A Guide to Bowel Surgery

A patient-friendly booklet for: ________________

This booklet is to help you understand and prepare for your surgery. Please review it with the nurse and your family. Please bring it with you on the day of your surgery.
This document was developed by The MGH Clinical Care Pathway Patient Education Working Group, the 18th floor surgical nurses, the nutritionist and physiotherapist and reviewed by the colorectal surgeons.

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**IMPORTANT: PLEASE READ**

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.
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Introduction

When you are admitted to hospital for your bowel surgery you will be taking part in a Clinical Care Pathway (fast recovery program). The aim of this program is to help you recover quickly and safely.

What is the bowel?

When eating, food passes from the mouth, through the esophagus into the stomach.

From there it passes into the small bowel (intestine). This is where the food and nutrients are absorbed.

What is left of the food then goes to the large bowel, which is about 6 feet long. This is where the fluid is absorbed from the food.

The stool is then stored in the rectum, until it is passed out of the body through the anus.

This booklet is to help you understand and prepare for your surgery, how you can play an active part in your recovery and give you daily goals to achieve.

Please review it with the nurse and your family. Please bring it with you on the day of your surgery.
What is bowel surgery?

Bowel surgery (colorectal) is the removal of the diseased section of the bowel between your stomach and the anus.

The surgery can be done 2 ways:

1. **Laparoscopic**
   - The surgeon will make four to six small cuts (incisions) in your belly. He/she will use instruments and a camera, through which he/she will remove the diseased bowel and sew the healthy ends of bowel together.

2. **Open**
   - The surgeon makes one 10-20 cm incision in your belly to perform the surgery.

Some patients may need an ostomy and ostomy bag after surgery. An ostomy is an opening in your belly that is made by your surgeon during surgery. Stool and fecal waste pass through this opening, out of your body and into an attached plastic bag. Your ostomy may be permanent or temporary.

If you will need an ostomy, your surgeon will discuss this with you. Before your surgery, you will also meet with the Enterostomal Therapy (ET) Nurse who specializes in ostomy care. **During this meeting we will discuss how to take care of the ostomy after your surgery.**

Enterostomal Therapy (ET) Nurse: (514) 934-1934 extension 44782
Before Your Surgery

Preparing for your surgery

☐ **Exercise** will help make sure your body is as fit as possible before your surgery. If you are already exercising, keep up the good work. If you are not, start slowly adding exercise into your day.
  - Exercise does not need to be strenuous to be helpful; in fact, a fifteen-minute walk is far better than not exercising at all.
  - Refer to the Exercise section (pages 20 to 21) of this booklet to learn what you will need to do after surgery. You can begin practicing these at home.

☐ We *strongly suggest* you **stop smoking** completely before your surgery, as this will reduce the risk of lung complications afterwards. Doctors can help you stop smoking by prescribing certain medications.

☐ **Do not drink alcohol** 24 hours before surgery. Alcohol can interact with some medications. Please let us know if you need help decreasing your alcohol use before surgery.

☐ **Plan ahead**; make sure everything is ready for you when you go home after your operation. You may need more help at first from friends or family, with meals, laundry, bathing, cleaning, etc.

☐ Discharge from the hospital is between three and four days. Tell the nurse as soon as possible if you have any worries about going home. Please remember to **organize transportation** home.
**Pre-operative visit**

During your pre-operative visit, you will:
- Have blood tests
- Have an ECG (electrocardiogram) if you are over the age of 50.
- Meet with a nurse who will tell you how to get ready for your surgery and what to expect while you are in the hospital

You will also meet with one of the surgical residents, who is a doctor training to be a surgeon:
- He/she will ask you questions about your health and health problems and explain the operation
- If you need to take any medication before your surgery, he/she will give you a prescription
- If you have other medical problems, you may be referred to another doctor (specialist) before surgery

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Some medication or herbal products need to be stopped a week or two before surgery. Have your list of medicines with you and the doctor will decide which ones to stop or to continue. Your pharmacist can give you a list of your medications. You may also ask your pharmacist to fax us your list of medication. Our preoperative clinic fax number is 514-934-4446.

