

A Special Place for Your Surgery

That “special place” is our Accredited Ambulatory Facility! There are many reasons for choosing our accredited facility for your surgery: **A QUALITY ENVIROMENT FOR PATIENT CARE.**

All facilities accredited by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) are designed and built to provide the best possible location for surgery and patient care. AAAASF accredited surgery facilities are rigorously inspected and evaluated. A set of exacting standards must be met which assure the patient of a commitment to safety and the efficiency of the facility and equipment.

Our AAAASF accredited facility must be in compliance with all applicable local, state, and federal codes – fire safety, sanitation, and building- for the protection of the patient and medical personnel. The facility must also adhere to federal laws and regulations affecting its operation, such as OSHA Blood borne Pathogens Standards, Hazardous Waste Standards, and the Americans with Disabilities Act.

A Certificate of Accreditation provides evidence that our facility meets high standards for patient’s safety in the outpatient surgical environment.

A MODEL OF EXCELLENCE IN SURGICAL CARE In 1980, the AAAASF established a model accreditation program to provide assurance to the patient of excellence in surgical care. Since then, this facility accreditation process has been endorsed by 90 percent of the nation’s health insurance carriers and by a number of state health agencies. It has been cited repeatedly as the model program for others to follow.

SURGERY PREFORMED BY TRAINED AND SKILLED SURGEONS Surgery in an AAAASF accredited facility can only be performed by qualified surgeons who are eligible to perform surgical procedures in an accredited hospital. Such surgeons must also be certified by a surgical board that is recognized by the American Board of Medical Specialties and must be in compliance with their respective professional society or association.

THE ASSISTANCE OF CERTIFIED PERSONNEL While all surgery in our AAAASF accredited facility is performed by a licensed and certified surgeon, the assisting personnel are also highly trained and skilled. General anesthesia is provided by an anesthesiologist or a certified registered nurse anesthetist. Other personnel assisting in the surgery or caring for the patient in the recovery room include specially trained surgical technicians, registered nurses, and/or licensed practical nurses. Together the staff members comprise a team that operates our facility smoothly and efficiently – before, during, and after your surgery.

A FACILITY DESIGNED ESPECIALLY FOR SURGERY AAAASF facilities are state-of-the-art settings designed for the exclusive use of surgeons. As a result, other departments required in a hospital center, such as pathology, radiology, administrative offices, and large reception or waiting areas are unnecessary. The resulting cost savings are passed along to you, the patient.

At the same time, our AAAASF accredited ambulatory surgery facility does meet, and often exceeds, the same standards for safety and patient care as those required in a hospital outpatient surgery unit. Our AAAASF accredited facility provides you with safe, quality care in an environment specifically designed to accommodate your surgical needs.

STATE-OF-THE-ART EQUIPMENT AND TECHNOLOGY Surgical procedures require the most advanced instruments and monitoring devices. In our AAAASF accredited facility, procedures are performed in an ultramodern operating suite with all the equipment necessary to ensure the safest possible operating conditions. This advanced technology makes an AAAASF accredited facility a highly desirable alternative to in-hospital care.

PATIENT’S BILL OF RIGHTS The selection of an AAAASF accredited facility provides you with skilled and experienced surgical care in the environment of a modern and specially-designed surgical facility. In addition, you will enjoy the staff and facility’s commitment to the AAAASF “Patient’s Bill of Rights,” a twelve-point document that assures all patients the courtesy and respect they deserve as part of their medical treatment.

THE ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES, INC. has approved more than 500 centers for a full three-year accreditation. The AAAASF not only sponsors and supports its current accreditation program, it also strives for the highest standards of excellence for its accredited facilities regularly revising and updating its requirements for the quality and safety of patient care.

EYELID SURGERY

APPROXIMATE TIME UNTIL COMPLETELY HEALED: Five to eight weeks.

PRESURGICAL INSTRUCTIONS:

- You will be given lab tests the day of surgery. Do not take aspirin or aspirin-containing products for two weeks prior to your surgery and one week after (see list of medications to avoid). They can cause bleeding and bruising. You may take Tylenol.
- If you take medication daily, notify your doctor. Also inform him if you develop an illness, cold or any skin infections about the face and neck within a week of your surgery.

