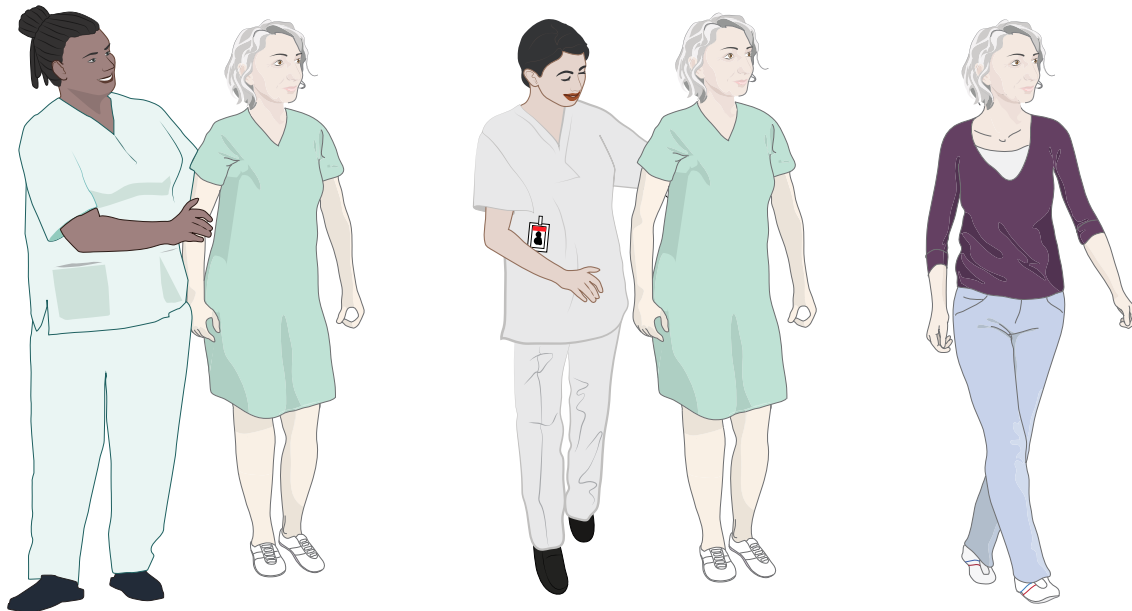


A guide to your lung (VATS) surgery



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

www.muhcpatienteducation.ca

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Thoracic and
Upper Gastrointestinal
Surgery

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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Patient Education Office

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Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program



**Hospital
Hôpitaux**



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Upper Gastrointestinal
Surgery

What is a care pathway?

When you are admitted to the hospital for a VATS surgery, you will be part of a recovery program called a **Clinical Care Pathway**. The goal of this program is to help you recover 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 how you can play an active part in your recovery.
- Give you daily goals to achieve.

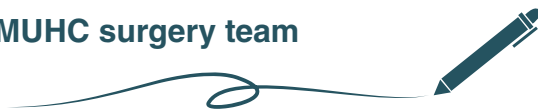
Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you feel better faster and go home sooner.

Bring this booklet with you on the day of your surgery.

Use it as a guide during your hospital stay and even after when you go home. Hospital staff may refer to it as you recover and 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. Ask us if you have questions about your care.

Your MUHC surgery team



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

What are your lungs?

You have 2 lungs inside your chest: 1 at the left side and 1 at the right side. The left lung has 2 different sections, called **lobes**: the area on the top is called **superior** and the area below is called **inferior**.

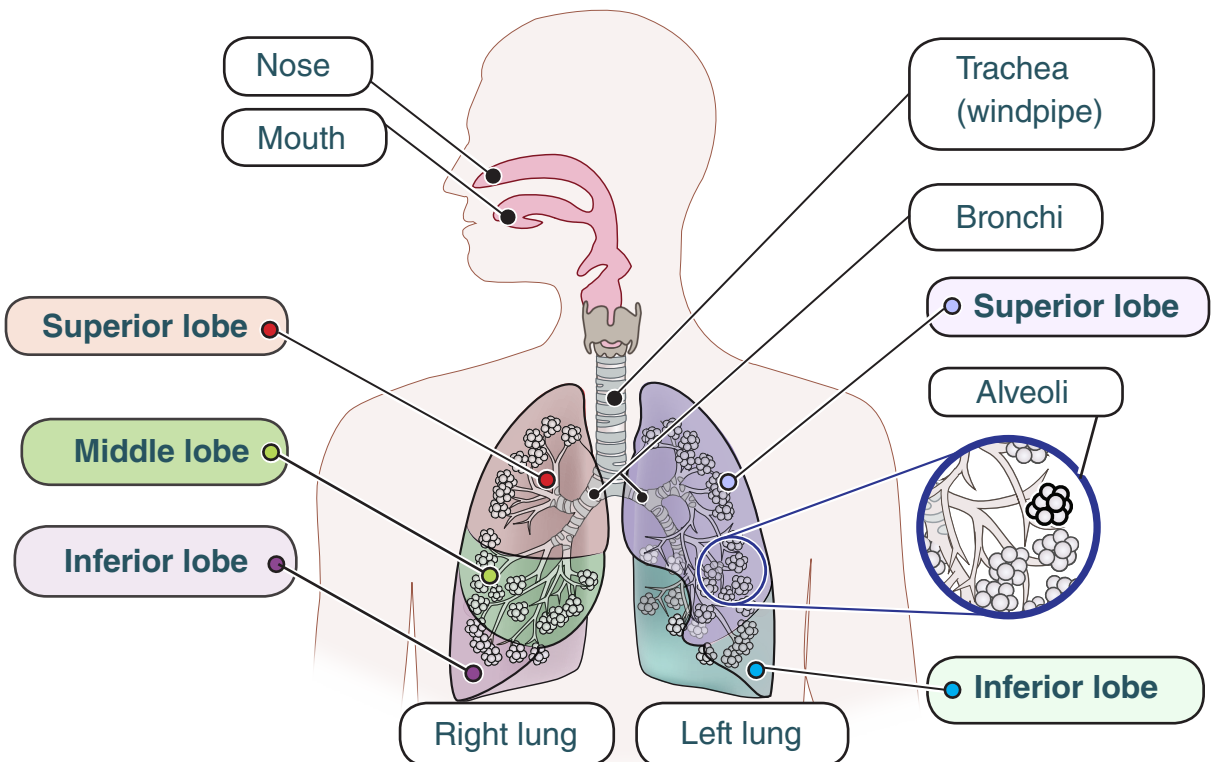
The right lung has 3 different sections, called **lobes**: the area on top is called **superior**, the area in between is **middle**, and the area at the bottom is called **inferior**.

Each lobe is composed of smaller parts called 'segments'.

Air enters your body through your **nose or mouth**. It then moves through a tube called the **trachea (windpipe)**.

The trachea divides into 2 large pipes or airways that are called the **bronchi**. The bronchi then connect to the lungs. Here they divide into even smaller tubes that connect to small pockets called **alveoli**.

Our lungs have millions of alveoli. Oxygen passes from the alveoli into the bloodstream.



Video-Assisted Thoracic Surgery (VATS)?