If you have any further questions, you can contact the nurses of the Pre-operative Clinic at (514) 934-1934, extension 43778, from Monday to Friday, 1:00 p.m. - 3:00 p.m.
Before Your Surgery

Day before surgery

The Admitting Department will phone you to let you know what time to come to the hospital.

You are usually expected to arrive 2-3 hours before your surgery is planned to start.

The time of surgery is not exact. It may be earlier or later than planned.

If you do not receive a call before 2:00 pm, you can contact the Admitting Department at (514) 934-1934 ext 42190

Date of surgery: ..........................................................

Time of arrival at the hospital: ...................................................

Room: Surgical Admission Services (D10-124) on the 10th floor of the main building.

If you have any further questions, you can contact the nurses of the Pre-operative Clinic at (514) 934-1934, extension 43778, from Monday to Friday, 1:00 p.m. - 3:00 p.m.
Cancelling your surgery

If you get a cold, are not feeling well or become pregnant, please call your surgeon’s office as soon as possible. If it is not possible to reach your surgeon, call the Admitting Department (514) 934-1934 ext. 42190.

Call to reschedule if:

You are not well.
You need to cancel.

Please keep in mind that the Montreal General Hospital is a Trauma Centre. This means that your surgery may need to be delayed or cancelled because of an emergency. Your surgeon will reschedule your surgery as soon as possible.
Before Your Surgery

**Instructions: day before surgery**

Before going to bed, take a shower or bath using one of the sponges given to you. Wash your body including your belly button and wear freshly washed clothes to bed.

You may need to follow a special diet the day before the surgery. This diet is planned for each patient to:

- prepare your bowels for the surgery
- give you the strength and nutrients you need for a smooth and quick recovery

The nurse at the Preoperative clinic will use the following pages to explain the best diet plan for you. Speak to him or her to discuss any questions or concerns you might have.

**Can I eat or drink the day before my surgery?**

✅ For the entire day before surgery only drink clear fluids

**Examples:** All clear juices (no pulp), Gatorade, soft drinks, jell-o, clear broth or bouillon, water, coffee or tea (no milk), Popsicle.

NO MILK OR DAIRY PRODUCTS OR SOLID FOOD.

OR

☐ You can eat and drink anything the day before your surgery
**Evening before surgery**

If you may drink carbohydrate drinks the evening before your surgery:

- **Choose ONLY one** of the drinks below as your clear fluid for the evening.
- You will notice an amount next to the drink you have chosen. This is the **minimum** amount that you must drink the evening before your surgery. (You may drink more than this amount, if you wish.)

**Try to drink at least the amount shown**

- **apple juice**
  - evening before: 850ml
  - morning of: 425ml

- **orange juice (no pulp)**
  - evening before: 1000ml
  - morning of: 500ml

- **commercial iced tea**
  - evening before: 1100ml
  - morning of: 550ml

- **cranberry cocktail**
  - evening before: 650ml
  - morning of: 325ml

- **lemonade**
  - evening before: 1000ml
  - morning of: 500ml

**Stop drinking any fluids 2 hours before your expected time of arrival to the hospital.** *(e.g. If your time of arrival at the hospital is 11AM, stop drinking fluids at 9AM.)*
Before Your Surgery

Do I need to take a laxative?

☐ No laxative needed

☐ At 10 AM start drinking the Golytely®

Morning of Surgery

Can I eat or drink the day of my surgery?

☐ Stop eating and drinking at midnight

☐ You should stop eating at midnight. You are allowed to have carbohydrate drinks until two hours before your expected time of arrival to the hospital.

No diet drinks please.
Things to bring to the hospital

☑ This booklet.

☐ Any private insurance information you might have.

