

# **Vaginal Hysterectomy with Anterior/ Posterior Repair**

**Patient Information Booklet**

**Please bring this book to your  
admission to the Hospital and  
to all of your appointments**

**For information call  
613-721-2000 extension 2920  
between 8:00 am and 4:00 pm  
Monday to Friday**



Queensway Carleton  
Hospital

## **Your Health Care - Be Involved**

- **Be involved in your health care. Speak up if you have questions or concerns about your care.**
- **Tell a member of your health care team about your past illnesses and your current health condition.**
- **Bring all of your medicines with you when you go to the hospital or to a medical appointment.**
- **Tell a member of your care team if you have ever had an allergic or bad reaction to any medicine or food.**
- **Make sure you know what to do when you go home from the hospital or from your medical appointment.**

*Patient safety is very important to the Queensway Carleton Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.*

*The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.*

**Protect Yourself! Clean your hands frequently and ask your health care providers and visitors to do the same. Clean Hands Saves Lives.**

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your Doctor and healthcare team about your particular healthcare needs.

## **Clinical Pathway Patient Version**

### **Vaginal Hysterectomy with Anterior/Posterior Repair**

Your hospital stay will follow a plan of care called a “clinical pathway”. This is the patient version of the Vaginal Hysterectomy with Anterior/Posterior Repair booklet. It has been prepared so that you, your family, and all members of your healthcare team know your plan of care, including what tests, treatments and diet you require as well as the education and planning necessary for discharge.

The patient version of the Vaginal Hysterectomy Anterior/Posterior Repair booklet gives you an idea of what to expect from when you get to the hospital until discharge.

Once you and/or your family have read the information, please feel free to ask your Nurse or other members of the healthcare team any questions.

### **What happens at the pre-operative assessment visit?**

Your visit to the Pre-operative Assessment Clinic (POAC) may involve a 4 to 6 hour visit to the hospital. It is important and mandatory to attend this appointment or your surgery will be postponed or cancelled. In the clinic you will be officially registered for your hospital admission and a nursing assessment and pre-operative tests will be performed. These tests may include:

- X-rays
- Blood and urine tests
- ECG (electrocardiogram)

You will be given information about your hospital stay. The Nurse will take your health history and ask you to review your consent for surgery. The most important things you will learn during your visit to Pre-operative Assessment Clinic (POAC) are:

- The date and place for your hospital admission
- How to prepare for your surgery
- Deep breathing exercises and ankle exercises

You may see other healthcare professionals during your Pre-operative Assessment Clinic (POAC) visit, if requested by your Surgeon. These may include:

- Anesthesiologist
- Medical Doctor
- Community Care Case Manager
- Social Worker
- Dietician

Please bring the following to your Pre-operative Assessment Clinic (POAC) appointment:

- All your current medications in the proper bottles, including non-prescription medications (creams, eye drops, puffers, lotions, vitamins and herbal products)
- A list of allergies including type of reaction
- Provincial health insurance card and proof of any additional health insurance
- Your substitute decision maker if they have signed the consent for you
- Your reading glasses if required
- A translator if you have difficulty understanding or speaking English
- We recommend that you bring one family member or friend with you to your appointment who will assist you in your care. This person has to be able to accompany you to your various appointments in the hospital. There is some walking involved.

## MRSA (Methicillin - Resistant Staph Aureus)

Today, many hospitals in Canada and around the world are dealing with bacterium which no longer responds to many antibiotics. Queensway Carleton Hospital is taking steps to prevent and control antibiotic resistant bacterium. This bacterium does not cause problems in healthy people, but it can cause infections in people who have weakened immune systems or have had major surgery. If you have stayed overnight in a health care facility within the last year, you will be screened for this at the time of your Pre-operative Assessment Clinic (POAC) visit.

### **Family contact:**

Please discuss and decide with your family who will be the primary “contact” person. This should be the only person to phone the hospital staff regarding your condition. This person can further contact the rest of your family and/or friends. This name will be written on the chart. Please let your family and friends know who this person is.

**My family contact is:** \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

### **Where do I go for my pre-operative assessment visit?**

Report to the Queensway Carleton Hospital main lobby Information Desk. You will be directed to the Patient Registration Department to be registered and then to Pre-operative Assessment Clinic (POAC).

### **When is my appointment?**

The Queensway Carleton Hospital Operating Room Scheduling Department will notify you at home of your appointment at Pre-operative Assessment Clinic (POAC).