Let's break these words up:

Minimally invasive means that the surgery is done through tiny cuts, called incisions instead of one large cut. Because the cuts are small, patients usually have faster recovery times and less pain than if they had a large cut.

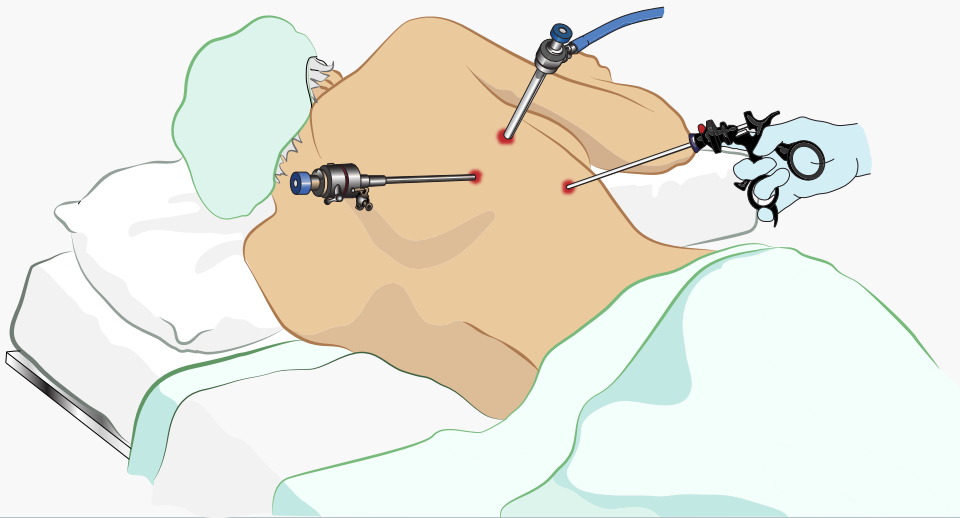
Video-Assisted means that your surgeon uses a camera and instruments. The surgeon makes a few small incisions (cuts). For lung surgery, a camera is used to see inside your body, and instruments act as hands to help the surgeon remove the unhealthy part.

Thoracic surgery means that the surgery is in the area of the rib cage. The surgeon will remove only the unhealthy or damaged portion of the lung.

This surgery is done under general anesthesia.

This means you will be asleep and pain free during the surgery.

Thoracic surgery

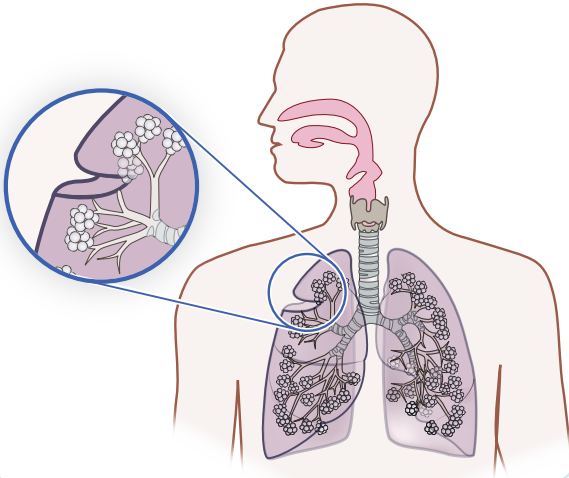


What is a minimally invasive Video-Assisted Thoracic Surgery (VATS)?

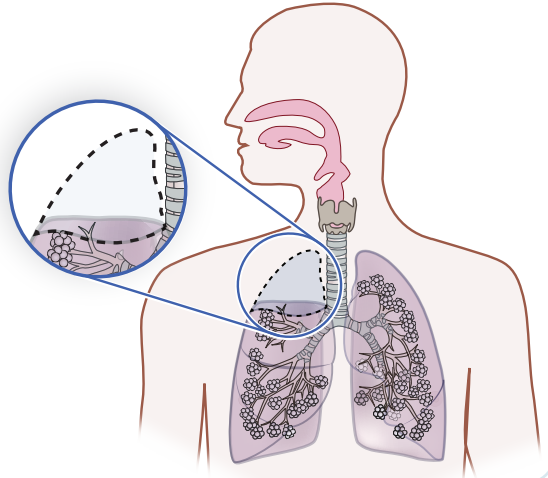
When doing a VATS, the surgeon can remove different amounts of the lung:

1

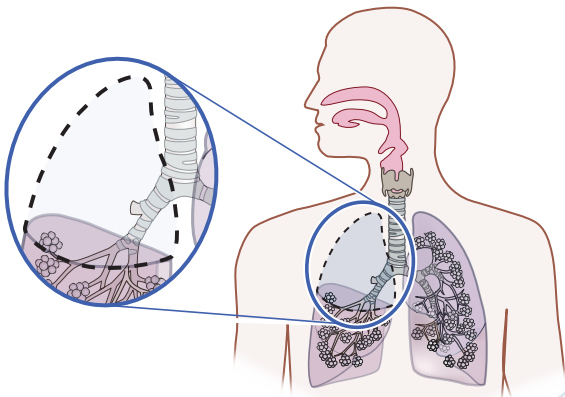
If they remove a small part or 'wedge' of the lung, this is called **a wedge resection**.

**2**

If they remove a larger part than a wedge resection this is called **a segmentectomy**.

**3**

If they remove one of the lobes of the lung, this is called **a lobectomy**.



Depending on how much of the lung is removed, some patients might have shortness of breath after the surgery that can last for life.

Before your surgery

Be active:

Exercise helps your body be as fit as possible and keeps your weight under control. If you are already active, keep up the good work. If you are not, start adding exercise into your day.

Exercise does not need to be strenuous to make a difference. A 30-minute walk is better than no exercise at all.



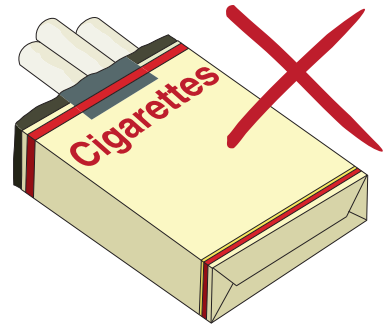
Stop smoking:

If you smoke, quitting for good is a step that will have the greatest impact on improving your health. 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 start!

Your doctor can help you stop smoking and talk with you about options with you.

See page 37 to learn more.



Restrict alcohol:

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with the medication you will receive in the hospital. Tell us if you need help cutting down on your alcohol use before surgery.



Preparing for your surgery

Plan ahead:

After your surgery, you might need help with meals, bathing, laundry, or cleaning. Stock your fridge and freezer with food that is easy to reheat.

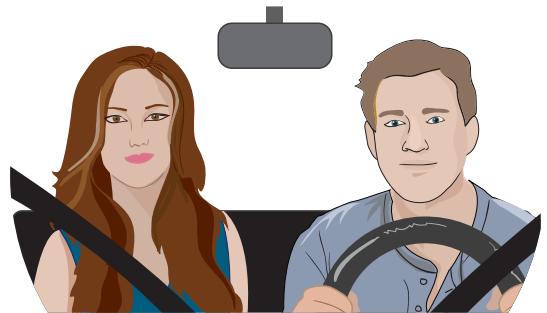
Make plans with your family and friends so you will have the help you need.



