DIGNE DE CONFIANCE,
à chaque instant

2022

Centre intégré de santé et de services sociaux de Laval

Preparation guide for a surgery

The thyroid gland and parathyroids

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

Québec

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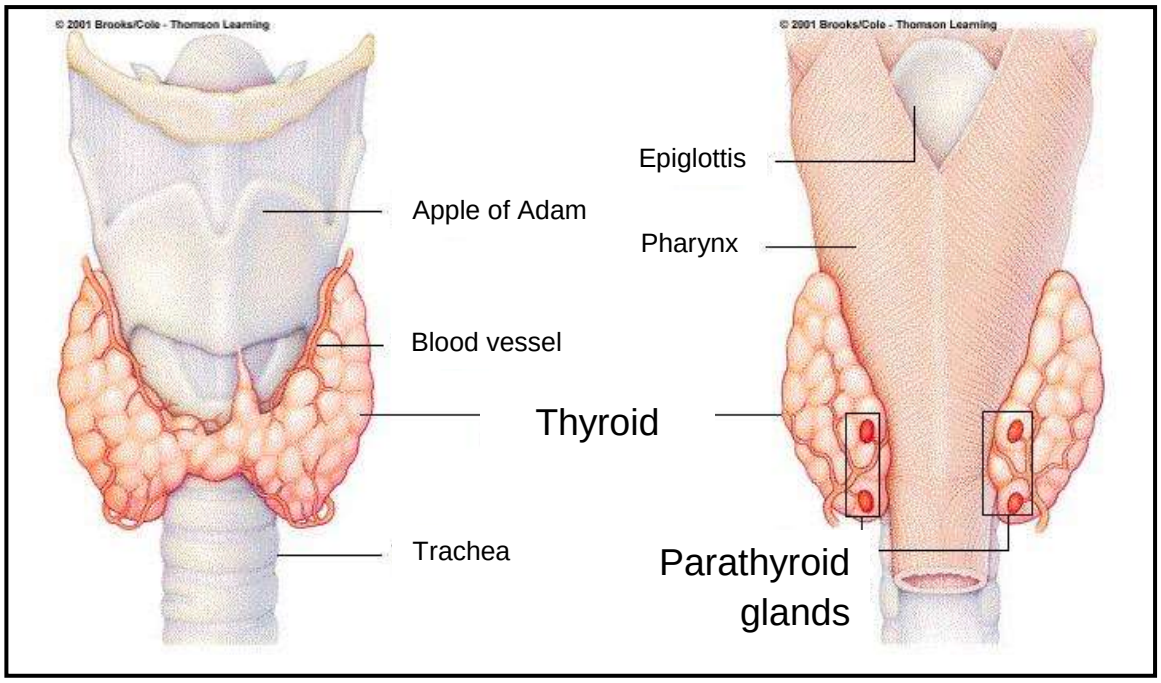
THYROID GLAND

The thyroid is a butterfly-shaped gland located in the neck in front of the trachea and larynx. It consists of two lobes joined by a bridge of tissue called the isthmus. Each lobe is about 4 cm long and 1 to 2 cm wide. The thyroid gland is responsible for the production of thyroid hormones.
These hormones are essential for growth and for the regulation of body functions.

Adjacent to the thyroid are four (4) parathyroid glands. These four (4) small glands, which can sometimes be difficult to find, are about the size of a bean.

Parathyroid glands regulate the absorption and use of calcium. One gland is sufficient to ensure normal function.



Thyroid surgery

Some thyroid problems will require surgery, for example when the gland grows to the point of causing discomfort or compression (goitre). Sometimes one or more nodules (lumps) increase in size and are suspected to be tumours on biopsy.

A benign tumour (adenoma) or, more rarely, a malignant tumour (thyroid cancer) may be found. The cure rate for thyroid cancer is very high after appropriate treatment.

Thyroid disorders are common in Canada, affecting an average of one in 20 people.

Thyroid disorders are more common in women than in men.