If you have any questions about your appointment please call the Operating Room Scheduling Department, Monday to Friday, 8 a.m. to 4 p.m. at (613) 721-2000, ext. 2614.

Your date of surgery is: \_\_\_\_\_

Call the Queensway Carleton Hospital Operating Room Scheduling Department on the day before your surgery is scheduled to get the time for your admission. The number to call is (613) 721-4840 between 11 a.m. and 3 p.m., Monday through Friday.

Call for your admission time on: \_\_\_\_\_  
(yy/mm/dd)

**On the day of your Pre Op Assessment Clinic visit we advise you to purchase 2 scrub brushes of Chlorhexidine soap. They can be purchased at the QCH Gift Box on the main floor next to the front lobby.**

#### Gift Shop Hours

Monday to Friday 9 a.m. to 4 p.m. and 5 p.m. to 8 p.m.

Weekends 12 p.m. to 4 p.m.

### **Health tips before surgery**

**NOTE:** Notify your Surgeon before your surgery if you develop a cold or any other illness.

This is important for your well being and the safety of others because there is a risk for everyone if you go into surgery with an infectious process in progress. Should your surgery be delayed, every effort will be made to have you rescheduled as soon as possible.

### **Will I need to see a social worker?**

A Social Worker is available to meet with you during your Pre-operative Assessment Clinic (POAC) visit, if there are any issues that make it difficult for you to manage at home on discharge. If you are already on Home Care through the Community Care Access Centre (CCAC), please make sure that your Case Manager knows the date of your surgery.

If you live alone, you should plan to have someone stay with you overnight and to help make meals for a few days. You could also make meals ahead of time and freeze them. If you are worried about being alone, you may want to think about convalescent care in a retirement home. You can make these arrangements yourself or we can help you to do it when you come to Pre-operative Assessment Clinic (POAC).

If you are the caregiver for someone else, please let us know at the time of your pre-operative visit.

If you have financial concerns that interfere with your discharge plans or other worries/stresses, please let us know. We can offer support and connect you with other services that you may not know about.

## **Accommodations for out-of-town patients and families**

Local accommodation: You may request a reduced rate (based on availability) for “Queensway Carleton Hospital visiting families” for the following locations:

### Best Western Baron’s Hotel and Conference Centre

3700 Richmond Road, Bell’s Corners (1.8 km west of QCH)  
(613) 828-2741

### Day’s Inn

350 Moodie Drive, Bell’s Corners (3 km west of QCH)  
(613) 726-1717 or 1-800-616-7719

### Holiday Inn Select (Suites)

101 Kanata Ave, Kanata (11.6 km west of QCH)  
(613) 271-3057

### Holiday Inn Express

45 Robertson Road, Bell’s Corners (2.5 km west of QCH)  
(613) 690-0100 or 1-877-660-8550

### Algonquin College of Applied Arts and Technology

1385 Woodroffe Avenue, Ottawa (5.2 km east of QCH)  
(613) 727-7698 or 1-877-225-8664

(Double beds in dorm rooms are available from 2<sup>nd</sup> week in May until 2<sup>nd</sup> week of August). Identify yourself as QCH patient/family.

## **What should I bring to the hospital?**

### **Please bring:**

1. A knee length dressing gown which opens all the way down the front
2. Non-skid slippers
3. Comfortable clothing. For example: jogging pants or shorts and a shirt, to wear home
4. Toothbrush, toothpaste, soap, shampoo, deodorant, tissue. These items are not supplied by the hospital
5. Please label any equipment brought from home with your name
6. All your current medications in the proper bottles, including non-prescription medications
7. A list of allergies including the type of reaction

## **Enhanced Recovery Program for Gynecological Surgeries**

### **Patient Information**

At Queensway Carleton Hospital, our goal is to improve pain management and nausea after your gynecological surgery. Enhanced recovery means that you are able to eat and move around sooner and may help to reduce the possibility of lung infections and blood clots. Many patients feel well enough to go home after one day in hospital and may be able to return to work sooner.