Arrange transportation:

The day of surgery is called Day 0. You should be able to go home from the hospital on Day 1 or Day 2 after your surgery. Your surgeon will let you know when to expect to go home.

Tell your nurse if you have concerns about going home. Remember to organize a ride back home.



If you are from outside the Montreal region, it might be helpful to book a room overnight close to the Montreal General Hospital for 1 day after your discharge. This is to make sure that you are managing well outside of the hospital before returning home. We can offer you a list of possible accommodations if you ask.

Pre-operative clinic visit

Montreal General Hospital

When you visit the pre-operative clinic you will:

- Meet with a nurse who will tell you how to get ready for your surgery and what to expect on the day of your surgery.
- Meet with a doctor who will ask you questions about your health. If you have medical problems, you might be referred to another doctor (a specialist) before surgery.

Also, you may:

- Need to stop taking some medicines and natural products before surgery. During this appointment, your doctor will explain and tell you which medications you should stop and which ones you should keep taking.
- Have an electrocardiogram (ECG) to check how your heart works.
- Have blood tests.



Phone the Pre-op Clinic nurses for any questions:

Phone: 514-934-1934, ext. 43778

Days: Monday to Friday

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

Preoperative Clinic: E10.117 (E wing, 10th floor, room 117).

Pre-operative clinic visit

Gatineau / Hull area

When you visit the pre-operative clinic you will:

- Have blood tests.
- Have an ECG (electrocardiogram).
- Meet with a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.
- You may have to stop taking some medication and herbal products before surgery. The Pre-op Clinic doctor or your surgeon will explain to you and will order in your file which medication you should stop and which ones you should keep taking.

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



Phone the Pre-op Clinic nurses for any questions:

Phone: 514 - 934 - 1934, ext. 43778

Days: Monday to Friday

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

Preoperative Clinic: E10.117 (E wing, 10th floor, room 117).

Phone call from Admitting

The day before your surgery, the Admitting Department will phone you 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 to 3 hours before your planned surgery time. The time of surgery is not exact. It can happen earlier or later than planned.

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



Date of surgery: _____

Time of arrival at the hospital: _____

Room: Surgical Admission Services at D10-124 (D wing, 10th floor, room 124).



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. 42190.

Cancelling your surgery

If you are sick, pregnant, or for any reason you are unable to come to the hospital for your surgery, call as soon as possible both:

your surgeon's office **and** the Central Operating Room Booking (CORB) at 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.
- The date of surgery.
- Your telephone number.
- Your hospital card number.
- The surgeon's name.
- The reason for cancelling for postponing your surgery.
- The timeframe you are not available 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. 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

Buy two 4% chlorhexidine gluconate sponges at your local pharmacy.

The night before surgery:



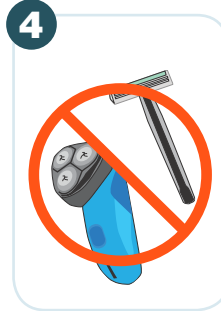
Use regular soap and shampoo for your face and hair.



Take a shower with 1 of the 2 sponges.



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

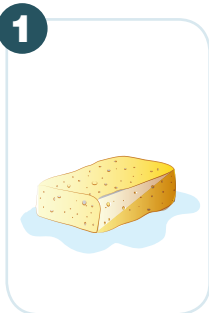


Do not shave the area where the surgery will be done.

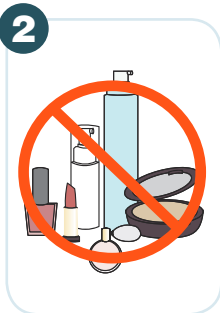


Wear clean clothes (nightgown, pyjamas) to bed.

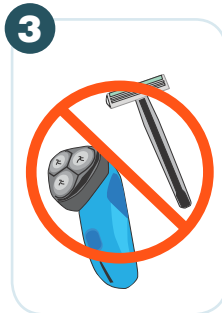
The morning of surgery:



Take a shower by using 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.

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.

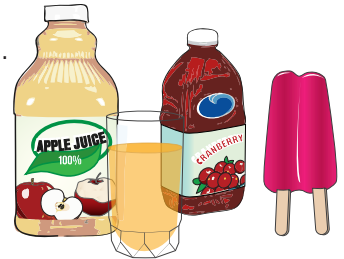
Day before surgery

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.



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.

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?

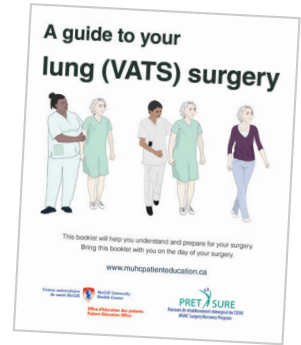
1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water.
2. Add all of the content of the powder pouch to the water and stir until fully dissolved.
3. Drink all of it right away after mixing, in 5 minutes. Do not sip it.



Want to know more about PREcovery®? Follow this link:
www.enmednut.com/products/precovery

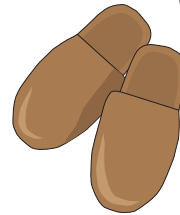
What to bring to the hospital

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



If needed:

- Your CPAP machine - If you have sleep apnea.
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name.
- Cane, crutches, walker, labeled with your name.



Bring these items in a small luggage labeled with your name. The storage space is limited.



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 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:

Report directly to the Surgical Admission Services D10.124 (D wing, 10th floor, room 124) at the time given. The admitting clerk will ask you to sign an admission form and ask you what kind of room you prefer.

It is not always possible to have a private or semi-private room.

At the Surgical Admission area, your nurse will:

- Ask you to change into a hospital gown.
- Complete a preoperative checklist with you. You might be asked to put on tight elastic stockings to help your circulation and prevent blood clots from forming. You should wear them until the nurse says you can take them off.
- Make sure your personal belongings are in a safe place.



The nurse will give you some Tylenol® and an anti-inflammatory pill with water 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 anesthesiologist (the doctor who will put you to sleep for surgery) and other members of your team. You will be asleep and pain-free during your surgery.

At the hospital

Waiting room:

- Family and friends may wait for you in the **waiting room** located at **D10-117 (D wing, 10th floor, room 117)**. The space is small so we ask that you limit the number of people coming with you.
- At the end of your surgery, the Post-Anesthesia Care Unit (PACU) nurse will call the family member or friend you have chosen to tell them how you are doing.
- There are no visitors allowed in the PACU.



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 sit down 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)** also called the **Recovery Room**.
- You will be there for a few hours before being transferred to your hospital room. Your family may visit you once you are in your room on the surgical floor.

