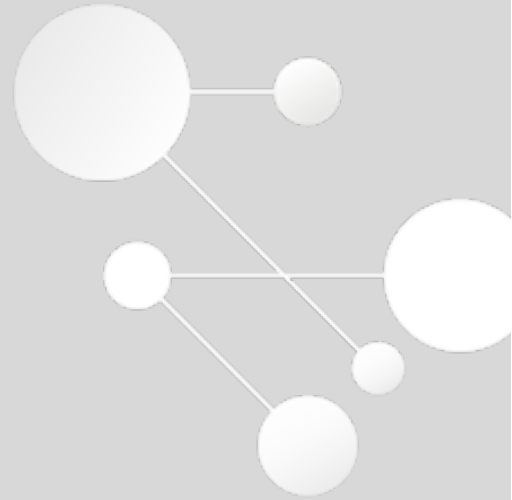


2024

**Centre intégré de
santé et de services
sociaux de Laval**



Preparation guide for a surgery

Transurethral resection of bladder tumour (TURBT)



2nd edition

**This guide will help you
understand and get ready for
your surgery.**

**Read it over with your family
and bring this guide with you
the day of your surgery.**

A publication of

Direction des services professionnels
Centre intégré de santé et de services sociaux de Laval
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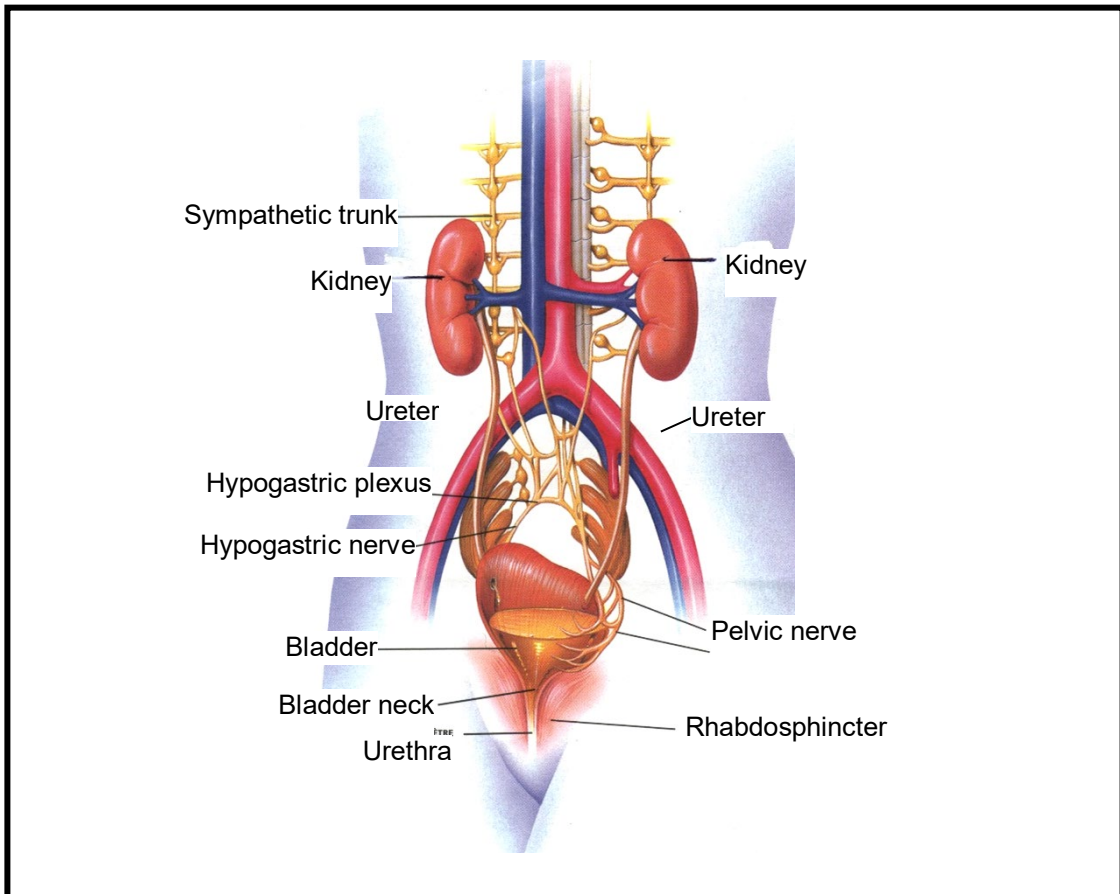
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ANATOMY

