

Total Abdominal Hysterectomy/ Laparotomy

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.

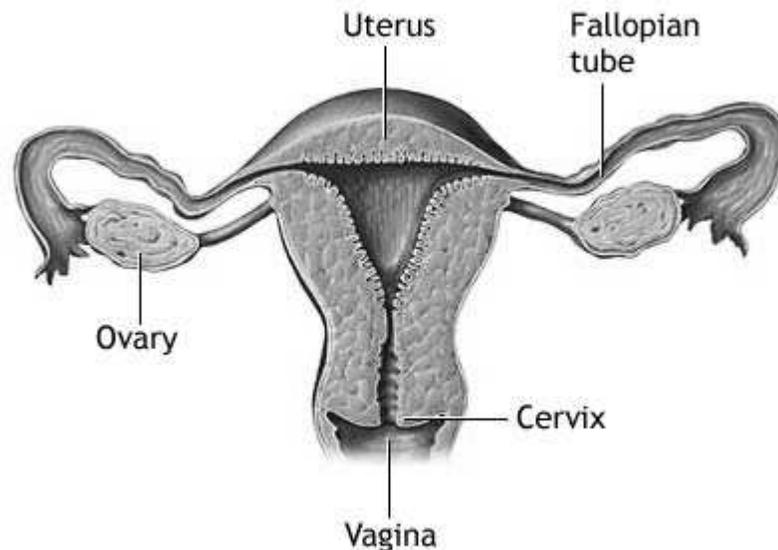
The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.

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

This booklet is intended to provide you with information to prepare you for your hospital stay and discharge. Your safety and complete recovery is our priority following your surgery. For this reason, we ask you to follow these instructions. Please use this booklet as a reference tool for all dates and times and **bring this booklet with you to all your appointments and on your day of surgery.**

Your hospital stay will follow a plan of care called a “Clinical Pathway”. In this booklet you will find information about your surgery and the patient version of the Total Abdominal Hysterectomy Clinical Pathway. 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 Total Abdominal Hysterectomy Clinical Pathway gives you an idea of what to expect when you arrive at the hospital until your discharge (see pages 20 through 23). The diagram below shows the location of the surgery.



ADAM.

After 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.

You will be asked if you smoke or consume alcohol on a regular basis.

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 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-Operative Assessment Clinic visit we advise you to purchase 2 scrub brushes of Chlorhexidine soap. They can be purchased at the Queensway Carlton Hospital 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

We ask that you check your temperature regularly during the last three days before the date that you are scheduled for your operation. If you feel feverish (temperature 38°C or 100.4°F) or develop a respiratory infection during this period, you should notify the Surgeon performing your surgery. 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.

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

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 “QCH 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 2nd week in May until 2nd 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 Open Gynecological Surgeries **Patient Information**

At the 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 pm the night before surgery (ie 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 get to hospital (ie 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

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
- You will be given other pain or nausea medications 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 managing your pain
- Eat and move around based on how you feel. Do what you can but don't push it with any 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
- Refrain from sexual intercourse until after your post operative follow up appointment with your Surgeon
- 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.**

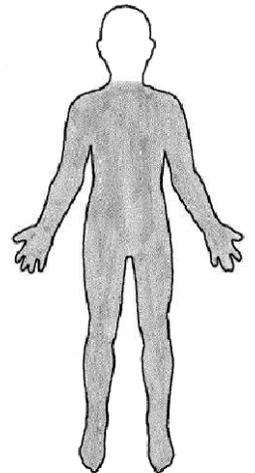
You should take your regular prescription medications with water the morning of surgery. **Bring your medications including any inhalers with you to the Hospital.**

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.
- Flowers should be kept to a minimum and exclude lilies or other strong scented flowers.

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 for approximately 24 hours.

You will have a small bandage on your lower abdomen. The incision is approximately 10 centimetres or 4 inches long. You may have a tube, which will drain blood away from the incision. This will be removed in approximately 24 hours.

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).

