



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 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.

LIPOSUCTION

APPROXIMATE TIME UNTIL COMPLETELY HEALED: Four to 12 weeks.

BEFORE YOU SET A DATE

Get very realistic about the results you can expect. Liposuction is good for moderately reducing fat in specific areas such as the hips, buttocks, thighs, abdomen and “love handles” above the waist. Fat removal from the arms, knee areas, above the breast and under the chin and neck is also quite successfully accomplished through this procedure.

Suctioning fat that is very close to the skin can leave you with wrinkling and cellulite. Easiest to remove are the deep fat pads that lie under a cushion of normal fat, as do the “saddle-bag” areas on the outer thighs or the stomach.

Cellulite cannot be removed with liposuction. Cellulite is caused by the fibrous connections between the skin and the fascia of the muscle; the attachments cause a dimpling of the skin. If your fat has “quilted” within these fibrous connections and you try to remove it with liposuction, the cellulite dimpling can actually appear worse.

Your surgeon's challenge is to remove as much fat as possible while leaving some fat between the skin as a cushion. If no cushion is left, you could end up with wrinkling, deformities and/or cellulite.

Liposuction can greatly improve the contour of your body, but it is *not* a cure for overweight bodies. There will be many remaining fat cells in the area that was liposuctioned. Your doctor cannot remove all the fat cells from an area without creating other problems. So understand that if you gain weight after liposuction, the remaining fat cells will expand and you'll look heavy again. Get it straight in your mind: Liposuction will not be transforming you into a wisp or a gazelle. Instead, your natural silhouette will look better.

PRESURGICAL INSTRUCTIONS

- You will be given lab work the day of surgery. Take no aspirin or aspirin-containing products for two weeks prior to your surgery and ten days after (see list of medications to avoid). You may take Tylenol.
- If you take medication daily, notify your doctor. Also tell him if you develop an illness or cold within a week of your surgery.

THE DAY BEFORE SURGERY

Do not eat or drink anything after midnight. The night before or the morning of surgery, you can shower and shampoo your hair.

THE DAY OF SURGERY

- You may rinse and brush your teeth, but *do not eat or drink anything*.
- Wear no makeup and remove contact lenses and dentures for surgery. *No moisturizer or body lotions*.
- Do not bring any jewelry or valuables. Wear a warm up suit or pajamas that buttons or zips in the front, and wear socks. No tight fitting clothes.
- *Someone must drive you home the day of your surgery and stay with you the first night.*
- Postoperative instructions regarding activity, medications and office visits will be given following your surgery.

THE SURGERY

The surgical time will vary depending on which areas you are having liposuctioned. You will be given a general anesthetic. The surgery may also be performed under a local anesthetic to numb the specific area. If you're having a large area liposuctioned general anesthesia is the way we need to go. Antibiotics will be given to you through an I.V. during surgery.

Small incisions (approximately half an inch long) are made in the area where liposuction will occur. For instance, the incision will be placed in the fold under the buttocks for access to upper thighs and buttocks. Question your doctor very carefully to be sure you know where each incision will be placed. You don't want surprise scars on your body.

A tubular instrument hooked up to a suction unit is inserted through the incisions, a high-vacuum pressure is created and the fat is suctioned out. The suctioning can also be done effectively with a syringe; your surgeon will decide which option is appropriate. The doctor will manipulate the tube in the tissue between the skin and the muscle fascia, removing the fat from the area.

At one time the recommended amount of fat to be removed at one sitting without getting blood transfusions was 1,500 cc (the equivalent of one pound of fat).

Today there is a new technique called tumescent liposuction. This technique infuses a physiologic solution into the area to be suctioned. The solution contains a local anesthetic to

reduce pain, adhesions and bleeding. Using tumescent liposuction, the amount of fat that can safely be suctioned is increased to two or three pounds.

The incisions are sutured with absorbable sutures. You will be given a surgical girdle to help relieve swelling and discomfort. You must wear this girdle 24 hours a day for the first week post-operative and then, depending on your swelling and bruising, your doctor will advise you how long to continue wearing this support.

POSTSURGICAL INSTRUCTIONS

1. Physical activity should be limited to movements that are comfortable.
2. Wear the compression girdle that was selected prior to the surgery 24 hours a day for seven days or longer as instructed. As a general rule the compression girdle should be worn until the bruising and discomfort has subsided, usually two or three weeks post-op.
3. Anesthetics and pain medication tend to produce constipation. High-fiber diets and stool softeners can reduce the likelihood of constipation following the surgery.
4. You may shower after surgery whenever you wish but hold off on sitting in a bathtub or swimming pool for seven days. Remove the surgical garment and dressings. After showering, pat the incision areas gently with a towel.
5. Keep your compression girdle clean. It is machine washable and dryable. It's a good idea to have two compression girdles, so you can wear one while the other is being laundered. Bicycle pants work very nicely as an alternative corset.
6. No driving until pain medication has worn off.
7. One-week post-op you can do some normal activity if your body allows.
8. If any activity hurts, *stop it*.

THE RECOVERY PERIOD

You're going to feel unbelievably sore for about three to six days, as if someone had given you a severe beating. Then the situation becomes tolerably uncomfortable for another couple of weeks, until it finally passes. Take your prescription pain medication provided by the office. Why suffer through those first few days more than necessary? By the end of the first week you can probably switch over to Tylenol and make do on that until the discomfort disappears.

Bruising is normal and will usually begin to subside two to four weeks after surgery. Swelling is common following liposuction and has been known to last for several weeks. The compression

girdle will help control abdominal swelling. Leg and ankle swelling can be improved by elevating the legs as often as possible. Also, try to maintain a low-salt diet to discourage water retention.

Initially there will be irregularity, lumpiness and multiple areas of bruising.

Don't attempt light exercise or any aerobics until the bruising has subsided. If you have any bruises left, check with your doctor before lifting a leg in exercise. Then you can gently and slowly work your way back up to a normal exercise level. A good rule is, if it hurts, *don't do it*.

If you're dieting, don't start any extreme starvation programs until three weeks post-op. For proper healing purposes you really do need to maintain a healthy and balanced diet those two to three weeks following surgery.

Do not become depressed if you don't suddenly see a dramatic change in your body the first few days after surgery. Swelling and scar tissue can disguise your final results, which should become apparent 6 to 12 weeks post-op.

PROBLEM SIGNS

Medical problems during the post-liposuction healing process are rare, but you should keep an eye on the incision lines for any possible infection. As with any surgery, there is a possibility of entirely bleeding, and at the first sign of a raised and sore area or an unusual bruise you should call your doctor.

Other long-term problems from liposuction could include cellulite conditions appearing worse; areas of wrinkling or rippled and uneven skin; and lumpy, uneven results that could cause silhouette irregularities. Incidentally, many liposuction cases will need some small touch-up surgery to make things look great.

MAKEUP TRICKS

You can apply makeup to camouflage bruising 48 hours after the sutures have been removed, and only if the incision lines are completely healed over and dry. Dermablend, Physicians Formula Velvet Film, Max Factor Pan Stick, Clinique Continuous Coverage, Prescriptives Camouflage Creme, Cover Mark or Nature Cover all are all very effective products.

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