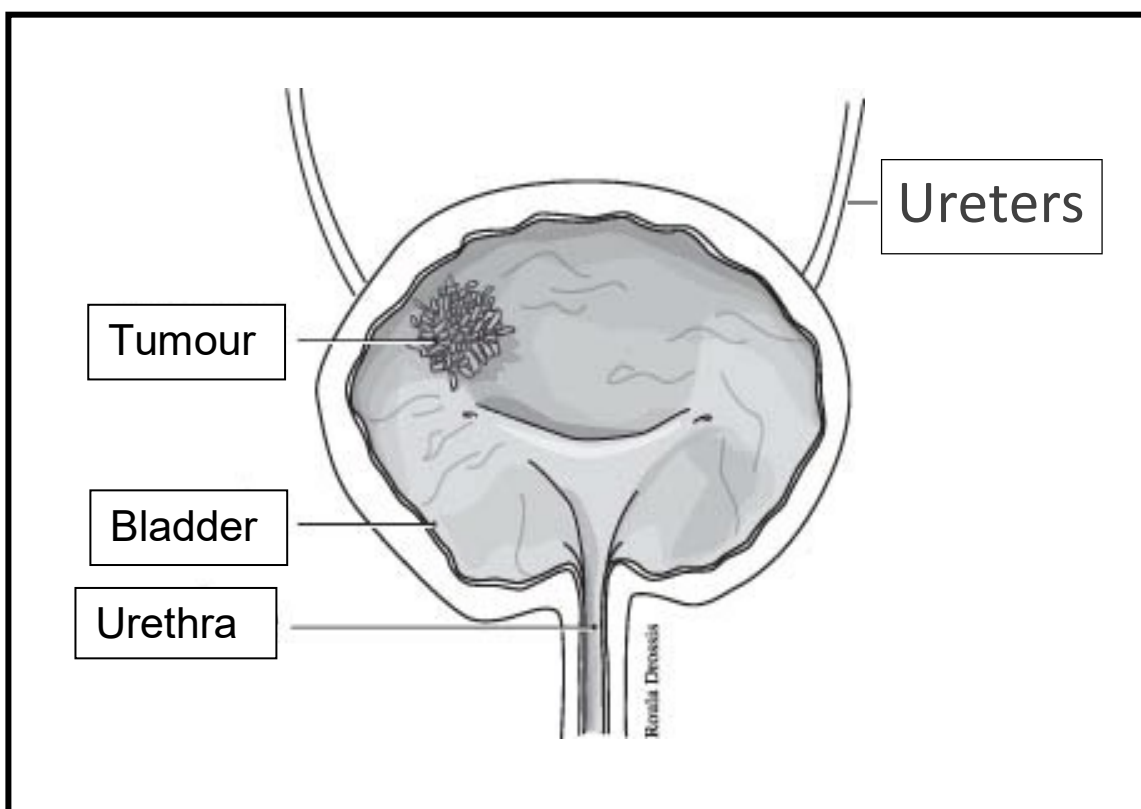
The urinary tract consists of the kidneys, two ureters, the bladder, the urethra and the urinary meatus.

Located under the ribcage on either side of the spine, the kidneys eliminate waste from the body. This waste is dissolved in the urine generated by the kidneys and flows through the urinary tract (renal calyces, renal pelvis, and ureters) to the bladder.