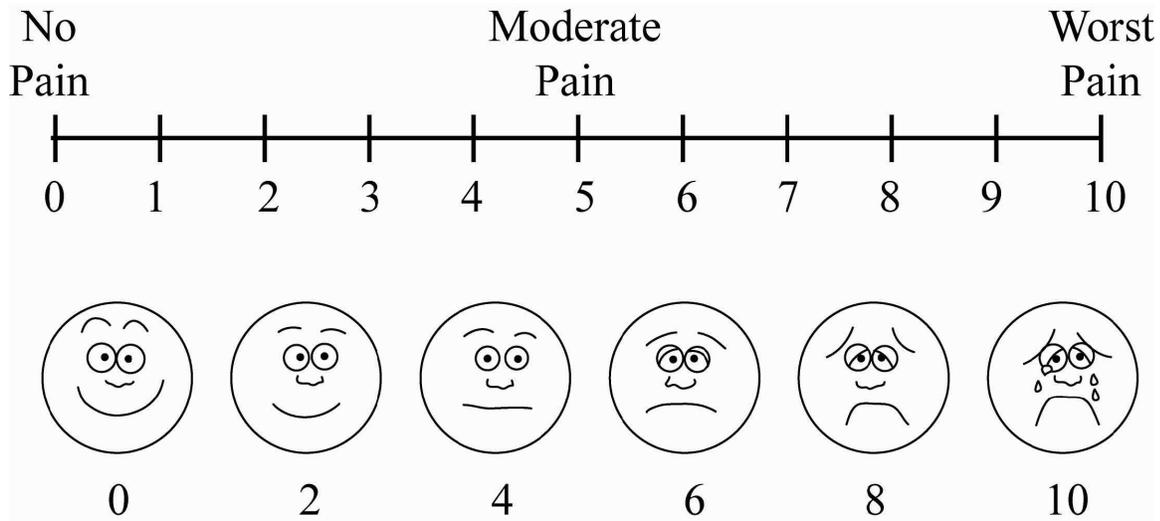
How does our pain scale ruler work?

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 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 intravenous (IV). If you are still uncomfortable after the Nurse has checked the intravenous (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.

What should I eat?

Good nutrition promotes healing, helps fight infection and ensures a smooth recovery.

1. Eat well with Canada's Food Guide
2. Enjoy a variety of food from all four food groups:
 - Vegetables and fruits
 - Grain products
 - Milk and alternatives
 - Meat and alternatives
3. Emphasize whole grain cereals and breads.
4. Choose **iron-rich foods and a Vitamin C source** at every meal:
 - The Vitamin C in juice or citrus fruit helps iron be better absorbed. Iron comes from lean meat (liver, beef and poultry), green vegetables, dried fruit, whole grain breads and cereals.
 - Choose iron boosters such as: Cream of Wheat™, All-Bran™, Shreddies™, Shredded Wheat™, prune juice, poultry and eggs.
5. For healing, include a protein choice & a milk product at each meal:
 - Protein choices include meat, fish, poultry, eggs, dried beans (baked beans) and nuts (peanut butter).
 - Dairy products contain protein and calcium for healing bones: choose from milk, yogurt, cheese & pudding.
6. For regular bowels, eat high fiber foods at every meal and plenty of fluids between meals:
 - Good sources of fiber are fruits, vegetables and whole grain breads and cereals (All Bran™, Bran Flakes, Shreddies™ and Shredded Wheat).
7. Drink 6-8 glasses per day of fluids (not counting tea and coffee) such as water, juice or milk.

What if I'm on a special diet?

Tell your Nurse if you have special dietary restrictions and she will ensure your needs are noted on the chart. She can also contact the Dietitian if necessary.

What happens when I go home?

Discharge home, according to the Clinical Pathway, is planned for Day 1 which is the day after your operation. You are responsible for your own transportation home. You may require help to do your shopping and house chores from a family member or friend for 4 to 6 weeks after surgery. The Social Worker is available through the Social Work office (613) 721-4723 to help with arrangements if necessary.

If your staples are not removed prior to going home we will provide you with a staple remover at discharge for you to take to your physician's office for follow up. You may shower with the dressing on. Once you have finished your shower, remove the dressing and pat the incision dry with a fresh, clean towel. Place a new dry dressing over the incision. You may require a dry dressing for one day, and then leave the incision line uncovered.

Be sure to continue to control your pain with medication. For the first few months you may need more rest than usual. Your body is recovering and the fatigue will lessen as you improve.

What do I do for constipation or gas pains?

Constipation and gas pains may persist for several weeks after the surgery. This is due to certain medications that you were given during and after your surgery. The most effective measures to correct constipation are:

1. Gradual increase in dietary fiber intake.
2. Make sure that you have adequate fluid intake.
3. Be as active as possible.

There are laxatives ordered for you and they can be purchased without prescription once you are discharged. Talk to your Nurse, Pharmacist or Physician.

When should I call the doctor?

