



A Guide to Gynecology Surgery

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

This booklet was developed by the MUHC Surgical Recovery (SURE) working group and the MUHC Gynecology and Gyne-Oncology Surgery Division.

We are grateful to the MUHC and Montreal General Hospital Foundations for their financial support for the creation of this booklet. Unrestricted educational grants were also provided by Abbott Nutrition and Pfizer to support the development of this guide.

The formatting and images for this booklet were created by Precare which creates patient education material. For more information: precare.ca.

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Important

The 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.



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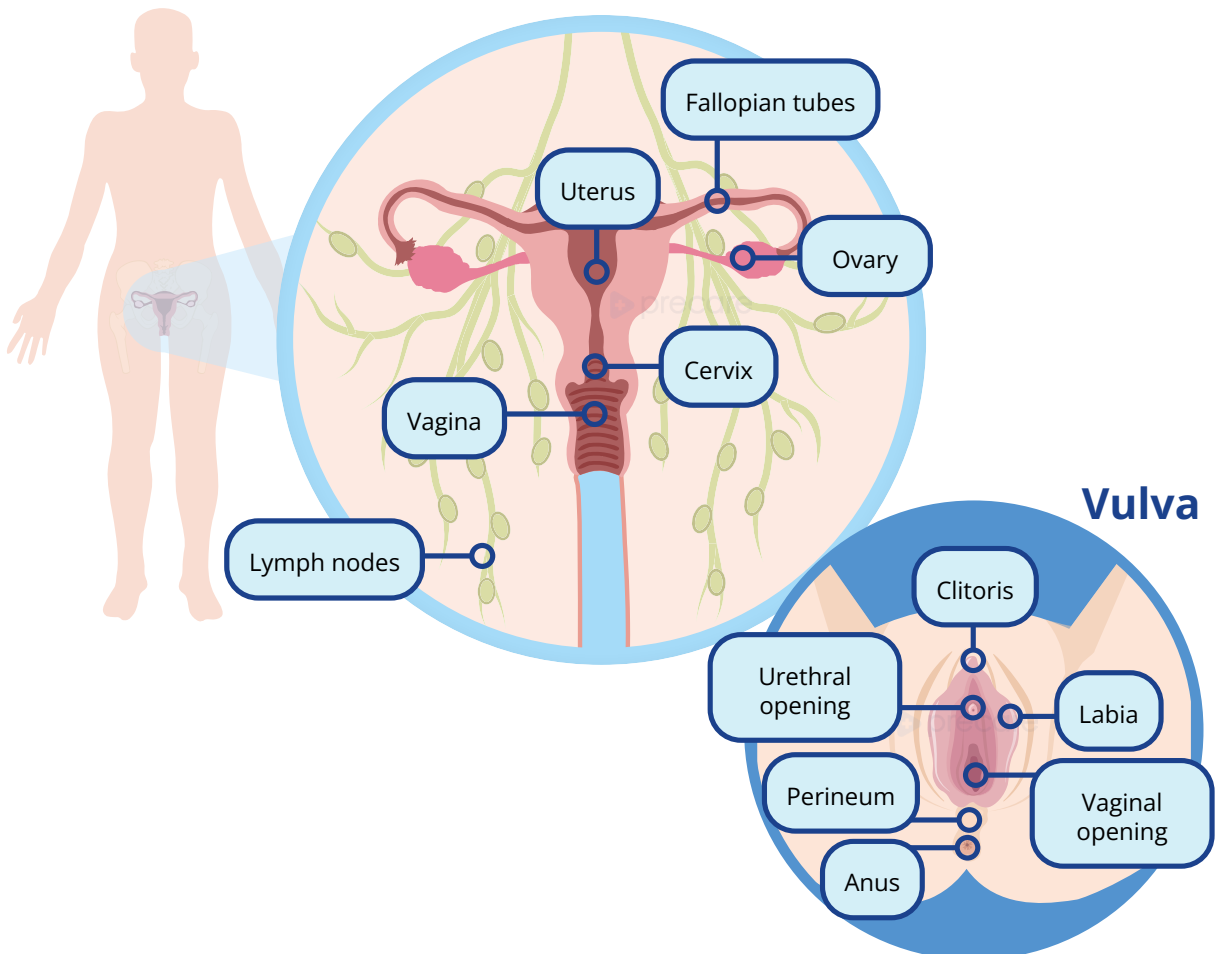
[Map of the Royal Victoria Hospital at the Glen site](#) [Back of the booklet](#)

What is the female reproductive system?

The female reproductive organs are located in the belly, also called abdomen.

The female reproductive system includes the: fallopian tubes, ovaries, uterus, cervix, and vagina.

To learn more about these organs, see [page 35](#) and [36](#).



What is gynecology surgery?