### **Before surgery:**

You should be eating healthy foods up to bedtime on the day before surgery

- Have a high protein snack at 11 p.m. the night before surgery (for example: crackers and cheese, toast and peanut butter, egg and toast)
- **DO NOT** eat solid food (anything you have to chew) after midnight
- **DO** drink **1** cup (250 mL or 8 ounces) of clear fluids (anything you can see through) before you leave for the hospital (for example: Gatorade™, ginger-ale™, apple juice, water). Do not drink coffee, Coke™, or orange juice
- You will be given Tylenol™ and Celebrex™ at the hospital while waiting for your surgery



### **During surgery:**

- You will be offered a spinal anesthetic (freezing medicine that is put into your back)
- You will be given an anesthetic through your intravenous
- Your Anesthesiologist will discuss these with you prior to your surgery

### **After surgery:**

- You will be encouraged to eat small amounts if you are hungry
- You will be given pain medications (Tylenol™ and Celebrex™) that should be taken on a regular schedule whether you have pain or not
- Pain or nausea medications will be available if you need them
- You will likely feel well enough to go home on the first day after surgery

### **After discharge from hospital:**

- Continue to use Tylenol™ and Celebrex™ on a regular basis for the first few weeks
- If you have a prescription for a narcotic medication, use this as needed if the Tylenol™ and Celebrex™ are not controlling your pain
- Eat and move around based on how you feel. Avoid heavy lifting or driving in the first few weeks
- You will need about 4 to 6 weeks to feel like you did before your surgery
- Drink fluids and help to prevent constipation by eating fruits and vegetables
- Call your Doctor or come to the Emergency Department if you have a fever or increased pain

## How do I prepare for my surgery?

You must follow these rules if you are to have your surgery on the scheduled date:

- **DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT THE EVENING BEFORE YOUR SURGERY OR YOUR SURGERY WILL BE CANCELLED.**
- **You should drink one cup (250 mLs) 8 ounces clear fluid e.g. apple juice, water or ginger-ale™, before leaving to come to hospital.**

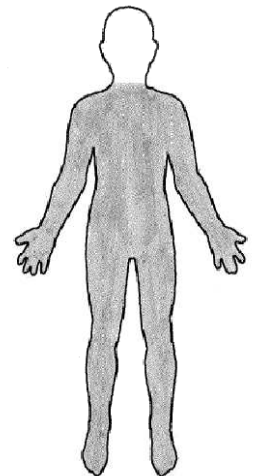
You should take your regular prescription medications with water the morning of surgery. **Bring your medications including any inhalers with you to the Hospital.**

You may also be asked to stop taking medications such as Vitamin E, ginkgo biloba, omega, garlic or ginseng at least one week before surgery. These medications “thin” your blood, which could cause excessive bleeding during and after surgery. Check with your Surgeon.

- **Skin preparation:** Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. **Do not use bath scents, powders or body lotions.**

Skin preparation:

1. The night before surgery bath or shower and wash your entire body using the Chlorhexidine soap.
  2. The morning of surgery repeat your bath or shower using Chlorhexidine soap sponges.
- If you are a smoker, stop smoking 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.
  - Do not drink alcohol 24 hours before surgery.
  - On the day of surgery do not apply deodorant, powders, and body lotions or insert contact lenses. **Please do not wear any scented products because some people are allergic to them.**
  - Do not bring valuables (jewellery, credit cards, and money) to the Hospital. We do not assume responsibility for lost or stolen articles.



- Arrange for someone to drive you to the Hospital the day of surgery, and drive you home on your discharge day.

## **What happens the day of my surgery?**

On arrival to the hospital please report to the Patient Registration Department on the main floor. Please bring your health card.

- From Patient Registration you will be taken to the Day Surgery Unit (DSU). A friend or family member can accompany you.
- After you arrive at the changing area in Day Surgery, you will change into a hospital gown. Your clothes will be placed in a bag for later transfer to your room.
- A Nurse will complete the paperwork for your admission to the hospital.
- A Nurse or Ward Assistant will take you to the Operating Room.
- You will talk to your Anesthesiologist and Surgeon in the waiting area. The Nurse, Anesthesia Assistant, or Anesthesiologist will start an intravenous by inserting a small needle into your arm or hand. Medication and intravenous fluids are given through this needle. You may receive a spinal anesthetic.
- Your operation can last 1 1/2 hours.
- After your surgery, you will go to the Post Anesthetic Care Unit (PACU) for monitoring.
- The Nurse will check your blood pressure, pulse and operative site frequently.
- You may have oxygen provided.
- If you feel any pain or nausea, inform the Nurse. You will be given medication to help this.
- You may be drowsy after the surgery, as you become more alert we will encourage you to do deep breathing and ankle exercises. These exercises will help to prevent complications
- You will be transferred to your room when the Nurse determines it is safe to move you.
- After your surgery you will awaken in the Post Anesthetic Care Unit (PACU) where you will stay until your condition is stable. Visitors are not permitted in Post Anesthetic Care Unit (PACU).