The nurse will:

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

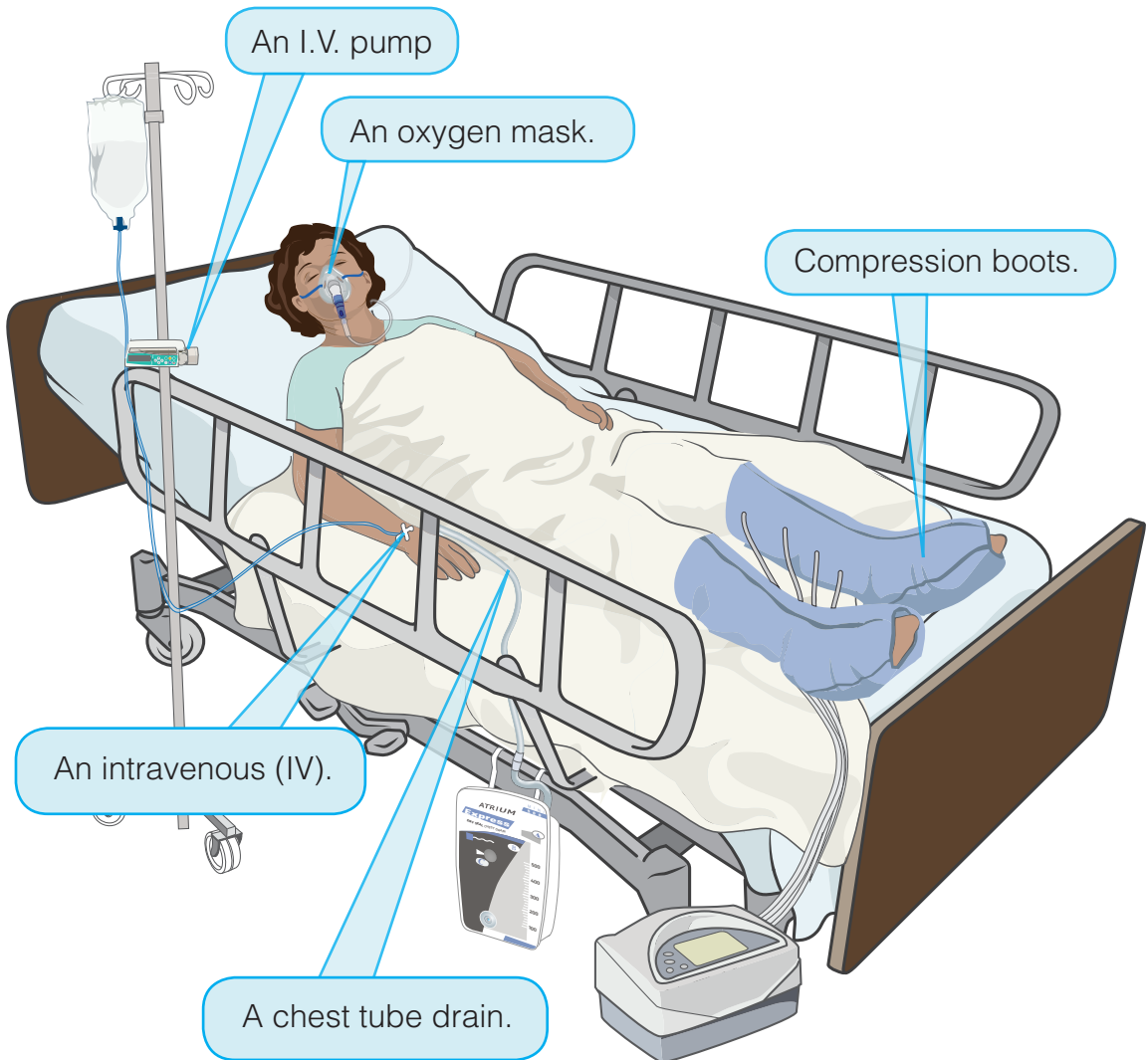
You might have the following:

- An oxygen mask, giving you oxygen.
- An intravenous (I.V. pump), giving you fluids.
- Compression boots on your legs to help blood circulation and prevent blood clots.
- 1 drain (chest tube drain) on the side of your chest. This tube drains fluid and air resulting from the surgery. Some patients might go home with this drain. If you do leave the hospital with the chest tube drain, written explanations and teaching will be provided before you leave the hospital.

Post-Anesthesia Care Unit (PACU)



The head of your bed needs to stay slightly elevated until you go home. This helps with your breathing.



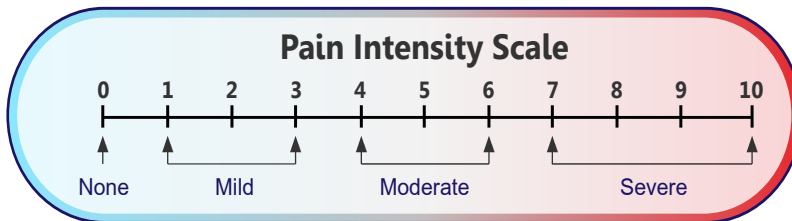
Pain control

It is important to control your pain because it will help you to:

- Take deep breaths.
- Move more easily.
- Eat better.
- Sleep well.
- Recover faster.
- Do things that are important to you.

During the surgery, nerve blocks are used to reduce the pain after surgery. These nerve blocks can cause a sensation of numbness in the skin around your incision (cut) and the front of your chest.

As the nerve blocks wears off, your pain might increase and you will need to take pain medications to make up for this. It is not unusual for this numbness or tingling to last days to weeks after surgery.



You will be asked to describe your pain using a number between 0 and 10.

Pain intensity scale:

0 means no pain and 10 is the worst pain you can imagine.

This will help your nurse decide how to best manage your pain.

Our goal is to keep your pain score below 4.

Do not wait until the pain gets too bad before telling us.

Pills:

You will be prescribed pills after the surgery to control your pain. These pills are usually Tylenol® and an anti-inflammatory pill such as Celebrex®. If this is not enough to control the pain, we will give you a stronger pain medication.



Exercises

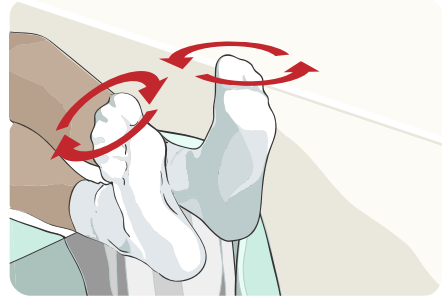
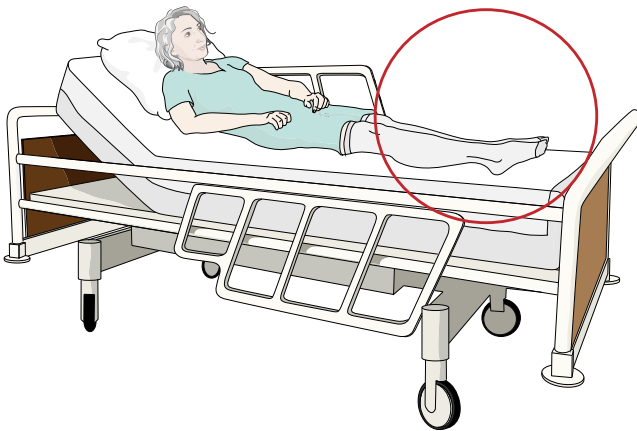
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness.

Start these exercises when you wake up and continue them while you are in the hospital.

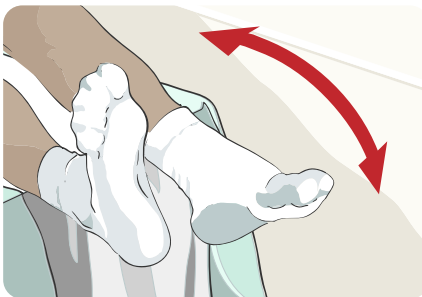
Leg exercises:

These exercises help your blood to circulate in your legs.

Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and 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 to prevent pneumonia.

It is important to control your pain so that you can produce a strong cough.

If you have too much pain to cough, your pain is not being control well enough and you should ask your health care team to adjust your medications.

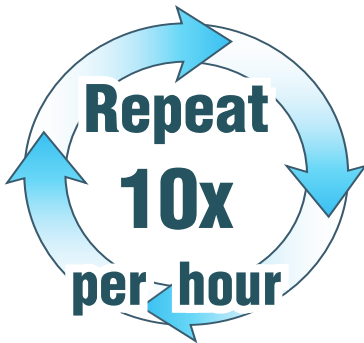
To use your inspiriometer:



Put your lips around the mouthpiece. Breathe in deeply for 2 to 4 seconds. Try to hold the yellow ball where you see the happy face.



Remove the mouthpiece and breathe out. Rest for a few seconds.



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

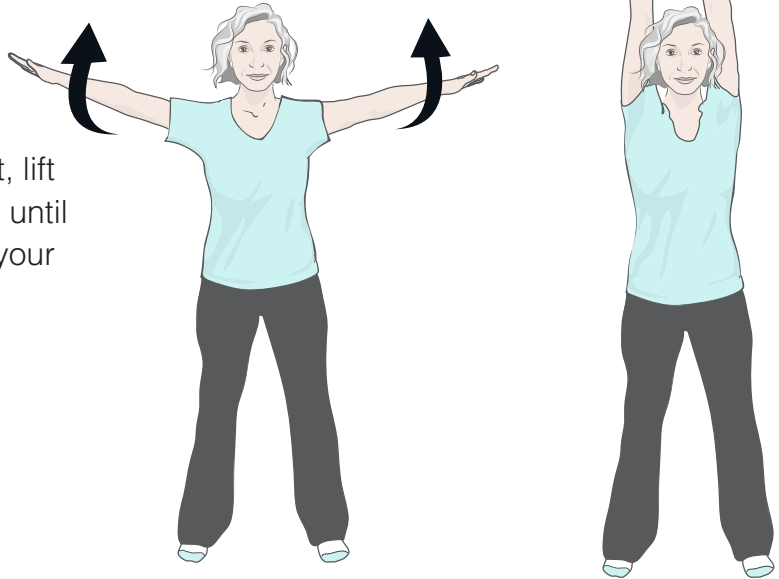


Take a deep breath and cough. If you have some secretions, cough them up. To produce a strong cough after lung surgery, it is helpful to hug a pillow against your chest on the side where you had surgery as you try to cough.

Arm exercises

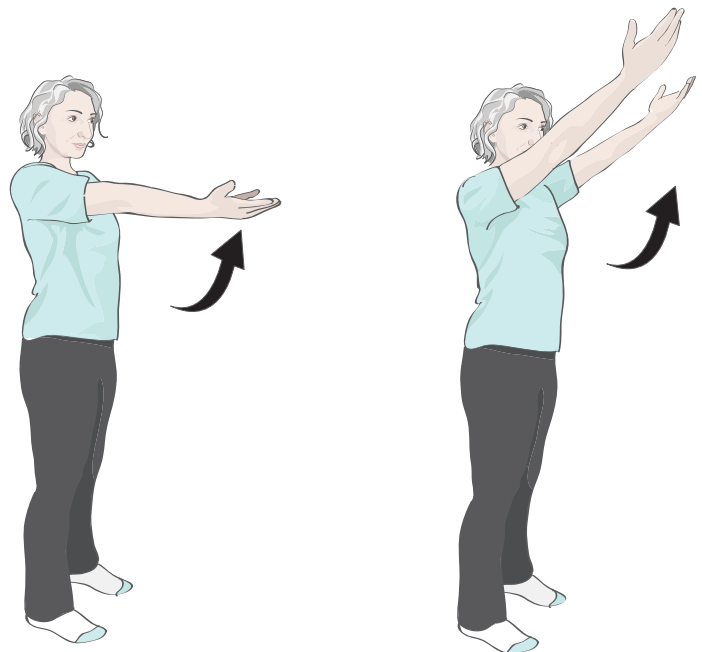
A

With your elbows straight, lift your arms out to the side until your hands meet above your head.



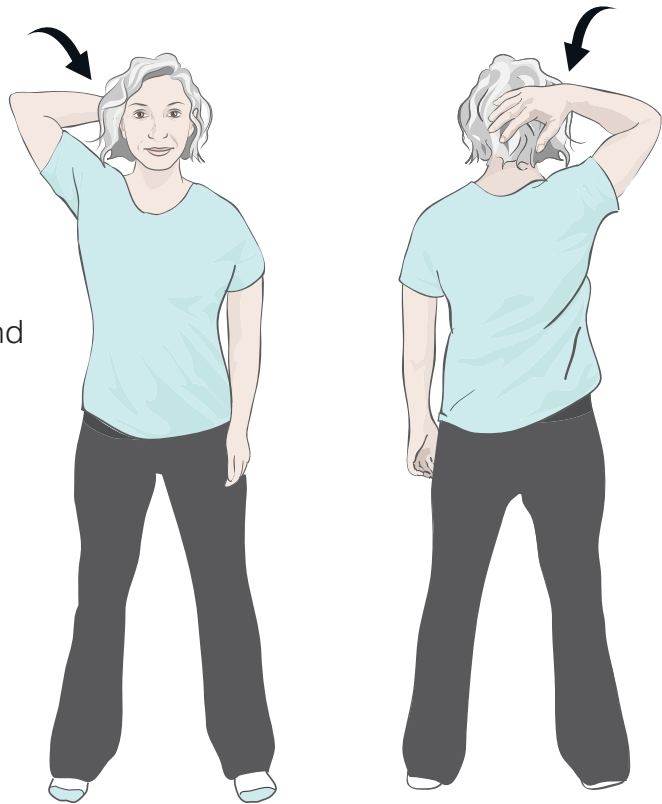
B

With your elbows straight, lift your arms in front of you and try to reach above your head.



C

Place your hand behind your head and slowly slide your hand downwards as far as you can.



Tell your nurse if you are having pain greater than 4/10 on the pain scale.

Goals of Day 0: Day of surgery

Activities:

Do your breathing exercises using your inspirimeter at least 10 times every hour while awake.

When in bed, do your leg exercises. (see page 23).

You have no restrictions to get up and walk. The first time you get up should be with your nurse. Go for a walk in the hallway. Staying in bed and not moving is not good after surgery.

Get out of bed and sit in a chair in the evening.