Gynecology surgery involves the removal of a specific part of your reproductive system.

The surgery can be done 2 ways:

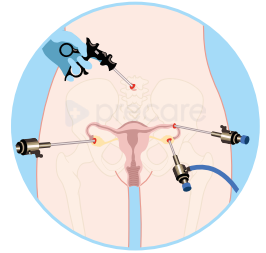
1. Minimally invasive

A minimally invasive surgery can be done in different ways. Your surgeon will talk with you about the kind of surgery you need.

- **Laparoscopic or robotic surgery**

Your surgeon will usually make 4 incisions, also called cuts, in your belly, each about 5 mm to 1 cm. Through these incisions, the surgeon will insert special surgical tools and a small camera to see inside and remove part of your reproductive system.

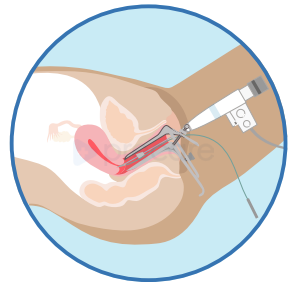
If your surgery is done using a robotic approach, the same incisions will be made. The surgeon will then use a computer to control robotic arms that hold the surgical instruments.



It's important to know it is your surgeon doing the surgery, not the robot.

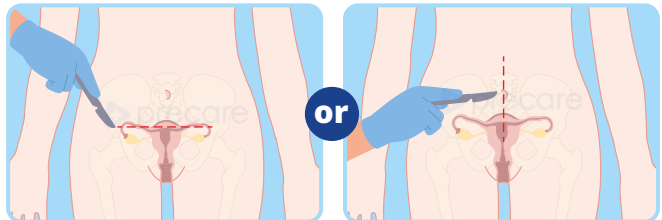
- **Vaginal surgery**

The surgeon operates entirely through the vagina. This means you will not have any incisions in your belly.



2. Laparotomy (open)

The surgeon will make one incision in your belly to perform the surgery.



Preparing for your surgery

Be active

Exercise helps your body be as fit as possible for surgery. 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 intense to make a difference. A 30-minute walk at a good pace each day is a good start.



Stop smoking and vaping

Stop smoking as soon as you can. Ideally, quitting at least 4 weeks before your surgery gives you the most health benefits.

Smokers have a higher risk of complications such as blood clots and lung infection, also called pneumonia. Healing can take longer for smokers.

Quitting is possible even if you are a heavy smoker and have tried to quit many times in the past.

Talk to your surgeon, nurse, or pharmacist to prescribe medication to help you stop smoking. You can also be referred to a specialized clinic to help you quit.

See [page 37](#) to learn more.



Preparing for your surgery

Do not drink alcohol

Do not drink alcohol for at least 2 days before your surgery.

Alcohol can affect:

- How well you recover
- How some medications work

Tell us if you need help to stop drinking alcohol.

Some patients may have to stop drinking alcohol for several weeks before surgery.



Tell us if you use cannabis

Let us know if you use cannabis, also called marijuana. Your nurse or doctor will give you instructions on what to do before your surgery.



Stop herbal or natural products

You will need to stop any herbal or natural products 2 weeks before surgery. Your nurse or doctor will give you instructions.



Preparing for your surgery

Plan ahead

You might need some help at home after your surgery. Make plans with your family and friends in advance to get help with the following things if needed:

- Preparing meals
- Bathing
- Doing laundry
- Cleaning

Fill your fridge and freezer with food that is easy to reheat.



Insurance forms: CNESST, SAAQ, and salary insurance

Let your surgeon know if you have insurance forms that need to be filled out. Bring them with you to the hospital. There may be fees involved in completing these forms.

Preparing for your surgery

Arrange transportation

For day surgery patients:

If your surgeon told you that you will be operated in day surgery, this means that you will have the surgery and go home on the same day as your surgery.

Arrange to have an adult with you to take you home from the hospital. You will not be allowed to leave the hospital alone. You cannot drive, take a taxi or take public transportation by yourself.

You must have someone stay with you at home for the first 24 hours after surgery.

Important:

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

For patients staying in the hospital:

Your surgeon should have told you how many days you will need to stay in the hospital:

- Arrange for a ride to go home.
- Prepare to leave the hospital by 10 a.m. on the day of your discharge.

Tell your nurse if you are worried about going home.

Remember to make sure you have someone who can drive you back home.

Preoperative 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 Preoperative Clinic visit, you will meet with:

- A nurse, who will explain how to get ready for your surgery and what to expect on the day of your surgery.
- 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.

You might also:

- Have blood tests.
- Have an electrocardiogram, also called an ECG, to check your heart.
- Meet an anesthesiologist, the doctor who puts you to sleep during surgery.

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

If you have any questions, contact the Royal Victoria Hospital Preoperative Clinic nurses:

514 934-1934, ext. 34916

Monday to Friday, 7 a.m. to 3 p.m.

