



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 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 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.

WHY A FACE-LIFT?

The bottom line is: *do this surgery for yourself...only for yourself*. Your face-lift will not change your life, solve your problems, fix your failing marriage or make you feel 25 again. Most plastic surgeons explain that a successful face-lift will make you look beautifully “rested and refreshed.” That's quite true; it more or less cleans up the haggard look that comes with having survived real life for X amount of years. A face-lift will also eliminate loose skin around the neck jowls and upper and lower eye areas.

Do yourself a favor and don't go to see your doctor with an attitude of talking him into giving you an overkill face-lift, one that's pulled so taut that no character is left in the face. You don't want to look like some bizarre doll. You just want to look like the most beautiful natural version of yourself. This means you must insist that several soft, natural expression lines remain on your finished face. You don't want people looking at you and saying, “What a beautiful face-job”; you want them to say, “You look beautiful.” So, believe me, get that image of a fantasy-face without a single line on it out of your mind right now. It's a dead giveaway of a face-job, and who needs that?

Another thing you must realize up front is that almost no one is born with absolutely symmetrical features. You should not expect to emerge from your face-lift with a “perfect face.” In my opinion, a face-lift is like everything else in life: It's a trade-off. You will most certainly look remarkably better after surgery, but you will never look perfect.

It's not that your surgeon won't try everything within his technical and artistic abilities to achieve perfection. But no matter how brilliant your doctor is, the fact remains that an enormous amount of your finished face-lift is determined by your own body, skin type, skin damage and individual systemic behavior.

Additionally, some people heal much faster than others and experience less discomfort and fewer problems. It's systemic and unpredictable. So don't decide that just because your girlfriend looked and felt fabulous three weeks after her surgery, you will too. The reality is that you may love your face for two-and-a-half weeks after surgery, or it may take you four or six or eight weeks to really feel happy with what you see and begin to have a normal energy level again. The body will move at its own pace. It will heal itself as evenly and as well as it's capable.

Of course, there always exists the possibility that your doctor actually will not remove enough skin to satisfy you, or that you'll be unhappy with the “surgical look” of something. This is a completely separate issue from your own skin characteristics and systemic makeup, and you'll need to discuss it very openly with your doctor. In all fairness, you will not be able to accurately judge a problem in need of correction until at least the eighth or ninth week after surgery, because the normal swelling, shifting, thickening and pulling of areas will not settle down until then. You may believe you have a problem when in reality it's just the normal healing process that will correct itself with time. However, speak to your doctor as soon as you see anything that

bothers you. It's part of his job to provide you with that peace of mind.

If there is indeed a surgical problem you are unhappy about, you must plainly voice your dissatisfaction to your doctor and demand a surgical correction if it's possible. Your surgeon may explain to you, for example, "If I pulled this area tighter, it would have created unattractive lines in the adjoining area." You don't know why he made the choices he did until you give him the opportunity to explain his judgment. Often the doctor is right. Sometimes, however, he just didn't remove enough skin, or something is disturbingly uneven. If it is at all possible, a credible plastic surgeon will not hesitate to correct these problems for you at his own expense.

A postsurgical recovery period of at least three months is usually required for most touch-ups or corrections. Some procedures require even longer periods between surgeries; your doctor will advise you on scheduling. Listen to him! It's unsafe to reoperate too soon on an area, and you'll only run into more problems if you proceed before the appropriate time. It's better to be a little patient and end up with a face you love.

So, to repeat, expect the Desired Trade-Off: You *will* look remarkably better.

Don't go looking for every detail to be perfect. The body doesn't usually work that way. It's unrealistic, and you'll only end up driving your doctor and, more important, yourself nuts!

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.

FACE-LIFT

THE SURGERY

The surgery takes approximately three/four hours. There are normally four people in the operating room with you: the surgeon, the anesthesiologist, surgical tech and OR nurse.

Anesthesia is most commonly administered intravenously. A local anesthetic is used simultaneously to numb the operative area. This is called intravenous sedation or local standby anesthesia. An anesthesiologist or nurse anesthetist is utilized to assure that the patient is comfortable and that the procedure is carried out safely. Some plastic surgeons prefer general anesthesia to I.V. sedation. They feel that it gives them better control and that the patient will have a more speedy recovery. Although the procedure is controversial, the patient may actually receive less medication this way.