In Canada, over the past 50 years, thyroid disease due to iodine deficiency has become less common because of iodine supplements added to salt and bread.

What is a hemithyroidectomy?

Hemithyroidectomy is surgery to remove one half of the thyroid gland. The healthy part of the gland is left in place and functions normally.

The recurrent laryngeal nerve must be protected, as trauma to this nerve can cause temporary or permanent hoarseness of the voice (1% of patients who undergo surgery). Very rarely, a second surgery may be required due to hemorrhage (1% of patients who undergo surgery).

What is a total thyroidectomy?

Total thyroidectomy is necessary for diffuse goitre or thyroid cancer. With this surgery, lifelong medication (Synthroid®) will be needed to replace the thyroid function.

The two recurrent laryngeal nerves must be protected, as trauma to these nerves can result in a temporary or permanent hoarseness of the voice (1% of patients operated). In addition, at least one parathyroid gland must be preserved, otherwise a replacement medication (vitamin D, calcium) will be necessary for life (1% of patients operated). Very rarely, postoperative hemorrhage may require a second surgery (1 % of patients who undergo surgery).

What is a parathyoidectomy?

Surgery is necessary in cases of hyperparathyroidism, which occurs when too much hormone is produced. This may be due to a benign tumour (adenoma) or, more rarely, to a disorder of the four glands (hyperplasia, renal insufficiency).

What is parathyroid exploration?

Parathyroid exploration is a surgical procedure done to find the four glands and determine whether one or more of them should be removed.

Rarely, the partial reimplantation of a gland may be needed (especially in cases of renal failure). At times, this surgical procedure may not work – the surgeon may not be able to find all four glands (5% of patients operated).

Recurrent nerves, whose trauma may cause temporary or permanent hoarseness of the voice (1% of patients operated), should be preserved as much as possible.

This surgery results in a temporary, rarely permanent drop in calcium, which should be monitored in the days following the procedure.

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.

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.

EXERCISES

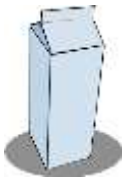
- Exercising helps ensure that your body is in the best possible condition for your surgery. If you already exercise, keep up your good habits. If not, slowly start adding exercise to your daily routine.
- Exercise doesn't have to be strenuous to be effective. In fact, a 15-minute walk is much better than doing nothing at all.

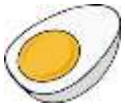
You can also start practicing the exercises you will need to do after surgery (page 20).

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake





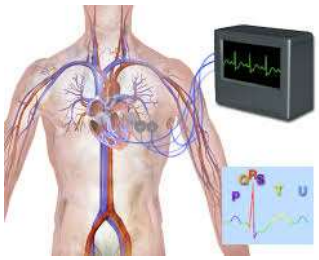
Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy 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.

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.

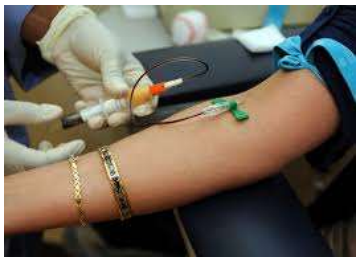
Date and time of your appointment : _____



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.

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.

- ❒ **Effient® (prasugrel),**
  ❒ **Ticlid® (10iclopidine),**
  ❒ **Brilinta® (ticagrelor)**

  ❒ Stop _____ days before your surgery.
  ❒ Do not stop.

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

- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)
  Stop **2** days before your surgery.

- **All natural products** (glucosamine, omega 3, vitamin E, etc.).
  Stop **7** days 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: _____

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.
- ❒ Any other symptoms.

Call immediately to inform the administrative officer of the pre-admission clinic.

Pre-admission..... 450 975-5394

PREOPERATIVE DIET

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:

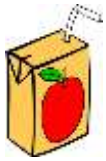
- **<u>You MUST remain fasting</u>** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.

You can brush your teeth but avoid swallowing the water.

OR

- **<u>You MUST drink clear fluids</u>** before the surgery.