DS1.2428 (Block D, level S1)



When to arrive for your surgery?

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

We 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 planned for 7:30 a.m., they will ask you to arrive at 6:15 a.m.

Date of surgery: _____

Time of arrival at the hospital: _____

Room: **Registration, Surgery and Intervention Centre, Block C, level 3 (C03.7055)**. Enter the building through the Royal Victoria Hospital main entrance. Take the first set of elevators (North) and go to the 3rd floor.

Note: If your surgery is at an outpatient surgical center, you will get specific instructions about where to go and when to arrive.

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



Cancelling your surgery

If you get sick, pregnant, or for any reason you are not able to come to the hospital for your surgery, call as soon as possible both your surgeon's office and the Centralized Operating Room Booking at 514 934-4488 (during weekdays: between 7 a.m. – 3 p.m.).

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

- full name
- date of surgery
- phone number
- Quebec Health Insurance Card number, also called a Medicare or RAMQ card
- surgeon's name
- reason for cancelling or postponing your 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.

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 surgery:



1. Wash your hair with shampoo and your face with regular soap.
2. Take a shower or a bath with regular soap.
3. Wash your body from the neck down, including 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 surgery:



1. Take a shower or a bath with regular soap.
2. Do not put on lotion, perfume, makeup, or 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.

If you have your period, use a pad. Do not use a tampon or menstrual cup.

What to eat and drink?

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 a marathon runner, you should also prepare and feed your body.

The Preoperative Clinic nurse will explain what to eat and drink before your surgery.

Day before surgery

- Eat and drink normally until midnight, unless you have been told otherwise.



After midnight and the morning of your surgery:

- Stop eating and do not have any dairy products or juice with pulp
- Drink clear liquids until 2 hours before your surgery (see list on the next page), unless you have been told otherwise. Example: if you are asked to come for 10 a.m., stop drinking at 8 a.m.



Exception: If you are asked to come to the hospital at 6 a.m., stop drinking any clear liquids at 5:30 a.m.

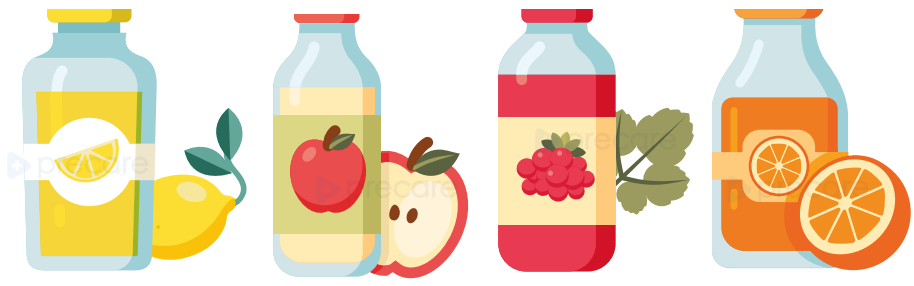


What to eat and drink?

- You should drink up to 500 mL of fruit juice without pulp (see list below). This will help your recovery.
- Then, stop drinking 2 hours before your surgery.



Liquids allowed after midnight and on morning of your surgery:	
Water	Iced tea
Lemonade (without pulp)	Orange juice (without pulp)
Apple juice (without pulp)	Grape juice



After midnight DO NOT :	
Eat any solid food	Drink any juice with pulp
Drink any dairy products	Drink diet drinks

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.

What to bring to the hospital?



- This booklet
- The list of medications you take. Ask your pharmacist to give you one.
- Quebec Health Insurance Card, also known as a Medicare or RAMQ card
- A few sanitary pads



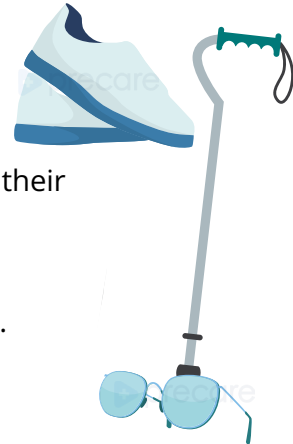
If you are staying overnight at the hospital:

- Non-slip slippers or shoes, loose comfortable clothing for your return home
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues



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 or walker, labeled with your name



Bring these in a small bag with your name written 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.

At the hospital

Admitting area

Go to Registration, Surgery and Intervention Centre, Block C, level 3 (C03.7055), at the time you were told.



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.

If your surgery is at an outpatient surgical center, you will get specific instructions about where to go and what time you need to arrive.

In the operating room

A patient attendant, also called an orderly, will take you to the operating room.

In the operating room you will meet your surgical team and your anesthesiologist. The anesthesiologist is the doctor who will make sure that you feel no pain during the surgery.

