

Dr Joe Coory SHOULDER & UPPER LIMB SURGEON · SUNSHINE COAST

01 ORIENTATION

02 PREPARATION

03 INTERVENTION

04 RECOVERY

05 LIFESTYLE DESIGN

AFTER TODAY'S APPOINTMENT

What you need to do

We have ticked the items that apply to you. Write in each date as it is completed or booked. If something has not happened when you expect it to, call the rooms and we will chase it with you. This sheet is your checklist to guide you through the pre-operative process.

BEFORE YOUR SURGERY

☐ Confirm your health fund cover Quote the item number in the panel to your fund, and ask what your excess will be.	DONE? _____
☐ Pathology & Imaging Any scans we request need to be completed at least two weeks before your surgery.	DONE? _____
☐ Physician review, Dr Clinton Orth His rooms will call you to check you are fit for surgery. This appointment is bulk-billed.	DONE? _____
☐ Pre-admission with the hospital Maroochy hospital calls you 1-3 weeks before. For Buderim, complete the online admission as soon as you can.	DONE? _____
☐ Skin check Keep your skin free of scratches and bruising in the lead-up. Call the rooms with any concerns.	IMPORTANT: _____
☐ Physiotherapy For shoulder and elbows, Fortius Allied Health will call you for a pre-op fitting. For hands, hand therapists will call you post-op.	DATE: _____
☐ Payment Due one week before surgery, by direct deposit or card over the phone. Details are on your quote.	PAID ON: _____

AFTER YOUR SURGERY

Post-operative appointments

These are included in your fasting and admission email. Keep the sling on until you are seen.

POST-OP PHYSIO

WOUND REVIEW: DAY 10-14

YOUR SURGERY DETAILS

SURGERY DATE
_____HOSPITAL
_____MEDICARE ITEM NUMBER

Call your health fund and quote the item number above to confirm you are covered, and ask what your excess will be.

FASTING & ADMISSION

Emailed and texted to you **at close of business, the day before** your surgery. Fasting is usually 6 hours (unless directed to start a 24-hour clear fluid diet). Your admission times can be expected by:

POST-OPERATIVE INFORMATION

This will be included in your fasting & admission email/text sent to you as listed above.

ROOMS

07 5493 8038
drjoecoory.com.au

QUESTIONS OR CONCERNS

Call the rooms on 07 5493 8038 at any time. For any concerns related to your surgical booking, billing, or appointment times, please speak to our administration team. If you have any questions about the procedure, your health, or anything clinical, please speak to our nurse concierge.

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WORKING TOGETHER TO KEEP YOU SAFE

Preventing surgical site infection

Infection after shoulder surgery is uncommon but serious, and preventing it is a partnership between us and you.

WHAT WE DO TO PROTECT YOU

Before and during surgery we protect you with antibiotics at the start, a dedicated sterile theatre, your skin cleaned and draped once you are asleep, hair clipped rather than shaved, and warming throughout.

THE SINGLE MOST IMPORTANT THING YOU CAN DO

Your part: skin preparation at home

Dr Coory's skin preparation routine is non-negotiable. Tick the steps that apply, and start on the date given.

PRODUCT & HOW TO USE IT

WHEN TO START

☐

Nasal Bactroban (mupirocin 2% nasal ointment)

Squeeze out a match-head amount onto a clean cotton bud or your little finger. Apply just inside one nostril, repeat for the other, then gently press the sides of your nose together and release a few times so it spreads. **Twice a day, morning and night, for five days:** your last dose is the night before surgery. Wash your hands before and after. Staph bacteria live harmlessly in the nose in about one in three people; this clears them before surgery.

