



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 officebased 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

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 ENVIRONMENT 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 PERFORMED 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.

BROW- AND CORONAL-LIFTS

APPROXIMATE TIME UNTIL COMPLETELY HEALED: 8 to 12 weeks.

PRESURGICAL INSTRUCTIONS

- You will be given blood and lab tests within one week prior to your surgery.
- Do not take aspirin or aspirin-containing products (see list of medications to avoid) for two weeks prior to your surgery and one week after. They can cause bleeding and bruising. You may take Tylenol.
- If you take medication daily, notify your doctor. Also tell him if you develop any illness, a 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* (except your pills, if you were instructed to swallow them the morning of the surgery with the tiniest sip of water).
- 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 a warmup suit or pajamas that buttons or zips in the front, and wear socks. *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 following your surgery.

THE SURGERY

If you have eyebrows that sit too low or droop too close to the eye, you'll want to consider a brow-lift. The surgery takes approximately one and a half hours. Add an additional half hour for preparation and anesthesia. There are normally four people in the operating room with you: the surgeon, the anesthesiologist and two surgical nurses.

An incision is made either at the hairline or one or two finger widths behind the hairline. If you like the option of wearing your hair away from your face, it's a better choice to request the incision behind the hairline, if it's surgically acceptable to your doctor and will produce the desired visual results. Always discuss the placement of incision lines with your doctor before surgery so you won't be surprised and unhappy with the choice of placement when you wake up and it's too late.

The aneurysm usually runs a length of six to eight centimeters, depending on the amount and direction of lift the patient desires. In discussing the final results before surgery, be sure you understand exactly what the doctor has in mind. A brow- or coronal-lift that is pulled too high can leave you with a startled or seizure disorder look--something you want to avoid at all costs. The skin is freed-up (separated from underlying tissues) from the incision down to the brow, then lifted to raise the center to the outer-tip portion of the brow up and back toward the high temple region.

Excess skin is trimmed and the incision is closed with stitches. The stitches are removed 7 to 10 days after surgery. The pulling-up of the lift in these areas is so tight that unless the incision line is amply healed and secured, you could end up with a wide scar as a result of the incision's pulling apart from lack of stitch or staple support. So let your doctor take as much time as he wants before any stitch removal.

Another procedure, referred to as Brow-Pexy, is also available as a separate choice to correct the drooping brow for male patients. The brow is lifted gently and actually secured to the brow bone. This procedure gives a mini-brow-lift result.

THE CORONAL-LIFT

If you have excessive forehead skin with deep lines across the forehead or loose skin between the brows above the nose, the full coronal-forehead-lift is the choice to make.

An incision called a coronal incision is made approximately four finger widths behind the hairline. The incision runs from one ear clear across the scalp to the other ear. The scalp and forehead skin are then freed up all the way down to the brows and lifted back up to the coronal incision line. The excess scalp and hair are trimmed away, and the incision is closed with a tight row of stainless steel surgical staples or with sutures.

Do not panic! I know the staples sound horrible, but they really don't hurt. Everything is so numb and tight-feeling up there for about 8 to 12 weeks following surgery that you will not feel more than a slight pulling sensation here and there. If your doctor closes your coronal incision with sutures, you'll still have a tight sensation in the area, but it may be a little less severe than with the staples. It can be a bit unpleasant having the staples removed 7 to 10 days following surgery, but the removal is more annoying than painful. Don't be surprised if three or four of them are quite tender on the way out. It all goes very quickly, and once they're out you'll immediately begin to feel better and more relaxed. Following the removal be sure to ask the nurse to double-check for any possible overlooked staples or sutures. It's easy to bypass a single staple or stitch here and there, and although it's not medically dangerous, it will save you an extra trip back into the office if they are all detected and removed at once.

Muscles that produce wrinkles in the forehead and frown lines between the eyes can be severed at the time of coronal surgery to prevent them from returning or becoming more severe over time. However, a word of caution to actors: The cutting of muscles between the eyebrows can limit your facial movement and can therefore alter your range of expressions. You need to clearly discuss the pros and cons of this decision with your doctor before the actual surgery.

POSTSURGICAL INSTRUCTIONS

1. Rest quietly for one or two days. Then limit yourself to light activities. This means no housework heavier than rinsing a dish. Sleep with your head elevated for about ten days.
2. Avoid straining, exercise or head-down positions, all of which may cause unnecessary swelling or bleeding.
3. Consider discomfort as an indication that you have been too active. REST! Take whatever prescribed medication your doctor has given you to help cut discomfort or to relax.
4. You may shampoo your hair with warm water right over the staples or sutures as soon as the dressings are removed, or sooner if no dressings were used. Ask your doctor exactly when you're allowed to shampoo. Until the sutures and staples are taken out you will need to take a shower.

THE RECOVERY PERIOD

You will be loosely bandaged for the 24 hours following surgery. A small amount of wound bleeding or ooze is natural for the first 48 hours.

Expect major numbness of the scalp and forehead for 8 to 12 weeks following the brow-lift or the coronal procedure. Swelling will occur immediately, leaving your forehead looking slightly inflated, and there will be a shiny quality to the skin. Don't worry--both symptoms usually disappear within the eight-week recovery period, leaving your forehead nice and taut with normal-looking skin.

Minimal bruising around and below the eyes will often occur with a brow- or coronal-lift; it usually disappears in three to eight weeks.

Following a coronal, you will experience a very tight feeling like a bathing cap a couple of sizes too small. It normally passes within the eight to 12-week recovery period, and you can usually ignore the tight sensation with the help of Tylenol. If you are a person prone to severe headaches or migraines, I strongly recommend you avoid coronal surgery. The constricted sensation over the head would probably be too uncomfortable for too many weeks. Choose another procedure if possible.

Expect the incision lines to rise up and turn bright pink before they flatten out and lose color. Often, just after the stitches or staples are removed, the incision line itself is so swollen it can create a slight separation in your hair. Because of this it is a good idea not to have your hair shorter than three or four inches before surgery. That way you have enough hair so that you can style some back over the separation.

As mentioned before, the coronal sutures must never be removed too early. There's so much tension on that particular incision that if the sutures are removed before 12 to 14 days post-op, you run a large risk of being left with a wide scar. Hair won't grow through a scar, and you'd have a permanent separation in your hair. This is the kind of problem you want to avoid.

Expect major numbness over the entire scalp and forehead for about 8 to 12 weeks. *Be very careful* when using electric appliances like hair dryers or curling irons during your numb period. Because you'll have no way of judging the heat, you could seriously burn your scalp without realizing it. Use all appliances on a low setting until your normal sensation returns.

Expect a loss of hair. You have had at least a one-inch strip cut out of your scalp and hair in order to pull everything up. Therefore, you'll have that much less hair on your head overall. Thick-haired people usually don't miss the loss, but it is something to be aware of if you have thin, fine

hair. Know too that your hairline will be a little higher than it was before surgery. If you have an extremely high forehead, you may want to avoid coronal surgery.

PROBLEM SIGNS

Call your doctor at once if there is excessive bleeding from incision lines.

Occasionally a patient is left with permanent numbness around and near the incision line. It doesn't happen often, but it can happen.

MAKEUP TRICKS

About a week after the stitches or staples have been removed, you can camouflage any red incision lines in your hair by gently applying a soft eyebrow pencil in a color close to your hair color.

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 possibly some antibiotics. 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.

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)	Gemisyn
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.*