Depending on your surgery, you may get one of 2 types of anesthesia:

- **Regional anesthesia:** This means that the part of your body being operated on will be numb. You will not feel pain during surgery. The feeling of numbness is normal and will go away after the surgery.
- **General anesthesia:** This means you will be fully asleep during surgery.

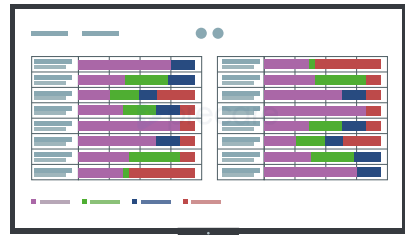
At the hospital

Waiting room

Family and friends may wait for you in the waiting room located in C03.7158 (Block C, level 3, room 7158). Please limit the number of people you bring with you.

When you arrive in the preparation area, you will be given a unique number. You may give this number to your family member or friend to track your progress before, during and after the surgery on the screen in the waiting room. These are the different phases for your surgery:

1. Registered
2. Preparing for procedure
3. In Operating Room (OR)
4. In Recovery Room
5. Discharged from the Recovery Room



Note: Your personal information will never appear on the screen, only the unique number.

There is free Wi-Fi available at the hospital.

Connect to:
Network: CUSM-MUHC-PUBLIC
Username: public
Password: wifi



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.

The PACU will call the family member or friend you have chosen, to tell them how you are doing.

No visitors are allowed in the PACU.

For day surgery patients:

You will stay in the PACU until you go home. Once you are ready to go home, we will call your family or friend to pick you up.

For patients staying in the hospital:

Your family and friends can visit you once you are in your room.

For visiting hours: <https://muhc.ca/visit>

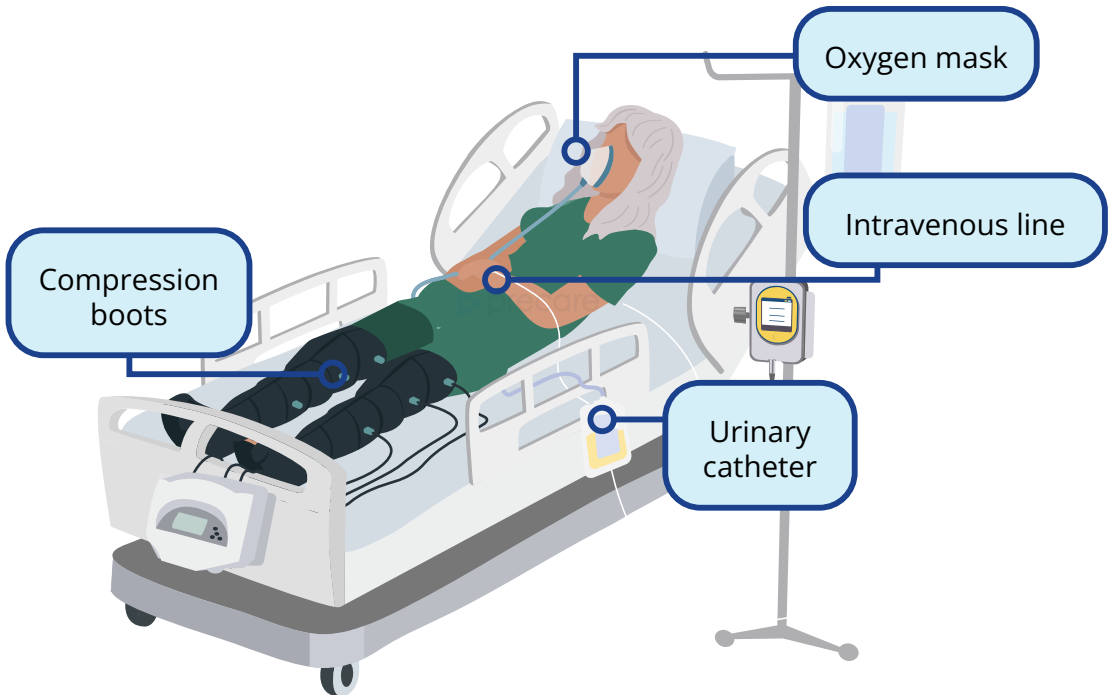
Your nurse will:

- Check your vital signs often, such as your respiration, pulse and blood pressure
- Check your bandages
- Ask you if you have pain and give you medication
- Make sure you are comfortable

Post-Anesthesia Care Unit (PACU)

You might also have:

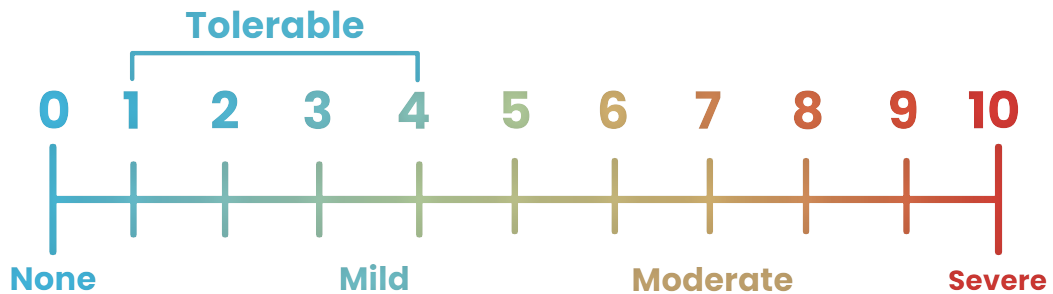
- An intravenous also called an IV, it gives you fluids and medication.
- An oxygen mask to help you breathe better.
- A small tube called a urinary catheter in your bladder. It drains urine out of your bladder into a bag.
- Compression boots on your legs, to help your blood circulation and to prevent blood clots



Pain control

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

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



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

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

We want to keep your pain below 4. Giving a number to your pain level will help your nurse decide how to best manage your pain.

Everyone feels pain differently. You can expect some pain after surgery, but it should not keep you from doing your exercises.

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

Pain control

The different ways to control your pain

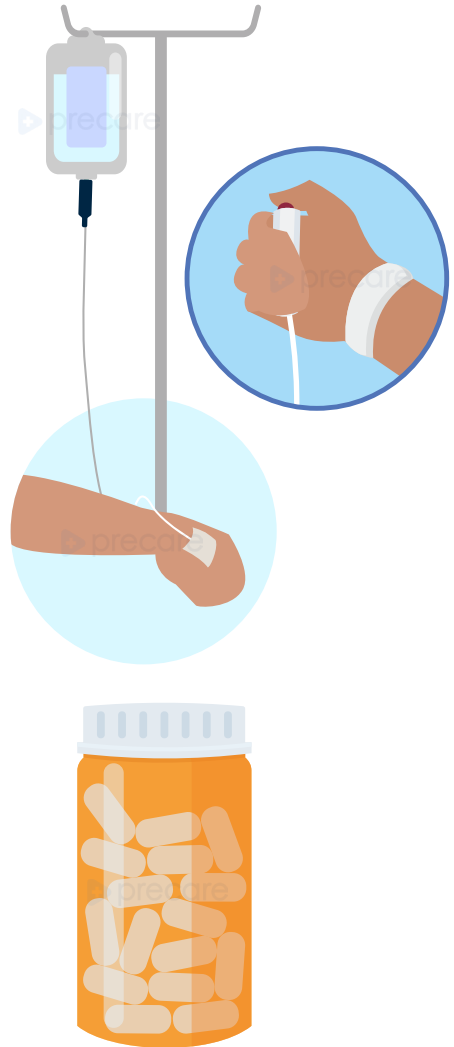
Your anesthesiologist will talk to you about the best ways to control your pain.

Patient-Controlled Analgesia (PCA) pump

A PCA pump is a machine that gives you a dose of pain medication when you press a button. The pump is attached to an IV. Nurses will teach you how to use this pump to control your pain.

Pills

You will be prescribed pills after the surgery to control your pain. If this is not enough to control the pain, we may give you a stronger type of pain medication like an opioid.



Exercises

Walking after surgery helps you heal faster and feel better!

You need to get out of bed, unless told otherwise by your healthcare team.

Even short walks can make a big difference. Here's why it's important:

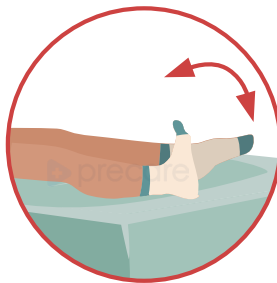
- **It helps your lungs stay clear:** you breathe better and lower your risk of pneumonia.
- **It keeps your blood moving:** which helps prevent blood clots.
- **It gets your bowels moving:** which helps prevent constipation.
- **It builds your strength and energy:** you can get back to normal activities sooner.

You might feel tired or sore at first, and that's normal. Just take it slow. The more you move, the easier it will get.

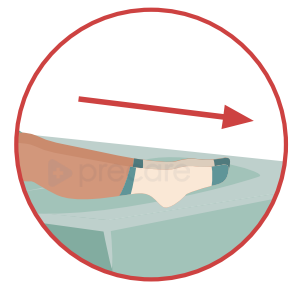
While in bed or sitting in a chair, do each exercise 4 to 5 times every 30 minutes while you are awake.



- Move your feet in a circular motion from the right and to the left.



- Wiggle your toes and point them up and then down.



- Stretch your legs out straight and point your toes up.

Goals after your surgery

If you are having a day surgery

Going home

You must have someone to take you home from the hospital and stay with you for the first 24 hours.