- Your family will be able to visit you after you are admitted to your room. They can also bring any extra personal toiletries and clothing at this time.

## **What are ankle exercises and deep breathing exercises?**

### **1. Ankle exercises:**

Point your toes toward your head, then towards the foot of the bed. Make your feet go around in circles 5 times. This should be at least every hour while you are awake.

### **2. Deep breathing exercises:**

Take a deep breath in through your nose and slowly blow out through your mouth. Repeat this 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.

## **What happens after my surgery?**

You will come back to your room. You will have an IV (intravenous) in your arm to give you fluids.

## **How long will I stay in bed?**

You will be getting out of bed the evening of your surgery. Walking and exercise are a vital part of your recovery.

The Nurse call button will be within your reach so you can push the button if you need assistance.

## **What do I do about the pain?**

Pain management is very important to your quick and speedy recovery.

**Intravenous Patient controlled analgesia (IV PCA)** may be used. The intravenous patient controlled analgesia (IV PCA) pump allows you to participate in your own pain management. The pain medication is delivered through a special pump that is connected to your intravenous and is controlled by a button that looks like a call bell. When you start to feel some discomfort, you simply push a button and receive a small dose of medication. This medication will start to work in just a few minutes. The intravenous patient controlled analgesia (IV PCA) will be discontinued on the day after your surgery. Once the intravenous patient controlled analgesia (IV PCA) is discontinued, you can have pills for pain. If you are uncomfortable, ask your Nurse for them. If required, you will be discharged home with a prescription for medication to manage your pain.

**It is very important to take your pain medication for the first few days so you are comfortable enough to move about as required.**

## **Pain scale ruler**

### **What is a pain scale ruler?**

A pain scale ruler is a simple tool to measure how much pain you are having. Each Nurse will use this ruler to measure your pain.

### **Why do we measure your pain?**

We measure your pain frequently so that we can be sure your pain medication is working.

### **What does a pain scale ruler look like?**

One side of the ruler has numbers from 1 to 10. The other side has colors from white to deep red (shown here in shades of grey).

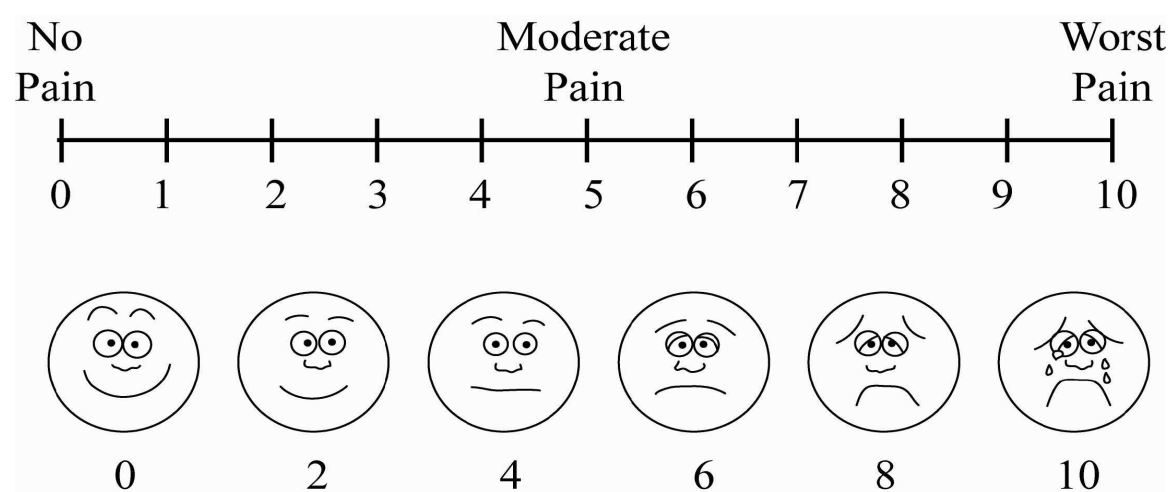
### **How does our pain scale ruler work?**

Our ruler measures pain in two ways – by number or colour.

**By number:** the ruler is numbered from 0 to 10, with 0 being no pain and 10 being the most severe pain you can imagine.

**By faces:** the faces are coloured and range from happy, with 0 being no pain as shown with a clear face to sad with 10 being the most severe pain you can imagine as shown with a deep red face. (Shown in this example as shades of grey).