ANATOMY OF THE BLADDER

- The bladder is a hollow, balloon-shaped organ.
- It is 6 cm long and 5 cm wide when empty and double this size when full.
- It collects the urine produced by the kidneys through two tubes called “ureters.” Once full, the bladder muscles contract to expel the urine through another tube called the urethra.
- In adults, the bladder can contain up to 2 or 3 litres of urine.
- Bladder tumours are the most common type of cancer of the urinary tract:
 - Types of bladder tumours:
 - Transitional cell carcinoma (TCC) (90% of tumours)
 - Squamous cell carcinoma
 - Adenocarcinoma
 - Benign (non-cancerous) tumours that do not recur after being removed



Smoking is the main cause of bladder tumours.

YOUR PROCEDURE

Transurethral resection of bladder tumour (TURBT)

To remove the tumour, your urologist will insert a thin tube with a light (cystoscope) through your urethra into your bladder.

The cystoscope, which is a camera, allows the urologist to see the wall of your bladder on a screen in order to locate the tumour.

The tumour is removed from the bladder and sent to a pathology laboratory for analysis.

A urinary catheter is then inserted to wash out the bladder and prevent blood clots. A “scab” will form over the area and, in most cases, healthy tissue will grow back.

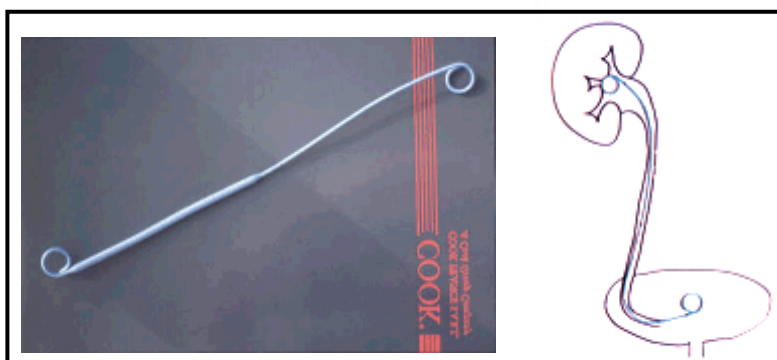
Depending on the type of tumour, a chemotherapy drug may be administered to your bladder shortly after the operation through the urinary catheter to reduce the risk that the tumour grows back.

Note that this medication only acts locally in the bladder and has very few side effects.

Double-J stent

During your procedure, if your urologist needs to investigate the ureter (the tube at the top of the bladder leading to the kidney) and take a sample (biopsy) because a tumour is also in this area, he or she may place a thin plastic tube (called a double-J or ureteral stent) in the ureter.

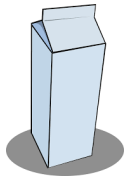
This tube temporarily helps urine flow from the kidney to the bladder to prevent any blockages due to postoperative swelling. It is then removed through cystoscopy some time after the operation as per your urologist’s prescription.



PREOPERATIVE DIET

This diet is designed to give you the strength and nutrients you need for a speedy recovery.

Suggestions to boost your protein intake



Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta



To complete your diet, you can also take a supplement such as Ensure or Boost.

TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.

If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450-978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.



Website: <https://www.tobaccofreequebec.ca/iquitnow>

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



To get help to stop right now, contact the regional hotline (for Laval residents):

Alcochoix+ Laval at 450-622-5110, ext. 64005.

Website: <https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.
- Your urine must not be infected in order to undergo surgery. If this is the case, surgery may be postponed. A urine analysis and culture will be performed during your pre-admission visit.

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment: _____

Location: _____

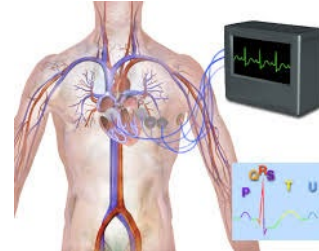
During your Preadmission Clinic visit, you will:

Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



CONSENT TO SURGERY AND ANESTHESIA

At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.

This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.



For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

The anesthetist will discuss with you on the morning of the operation which type of anaesthesia (general or intra-spinal) is best for you.

WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



- Aspirin®, Asaphen®, Rivasa®, Entrophen®, Novasen®, Persantine®, MSD AAS, Aggrenox® (dipyridamole/ASA), etc.
 - Stop ____ days before your surgery.
 - Do not stop this medication.
- Plavix® (clopidogrel)
 - Stop ____ days before your surgery.
 - Do not stop this medication.
- Prasugrel^{MD} (Effient), Ticlid^{MD} (Ticlopidine)
 Ticagrelor^{MD} (Brilinta)
 - Stop ____ days before your surgery.
 - Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
Stop 3 days before your surgery.
- **Anti-inflammatory drugs:** meloxicam (Mobicox), piroxicam (Feldene)
Stop 7 days before your surgery.
- **Anti-inflammatory drugs:** tenoxicam (Mobiflex)
Stop 10 days before your surgery.
- **All natural products** (except for melatonin): glucosamine, omega 3, vitamin E, etc.
Stop 7 days before your surgery.

You can keep taking drugs such as Tylenol®, Tylenol® Extra-Strength, acetaminophen and Temptra® until midnight the night before your surgery.

If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana®:

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before** the surgery.



Date of your surgery: _____

Arrival hour: _____

Location: _____

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- You have a sore throat, a cold or the flu.
- You have a fever.
- You are taking antibiotics.
- You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- You have a possible or unconfirmed pregnancy.
- Redness, inflammation, discharge, wound or any other problem at the operating site.



Call immediately to inform the administrative officer at:

Urology 450-975-5394

THE NIGHT BEFORE YOUR SURGERY

The night before your surgery

You can eat normally.



The day of your surgery

For all users, starting from midnight the night before your surgery:



- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.

THE DAY OF YOUR SURGERY

At home

The nurse will tell you if you need to follow the following beverage instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.

Allowed clear fluids include:

- Water.
- Juice without pulp (no pulp is mandatory).
- Coffee or black tea (no milk).



Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning.

Someone will call you 24 to 48 hours before your surgery and will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.

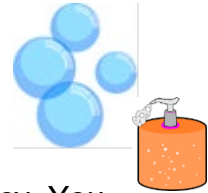


You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

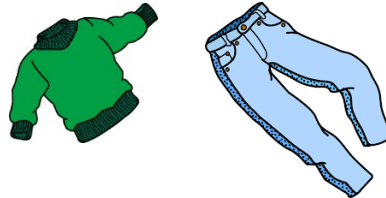
If you have not followed these instructions, you must advise the nurse once you get to the hospital.

HYGIENE BEFORE YOUR SURGERY

- ❑ **Dexidin disinfectant soap (4%)**: The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of block C or at the pharmacy. You must use the soap from your chin to your toes and then rinse.



Put on clean clothes after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.

Do not shave the area to be operated on





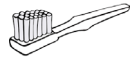

Medication

Take these medications **ONLY**
(with some water).



**If you do not follow all these instructions
your operation may be cancelled.**

WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers. 
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes. 
- Tissues, toothbrush and soap. 
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name. 

Please leave all your jewelry and other valuable objects at home.



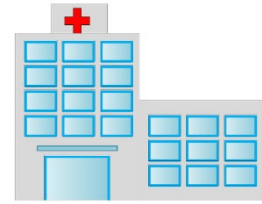
The hospital is not responsible for lost or stolen items.

(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

- ❑ **If you are going to have a day surgery:** Go directly to the day surgery unit on the first floor of Block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit. **YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT.**



- ❑ **If you have to stay at the hospital after your surgery:** Go to the reception area of Room RC.5, block C.

The time of your operation will be given to you when you arrive at the unit.

Only one person can accompany you.

After you arrive at the unit, you should expect to wait a moment until being called for your surgery. Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



THE DAY SURGERY UNIT OR THE CARE UNIT

At your arrival, the nurse will help you get ready for your surgery. The nurse will:

- Give you a hospital gown to put on (you must remove all other clothing before leaving for the operating room).
- Proceed to a blood test if necessary.
- Check that you have followed the preparation instructions (beverages, fasting, etc.).

OPERATING ROOM

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.



You must remove your:

- Glasses, contact lenses;
- Underwear, jewelry and body piercings;
- Dentures, hearing, hair piece.

Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

IN THE RECOVERY ROOM

- You will wake up in the recovery room.
- No visitors are allowed in the recovery room.
- The staff will make you comfortable on your stretcher or bed.
- You will not be able to eat or drink right away. The nurse will allow you to do so when you are stable.
- Once you are stable and your pain is controlled, you will be transferred to the day surgery unit.



RETURN TO THE DAY SURGERY UNIT OR HOSPITAL UNIT

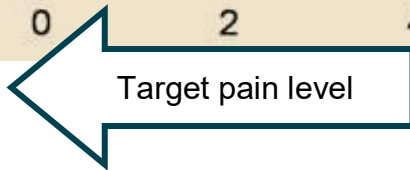
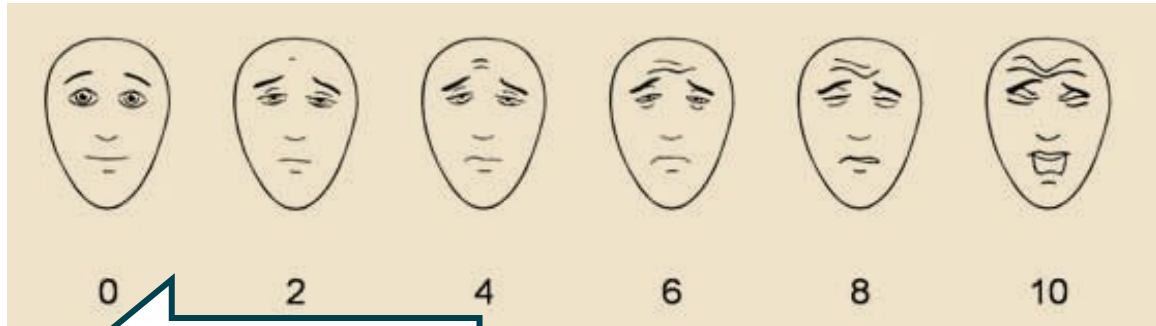
The staff will make you comfortable on your stretcher or bed and take your vital signs several times.

This procedure is performed through the natural way of the urethra. A urinary catheter (tube in the bladder) will be inserted during the surgery to check the quantity and color of the urine.

CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10.



Our goal is to keep your pain below 4/10

Pain relief is important because this will help you:

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Pain relief technics

Analgesia (pain medication):

- Injections (shots) will be given to you if your pain is too great.
- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.

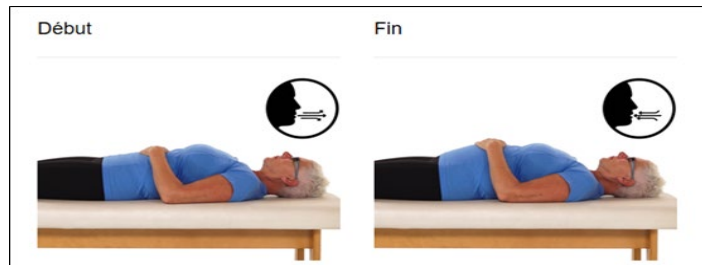


BREATHING EXERCICES

Deep breathing

To do as soon as you wake up

Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.



Breathe in slowly and deeply through your nose or mouth as if you were smelling a flower. At this point, you will feel your lungs expand. Only the hand on your belly should lift.

Keeping your lips pinched, **slowly** exhale through your lips. This will take twice as long. Exhale to get the air out of your lungs by pulling your stomach in.



This exercise is not easy to do.
Therefore, you need to practice before your operation.