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

Because of the anesthesia medication you were given, for 24 hours after surgery:

- Do not drive or operate machinery
- Do not drink alcohol
- Do not take tranquilizers or sleeping pills
- Do not make any important decisions or sign any important papers

Read the next section of this booklet “At home” pages 28 to 34.



Goals after your surgery

If you are admitted to the hospital

These steps need to start on the day of your surgery and until your discharge home.

Activities

- Do your leg exercises when in bed (see [page 24](#)).
- Get out of bed and sit in a chair.
- Walk in the hallway several times a day. Ask for help if you need it.

Pain control

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

Diet

- Eat and drink the tray of food sent to you. If you need a special diet, the nutritionist will come to see you.
- You should always have your meals out of bed while sitting in a chair.

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



Going home

On the day of your discharge, arrange for someone to pick you up before 10 a.m.

You will be going home if:

- Your pain is under control with the pills
- Your incision is healing well
- Your vital signs such as your blood pressure, pulse, and temperature are stable

Before leaving the hospital

Make sure you:

- Have the information for the follow-up appointment with your surgeon.
- Have a prescription for your medication. Your nurse will review and explain your prescription.
- Read the next section of this booklet called “At Home” ([pages 28-34](#)) and ask any questions.

Tell your nurse if you have any concerns about going home.



Managing pain

It is normal to have some pain after surgery. You may have pain for a few weeks after surgery. Follow the instructions your doctor and nurse give you for treating your pain.

Pain medication and constipation

Opioids can make you constipated.

To help your bowel movements stay regular:

- Follow the recommendations from your nutritionist or doctor related to diet and hydration:
 - For most people, drink at least 6 to 8 glasses of liquids every day. Water is usually best.
 - Unless you are told otherwise, eat more whole grains, fruits and vegetables.
- Exercise regularly.
- Take stool softeners regularly while taking opioids, as your doctor prescribed.

Note: If you have a heart, kidney, or other health condition, you may need to drink less. Speak with your doctor or nutritionist if you have questions or are not sure.



Taking care of your incisions

It is not unusual for your wound to be slightly red and uncomfortable during the first 1-2 weeks after surgery.

You may take showers if you have an abdominal incision. There is no need to cover it.

If steri-strips, white skin tapes on your skin, were used, don't remove them. They will fall off by themselves.

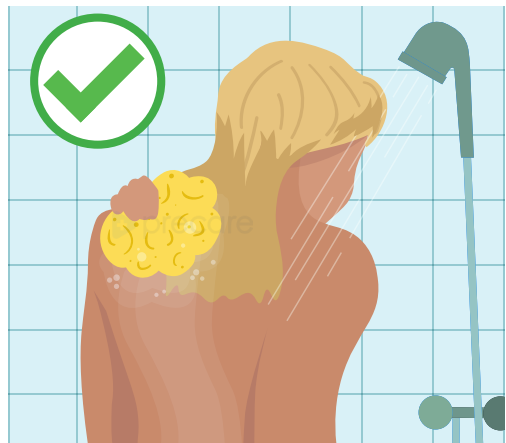
If the steri-strips have not fallen off after 10 days, remove them.

✓ Do:

- Take a shower
- Use unscented soap and let water run over the incision
- Use a clean towel to pat your incisions dry

⊘ Do not:

- Do not take a bath or swim for the first 4 weeks
- Do not scrub or rub the area of your incisions
- Do not apply creams over the incisions



Diet

You can eat anything you want unless your nutritionist, surgeon, or nurse tells you not to.

Eat foods with fiber such as fruits, vegetables, and whole grains. Drink plenty of liquids.

Eat a balanced diet including protein like meat, fish, tofu, chicken, legumes, and dairy products like yogurt.

If you find it difficult to eat 3 large meals, try:

- Eating 6 small meals.
- Adding snacks between meals.
- Avoiding having sugary beverages like juice or soda because they are more filling.
- Having high protein, high calorie shakes like Ensure, Boost or Glucerna.

For day surgery patients

- Some patients feel nauseous, feeling that you need to vomit, after general anesthesia or when taking pain medication. Try drinking fluids and don't eat big amounts in the first 24 hours after surgery. Gradually return to your regular diet.

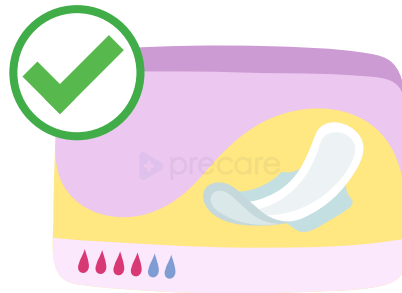


Vaginal bleeding

It is normal to have light bleeding for up to 2 weeks after your surgery. Some patients may have discharge or spotting lasting up to 6 weeks while the stitches in the vagina are absorbing. Contact your surgeon if you have any heavy bleeding, bright red bleeding, or discharge with a bad odor.