5 days before
surgery

☐

Benzac wash (benzoyl peroxide body wash)

In the shower, wet the shoulder, chest and armpit on the side being operated on. Apply the wash, lather well and **leave it on the skin for one to two minutes** before rinsing thoroughly. **Twice a day, morning and night.** It may dry the skin, which is expected. Not on broken skin or your face. If the skin becomes red, itchy or sore, stop and call the rooms. (This is typically found in the acne wash area at a grocery store)

2 days before
surgery

☐

Surgisponges (antiseptic pre-operative sponge)

Shower as normal first and rinse off all soap and shampoo. Wet the sponge, squeeze it to build a lather, then scrub the surgical area and rinse. Then wash your **whole body from the neck down** for five minutes with the surgisponge, longest on the operative shoulder and armpit, avoiding eyes, ears and genitals. **Pat dry with a clean towel, then clean clothes and bedding.** One sponge the night before, one the morning of surgery. **No deodorant, moisturiser, powder or perfume afterwards.**

Night before &
morning of
surgery

Not sure about any of these steps? Speak to our Nurse Concierge before you start.

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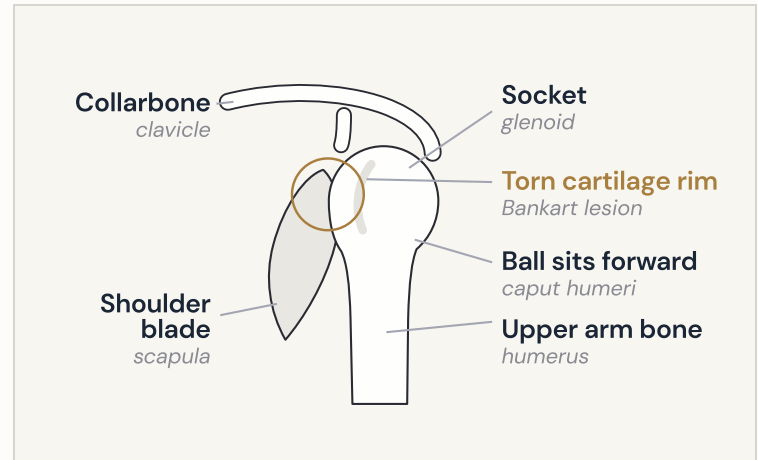
04 RECOVERY

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UNDERSTANDING YOUR DIAGNOSIS

Shoulder instability

The ball of your shoulder has come out of its socket, or it keeps trying to. The soft rim that holds it centred has been torn off the front of the socket, so the joint no longer feels safe in certain positions.



WHAT IT IS

The shoulder is the most mobile joint in the body: a large ball sitting on a small, shallow socket. A soft rubbery rim called the **labrum** runs around the edge of that socket and deepens it, like the bumper on a bumper bar. When the shoulder dislocates, that bumper is usually torn off the front of the socket. Surgeons call this a **Bankart lesion**.

Instability is a range, not a single event. You may be told you have one of these:

- **A dislocation:** the ball comes fully out of the socket and has to be put back, usually in an emergency department.
- **A subluxation:** the ball slips part of the way out and then goes back in by itself. It can feel like a dead arm.
- **Apprehension:** nothing actually moves, but the shoulder feels as though it is about to give way when your arm is up and turned out.

Almost all traumatic instability is **anterior**, which means the ball goes out the front. A smaller number of people dislocate backwards (posterior), and some have loose ligaments throughout the body and slip in several directions.

WHY IT HAPPENS

The usual cause is one forceful event with the arm out to the side and turned back: a tackle, a fall, a wipeout. Once the rim is off the front of the socket, the shoulder is easier to dislodge the next time, and each episode can stretch the joint a little further. Being young and playing contact or overhead sport are the strongest factors. Naturally loose joints may also play a part.