THE DAY BEFORE SURGERY

- Do not eat or drink anything after midnight.
- The night before surgery, shower and shampoo your hair and cleanse your face.

THE DAY OF SURGERY

- You may rinse and brush your teeth, but *do not eat or drink anything*. We may ask you to take pills with a small amount of water the day of surgery.
- Wear no makeup and remove contact lenses and dentures for surgery. *Do not put any moisturizer on your eyes or face.*
- Do not bring any jewelry or valuables. Wear pajama's that button up the front or warm-up suit that buttons or zips in the front, and wear fsocks. *No tight fitting clothes.*
- *Someone must drive you home and stay with you the first night.*
- Postoperative instructions regarding activity, medications and office visits will be given to you following your surgery.

THE SURGERY

Upper eyelid surgery takes approximately one hour. Lower eyelid surgery also runs about an hour. Add an additional half-hour for preparation and anesthesia. There are normally four people in the operating room with you: the surgeon, the anesthesiologist, surgical tech, and OR nurses.

You will be given a general anesthetic intravenously. An I.V. antibiotic will also be administered.

UPPER EYELIDS

First, locations are marked for the incision line on the upper eyelid. This may be done while the patient is in a seated position to correspond to how you will see yourself in a standing position. (Marking the incision lines in a reclined posture would produce a different result.)

Excess skin is removed with special care to place the incision in the normal fold of the upper eyelid and also to avoid removing eyebrow skin. It's important that the incision allow at least 1.5 cm. between the fold of the eyelid and the eyebrow. Otherwise the eyelid won't blend into the brow and the end result would be very unacceptable.

After opening the eyelid skin and removing the excess, the muscle of the upper eyelid is opened, and the fat that tends to cause the bulging is removed. Most people are particularly aware of the fat in the middle corner of the eyelid. This is usually removed with an electric cautery, which coagulates the blood vessels and stops the bleeding. The wound is then closed with skin stitches.

LOWER EYELIDS

Most surgeons make an incision just under the lash margin to remove the excess fat and, to a minimal degree, the excess skin. The incision is then closed with stitches. It's becoming increasingly popular to remove the fat through an incision on the inside of the eyelid, leaving no scar on the face. However, this procedure must be combined with the incision just under the lashes if excess skin is to be removed.

POST SURGICAL INSTRUCTIONS

1. Apply ice compresses to eyes almost constantly during the waking hours for the first 24 hours after surgery. Thereafter they may be used, as you need them to relieve itching or discomfort. Use four-by-four-inch gauze pads soaked in ice water and wrung out damp. *Do not put ice directly on skin.*
2. Swelling and discoloration are expected and will begin to subside about three days after surgery. You may take a stool softener if you are constipated.
3. For comfort, warm compresses may be used five days following surgery and thereafter.

4. Limit yourself to light activities for one week. Sleep with head elevated.
5. Avoid straining, vigorous exercise, or the head-down position, all of which may cause excessive pressure in the eyes and may encourage unnecessary swelling or bleeding.
6. Consider discomfort as an indication that you have been too active--rest and apply cold compresses. Only after that should you consider taking pain medication stronger than acetaminophen (Tylenol).
7. If you experience dryness or scratchiness of the eyes, use artificial tears such as HypoTears, Tears Naturale or Lacrilube. These may be used as much as you desire.
8. Wear sunglasses when exposed to the sun's rays to protect eyelids for four to six weeks.
9. You may wash your face and shampoo your hair. Thoroughly rinse after washing to remove any soap or shampoo residues.
10. Makeup may be used over intact skin, but do not apply it to wounds with sutures or to incision lines before 48 hours after suture removal.
11. Make an appointment to return for suture removal approximately seven days after surgery.

THE RECOVERY PERIOD

You'll have two lovely shiners following your surgery, particularly if you've had the lower eyelids done too. The bruises are usually a deep purple color before turning brown, green, yellow and then fading to normal. The purple bruises under the eyes are always the most stubborn and can linger for up to four to five weeks post-op, and sometimes longer. The good news is that *they will eventually completely disappear*, and you can cover them with makeup (Dermablend, Prescriptives Camouflage Creme, Cover Mark, Natural Cover, or Clinique Continuous Coverage) until they're gone. Be sure that you don't apply any makeup to wounds with sutures. Medically, it's reasonably safe to apply some makeup to the incision lines 48 hours after suture removal, but I wouldn't advise using makeup around incision lines for a good week post-op unless it is absolutely necessary.