☐ Bathrobe, slippers, pajamas, loose comfortable clothing.

☐ Toothbrush, toothpaste, hairbrush, deodorant, mouthwash, soap, Kleenex, shaving equipment, and perhaps earplugs.

☐ If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them.

☐ If you use a cane, crutches or walker at home, please bring them to hospital.

☐ Your medication in their original containers.

☐ Your Medicare card.

☐ If you do not speak French or English, please bring someone to translate for you.

☐ 2 packs of gum (any kind-your favorite)

☐ Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for any lost or stolen articles.
Day of Surgery

At home:

- Take a shower or bath with the second sponge given and put on freshly washed clothes.
- Do not put on any creams, lotions or perfume.
- Do not wear make-up or nail polish.
- Do not shave the area to be operated.
- Remove all jewelry and leave it at home.

Take the following medication (with a sip of water)

Do not take the following medication
At the hospital

Report directly to the **Surgical Admission Services (D10-124)** at the time given.

You will have another blood test.

The admitting clerk will ask you about the kind of room you would prefer, and have you sign a general consent and admission forms. Please keep in mind that it is not always possible to have a private or semi-private room.

**The nurse will help you to get ready for the surgery.**

**He/She will:**
- Go through a checklist with you.
- Have you change into a hospital gown.
- Make sure your personal belongings are in a safe place.
- Put on special tight elastic stockings to help blood circulate better. They prevent blood clots from forming in your legs. You should wear them until the nurse says you can take them off.

☐ The nurse will give you two enemas

☐ No enema is necessary.

An enema is sometimes used to clean out a portion of your bowel before surgery. A small lubricated tube is inserted in your rectum while you are lying down. Small amounts of liquid are then pushed into your body through this tube. Shortly after you receive the enema, you will feel the urge to go to the bathroom.
Day of Surgery

When the operating room is ready, an orderly will bring you there.

At the operating room area, you will meet your anesthesiologist and the other members of the surgical team. We will start the epidural in your back and then your anesthesiologist will give you a general anesthetic. You will be asleep and pain-free during your surgery.

Waiting room

Family and friends can wait for you in the waiting room located in the D wing on the 10th floor (D10-117).

Our space is small so we ask that you limit the number of people coming with you. There is a phone available in this room for your family to contact the Post Anesthesia Care Unit (PACU or recovery room) for updates.
You will wake up in the **Post Anesthesia Care Unit (PACU)**
**No visitors are allowed there.**

**You will have:**
- An epidural (a small tube in your back) that provides continuous pain medication (*see next page*)
- An intravenous, to give you fluid and medications
- An oxygen mask that will be removed before transferring you to your room.
- Urinary catheter (tube) to drain the urine out of your bladder after the surgery

- **Your vital signs** (pulse, blood pressure) will be checked very often.
- **Your nurse will verify the bandage** (dressing) and ask you about your pain.
- **When the nurses and doctors** are sure that your pain is well controlled, they will transfer you to your room.
- **Your family** will only be able to see you once you are in your room.
After the Surgery

Pain Control

Pain relief is important because it helps you:
- Breathe more easily
- Move more easily
- Sleep better
- Recover faster
- Do things that are important to you

A catheter is placed in your back and will give you continuous pain medication. You will be asked to rate your pain on a scale from 0-10.

The nurse will adjust the epidural as needed.

Some patients will be given a pump connected to the intravenous to control the pain instead of an epidural. This pump is called a PCA (Patient-Controlled Analgesia) pump. The PCA pump will give you pain medicine only if you push on the button. Every time you push the button and get pain medication you will hear two beeps from the PCA pump.

Please be specific about where your pain is. You may also be given other pain medication (pills or injections) to help your epidural work better, and for pain that the epidural does not control.

You will not become addicted to pain medication given to you for surgical pain.