Call the Doctor promptly if you have any of the following:

- Fever higher than 38°C or 100.4°F for more than 24 hours. Check your temperature daily for the first 2 weeks.
- Increased pain, redness or swelling around your incision.
- Calf tenderness, chest pain or difficulty breathing.
- Any infection. For example: tooth abscess, urinary or vaginal infection. Antibiotics will be ordered to prevent the infection from affecting your abdomen.

If you see your Family Doctor, be sure they notify your Surgeon if the Family Doctor recommends a treatment for you.

What is deep vein thrombosis?

Deep vein thrombosis (DVT) is one complication with surgery. A deep vein thrombosis (DVT) is a blood clot (thrombus) that develops in a deep vein, usually in the leg. This can happen if the vein is damaged or if the flow of blood slows down or stops. A deep vein thrombosis (DVT) can cause pain in the leg and can lead to complications if it breaks off and travels in the blood stream to the lungs. When a clot forms it can either partially or totally block the blood flow in that vein.

Symptoms of a deep vein thrombosis (DVT) can include:

- Swelling of the leg
- Warmth and redness of the leg
- Pain that is noticeable or worse when standing or walking

These symptoms are not always a sign of a deep vein thrombosis (DVT), but anyone who experiences them should contact a Doctor immediately.

Do not:

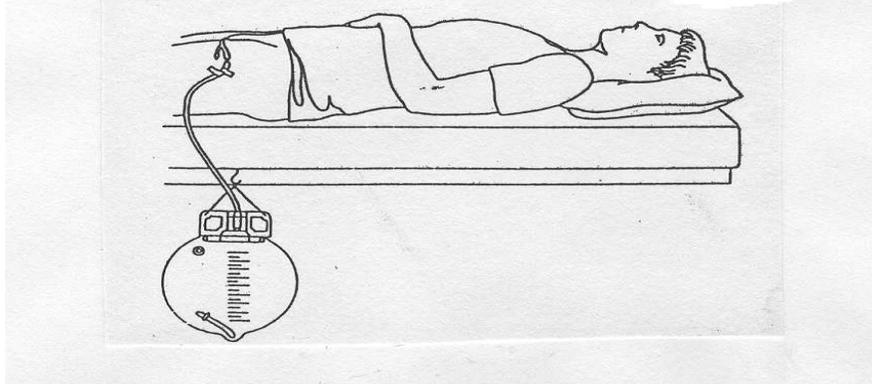
Cross your leg

Wear socks that are too tight

Sit for prolonged periods

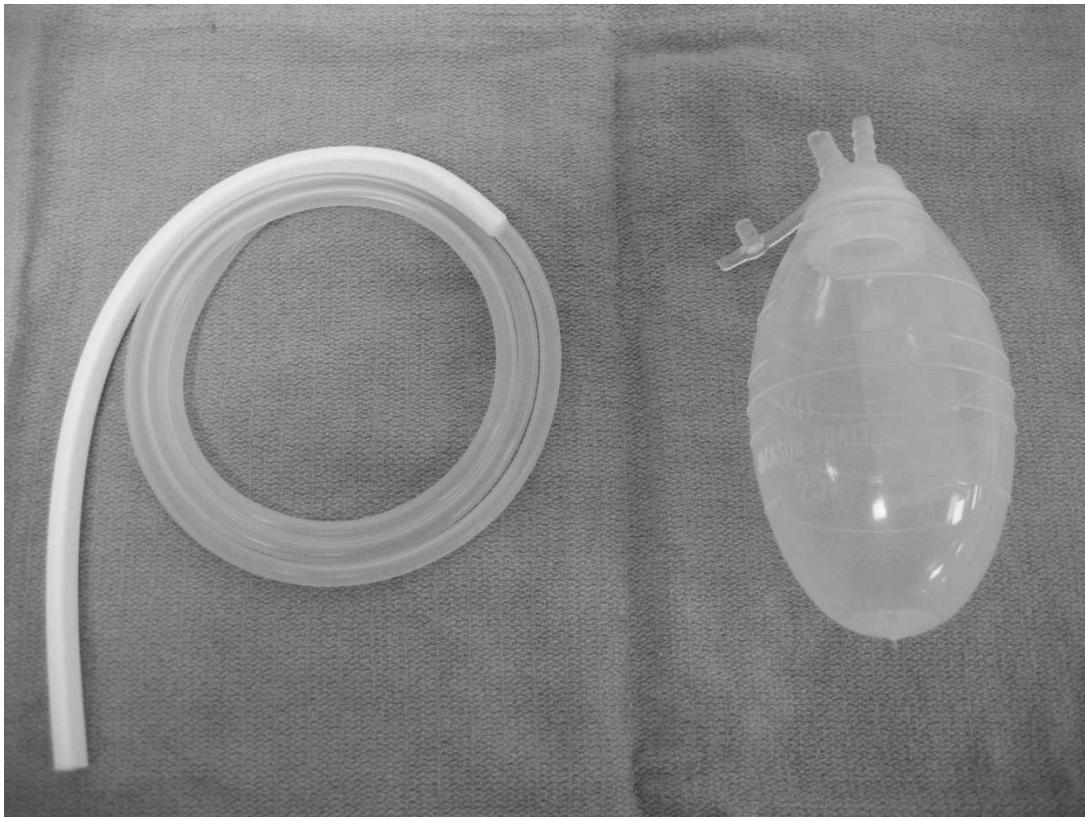
What is a urinary catheter?