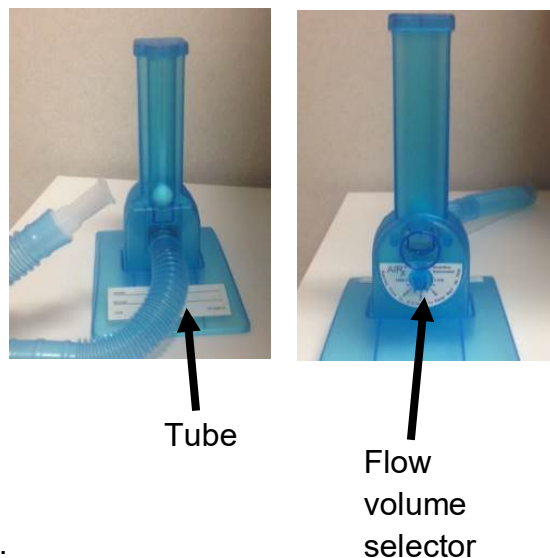
Spirometer

* The preadmission nurse will give you this device if you need it.

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated position.
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.



4. Place your lips snugly around the mouthpiece and then **inhale**. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises helps you:

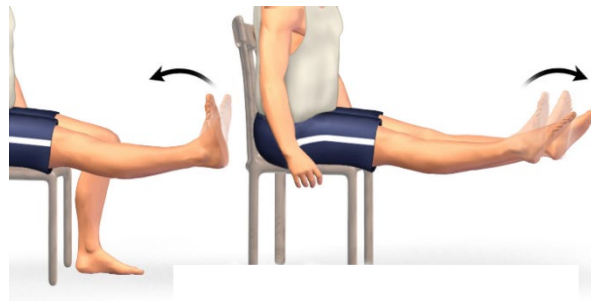
- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

CIRCULATION EXERCICES

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Ankle rotation

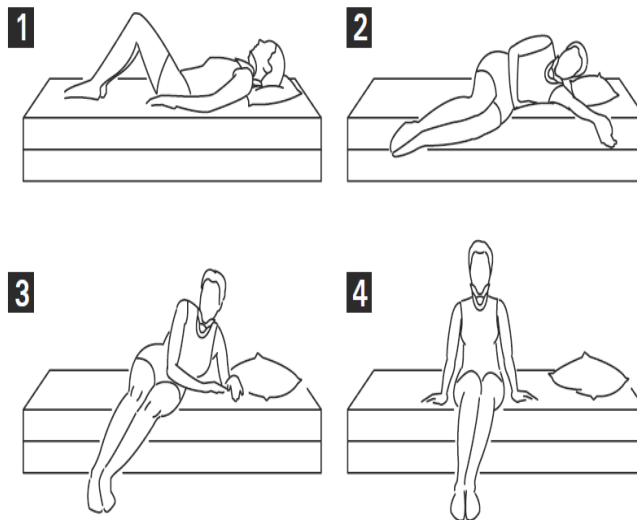
While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every two hours.



GETTING UP

When you get up for the first time, a staff member will be there to assist you, however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

To help you get in and out of bed, you need to raise slightly the head of your bed.





1. Lying on your back, bend your knees.
2. Turn toward your non-operated side.
3. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
4. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.

If you do not feel well, tell the nurse or care attendant.

Staff will help you sit in an armchair if you need to.

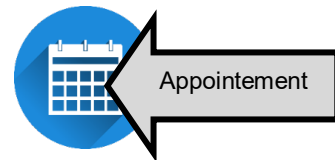
YOUR DISCHARGE FROM THE UNIT

- Your surgeon is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home. 
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain. 
- The nurse will give you a follow-up appointment with your urologist. It's essential to go to this appointment, even if you feel fine.

Urologist's name: _____

Date & time of appointment: _____

Location: _____



You will receive a proof of hospitalization or medical leave from work form if you need one. Your surgeon should be notified if you need these documents.



If you have insurance forms that need to be completed, contact your urologist secretary at his private office. (See urologist referral on page 30).

All forms must be forwarded to the private office. No forms will be filled out at the hospital on the day of surgery.

ONCE YOU GET BACK HOME - INSTRUCTIONS

Your incision

The procedure is performed through the natural route of the urethra, so no incision on the belly is required.