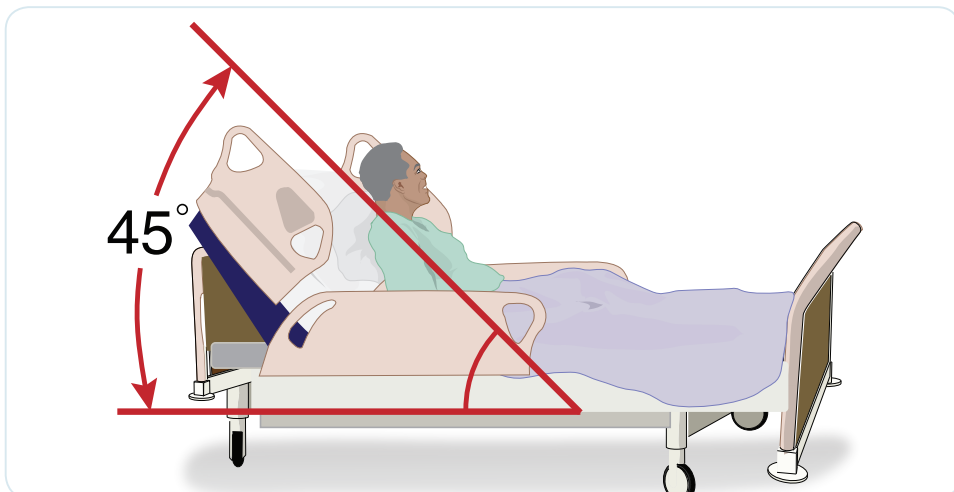
Always keep the head of your bed slightly elevated (raised).

Diet:

You have no diet restrictions after your surgery. You can eat and drink whatever you want.

You should always have your meals outside of bed while sitting in a chair.

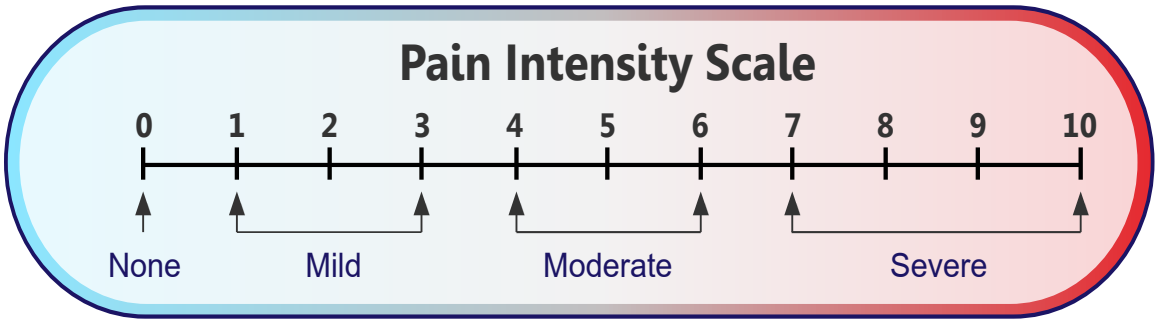
Avoid lying down flat within 3 hours of eating. You can lie down but the head of your bed needs to be raised to about 45° degrees.



In your room: Evening of surgery

Pain:

Tell your nurse if you are having pain greater than 4/10 on the pain scale.



Drain:

The chest tube drains fluid and air from the surgery.

Your nurse will measure the fluid throughout your hospital stay.



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

Goals for Day 1 (the day after your surgery)



Some patients can go home today. If you do go home today plan and arrange for someone to pick you up before 11 a.m.

Activities:

Continue your breathing exercises using your inspirimeter at least 10 times every hour while awake.

When in bed, do your leg exercises. (see page 23).

Get up and sit in the chair for at least 30 minutes twice today.

Walk the length of the hallway as many times as you can.

Staying in bed and not moving is not good after surgery.

Get up and sit in the chair for all meals.

Keep the head of your bed slightly elevated (raised).

You will have a chest x-ray today.

Diet:

Eat and drink whatever you want.

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

Pain medication can cause constipation.

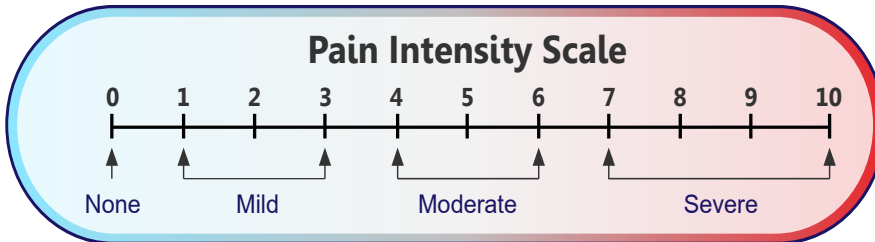
Always have your meals outside of bed while sitting in a chair.

Avoid lying down flat within 3 hours of eating. You may lie down but the head of your bed needs to be raised to about 45° degrees.

Goals for Day 1 (the day after your surgery)

Pain:

Tell your nurse if you have pain greater than 4/10 on the pain scale.



Drain:

Your chest tube drain may be removed today. A bandage will be applied over the area and should stay there until the CLSC nurse removes it once you are home.

Before leaving the hospital we will:

Give you a prescription to be filled out at your local pharmacy.

If you leave the hospital with NO chest tube drain, we will:

- Contact your CLSC to have your dressing removed about 3 days after your discharge from the hospital.
- Give you a follow up appointment 4 weeks after surgery.

If you leave the hospital with your chest tube drain in, we will:

- Give you written explanations of how to take care of your drain.
- Teach you how to take care of your drain.
- Contact your CLSC to have your dressing changed every 3 days.
- Give you a follow up appointment 1 week after surgery.

Before leaving the hospital you need to:

Read the “At home” part of this booklet **and** if you have any questions ask your nurse.

Goals for Day 2 (2nd day after your surgery)

If you did not leave the hospital yesterday you will most probably be leaving today. Plan and arrange for someone to pick you up before 11 am.

Activities:

Continue your breathing exercises using your inspirimeter at least 10 times every hour while awake.

When in bed, do your leg exercises. (see page 23).

Get up and sit in the chair for at least 30 minutes twice today.

Walk the length of the hallway as many times as you can.

Get up and sit in the chair for all meals.

Keep the head of your bed slightly raised.

You will have a chest x-ray today.

Diet:

Eat and drink whatever you want. Include foods containing fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.

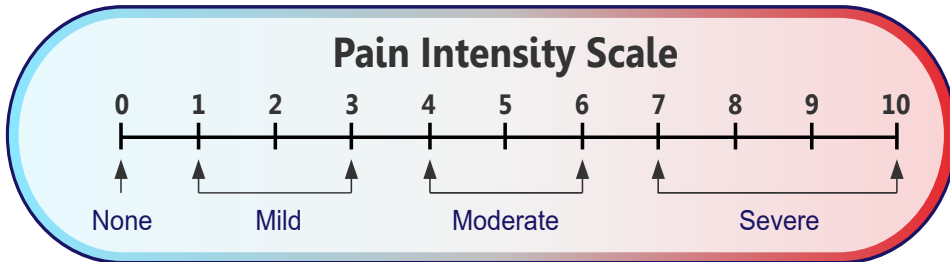
Always have your meals outside of bed while sitting in a chair.

Avoid lying down flat within 3 hours of eating. You may lie down but the head of your bed needs to be raised to about 45° degrees.

Goals for Day 2 (2nd day after your surgery)

Pain:

Tell your nurse if you are having pain greater than 4/10 on the pain scale.