You will be asked to rate your pain on a scale from 0-10. The nurse will give you medicine if you have pain. Our goal with the PCA or the epidural is to keep your pain score below 4/10. Always tell the nurse if your pain is more than 4.
Exercises

Get up and move
Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness. You can start the following exercises as soon as you wake up, and continue them during your stay in hospital.

1. Leg exercises
These will help blood circulation in your legs. Repeat these 4 to 5 times every half hour while you are awake.

- Stretch your legs out straight.
- Rotate your feet to the right and left.
- Wiggle your toes and bend your feet up and down.
- Stretch your legs out straight.
2. Deep breathing and coughing exercises
The inspirometer is a simple device that makes you breathe deeply, to prevent pneumonia.

- Put your lips tightly around the mouthpiece, breathe in deeply and try to hold the red ball up as long as you can.
- Remove the mouthpiece, breathe out and rest for a few seconds.
- Repeat this exercise at least 10 times every hour or more often if you can, while you are awake.
- Then take a deep breath and cough using a small blanket or pillow to support your incision.
- Deep breathing and coughing exercises will help prevent pneumonia.
In your room

With the nurses help, you will get up and sit in a chair.

Start drinking liquids and the protein drink.
Start chewing gum for 30 minutes to stimulate your bowel.

Do your leg exercises as described on page 18

Start your breathing exercises to help prevent pneumonia and other infections of your lungs.

MY PAIN TODAY

Morning: ____ /10
Midday: ____ /10
Evening: ____ /10
Night: ____ /10
One day after surgery

Pain Intensity Scale

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

Activities

- Your urine tube will be removed in the morning
- Once the urine tube is removed, get up and walk to the bathroom to urinate.
- If you are eating and drinking we will disconnect and remove the intravenous fluid.
- With assistance, you will get up and walk the length of the hallway at least 3 times today.
- Be out of bed, on and off for at least 8 hours of the day.
- Sit in the chair for all your meals.
- Do your breathing exercises at least 10 times every hour while awake.

Meals

- Continue to drink liquids and your protein drinks. If this goes well solid food will be added to your diet during the day (you might have some temporary food restrictions)
- Chew gum for 30 minutes 3 times a day, to stimulate your bowel.

Discharge: Plan to go home in 2 days.
Two days after surgery

Pain

- Tell your nurse if you are having pain greater than 4 on the pain scale
- If you have a PCA pump for pain control it will be removed and you will take pills to control your pain.
- If you have an epidural, we will do a stop test to evaluate your level of pain control with pills:
  - The pump will be turned off but the catheter will not be removed.
  - Your nurse will give you the first dose of pain killer
  - Please tell the nurse if your pain is higher than 4/10.
  - If the pills control your pain, the epidural catheter will be removed.

Activities

- Walk the length of the hallway at least 3 times today. You will be encouraged to walk more each day.
- Be out of bed on and off for at least 8 hours of the day
- Sit in the chair for meals
- Walk to the bathroom to urinate
- Continue to do your breathing exercises every hour while awake.

Meals

- Eat solid foods (you will have some temporary food restrictions)
- Continue to drink liquids
- Continue to chew gum for 30 minutes, three times a day.

Discharge: Arrange for someone to pick you up at 11:00am tomorrow.

MY PAIN TODAY

<table>
<thead>
<tr>
<th>Time</th>
<th>Pain Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>____/10</td>
</tr>
<tr>
<td>Midday</td>
<td>____/10</td>
</tr>
<tr>
<td>Evening</td>
<td>____/10</td>
</tr>
<tr>
<td>Night</td>
<td>____/10</td>
</tr>
</tbody>
</table>
After the Surgery

Three days after surgery: Going home

Activities

On the third day you should continue the same activities as yesterday and again increase the level of activity if possible.

Plan to go home today before 11:00

If you are unable to leave the hospital at this time, you can wait in the patient’s sitting room located on each unit. We need to prepare your room for the next patient.

You will be given an appointment with your surgeon for a follow-up before leaving the hospital.