  - Allowed clear fluids include:
  - Water
  - Juice without pulp (no pulp is mandatory)
  - Coffee or black tea (no milk)



IMPORTANT

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 <u>the morning of your surgery</u>. 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 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.

IMPORTANT

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 Block D or at the pharmacy. You must use the soap <u>from your chin to your toes</u> 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).

IMPORTANT

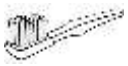
If you do not follow all these instructions your operation may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid 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.

IMPORTANT

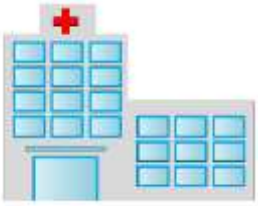
Please leave all your <u>jewelry</u> and other <u>valuable objects</u> at home.

<u>The hospital is not responsible for lost or stolen items.</u>

(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 the operation is done in day surgery**: go directly to the day surgery unit (CDJ), on the 1st floor of block B (Room 1.165). The time of the operation will be given to you once you arrive on the unit.

  YOU DO NOT SLEEP IN THE HOSPITAL!

- ❒ **If you must stay in the hospital after your operation**: go to the reception desk in room RC-5. The time of the operation will be given to you once you arrive on 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.).

- Your room might not be ready when you arrive. In this case, you will be prepared in the day surgery unit. Please leave your suitcase in your car. The suitcase can be retrieved after your surgery once your room is available.

OPERATING ROOM

- You have to urinate before you leave.
- You may 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 once you arrive in the operating room to discuss with you the anesthesia and pain relief methods best suited to you.

For further information about anesthesia, please read « Role of anesthesia information guide », the nurse will provide when attending your preadmission meeting.

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 or inpatient unit.

RETURN TO THE DAY SURGERY UNIT OR INPATIENT UNIT

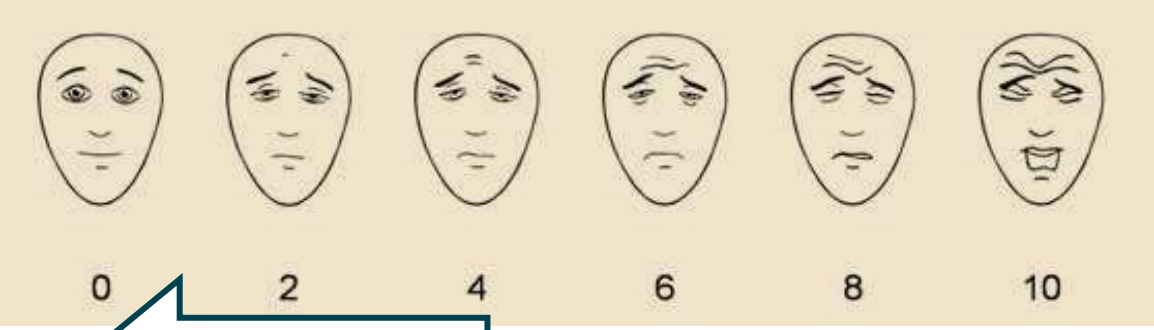
Staff will set you up comfortably on your stretcher or bed and will take your vital signs a few times. The nurse will also check your dressings.

In rare cases, your surgeon may install a drain at the incision site to prevent the accumulation of blood and other fluids following a total thyroidectomy. He or she will talk to you about the possibility of this being necessary. There is also a chance that a drain will need to be installed if unexpected bleeding occurs during the procedure.

CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, with pain medication, prescribed by the orthopedist, it is possible to control the pain well.

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



Target pain level

Our goal is to keep your pain below 4/10

<u>Pain relief is important because this will help you:</u>

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

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

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

2. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.

3. **Inhale slowly and deeply through your nose or mouth**. Feel your lungs inflate. Just the hand on your belly should rise.