Drain:

Your chest tube drain might be removed today. A bandage will be applied over the area and should stay there until the CLSC nurse removes it once you are home.

Before leaving the hospital we will:

- Give you a prescription to be filled out at your local pharmacy.

If you leave the hospital with NO chest tube drain, we will:

- Contact your CLSC to have your dressing removed about 3 days after your discharge from hospital.
- Give you a follow up appointment 4 weeks after surgery.

If you leave the hospital with your chest tube drain in, we will:

- Give you written explanations of how to take care of your drain.
- Teach you how to take care of your drain.
- Contact your CLSC to have your dressing changed every 3 days.
- Give you a follow up appointment 1 week after surgery.

Before leaving the hospital you need to:

- Read the “At home” part of this booklet **and** if you have any questions ask your nurse.

Pain

Although your surgery was done through the smallest possible incisions (cuts), you might still have pain for several weeks to months after the surgery.

While this pain does not usually need medications to control, many patients worry because the area of the pain is often different than the area of the incision. In fact, most patients will have pain around the breast and/or front of the chest, well away from where their incisions were placed.

This happens because there are nerves that signal sensations that run under each rib. During the surgery, the instruments used by your surgeon can irritate these nerves and this irritation can sometimes take months to improve.

Though this discomfort can be unpleasant, it is not usually a sign of a new complication or a sign that your cancer has returned. It will go away over time and should not limit your activity. Very rarely, we may need to try some special medications to treat this nerve pain or consult a pain specialist to help manage this problem.



Tylenol® and an anti-inflammatory medication will be prescribed for pain control.

Take the stronger pain medication (a narcotic called hydromorphone) ONLY if the Tylenol® and the anti-inflammatory medication does not control the pain.

Follow the instructions on the bottle and if you have any question ask your pharmacist.

Washing

Your incisions (cuts) were closed with stitches that will melt away by themselves so you do not need to have stitches removed.

Steristrips (sticky strips) cover your incisions. These usually peel off by themselves but you can peel them off after 10 days if they are still on your skin.

There are no bandages over your incisions. Your incisions are uncovered to help with the healing.

You can:

- Let water run over the incisions.
- Wash around the incisions.
- Pat dry.

Chest tube drain:

If you have a chest tube drain you can shower just before the CLSC nurse changes your bandage (every 3 days). Otherwise the bandage should stay dry.

Once the **chest tube drain has been removed** by the doctor, the CLSC nurse will also remove the dressing where the chest tube drain was, about 72 hours (3 days) after. The CLSC nurse might put on a new bandage if the incision is not completely closed.

After the chest tube drain is removed, sometimes fluid will drain out from the area. This can be frightening for patients, but it is rarely a serious problem.

Contact our nurse clinician at 514-934-1934 ext. 44339 **or** the 11 East floor at 514-934-1934 ext. 46100 and tell us what happened so we can decide if any medical treatment is needed.

Do not take a bath, swim or use a hot tub for at least 7 days after your chest tube drain has been removed, or if any of the cuts are not completely healed.

Diet

Eat and drink whatever you want. Include foods with fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.

You can take the stool softeners (sennosides) to prevent constipation.

Exercise and Activity:

Continue to increase your activities each day. Most patients can return home with little difficulty.

Family and friends can usually help with:

- Taking you home.
- Meal preparation.
- Grocery shopping.
- Cleaning the house.
- Laundry.

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

There are no physical restrictions after your surgery.

As a general rule, once you are pain free you can go back to most activities, including sex.

Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.

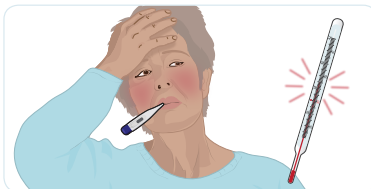
It is normal to feel tired after your surgery, so remember to rest between activities.

When to call the surgeon

Phone your surgeon or the thoracic nurse (514-934-1934 ext. 44339) or go to the ER if any of these happen:



You have trouble breathing.



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



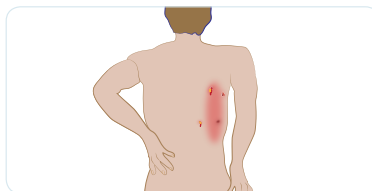
You feel extremely weak.



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



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



Your incisions become warm, red or you see any liquid coming out from it.



If your chest tube gets disconnected, reconnect it and go to the nearest ER.

The Thoracic Nurse: 514 934-1934 ext. 44339

Dr. Jonathan Cools-Lartigue:

Dr. Lorenzo Ferri:

Dr. Christian Sirois:

Dr. Jonathan Spicer:

Dr. Mathieu Rousseau:

..... 514 934-1934 ext. 43050

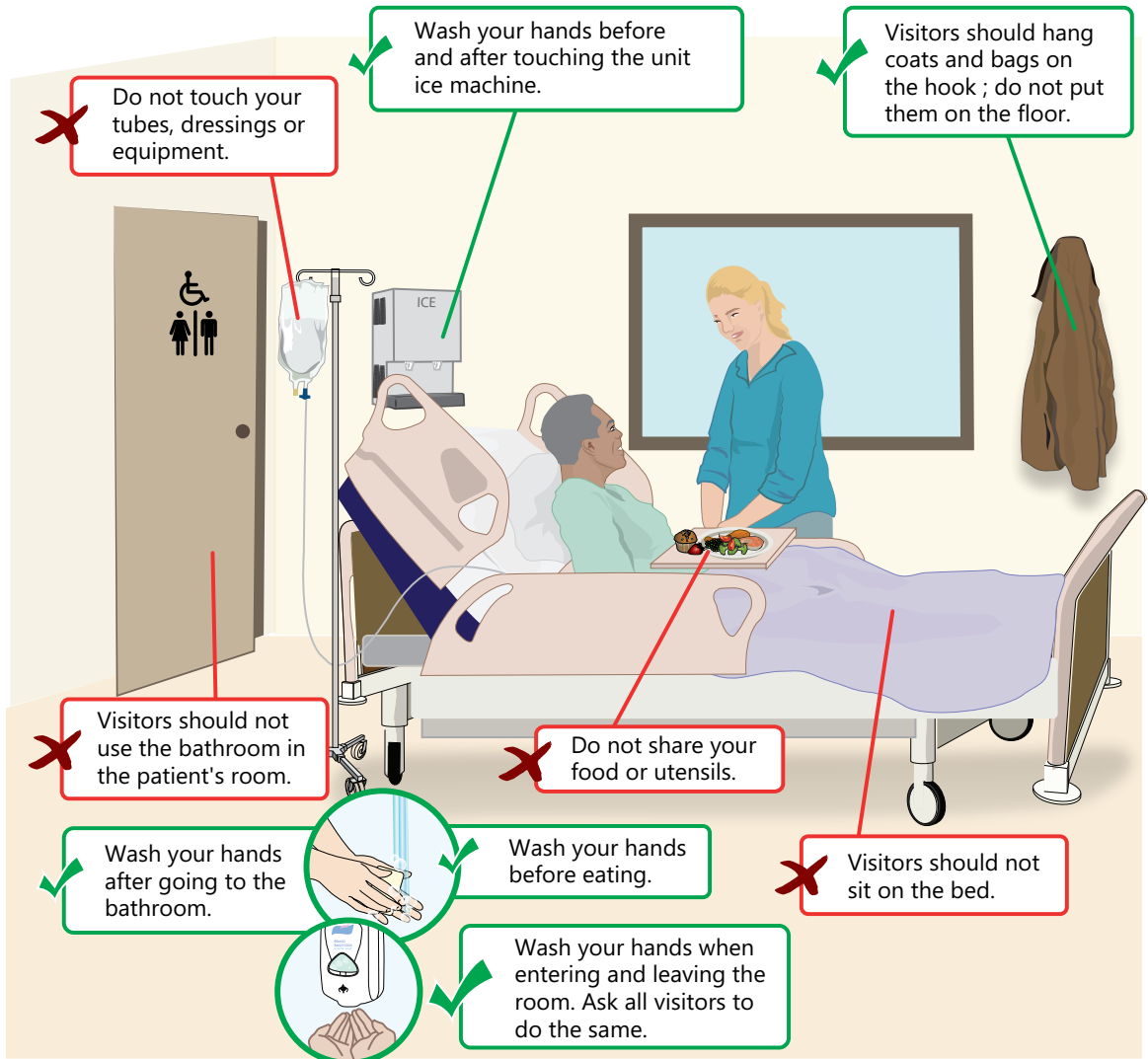
Gatineau Clinic: 819 966-6200 ext. 1170

Montreal General Hospital 11 E floor: 514 934-1934 ext. 46100

Info-Santé: 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.iqithnow.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).

If you would like to know more about the surgery:

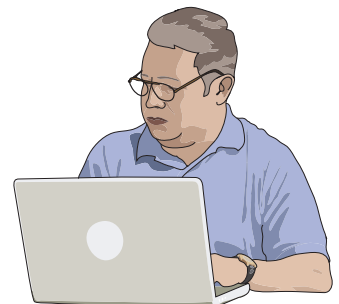
- **Canadian Cancer Society:**
www.cancer.ca/en/cancer-information/diagnosis-and-treatment/tests-and-procedures/thoracoscopy/?region=sk
- **Patient Education Office:**
www.muhcpatienteducation.ca/cancer-guides/find-a-cancer/lung-cancer.html?parentID=300§ionID=330
- **MUHC Libraries-Patient portal:**
Health information for patients and their caregivers
www.muhclibraries.ca/patients/

If you would like to know more anesthesia:

www.cas.ca/english/patient-information

Montreal General Hospital parking information:

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



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.37 for the updated information.



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

	Location	Extension
Montreal General Hospital	L6 – 129	43626
Lachine Hospital	OJ4	77001
Royal Victoria Hospital	D RC.1000	32330
Montreal Chest Institute	D RC.1000	32330
Montreal Children's Hospital	A RC.1000	23427
Montreal Neurological Hospital	E3-61	34625



Looking for information on

YOUR SURGERY ?



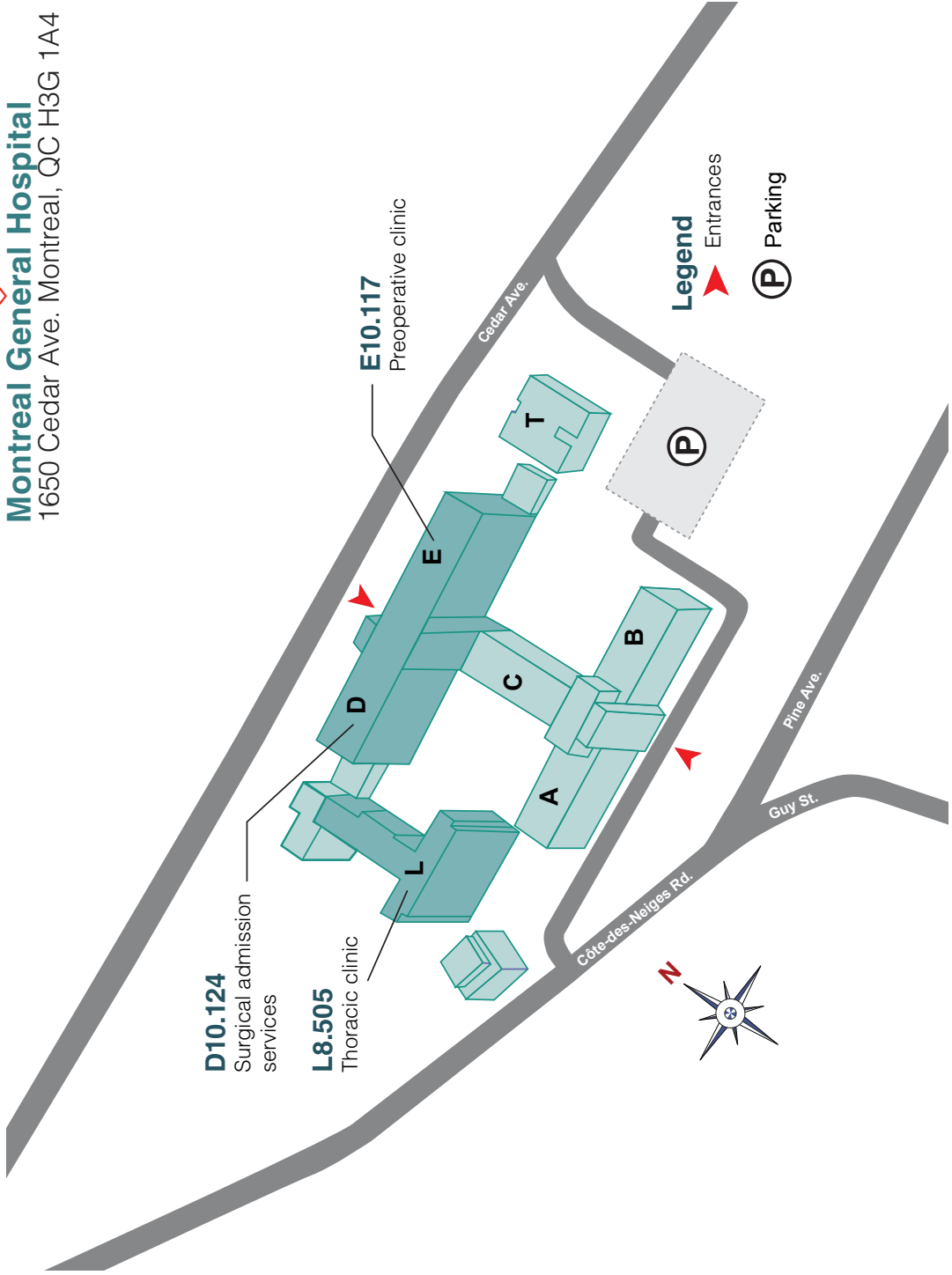
Visit the Patient Education Collection

Search : Surgery Patient Guides
muhcpatienteducation.ca



Montreal General Hospital

1650 Cedar Ave. Montreal, QC H3G 1A4



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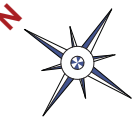
Surgical admission
services

L8.505

Thoracic clinic

E10.117

Preoperative clinic



Legend

▲ Entrances

Ⓟ Parking