Surgeon’s name: .................................................................

Appointment Date and Time: .................................................................

Summary

By doing your deep breathing exercises, chewing gum, eating well, being out of bed and walking regularly, research has shown that you will recover quicker. You are less likely to develop any lung infections or circulation problems and your bowel function will return to normal faster. By avoiding all these problems, you are more likely to go home sooner and feel better faster.
At Home

Abdominal pain
It is not unusual to have some pain during the first few weeks following surgery. The acetaminophen (Tylenol) and the anti-inflammatory should be taken first to relieve the pain. **Only add the narcotic if the pain is not relieved by the acetaminophen (Tylenol) and the anti-inflammatory.**

If you feel that the anti-inflammatory and pain medicine is causing burning or pain in your stomach, stop taking them right away and call your surgeon.

If you have severe pain that is not relieved with the pain medicine or have a fever and feel generally unwell, you should contact your surgeon or go to the emergency room. **Please track your pain levels at home using the Pain Diary found on page 32.**

Your incision
It is not unusual for your wounds to be slightly red and uncomfortable during the first 1-2 weeks after surgery. **You can have a shower:**

- 3 days after laparoscopic surgery
- 5 days after open surgery
- Gently wash the area and let water run over the incision. (Don’t scrub the area)

**No soaking in the bath for 2 weeks**

Complications do not happen very often but it is important that you know what is normal and what to look out for.
At Home

Your nurse from the hospital will arrange to have the CLSC remove your clips or stitches 7-10 days after your surgery. The CLSC will contact you at home.

Tell your surgeon if your incision becomes warm, red, and hard or if you see pus or any drainage coming from it.

Your Bowels
Your bowel habits may change after part of your bowel has been removed. You may have loose stools or be constipated.

This should settle into a more normal pattern over a period of time.

Diet
You can eat anything you want to unless told otherwise by your dietician or surgeon.

You may find that some foods upset you or cause loose bowel movements. Avoid them for the first few weeks after surgery and then you may re-introduce them one at a time.

It is important that you get enough protein and calories to help your body heal. Include good sources of protein like dairy products, meat, fish and poultry.

If you are finding it difficult to eat enough, try taking liquid nutritional supplements. (Examples: Ensure, Boost or homemade high protein high calorie beverages.)

If you cannot drink fluids or keep them down, call your surgeon.
Exercise and activities:

You should continue to walk several times a day once you are home, gradually increase the distance and the intensity until you are back to your normal level of activity.

Most patients can return home with little difficulty.

Family and friends can usually give help with:

- Taking you home
- Meal preparation
- Grocery shopping
- House cleaning
- Laundry

Do not lift more than 5 pounds until 4-6 weeks after surgery.

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

You may start to drive when you are no longer taking narcotic pain medication.

Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.
Call your surgeon if you have any of the following symptoms:

- Your incision(s) become warm, red or you see any drainage coming from the incision.
- You have a fever (greater then 38°C/100,4°F).
- You cannot drink fluids or keep them down.
- You are having more pain that is not relieved by the medications.
Important Resources

If you have any questions, please contact us.

For patients of:
Dr. Charlebois
Dr. Stein
Dr. Liberman
Colorectal clinic, room D 16-173
The Montreal General Hospital
(514) 934-1934 extension 48486

or

For patients of:
Dr. Fried
Dr. Feldman
Dr. Vassiliou
Surgery clinic, room L9-200
The Montreal General Hospital
(514) 934-1934 extension 48025

If you would like to know more about bowel surgery, the following links might be useful:

http://www.colorectal-cancer.ca

http://www.ccfc.ca
Suggestions to help you stop smoking

There are four phases of quitting
  1. Preparing to quit
  2. Choosing a quit date
  3. Coping with withdrawal
  4. Fighting relapses

Stop smoking now and you will already be on your way to quitting.

Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.

Ask your family and friends not to smoke around you.