Your doctor will decide which type of anesthesia is best for you. The anesthetic drugs that are used today wear off very quickly, which is a definite advantage. Medication is used with both types of anesthetic to minimize postoperative nausea and coughing that would cause discomfort and lead to bleeding.

The neck is infiltrated with Xylocaine and Epinephrine. Throughout the procedure the Xylocaine and Epinephrine are used even if the patient is asleep, as these drugs cause the blood vessels and tissues to constrict, thus reducing bleeding that would interfere with the surgeon's ability to judge the anatomy and surgical decisions he'll be making.

The procedure is basically composed of three steps:

1. The removal of fat beneath the jaw.
2. The tightening of tissues deep to the skin.
3. The removal of excess skin with closure.

An incision line is made behind the chin pad (three to four millimeters long) and a small hose is inserted for liposuction in the neck. Special attention is given to the fat pads at the jowl line. If the patient has cords in the front of the neck, the cords are sutured together to give a smooth contour to the neck. If this is necessary, the incision is extended to 1-1/1 millimeters.

Incisions are made in the ear area, preferably just under the sideburn so the sideburn will cover the scar. An incision is then made inside the ear, around the earlobe, up behind the ear to the center muscle, and then diagonally back into the scalp behind the ear. A word to male patients:

The scalp incision often looks cleaner when it's run just along the bottom hairline, rather than diagonally into the hair. This is not a good idea for women, as it would show when you wore your hair up.

A dissection is then made just beneath the skin and skin fat, to the fold between the lip and the cheek, and to the mid-line of the neck. Great care is taken by the surgeon to avoid any damage to nerves that supply sensation to the ear and to muscles that provide animation to the face. Although these areas can be injured, a careful surgeon usually avoids any damage.

Following this dissection the skin is raised and the flat sheet of muscle that encompasses either side of the neck (the platysmal muscle) is elevated from the underlying tissue. The platysmal muscle, also known as the SMAS, is actually a muscle system running from just under your ear, down over the jaw, down the side of the neck to the top of the breastbone. This thin superficial muscle system is pulled backward in order to provide a deep support to the tissue of the face, particularly around the jaw, and then sutured to the tissue just under the skin behind the ear. The fat overlying that area is removed to give a sleek, clean look. Six to eight sutures are placed down either side of the neck to secure the SMAS back in that area.

A considerable amount of time is then given to coagulate all of the blood vessels. Any bleeding in the face can result in later problems, and every effort is sought to control this.

The extra skin is carefully trimmed so it won't cause any wrinkles or pulling. The sutures that are used for most of the pulling are behind the ear. The cheek skin is also pulled and secured to the ear. Stitching is done with care in order to minimize scarring.

Drains may be placed in the neck in order to siphon off any oozing that may occur in the first 24 hours. The drains are removed the following day.

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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, nausea, and sleeping pills. 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.
- **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.
- 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, pajamas that have a top that buttons up in the front 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 (rev7/31/08)

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 Bultalbital 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	

WHAT TO EXPECT WHEN YOU COME HOME

You're finally home. Basically, you look like a Pillsbury doughboy that has been in an auto wreck. Between bouts of crying, shock, depression and exhaustion, you're staring at this unrecognizable face, trying to comprehend why you did this to yourself.

Do not panic! It's only a temporary state--it will all go away! And you will actually start to fall in love with the way you look by two to three weeks post-surgery.

I believe that the greatest oversight by most plastic surgeons is their failure to furnish the patient with a detailed explanation of symptoms they should expect to experience during the normal healing process. Too many doctor's offices assume an attitude of, "You're just more sensitive than most people," or, "Well, gee, it must be you--most people aren't upset or concerned," or, "You're just overreacting. Get a grip on yourself."

I don't know why these particular offices choose to deal with the postoperative period this way, but I consider it a monumental disservice to the patient. It's entirely possible that occasionally a person will be more sensitive than others. It's also possible that some of you luckier people will only experience very mild versions of the healing process. But the majority of you can expect the following normal symptoms during your first few weeks of recovery.