WHAT YOU MAY NOTICE

- The shoulder feels unsafe reaching up and back, or throwing
- Slipping, clunking or a sudden dead-arm feeling
- Aching after sport, and pins and needles down the arm afterwards
- You have stopped sleeping on that side, or stopped playing altogether

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KEYHOLE STABILISATION · PREPARING FOR SURGERY

Shoulder stabilisation

THE OPERATION

This is keyhole surgery. Dr Coory works inside the joint through a couple small incisions around the shoulder, using a camera and fine instruments. The torn rim at the front of the socket, your labrum, is lifted free, brought back to where it belongs, and stitched down onto the bone with small anchors. The stretched ligaments at the front are tightened at the same time. This part of the operation is called a **Bankart repair**, and it rebuilds the bumper that stops the ball sliding forward. If your scans show that the dent at the back of the ball catches on the rim of the socket, a second repair is added: the tendon at the back of the shoulder is stitched down into the dent so that it is filled and can no longer lever the shoulder out of joint. That step is called a **remplissage**, which is French for filling. The anchors are designed to stay in place permanently and do not need to be removed. The joint itself is never opened, and you are left with a few small marks rather than one long scar.

PROCEDURE SUMMARY

ANAESTHETIC

General + block

TIME IN THEATRE

60–90 minutes

HOSPITAL STAY

Day surgery, or one night

SLING

3–4 weeks

Worn at all times, apart from your exercises.

RETURN TO DRIVING

Criteria Led

RETURN TO CONTACT SPORT

4–6 months

PREPARING FOR SURGERY

STEP 01

Set up your home

Recliner or boomerang pillow, loose press-stud tops, elastic-waist pants, meals pre-made and frozen. Arrange someone to drive you home, and to help for the first few days.

STEP 02

Your imaging

An MRI shows the torn rim; a CT with a three-dimensional reconstruction measures the bone. Our team books what is needed, and Dr Coory will go through the pictures with you.

STEP 03

Get fitted for your sling

Before the day, so you already know how to put it on and take it off, and how to mobilise safely after surgery.

STEP 04

Pre-admission with the hospital

The hospital will call you. Complete your online admission as soon as you can.

STEP 05

Review by Dr Orth

Dr Clinton Orth's rooms will contact you. This confirms you are medically fit for surgery, and is bulk-billed.

STEP 06

Skin preparation

Non-negotiable. Full directions as provided. Start as described by our team.

THE DAY OF SURGERY

STEP 01

Arrive & admission: present at the time in your email.

STEP 06

The nerve block: administered in the anaesthetic bay before you go to sleep.

STEP 02

Paperwork & gown: consent signed, valuables handed over.

STEP 07

The operation: the keyhole stabilisation, under general anaesthetic.

STEP 03

Nursing checks: observations, allergies, fasting confirmed.

STEP 08

Recovery: you wake with the arm numb and heavy. That is the block, and it is normal.

STEP 04

Meet Dr Coory: the shoulder is marked and your questions answered.

STEP 09

Ward: 24-hour nursing supervision, with your sling and pain plan managed on the ward.

Clinical questions about your surgery? Speak to our Nurse Concierge.

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AFTER KEYHOLE SHOULDER STABILISATION

Going home and getting better

WHAT YOUR JOB IS NOW

The soft tissue inside your shoulder now has to heal. The rim has been stitched back onto the socket, and where a remplissage was added the tendon has been stitched into the dent. Both need about four to six weeks of protection before they are solidly attached. That is what the sling is for, and it is why turning the arm outwards is limited early on. Your job for the first three weeks is to keep the arm supported, keep the wounds dry, and do only the movements your physiotherapist has set. From three weeks the work changes to earning the movement back, and from six weeks to building strength. The repair is at its most vulnerable in the weeks when the shoulder is already starting to feel fine.

RECOVERY AT A GLANCE

WOUND REVIEW

10–14 days

SLING

3 weeks

RETURN TO DRIVING

Criteria Led

PHYSIOTHERAPY STARTS

First week

CONTACT SPORT

4–6 months

THE FIRST 48 HOURS AT HOME

Pain

The block wears off between 12 and 18 hours after surgery, and the shoulder will ache when it does. Start your regular pain relief **before** that happens rather than waiting. Pain peaks around days 3–5, then eases.