A catheter is a rubber tube placed in your bladder to drain your urine. Your catheter is attached to a drainage bag hanging at the side of your bed.



What is a Jackson-Pratt drain?

A Jackson-Pratt is a small rubber bulb which drains fluid from your operative site keeping your bandage dry and clean.



CLINICAL PATHWAY - PATIENT VERSION

Process	O.R. day
Assessment	<ul style="list-style-type: none"> • We will check your temperature, blood pressure and heart rate on a regular basis • We will check your vaginal discharge for bleeding • We will check your bandage • We will measure the amount of fluids you are getting and the drainage from your tubes
Tests	<ul style="list-style-type: none"> • We will do a blood test after your surgery
Medications	<ul style="list-style-type: none"> • We will give you medication as ordered by your Doctor • We will give you medication for pain or you may have a Intravenous patient controlled analgesia (IV PCA) machine as ordered – see page 13
Treatments	<ul style="list-style-type: none"> • We will insert a tube into your bladder to drain your urine while you are asleep in the operating room • You will have an intravenous inserted before your surgery. You will get fluids this way until you are able to eat and drink without feeling sick to your stomach • You may have a Jackson-Pratt™ drain inserted in your abdomen and the amount of drainage will be measured • You need to do the deep breathing and coughing exercises – see page 12
Nutrition	<ul style="list-style-type: none"> • After your surgery, you will be able to have sips of fluids to start with and increased diet if you do not feel sick to your stomach
Rest and activity	<ul style="list-style-type: none"> • You will be able to be up about before surgery • You will be washed after your surgery • You will be assisted to dangle your legs over the side of the bed and stand at the side of the bed after your surgery
Education	<ul style="list-style-type: none"> • We will remind you how to do deep breathing and coughing exercises – see page 12 • We will help you to have as little pain as possible – see page 14 • If you have questions, please ask any of the team member
Discharge planning	

Process	Day 1
Assessment	<ul style="list-style-type: none"> • We will check your temperature, blood pressure and heart rate on a regular basis • We will check your vaginal discharge for bleeding • We will check your bandage • We will measure the amount of fluids you are getting and the drainage from your tubes
Tests	<ul style="list-style-type: none"> • You will have a blood test if ordered by your Doctor
Medications	<ul style="list-style-type: none"> • We will give you medication as ordered by your Doctor • We will remove the intravenous patient controlled analgesia (IV PCA) machine and will start giving you pills when you ask for them • We will give you medication to help you have a bowel movement if needed
Treatments	<ul style="list-style-type: none"> • We will remove your intravenous later today if you are drinking well and not feeling sick to your stomach • We will remove the tube from your bladder if ordered by your Doctor. You will be able to get up to the bathroom. Tell your Nurse when you need to go so she can measure the amount of urine • You need to do the deep breathing and coughing exercises – see page 12
Nutrition	<ul style="list-style-type: none"> • We will give you solid food as you are able to tolerate • You should drink a glass of fluid (such as water and juice) every hour as long as you are not feeling sick or having any problems going to the bathroom
Rest and activity	<ul style="list-style-type: none"> • We will help you to wash at the sink or have a shower • You should walk to the bathroom and in the hall as much as possible
Education	<ul style="list-style-type: none"> • We will remind you how to do deep breathing and coughing exercises and to slowly increase your activity • Please review the Patient Information Booklet and if you have questions, please ask any of the team members
Discharge planning	<ul style="list-style-type: none"> • You will be going home later today. • We will talk about your plans and instructions

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