The first two to three weeks after surgery are commonly referred to as the "Distorted Period"...and when you're in it, you'll know why. You will probably be given steroids for swelling, but some swelling is very likely. The surprising thing about the swelling that follows facial surgery is that it never looks symmetrical. One cheek can look much larger than the other can. One eye can seem totally different in shape than the other. Many women are frightened that their doctor "didn't make them even." *Relax!* In 99 percent of the cases your surgeon made you look as even as possible. What you're looking at now is the postsurgical swelling, which distorts everything. And don't be the least bit surprised if the swelling shifts all over your face the first two to three weeks, because it most likely will.

In some areas, such as under the chin, the swelling will usually seem puffy and rock solid. Again, don't assume the surgeon didn't lift that area to your satisfaction. It will all soften up and then tighten up to where you had hoped it would be. Also, unattractive ridges or tucks may appear on areas of your cheeks or around the mouth. It's just swelling that will disappear and smooth out over the next few weeks. Not everyone develops these uneven areas, but if you do, just know that it's temporary and will flatten out in a little while.

Sometimes the swelling is so hard in spots that the doctor will send you for a few ultrasound treatments. This is extremely useful in breaking up stubborn swelling, and the patient experiences relief very quickly.

The glossy, masklike appearance that's obvious and temporary after a face-lift is also due to swelling. By the fourth week most women adore their faces because the distorted period has passed, but there remains just enough swelling to plump out all the natural lines. Enjoy this stage while you can because as the swelling continues to disappear your natural lines will softly begin to return. Be thankful that they do. You don't want to be stuck with that mask-like face for the next several years. We've all seen women who have been surgically pulled too tight, and it's a horror show. Interestingly enough, the majority of those women have insisted their surgeon do this to them. *Huge mistake--don't you make it!*

Although you will probably begin to love your face by the third or fourth week post-op, there is no way you can begin to judge your final results until the end of the eighth week. By then the obvious swelling has disappeared, although the healing process will continue internally for several more months.

Most bruising goes through a predictable pattern of eggplant purple turning to a lovely brown-green and then to yellow before fading out. The amount of bruising varies with each individual and is impossible to accurately forecast. I've seen some woman go right into the final yellow stages, with just dabs of purple here and there. I've also seen women who bruise purple from their forehead clear down to their nipples, but that's the exception. Your doctor will instruct you when to use warm or cold compresses to assist in relieving both the swelling and the bruising.

Generally you can expect to be almost bruise-free by the fourth week after surgery. But don't worry. You won't have to hide for weeks. After about a week, if you're not discharging from an incision line and your eyes are infection-free, you can cover your existing bruises with makeup while they're taking their time to fade. Certain cosmetics cover bruising much more effectively than others do, and I'll get into that in detail in the next chapter. Do *not* apply makeup to any incision line before 48 hours after suture removal.

Know that you will be closely monitored by your doctor during a series of post-op check-ups, the first being the day following surgery. If you've had your eyes done, some stitches are removed the fourth or fifth day following surgery. Seven to ten days post-op, your face-lift stitches around the front of your ears are removed. Some stitches may be left in. If so, they're self-dissolving. If you had a forehead (or coronal) lift, the staples or stitches are removed 7-10 days after surgery, and the staples or stitches running diagonally behind the ears and up into the hairline are removed 10-12 days post-op.

Office staff nurses will often remove stitches, staples, casts and so on. They are usually extremely skilled at all of this, and you needn't worry about allowing them to do their job.

You are normally checked again a week later and then for a final time four to six weeks after surgery. Of course, if you have ANY concerns about even the smallest pain, call your doctor that same day. Go in and let him see what you consider to be a problem. If it's a real issue, the doctor will treat it appropriately. If it is just part of your normal healing process, at least you'll get reassured and be able to relax again.

Incision lines have a distinctive healing process. They are bright pink in color before they fade to an unnoticeable white scar. The incisions that run in front of the ear contour normally remain quite thin. However, the incision that runs behind the ear tends to look wide and ropy at first, almost like gathered fabric. This ropiness eventually flattens out completely and the pinkness disappears.

You may have a small incision line under your chin, most probably just covered with surgical tape. The incision is made if your surgeon feels it is necessary to liposuction out some fat in order to give your face a sleeker line. The tape is usually removed the fourth day post-op. The incision line will flatten out and turn colorless like the others.