Hygiene

1. You can take a bath or shower as soon as your catheter is removed, unless your urologist gives you other instructions.
2. You will notice an increase in urination and an urgent need to urinate for a few weeks.
3. After the operation, you may have problems urinating or feel pain, as your mucous membranes may be irritated. These issues usually go away after a few days.
4. You may also occasionally notice blood in your urine for a few weeks, and you may pass clots, especially after 2 weeks when the bladder is healing and the “scab” starts to come off.
5. Staying hydrated (one 250-ml glass per hour during the day when you are awake, if you have no medical restrictions against this amount of fluid intake) up to a maximum of 8 to 10 glasses per day and frequent urination will help relieve these symptoms.
6. If you continue to have a large amount of blood in your urine, you may have to stay at the hospital longer. Saline irrigation through the urinary catheter (cystoflow) may be set up to resolve this problem. The cystoflow device will be monitored by the nurse at the hospital.
7. Your urinary catheter will be removed before you leave the hospital and once your urine is clearer. If you have to keep the catheter even when you are discharged home, you will get a referral to your CLSC and your nurse will give you a document on catheter care with the steps to follow.
8. Bladder spasms caused by the urinary catheter:
 - The bladder catheter may cause discomfort.
 - You may feel the need to urinate. You need to relax, as urine will flow **freely** through the catheter (a tube in the bladder inserted during surgery).
 - These spasms are caused by a balloon that inflates at the end of the catheter. The balloon keeps the catheter in place, but when it touches the bladder wall, you may feel the need to urinate.



- Severe bladder spasms may cause urine leakage around the catheter. **This is not dangerous.**

NOTE: You can buy pads at pharmacies specifically to protect against this discomfort.

If chemotherapy is administered through the urinary catheter after the procedure, here are the instructions to follow:

- Properly wash your hands and genitals before and after urinating.
- For 48 hours, clean the toilet bowl with bleach after you urinate and let it sit for 15 minutes before flushing.
- Keep the bathroom well ventilated.
- For 48 hours, urine splashes must be wiped away with disinfectant or bleach.

Back to work

Your surgeon and nurse will give you more details about your recovery, which will depend on your procedure and the type of work that you do.



In general, the convalescence is 2 to 3 weeks.

Breastfeeding

If you are breastfeeding, ask the surgeon or nurse if you can continue.



Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable

NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.



If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.

To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

You can use a mild laxative such as Metamucil[®], Colace[®], Lax A day[®] or Prodiem[®] at a pharmacy. Ask your pharmacist for advice.

If you have not had a bowel movement for at least 3 days despite these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES



You can drive when:

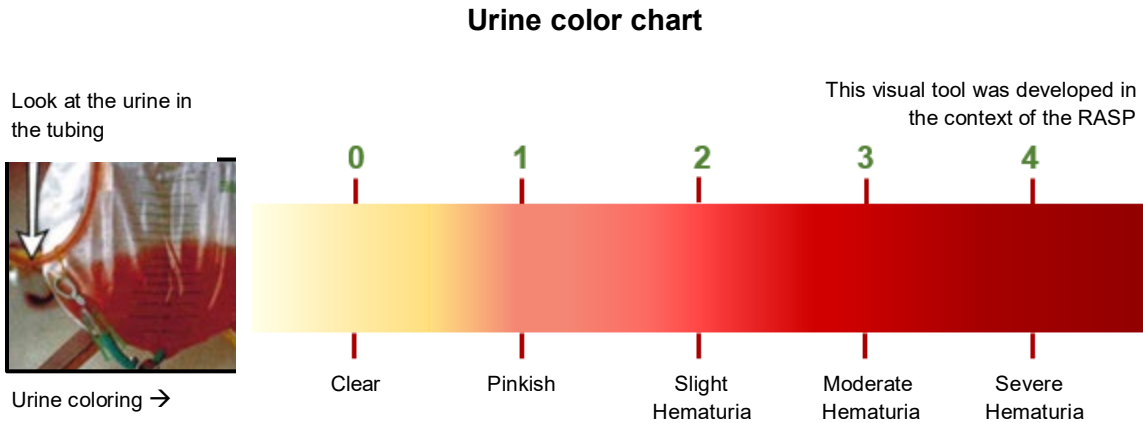
- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