IMPORTANT

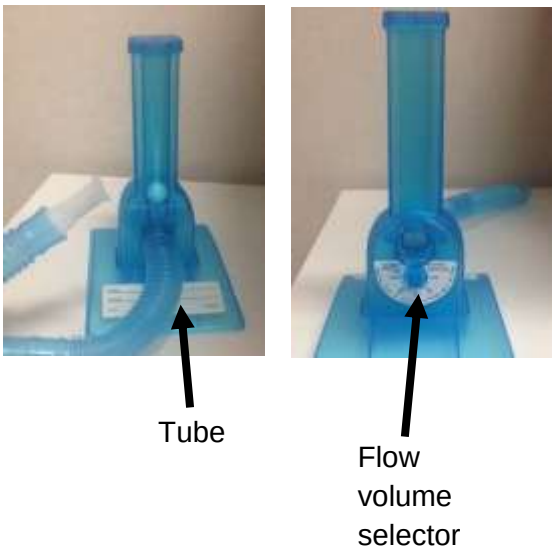
This exercise is not easy to do.
Therefore, you need to practice before your operation.

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 EXERCISES[1]

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

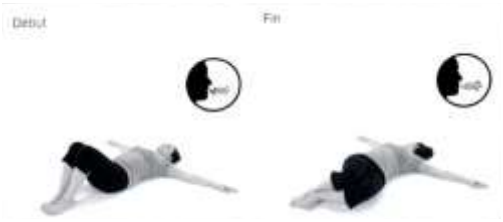
While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.

Ankle rotations

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 2 hours.

Leg and trunk mobility exercises

The proposed mobility exercise promotes (like the circulatory exercises) blood circulation in the legs while you are lying down. It also allows the movement of the intestines, which promotes better evacuation of gas and stools, thus preventing constipation.



1. Lie on your back with your knees bent and your arms outstretched on each side.
2. As you exhale, gently drop your knees to one side.
3. Return to center on an inhale.
4. Repeat on the other side.

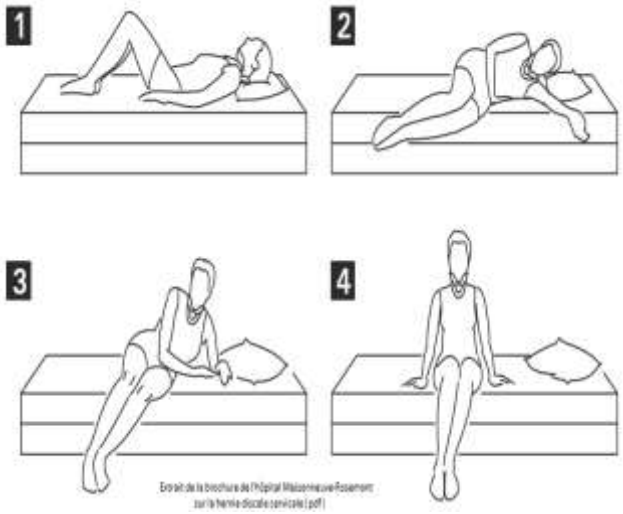
[1] These circulation exercises are based on those developed by Paradis and Poissant.

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. Turn toward your non-operated side.
2. 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.
3. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
4. If you do not feel well, tell the nurse or care attendant.



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

LYING DOWN

The head of the bed or stretcher can be slightly elevated to make it easier for you.

1. Sit on the edge of the bed or stretcher.
2. Using a foot bench, push with your heels to move your seat back to the center of the bed.
3. Still in the sitting position, rotate your seat by bringing your legs into the bed or stretcher.

You must do the muscle exercises on the previous page to avoid thrombophlebitis (clot in the leg).

YOUR DISCHARGE FROM THE UNIT

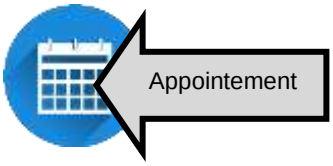
- Your surgeon is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.

- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for your 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 surgeon. You must absolutely go to this appointment, even if you feel well.