Do not use a vaginal douche. It can increase your risk of developing an infection.

If you have vaginal bleeding, use sanitary pads or panty liners. Do not use tampons or menstrual cup.



Exercises and activities

It is normal to feel tired after your surgery.

Follow your surgeon's instructions for how much weight you can carry and what activities you can do.

Continue to do more activities each day.

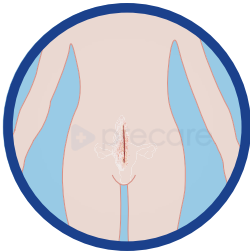
Family and friends can usually help with:

- Taking you home
- Preparing your meals
- Grocery shopping
- Cleaning the home
- Laundry



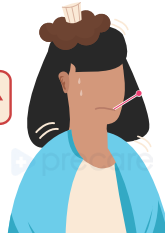
- Walking is good exercise. You should do it every day.
- Your surgeon will decide when you are able to go back to work, depending on your recovery and your type of job.
- Do not lift more than 5 pounds (2.5 kg) if you had an open incision and 10 pounds (5 kg) if you had small incisions for 4 weeks after your surgery.
- Ask your surgeon when it is safe for you to drive. Do not drive while you are taking opioid pain medication or follow your surgeon's instruction.
- Avoid penetration during sexual activities until the follow up appointment with your surgeon. Ask your surgeon at the appointment if it is ok for you to resume your usual sexual activities. It usually takes 6 to 8 weeks before you can get back to all your normal activities.

When to call your surgeon...



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

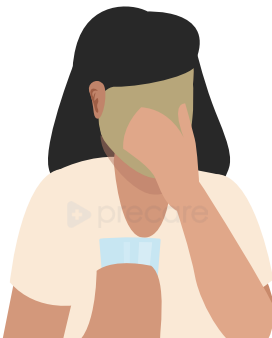
38° C ↑



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



3. You have heavy vaginal bleeding similar to your period, blood clots, or foul smelling vaginal discharge.



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



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



6. You have urinary frequency, burning sensation, or pain when you urinate.

If you cannot reach your surgeon or the clinic, go to the nearest Emergency Department.

Follow-up appointment

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 after your surgery, phone us.

Gyne-Oncology Patients

Dr. Bernard Dr. Gilbert Dr. Leung Dr. Ribeiro Dr. Zeng

- Contact your surgeon's office at 514-934-4400, Monday- Friday between 8 a.m. – 4 p.m.
- If you have a symptom related question, you may call the Cedars Cancer Centre Triage Line at 514-934-1934 ext. 34160, and a nurse will return your call within 24-48 hours Monday-Friday.

For any urgent symptoms, please go to the nearest Emergency Department.

Gynecology Patients

Dr. Brown Dr. Buckett Dr. Huang Dr. Krishnamurthy
Dr. Kuriya Dr. Mansour Dr. Nguyen Dr. Papillon-Smith
Dr. Tulandi Dr. Walter Dr. Zakhari

- Contact your surgeon's office.
- If you have a symptom related question and you have not reached your surgeon, you may leave a message on the MUHC Gynecology Nursing Voicemail at 514-934-1934 ext. 36551, and a nurse will return your call within 24-48 hours Monday-Friday. Please note this number is not for booking an appointment with your doctor.

For any urgent symptoms, please go to the nearest Emergency Department.

The female reproductive system and definitions

1. Fallopian tubes

There are 2 and each are attached to a side of the uterus. The fallopian tubes connect the uterus to the ovaries.

2. Ovaries

There are 2 and they are responsible for producing the female sex hormones: estrogen and progesterone.

3. Lymph nodes

They are small, bean-shaped masses that act as filters to remove anything that does not belong in your body, such as bacteria, viruses, dead cells, debris, and cancer cells. They are part of the lymphatic system of your body.