THE POSTSURGERY BLUES

The subject of depression following surgery is worth examining. Most offices will mention the possibility of a couple of days of mild depression during the first week after surgery. Some women I've worked with experience little or no depression, but many people can expect a few really gloomy days. This is a result of postsurgical letdown combined with the physical trauma of the surgery itself, the anesthesia gradually wearing off, physical exhaustion and the shock of seeing yourself so distorted and banged up and generally unpretty.

My attitude is, if you want to cry, go ahead and cry. But don't take it to the extremes that I frequently hear, such as, "I've destroyed myself, I look like a freak," or, "That S.O.B. doctor turned me into a monster!"

If you feel yourself careening into hysteria, stop and regroup. Remind yourself that in all probability no one has destroyed you--almost everyone looks horrible at first. *It will all pass.* And as long as you understand that the depression will pass, too, you can say to yourself, "OK, so I'm depressed. So what? It'll be gone soon."

The key word to your recovery period three weeks after surgery is *surrender*. Just surrender to it all. If you feel blue, cry a little. If your exhausted, rest, and don't try to do more than your body can easily tolerate. If you hate the way you're swollen and bruised, realize it will all go away. Just surrender to the situation, to all your anxiety and fatigue.

Know that it will all go away. In spite of your worst nightmares, in spite of all your apprehensions, it will all go away. As long as you know this, believe me, you can go through any normal healing process and not feel panicked or victimized.

The first week following surgery you shouldn't be doing much more than resting. There's no need to be completely bed-bound, however. You can walk around the house and even take brief walks if you like, but for the most part, take it easy. If you go for a walk, be sure to wear a large brimmed hat. You don't want any sun on your face, especially on the incision lines. The sun can darken your bruises and incision lines permanently, so keep your face shaded, and once your doctor gives his OK, you can apply sunscreen to your scars for the first year postsurgery.

Do not lift anything heavy and do not attempt any housework or physically stressful activity. You have many permanent stitches under your skin in muscles and other areas, in addition to the stitches you can see externally. The last thing you want to do is pull them and perhaps create some bleeding or an unnecessary problem. So be smart and don't overdo it. Just relax as much as possible, move around a little, and rest.

You'll be sent home with some pain medication. After the first week, if you are completely off your pain medication and feeling more mobile, you can begin to drive again. Be careful not to turn and twist your neck too much during this period. Try to rotate your entire torso along with your head when looking left and right. By the end of the second week, it's helpful to stand under the shower and let the warm water run onto your neck while you gently rotate your head from side to side. You need to be moving your neck normally by the third week after the operation. You don't want the muscles to atrophy.

For those of you who love your exercise and hiking and tennis, forget it for four to six weeks following surgery. Your doctor will tell you exactly when it's safe to return to specific routines. For instance, no aerobics until six weeks post-op. If you return to exercising too soon, your swelling will continue much longer than normal and you could run the risk of unnecessary complications. It's smarter to take it easy for a few weeks and have a face that's well and problem-free forever.

You'll be able to brush your teeth gently, but stay on soft foods and avoid heavy chewing and excessive talking for about a week. *Do not* put alcohol, Vaseline or other ointments and creams on the incision lines unless instructed to by your doctor. Some itching of healing wounds is to be expected; *do not scratch them!*

The anesthetics and pain medications tend to produce constipation, so it's wise to eat high-fiber foods or take stool softeners during recovery. You mustn't put any strain on your incision lines, and that includes stress on the entire body created by “bearing down”

on the toilet if you're constipated. If you experience diarrhea call your doctor, as it may be due to medication such as an antibiotic.

NUMBNESS AND OTHER NORMAL REACTIONS

Another adjustment you should be prepared for during recovery is temporary numbness. After a face-lift, the cheek area in front of your ears will be numb for about eight months to one year. As always, there will be exceptions, and you may normalize much faster than most people. The sides of the neck also usually remain numb and feel tight for up to a year. Most women describe their postsurgical neck as similar to wearing a vise. *Don't worry!* As the swelling leaves the neck area, that uncomfortable "confined" sensation will disappear. However, the tight feeling will not vanish completely until as much as a year after surgery. Look at it this way: You wanted a nice, new, taut neck. And you got it! There is a vertical row of permanent stitches beneath your skin on either side of your neck, ensuring it stays just the way you like it for the next few years. That's why it feels so tight. Like everything else, it will eventually soften up and feel perfectly normal again. Because your face is partially numb following surgery, you'll have no way of assessing temperature damage, so *do not put ice directly on the skin, and do not put a heating pads on the skin.*

If you've had a coronal forehead-lift, you will wake up from surgery feeling like you're wearing a bathing cap that's a couple of sizes too small. This particular procedure may be terribly uncomfortable for people who suffer from migraines. The tight-cap feeling, as well as the numbness on the scalp, could last 8 to 12 weeks. You must be especially cautious during this period not to accidentally burn yourself with hot hair dryers, curling irons or electric rollers. It will be impossible to judge what's too hot until your normal feeling returns. The safest policy until then is to use all hair appliances on medium or low settings.