The Nurse will show you the ruler and ask you to choose a number or colour.



## **What is intravenous patient controlled analgesia? (IV PCA)**

**Here are some frequently asked questions about intravenous patient controlled analgesia (IV PCA)**

### **When will intravenous patient controlled analgesia (IV PCA) therapy be started?**

The intravenous patient controlled analgesia (IV PCA) pump will be started in the Post Anesthetic Care Unit (PACU) and when you're fully awake the Nurse will remind you how to use it. The pump will go to your room with you when you are ready to leave the recovery area.

### **How much medication will I receive?**

The button may be pushed as often as required in order to make you comfortable enough so that you will be able to deep breath and move with minimal discomfort. Continue to give yourself more medication as needed to maintain this level of comfort once you have reached it.

### **Can I give myself too much medication?**

No. The patient controlled analgesia intravenous patient controlled analgesia (IV PCA) pump is designed so that you cannot give more medication than your Doctor thinks is right for you.

### **What if I start to feel sleepy?**

The pain medication you'll be receiving has that effect on many people. If you feel sleepy just decrease the number of times you push the intravenous patient controlled analgesia (IV PCA) button until you feel more awake again.

### **What if I become uncomfortable?**

If your pain medication seems to stop working, even after pushing the button several times and giving the medication a few minutes to work, just call your Nurse to check the IV. If you are still uncomfortable after the Nurse has checked the IV, your Nurse will notify your Doctor and your dose will be adjusted as required.

### **How long will I be using the intravenous patient controlled analgesia (IV PCA) pump?**

Most patients use the intravenous patient controlled analgesia (IV PCA) pump for up to 24 hours following surgery. Just remember that everyone wants you to be as comfortable as possible.

**Special things you should know while using the intravenous patient controlled analgesia (IV PCA) pump:**

**DO NOT** ask or permit family and friends to push the intravenous patient controlled analgesia (IV PCA) button for you. It is important that only **YOU** give yourself the medication when you feel you need it.

The medication will be delivered right away and will start to work in a few minutes ... please be patient, give it time to work.

When it is time for the intravenous patient controlled analgesia (IV PCA) to be stopped, you will be switched to pain pills. Ask your Nurse for something for pain when you need it.

<b>Process</b>	<b>Pre- admission</b>
<b>Assessment</b>	<ul style="list-style-type: none"><li>• You may be assessed by another Physician if requested by your Surgeon</li></ul>
<b>Tests</b>	<ul style="list-style-type: none"><li>• You will have laboratory tests (blood and urine)</li><li>• You may have a chest X-ray and electrocardiogram, if ordered by your Physician</li></ul>
<b>Medications</b>	<ul style="list-style-type: none"><li>• Please bring your medications in and we will review them</li></ul>
<b>Nutrition</b>	<ul style="list-style-type: none"><li>• We will review food allergies or food sensitivities you may have</li></ul>
<b>Rest and activity</b>	<ul style="list-style-type: none"><li>• You will be asked to have a shower or a bath at home the morning of your surgery</li></ul>
<b>Education</b>	<ul style="list-style-type: none"><li>• Please review the vaginal hysterectomy with anterior/posterior repair booklet that you have been given</li></ul>
<b>Discharge planning</b>	<ul style="list-style-type: none"><li>• We will discuss your discharge plans</li></ul>

**If you have been diagnosed with sleep apnea bring your machine with you.**

<b>Process</b>	<b>Day of surgery</b>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• We will check your temperature, blood pressure, heart rate on a regular basis</li> <li>• We will monitor your vaginal blood flow</li> <li>• We will assess your vaginal packing, if present</li> <li>• We will measure the quantity of fluids administered/taken as well as your urinary output</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>• We will do a blood test</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• We will administer antibiotic medication</li> <li>• We will give you pain medication for a vaginal hysterectomy with anterior/ posterior repair</li> </ul>
<b>Treatments</b>	<ul style="list-style-type: none"> <li>• You may have a vaginal pack inserted during the operation</li> <li>• We will insert urinary catheter in your bladder to monitor your urinary output</li> <li>• We will continue to administer fluids through your intravenous</li> <li>• You will be encouraged to do deep breath &amp; coughing exercises</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• After your surgery, you will be able to have sips of fluids initially and increased to a full regular diet</li> </ul>
<b>Rest and activity</b>	<ul style="list-style-type: none"> <li>• You will be able to be up and about before surgery</li> <li>• You will be washed after your surgery</li> <li>• You will be assisted to sit and stand at the side of the bed after your surgery</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• We will review with you the importance of performing deep breathing &amp; coughing exercises after your surgery</li> <li>• We will review the need to have good pain control to improve your recovery. If you experience more pain or nausea, please inform your healthcare provider</li> </ul>
<b>Discharge planning</b>	<ul style="list-style-type: none"> <li>• Plan for discharge on the day after your surgery</li> <li>• You will need to arrange for a ride home</li> </ul>