Swelling & ice

Use ice as your team has shown you, **never directly on the skin**, always through a cloth. Bruising that spreads down the arm and towards the elbow over the first week is expected and settles on its own.

Sling & position

The sling stays on day and night, including in bed, and comes off only for your exercises and for showering. Keep the elbow in front of your body. Do not turn the arm outwards past the point your physiotherapist has set, and do not push out of a chair with that arm.

GETTING BACK TO NORMAL LIFE

Keeping the wound clean and dry 10–14 DAYS

There are three or four small dressings, one over each keyhole. They are waterproof and stay on until your wound review. Do not change them yourself. Showering is fine from the day after surgery, but no baths, pools, spas or ocean until we have told you so. A little pink spotting is normal. Keep the marks out of the sun for a year.

Managing your pain relief WEAN FROM DAY 5

Take it by the clock at first, not only when it hurts. Staying ahead of the pain keeps you moving and sleeping. Paracetamol is the base, with an anti-inflammatory if appropriate, and stronger tablets for breakthrough pain only. Strong pain relief is constipating, so drink water, eat fibre, and use a laxative if you need one.

Driving CRITERIA LED

Once you are out of the sling, off strong pain relief, and can turn the wheel and handbrake without hesitating, Dr Coory is happy for you to return to driving. Please ensure you stick to your other safety responsibilities.

Sleeping and getting dressed FIRST 4 WEEKS

Most people sleep propped up in the sling for the first week or two, then move to a pillow under the arm. Dress the operated arm first, and undress to last. Toileting should still be straightforward for most people.

CALL US IF...

ROOMS

07 5493 8038

NURSE CONCIERGE

0473 665 925

■ Fever above 38°C, or shaking chills

■ Calf pain or swelling

■ Numbness or weakness once the block should have worn off

■ Spreading redness, heat, or yellow or foul-smelling discharge

■ Chest pain or breathlessness

■ Pain not controlled by your medication

If you have any of the following — severe chest pain, severe breathlessness, collapse, coughing up blood, or a wound bleeding heavily — call 000 or present to your nearest emergency department.

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AFTER KEYHOLE SHOULDER STABILISATION

Your rehabilitation timeline

Rehabilitation is the half of this operation that you do. Your physiotherapist works from the full clinical protocol and moves you between phases based on how the shoulder behaves, not the calendar. A stabilisation is a slow start and a strong finish: the first four weeks protect the repair, and the last months earn back the confidence to put the arm anywhere you want it.

	PHASE 1 Weeks 0–3	PHASE 2 Weeks 4–6	PHASE 3 Weeks 6–12	PHASE 4 Months 3–6	PHASE 5 Months 6–12
Sling Day and night		 Off at start of week 4			
Assisted movement Your physio guides the arm					
Moving it yourself No help, no pulleys					
Turning the arm outwards The position the repair protects	Limited	Increasing	Towards full		
Strengthening Bands first, then weights		 Week 4			
Driving		 Criteria led			
Sport & lifting	Nothing at all	Light, to waist height	Building up	Non-contact 3 mo · contact from 4 mo	Full, unrestricted

 Full / unrestricted  Building up / partial  Milestone: check with us before you start

NON-NEGOTIABLES: THE FIRST SIX WEEKS

- Do not take the arm out to the side and turn it backwards; that is the position the repair protects
- Do not push up out of a chair or bed with the operated arm
- No pushing, pulling, throwing or carrying anything heavy with that arm
- If you smoke, stop: nicotine slows every kind of healing

GETTING THE MOST FROM EACH SESSION

Warmth before you exercise, ice afterwards. Never directly on the skin.

A stretch is fine. Sharp or increasing pain is not. Stop, and tell your physiotherapist.

Take your pain relief as advised. Comfortable muscles move better.

A little and often beats one long session. Bring this sheet to physiotherapy.

The 18-hour rule: if soreness from something new lasts more than eighteen hours, you did too much. Drop back a step and build up again. Healing is not linear; some days are better than others. A step back is not failure, it is room to improve safely.