Surgeon name : _____

Date & time of appointment : _____



You will receive a proof of hospitalization or medical leave from work form if you need one. You must notify your surgeon if you need these documents.

If you need to have your insurance forms filled out, contact the surgeon secretary at his private office (page 29). All insurance forms must be sent to the private office. The nurse from preadmission will direct you in the steps to follow to have your paperwork filled out.

ONCE YOU GET BACK HOME - INSTRUCTIONS

Your incision

Whenever possible, the surgeon will try to make the incision (the cut) in a natural skin fold in your neck.

You may experience a numbing or burning sensation around the incision. This will gradually disappear

Hygiene

- Do not wet the dressing for one week.
- The nurse on the unit will tell you what to do about the removal of the dressing. Showering will be allowed after the dressing is removed.
- The first dressing will be changed 24 hours after the surgery and the drain will be removed at the same time if necessary.
- Underneath the dressing there are bridging diachylons (Steristrips®). You will let them peel off by themselves and if they have not fallen off, after 7 to 10 days, you can remove them.
- Showering is allowed even if the Steristrips® are in place.
- The absorbable sutures (melting stitches) close the wound. They will fall out after 3 weeks.
- The wound can be cleaned with a mild, unscented soap, rinsed well and then dried well starting one week after the operation.

Going 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 recovery period varies from 3 to 4 weeks.

Breast feeding

If you are breastfeeding, ask the orthopedist 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 need to adjust your diet after your operation, the surgeon and nurse will give you instructions. If you have questions, please do not hesitate to ask them.

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
Prodium® 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:

IMPORTANT

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

Physical activity

Depending on your procedure, you may have to follow certain instructions. The surgeon or nurse will give you the necessary instructions. Feel free to ask any questions you may have.

- When you move, do not put pressure on the incision or stretch your neck.
- The half-seated or raised head position with pillows is more comfortable and makes breathing easier.
- You may notice changes in your voice, including hoarseness. In most cases, this will be temporary. These changes may occur right away and could involve voice tiring or weakness. If the symptoms persist – a rare occurrence – talk to your surgeon.
- You may experience cramps or tingling in your hands (paresthesias). This is caused by a lack of calcium due to the poor functioning of the parathyroid glands. Tell your nurse or doctor about these symptoms. This will be temporary and medical treatment will be prescribed (in cases of total thyroidectomy and parathyroid glands).
- If you have undergone a total thyroidectomy, Synthroid® will be prescribed to you to replace the hormones secreted by the thyroid.
- You should continue to be active after surgery, but alternate with periods of rest. It is normal to feel some fatigue.
- The pain should not prevent you from doing your daily activities such as dressing, bathing or eating. Take your pain medication if the pain is too severe and at least 30 minutes before doing your activities, if applicable.
- Walking is one of the best exercises. Increase the distance you walk each day and alternate with rest periods. Avoid vigorous exercise, sudden movements or contact sports.
- Physical activities should be stopped as directed by the surgeon. You must follow the specific instructions for your operation, if applicable.

COMPLICATIONS

If you have difficulty breathing :

Immediately call
Urgence-santé at 911

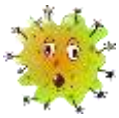
If you have one or more of the following signs or symptoms :

Fever (38.5 °C or 101 °F or higher)
for more than 24 hours

Your pain increases and is not relieved by medication.

You have cramps or constant pain in your calf.

1. **Signs of surgical site infection:**
   - Redness.
   - Pain.
   - Swelling.
   - Yellow or green discharge.



2. **Significant bleeding from the operated area.**

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
O.R.L 450 975-5570

Private offices of o.r.l surgeons in Laval

Adresse : 3030, boul. le carrefour, suite 401, Laval (Québec) 450 687-1750

CLSC

Laval region

Accueil première ligne..... 450 627-2530, ext. 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 682-5690
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 region

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 region

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

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NOTES AND QUESTIONS

Centre intégré
de santé
et de services sociaux
de Laval
Québec

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Direction des services professionnels
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