<b>Process</b>	<b>Day 1</b>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• We will continue to check your temperature, blood pressure, heart rate and pain levels regularly</li> <li>• We will continue to monitor your intake and output</li> <li>• We will continue to assess your vaginal blood flow</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>• You will have a blood test, if ordered by your Physician</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• We will continue to give you oral pain medication, as ordered</li> <li>• We will give you a laxative, if needed</li> </ul>
<b>Treatments</b>	<ul style="list-style-type: none"> <li>• We will discontinue your intravenous in the morning if you are drinking and tolerating well</li> <li>• We will remove your urinary catheter if ordered</li> <li>• We will continue to ask you to perform deep breathing and coughing exercises</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Regular diet</li> </ul>
<b>Rest and activity</b>	<ul style="list-style-type: none"> <li>• You will be encouraged to wash at the sink or have a shower</li> <li>• You will also be encouraged to walk to the bathroom and in the hall</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• We will review the importance of deep breathing and coughing exercises and increasing your activity as tolerated</li> <li>• We will review the signs and symptoms of infection such as: <ul style="list-style-type: none"> <li>• Elevated temperature above 38°C or 100.4°F</li> <li>• Increased abdominal pain</li> <li>• Change in vaginal drainage or foul smelling discharge</li> </ul> </li> <li>• We will review the discharge instructions</li> <li>• We encourage you to ask questions</li> </ul>
<b>Discharge planning</b>	<ul style="list-style-type: none"> <li>• If you had a vaginal hysterectomy with an anterior/posterior repair, you will be discharged on the first or second day following your surgery depending on how quickly you are able to empty your bladder completely</li> <li>• We will review the discharge instructions with you</li> <li>• You will need to arrange your own transportation home when discharged</li> <li>• You will need to arrange for someone to pick you up</li> </ul>

<b>Process</b>	<b>Day 2</b>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• We will continue to check your temperature, blood pressure, heart rate and pain levels regularly</li> <li>• We will continue to monitor your intake and output</li> <li>• We will continue to assess your vaginal blood flow</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>• You will have a blood test, if ordered by your Physician</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• We will continue to give you pain medication</li> <li>• We will give you a laxative, if needed</li> </ul>
<b>Treatments</b>	<ul style="list-style-type: none"> <li>• We will discontinue your intravenous in the morning if you are drinking and tolerating well if not already done so on the day after your surgery</li> <li>• We will remove your urinary catheter if ordered, if not already done so on the day after your surgery</li> <li>• We will continue to ask you to perform deep breathing and coughing exercises</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• You will continue with your regular diet</li> </ul>
<b>Rest and activity</b>	<ul style="list-style-type: none"> <li>• We encourage you to wash at the sink or have a shower</li> <li>• You will also be encouraged to walk to the bathroom and in the hall</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• We will review the discharge instructions</li> <li>• We encourage you to ask if you have questions that are unanswered</li> </ul>
<b>Discharge planning</b>	<ul style="list-style-type: none"> <li>• You will need to arrange for someone to pick you up prior to 10 a.m. today</li> </ul>

# Mission, Vision & Values

## OUR VISION

We will be the community hospital of choice, recognized for our exemplary patient care, people and performance in a environment of innovation and strategic partnerships.

## OUR MISSION

As a patient and family-centred hospital:

- We provide a broad range of acute care services to the people of Ottawa and the surrounding region.
- We respond to the needs of our patients and families through our commitment to exemplary performance, accountability and compassion.
- We partner with other health care and community service organizations to ensure coordinated and integrated care.
- We actively promote a learning environment in which our staff, physicians, students and volunteers are progressive and responsive.
- We are an active teaching partner with colleges, universities and other healthcare programs.

## Our Cornerstone Programs are:

- Emergency Services
- Medical Services
- Surgical Services
- Geriatric Services
- Acute Rehabilitation Services
- Childbirth Services
- Mental Health Services

## OUR VALUES

- Accountability
- Innovation
- Respect