Almost all incision lines "raise up" and become quite pink before they flatten out; it's part of the normal healing process. The incision lines also tend to look lumpy before they flatten, and they can even develop small cysts that will easily be removed by your doctor.

You will experience a tight-eye sensation for a good three to four weeks. Don't worry--as your swelling begins to subside, the tight feeling will ease up and finally return to normal.

Heavy eye tearing can occur one to three weeks post-op. Also, don't be surprised if your vision seems soft and slightly out of focus for three to four weeks; the actual eyeball swells slightly as a result of the surgery in the area. Like everything else, it all normalizes with time.

Expect a slight clear mucous buildup around the lids following surgery. This occurs because the swelling has temporarily closed the tear duct. Artificial tears will help clear the eyes until the problem corrects itself.

You mustn't even attempt to wear contact lenses until you have your doctor's OK. The lenses won't fit a swollen eyeball, and they're impossible to remove if you put them in during the swollen period.

Any eye exercises should be done only at your doctor's request. This includes no reading for 48 hours. Television is okay after 24 hours.

PROBLEM SIGNS

Any type of serious pain should be reported to your doctor immediately. Any heavy oozing from incision lines or any excess pus should be considered abnormal and reported to your doctor. Bleeding in the area or an eye that's glued shut from excessive amounts of secreted matter are problems your doctor needs to know about as soon as the symptom occurs. Allergic symptoms such as excessive redness and itching are problems. You could be allergic to the Polysporin or other medication.

Once your doctor has told you that it's safe to apply eye makeup--usually 48 hours after suture removal--run a little cream foundation over the entire lid and undereye area. The bruises that are very purple and dark will bleed through the foundation appear to be a deep gray color. Take the smallest amount of Dermablend, Clinique Continuous Coverage, Prescriptives Camouflage Cream, Cover Mark or Natural Cover in your appropriate color, and lightly use it right over the cream foundation. The instant the bruise is covered, *stop applying makeup*. It's important that any makeup you use match the color of the cream foundation you're using. If it's too pale, you'll end up looking ghoulish and pasty.

Once you've evened out your skin tone, you can apply your usual eye makeup. However, *do not* use eyelash curlers or eyelash tints until the end of the eighth week post-op. It's also a good idea to avoid the mauve, plum and blue tones of eye shadow color during your bruised period of recovery. These colors tend to make your bruising look worse even through camouflage makeup. Stay in the earth tones until your bruising has disappeared.

Reprinted from '*Nips and Tucks*'-*Everything you must know before having cosmetic surgery* by Diana Barry [General Publishing Group, Inc]. This is one of the finest books written for prospective patients on this subject. I hope you'll find it helpful.

Max L. Gouverne M.D.

PREPARING FOR SURGERY

STARTING NOW

- **Stop Smoking:** Smoking reduces circulation to the skin and impedes healing.
- Take Multivitamins: Start taking multivitamins twice daily to improve your general health once you have scheduled your surgery.
- Stop taking Ephedrine like medications (energy boosters, diet pills, etc.)
- **Do Not Take Aspirin:** Stop taking medications containing aspirin. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol) for pain.
- Fill your prescriptions: At your preoperative visit, you will be given prescriptions for pain medication, sleeping pills, and anti nausea. Please have them filled before the day of surgery, and bring them with you.

THE DAY BEFORE SURGERY

- Drink lots of water to try and hydrate yourself.
- Do not eat salty foods, such as, Chinese food or pizza, etc.
- Make sure that you have filled the prescriptions you were given at your preoperative visit, and set the medications out to bring with you tomorrow.
- The night before surgery, shower and wash the surgical areas with soap.
- **Do not eat or drink anything after 12:00 midnight. This includes water!**

THE MORNING OF SURGERY

- **Do not eat or drink anything!** (If you take daily medication, you may take it with a sip of water in the early morning).
- You may brush your teeth but do not swallow the water.
- Shower and wash the surgical areas with soap.
- Please do not wear moisturizers, creams, lotions.
- Remove hairpins, wigs, and jewelry. *Please do not bring valuables with you.*
- Wear only comfortable, loose fitting clothing, such as, pajama's and nice warm socks.
- Report to the Surgery Center, with your prescribed medications. A parent must accompany patients younger than 18 years old.