- Depending on your procedure, your surgeon or nurse may give you other instructions that are appropriate for your situation. Do not hesitate to ask questions.
- You need to stay active after your operation, but you also need to rest. It is normal to feel tired.
- Pain should not prevent you from your daily activities such as getting dressed, washing yourself or eating. Take your pain medication if the pain is too intense, and take it at least 30 minutes before doing exercise, if you need to.
- You must restrict your activities for the first week. You can resume your activities gradually thereafter, depending on your tolerance. You can go up and down the stairs.
- Walking is one of the best exercises. Increase the distance you walk everyday and alternate with periods of rest. Avoid vigorous exercise, sudden movements, or contact sports.
- A double-J stent often increases bladder pain, frequency of urination, and an urgent need to urinate. Patients also commonly feel pain in their side when urinating or when their bladder is full. They may also see blood in the urine. These symptoms can be aggravated by activity.
- Avoid vigorous exercise, sudden movement, contact sports, and travelling. To prevent bleeding, avoid lifting heavy weights (10 kg / 20 lbs.) for 2 weeks after your follow-up visit with your urologist and not until your urine starts running clear.
- You can resume sexual activity about 2 weeks after your surgery and once your pain has subsided.



URINE COLOR CHART

Your nurse will give you the urine colour chart below so that you can check the colour of your urine after your operation and make sure it returns to normal.



Do not forget to drink 1 glass of water every hour while awake

Urine colour is 0 or 1: normal

Urine color is **2**: drink 1 glass of water every 30 min. until the color returns to 0 or 1

Urine color is **3** or **4**: call your CLSC

CLSC - CHSLD de Ste-Rose: 450-622-5110

CLSC des Mille-Îles: 450-661-2572

CLSC - CHSLD du Marigot: 450-668-1803

CLSC - CHSLD du Ruisseau-Papineau: 450-687-5690

CLSC in your area: _____

If you live in Laval, you will be given a referral to your CLSC when you are discharged from hospital. You can contact them according to the instructions above.




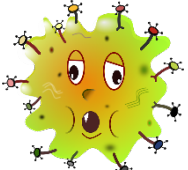
COMPLICATIONS


If you have difficulty breathing:

**Immediately call
Urgences-santé at 911**



If you have one or more of the following signs or symptoms:

 <p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>	 <p>Your pain increases and is not relieved by medication.</p>	 <p>You have cramps or constant pain in your calf.</p>
<p>Inability to urinate after several hours and severe abdominal pain.</p> <p>Intense burning sensation when urinating, with cloudy and foul-smelling urine (see urine colour chart on page 28) that does not clear up despite abundant hydration.</p>		

 **Contact an Info-Santé nurse at 811 at any time (24 hours a day)**

For all other questions, contact one of the resources listed on the next page.

RESOURCES



For emergencies, call 911
For health advice, call 811
24 hours a day, 7 days a week

Outpatient clinics

Pre-admission (preoperative only)	450-975-5566
Urology.....	450-975-5913

Laval Private urologists Office

Polyclinique médicale Concorde	
300, boulevard de la Concorde est, Laval (Québec), 2 nd floor	
Phone number	450 667-5310

CLSC

Laval area

Accueil première ligne.....	450-627-2530, ext. 64922
CLSC des Mille-Îles	450-661-2572
CLSC et centre de services ambulatoires Ruisseau-Papineau	450-687-5690
CLSC et CHSLD Sainte-Rose.....	450-622-5110
CLSC de l'Ouest-de-l'île.....	450-627-2530
CLSC et CHSLD Idola-Saint-Jean	450-668-1803

Laurentian area

Centre intégré de santé et de service sociaux des Laurentides:

Thérèse de Blainville.....	450-433-2777
Des sommets	819-324-4000
St-Jérôme	450-432-2777
Pays d'en haut	450-229-6601
Jean-Olivier Chenier	450-433-2777
Argenteuil.....	450-562-3761
Antoine Labelle	819-275-2118

Lanaudière area

Lanaudière Sud.....	450-654-2572
Lanaudière Nord	450-839-3864

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**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

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