4. Uterus

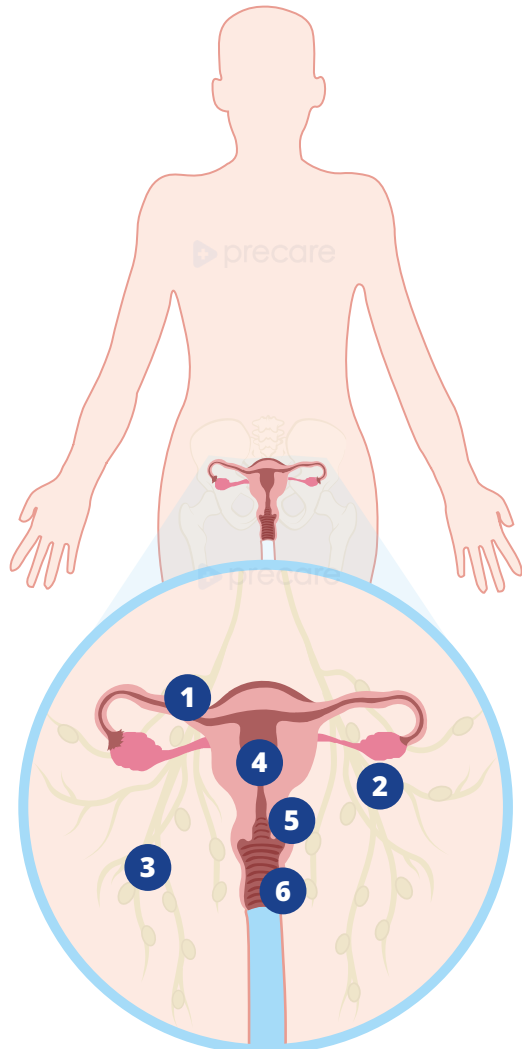
It's a muscular organ connected to the vagina and fallopian tubes.

5. Cervix

It's the lower part of the uterus which connects to the vagina.

6. Vagina

It connects the reproductive organs to the outside of the body.



The female reproductive system and definitions

Vulva

The vulva refers to all of the outside parts of a woman's genitals. It is made up of the:

Clitoris

The clitoris is found at the front or top of the vulva and helps with sexual pleasure.

Urethral opening

The urethra is a tube that carries urine from the bladder to the outside of the body.

Labia

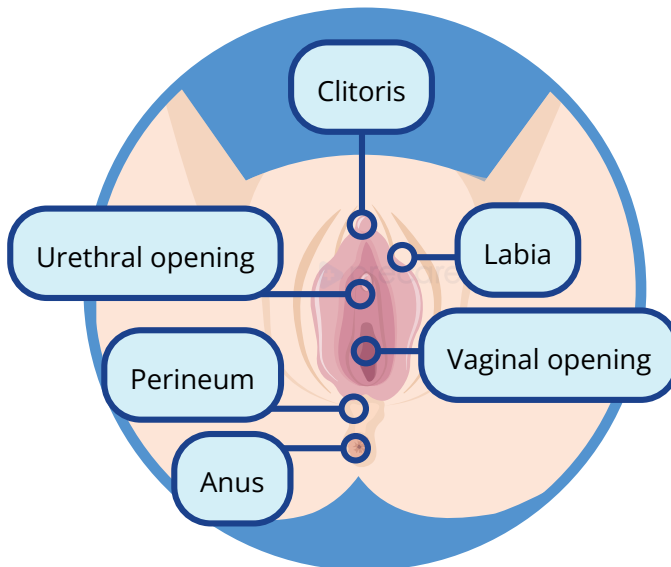
These inner and outer layers protect the vagina and urethra.

Vaginal opening

This is the canal that connects the womb (or uterus) to the outside world. During labor, a baby passes through this canal to be born.

Perineum

The skin found between the vaginal opening and the anus.



Resources to help you stop smoking

- Quit line: 1-866-527-7383 (free) or: www.iquitnow.qc.ca
- Quit smoking centers: ask your CLSC for information
- The Quebec Lung Association:
1-888-768-6669 (free) or poumonquebec.ca/en/
- Ask your surgeon for a referral to the Tobacco Treatment Clinic at the Montreal Chest Institute (MCI).

Places you may want to visit at the hospital:

Cafeteria: Located in the Adult Atrium on the S1 level

Stores / Restaurants / Coffee shops: RC level and S1 level

Bank machine: Between Blocks C & D on RC level

McConnell Centre – Patient Library: Block B, RC level, room BRC.0078

Tips to prevent infection in the hospital room

The illustration shows a hospital room with a patient lying in a bed, a visitor standing by the bedside, and an IV drip. A coat is hanging on a hook. A bathroom door with a wheelchair symbol is visible. Callout boxes provide instructions on hand hygiene, touching medical equipment, sharing food, and using the bathroom.

- Wash your hands before and after touching any equipment such as the ice machine.
- Visitors should hang coats and bags up on the hooks; do not put them on the floor.
- Do not touch your catheter, wounds, IV lines, or IV pumps.
- Only patients should use the bathroom in the patient rooms.
- Do not share food or utensils.
- Visitors should not sit on the bed.
- Wash your hands with soap and water after visit to the bathroom.
- Wash your hands when entering and leaving the room. Ask all visitors to do the same.
- Wash your hands before eating.

Notes

Map of the Royal Victoria Hospital at the Glen site

Registration, Surgery
and Intervention Center

C03.7055

RVH Pre-operative
Clinic

DS1.2428

Cafeteria

Located off the Atrium
on the S1 level