Preparing for surgery.doc (rev7/28/08)

AN ASPIRIN DIRECTORY

These common, brand-name prescription and over the counter drugs contain aspirin. It's necessary to stop using them at least two weeks prior to surgery and for one week after. They can cause bleeding and bruising. This list does not include any generic preparations sold under store brands or other names.

Alka-Seltzer tablets	Emprazil tablets
Alka-Seltzer Plus cold medicine	Emprazil-C tablets En Tab
Anacin capsules and tablets	Excedrin
APC tablets	Extra Strength Bufferin
APC with Bultalbitol tablets	Fiorinal
APC with Codeine Tabloid brand	Fiorinal with Codeine
Anacin Maximum Strength	4-Way Cold Tablets
Arthritis Pain Formula (Anacin)	Gemnisyn
Arthritis Strength Bufferin	Goody's Headache Powders
Ascriptin	Midol
Aspergum	Momentum Muscular Backache Formula
Aspirin suppositories	Norgesic
Bayer aspirin	Norgesic Forte
Bayer Children's Chewable Aspirin	Norwich Aspirin
Bayer Children's Cold Tablets	Pabirin buffered tablets
Bayer Timed-Released Aspirin	Panalgesic
Buff-A Comp tablets	Percodan and Percodan-Demi tablets
Bufferin	Quiet World Analgesic/ Sleeping Aid
Cama Inlay-Tabs	Robaxisal tablets
Cetased, Improved	SK-65 Compound
Gongesprin	St. Joseph Aspirin for Children
Coricidin D decongestant tablets	Sine-Off Sinus Medicine
Coricidin for children	Supac
Coricidin Medilets tablets for children	Synalgos capsules
Coricidin tablets	Synalgos-DC capsules
Darvon with A.S.A.	Triaminicin tablets
Darvon-N with A.S.A.	Vanquish
Dristan decongestant	Verin
Ecotrin tablets	Viro-Med tablets
Empirin	Zorprin
Empirin with Codeine	

Source: *Physicians' Desk Reference and Physicians' Desk Reference for Non-Prescription Drugs.*



G O U V E R N E

B R I N G O U T Y O U R B E S T

MAX L. GOUVERNE, M.D.

A native of The Netherlands, Dr. Gouverne moved to Corpus in August, 1991 with his wife Pam. They have two children, Missy and Max Jr. He is Board certified by the American Board of Plastic Surgery. Dr. Gouverne is involved in ongoing research in plastic surgery and has been published in scientific journals. His primary research is in the field of cosmetic surgery.

Dr. Gouverne trained at the University of Kansas, the oldest plastic surgery program west of the Mississippi under the tutelage of Dr. Jack Hiebert, expert in the field of cleft lip and craniofacial surgery. He received additional training from Ted Lockwood, M.D., a pioneer in body contouring surgery. Nationally renowned hand surgeon, Lynn D. Ketchum, M.D., taught Dr. Gouverne during his time in Kansas City.

Dr. Gouverne has brought several new techniques to south Texas. He leads the only team of surgeons performing microsurgery in Corpus Christi for breast, head & neck, and extremity reconstruction. He was the first plastic surgeon to use endoscopy in his practice and has expanded endoscopic techniques to cosmetic surgery of the breast and face. Dr. Gouverne introduced Tumescence Liposuction to Corpus Christi, greatly enhancing its safety. He also offers the first office-based cosmetic surgery operating facility in Corpus Christi.

Undergraduate degree:	Kansas University Lawrence, Kansas 1980
Medical Degree:	Missouri University Columbia, Missouri 1985
Residency:	General Surgery University of Kansas Medical Center 1985-1989 Plastic & Reconstructive Surgery University of Kansas Medical Center 1989-1991
Board Certification:	American Board of Plastic Surgery 1993
Staff Appointments:	Chief of Plastic Surgery Spohn Hospital 1995
Professional Organizations:	American Society of Plastic and Reconstructive Surgeons Cleft Palate and Craniofacial Association Texas Society of Plastic Surgery Lipoplasty Society of North America County and State Medical Society