As for numbness following eye surgery, the eye area usually begins to feel normal again three to six weeks after the operation.

All of the numbness I've listed is similar to the Novocaine sensation you experience at the dentist. Just transpose that feeling to the specific areas where you'll be having your surgery and you'll know exactly what to expect until the numbness normalizes. Periods of tingling and small shooting pains can also occur, but it's all part of your normal healing process.

The only areas that actually hurt following a face-lift seem to be the incision lines at the ears. Most people have real soreness and tenderness there for about five weeks. This makes it rather difficult to sleep on your side during that period. You will be instructed by your doctor to sleep propped up for a specific time, depending on what surgery you had. After you're through your propped-up period, try to invent a comfortable sleeping

device to spare yourself the sore-ear syndrome. Some people sleep with their head and temple balanced on the arm of one of those bed backrests.

Remember to take your pain and sleeping medications if you need them. Your doctor will know your medical history, and if you have any problems with drug dependency before your surgery your medication will be prescribed accordingly. You don't need to be a martyr, nor should you feel intimidated by your recovery medication. It's there to help you get through any uncomfortable moments. Also, keep in mind that you heal faster when you're more relaxed, so a good night's sleep is important.

If you've had eye surgery, you can expect to have slightly out-of-focus vision for a few weeks post-op. This is because the eyeball itself swells up a little, but like everything else, the condition is only temporary.

Your skin usually goes through a change right after surgery. People who never had pimples can suddenly break out. Your skin can become quite dry and flaky or turn excessively oily. Ignore it. It's a combination of trauma and the anesthesia being eliminated from the system, and it will pass in three to four weeks.

The anesthesia also does something dismal to your hair, but only temporarily. In essence your hair “commits suicide” for about three months after surgery. It becomes limp and loses its shine, and in many cases will even thin out a little. *Do not panic!* The good news is that when it finally comes back in, it's thicker and fuller than ever, as is often common during pregnancy. Eight out of 10 women I've worked with have been relieved and thrilled to eventually have a better head of hair than they did prior to surgery.

Be sure to check with your doctor before coloring your hair after surgery. Generally you must wait until four weeks post-op before coloring. However, everybody's different and your doctor may want you to wait longer. Ask him specifically about coloring, perming, chemical straightening and any other treatments you use.

It is also common for many people to experience some temporary memory loss combined with what I refer to as “dumbs disease.” You know that fuzzy state where you just can't seem to “get it together.” *Relax--you're not going crazy!* You're just a little shocked and exhausted. Your thinking process will be clear and normal in two or three weeks.

The exhaustion following your surgery can vary from mild to quite extreme. Most people feel as if they've been hit by a truck for the first couple of weeks. Your energy level will slowly and surely climb back up, but don't expect that to happen in any consistent upswing. For the first couple of weeks, as mentioned, you can be seriously fatigued. Then you'll feel absolutely wonderful for a day, and perhaps lousy for the next two. Great for three days straight...tired the fourth. Your energy level usually will improve in this up-and-down pattern until the fourth week. By then you should be

looking and feeling quite well, and your energy will continue to rise steadily until the eighth week, when it will most likely be back to normal.

Most people don't feel peppy enough to resume any sexual activity for a few weeks. After, and only after all of your sutures have been removed (personally, I'd wait at least a full week after), you can *gently* resume your sexual activities. Remember, no stress or strain on your face or any incision lines, so forget wild sex and swinging from the chandeliers for another several weeks.

Always remember, the keyword for your recovery period is *surrender*. If you're exhausted, rest. If you're depressed, let yourself be sad for an instant. Just don't overdo anything and delay your healing process. *And above all, know that it will all go away in just a little while. Soon you will feel like your old self again, and you will love the way you look!*

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.