Get a family member or a friend to stop smoking at the same time.

Join a stop-smoking group and kick the habit with other people.

Speak with your doctor about aids to help you quit such as the nicotine patch.

Get more information from:

Montreal Chest Hospital
(514) 934-1934 extension 32503
www.muhc.ca

Quebec Lung Association
(514) 287-7400 or 1-800-295-8111
www.pq.lung.ca
# Pain Diary

Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.

**For example:**

<table>
<thead>
<tr>
<th>Morning</th>
<th>Noon</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 / 10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pain Intensity Scale**

<table>
<thead>
<tr>
<th>No pain</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain as bad as you can imagine</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**Date** (dd/mm/yyyy)

<table>
<thead>
<tr>
<th>Date (dd/mm/yyyy)</th>
<th>Morning</th>
<th>Noon</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>_/10</td>
<td>_/10</td>
<td>_/10</td>
<td>_/10</td>
</tr>
</tbody>
</table>
Patient Log

Operation Day

Date ________________________________

**GOAL: Drink 2 Nutrition drinks**

- Number of Nutrition drinks I have had: □ □
- I have vomited: □ no □ yes _________ times
- I have passed gas: □ no □ yes
- I have had a bowel movement: □ no □ yes

**GOAL: Be out of bed for 2 hours**

- I have been up or sat up:
  - □ any amount of time at all
  - □ two hours
Day 1

Date ________________________________

I have been eating:
□ very well
□ well
□ poorly
□ not at all

I have been drinking:
□ very well
□ well
□ poorly
□ not at all

GOAL: Drink 2 Nutrition drinks

Number of Nutrition drinks I have had: □ □
I have vomited: □ no □ yes ________ times
I have passed gas: □ no □ yes
I have had a bowel movement: □ no □ yes

GOAL: Total of at least 8 hours out of bed, sit up for meals and walk two laps in the corridor.

I have been up or sat up:
At Meals: □ breakfast □ lunch □ dinner
Morning: □ 2 hours □ 2 hours
Afternoon: □ 2 hours □ 2 hours

Number of laps in the corridor: □ □
Day 2

Date __________________________

I have been eating:  
☐ very well  
☐ well  
☐ poorly  
☐ not at all

I have been drinking:  
☐ very well  
☐ well  
☐ poorly  
☐ not at all

GOAL: Drink 3 Nutrition drinks

Number of Nutrition drinks I have had:  ☐ ☐ ☐
I have vomited:  ☐ no  ☐ yes ________ times
I have passed gas:  ☐ no  ☐ yes
I have had a bowel movement:  ☐ no  ☐ yes

GOAL: Total of at least 8 hours out of bed.

I have been up or sat up:
At Meals:  ☐ breakfast  ☐ lunch  ☐ dinner
Morning:  ☐ 2 hours  ☐ 2 hours
Afternoon:  ☐ 2 hours  ☐ 2 hours

Number of laps in the corridor:  ☐ ☐
Day 3

Date ________________________________

I have been eating:  
☐ very well  
☐ well  
☐ poorly  
☐ not at all

I have been drinking:  
☐ very well  
☐ well  
☐ poorly  
☐ not at all

GOAL: Drink 3 Nutrition drinks

Number of Nutrition drinks I have had: ☐ ☐ ☐

I have vomited: ☐ no ☐ yes _______ times

I have passed gas: ☐ no ☐ yes

I have had a bowel movement: ☐ no ☐ yes

GOAL: Total of at least 8 hours out of bed.

I have been up or sat up:
At Meals: ☐ breakfast ☐ lunch ☐ dinner
Morning: ☐ 2 hours ☐ 2 hours
Afternoon: ☐ 2 hours ☐ 2 hours

Number of laps in the corridor: ☐ ☐
Montreal General Hospital
1650 Cedar Ave, Montreal, H3G 1A4.

Printing made possible thanks to the generosity of the MGH Patient Committee.