Dr Joe Coory SHOULDER & UPPER LIMB SURGEON · SUNSHINE COAST

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.

Dr Joe Coory SHOULDER & UPPER LIMB SURGEON · SUNSHINE COAST

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 fash 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

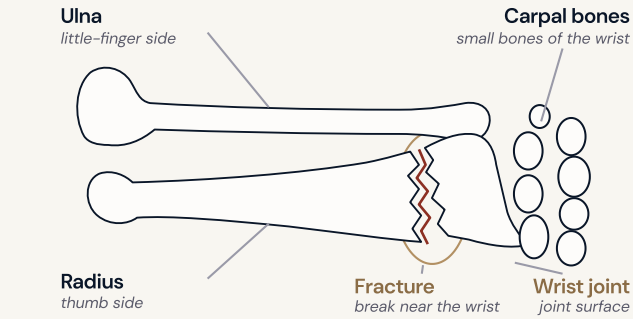
Not sure about any of these steps? Speak to our Nurse Concierge before you start. 07 5493 8038

Dr Joe Coory SHOULDER & UPPER LIMB SURGEON

UNDERSTANDING YOUR DIAGNOSIS

Distal radius fracture

You have broken the radius, the larger of your two forearm bones, close to where it meets the wrist. This is the classic "broken wrist" from a fall onto an outstretched hand.



WHAT IT IS

The radius is the larger bone of your forearm, running from the elbow to the wrist. A break at the end closest to the wrist is called a **distal radius fracture**: the classic broken wrist. There are several named patterns, each with different implications for treatment:

- **Colles fracture**: the bone tilts backward (dorsally). This is the pattern most people have heard of.
- **Smith fracture**: the bone tilts forward (volar). This pattern is less common but more often needs surgery.
- **Intra-articular fracture**: the break extends into the wrist joint surface itself, sometimes in several pieces.

WHY IT HAPPENS

Almost every distal radius fracture comes from one of two mechanisms: a low-energy fall onto an outstretched hand, usually in a person with lower bone density, or a higher-energy injury such as a fall from height, a sporting collision, or a motor-vehicle accident in a younger person. A fracture from a simple fall is also a useful early signal to have your bone health checked.

WHAT YOU MAY NOTICE

- Pain, swelling and bruising around the wrist
- A visible bend in the wrist, sometimes described as a "dinner-fork" shape
- Difficulty gripping, or moving the wrist and fingers
- Numbness or tingling in the thumb and fingers if swelling is pressing on the nerve

Dr Joe Coory SHOULDER & UPPER LIMB SURGEON · SUNSHINE COAST

OPEN REDUCTION & INTERNAL FIXATION · ARTHROSCOPY· PREPARING FOR SURGERY

Wrist fracture surgery

THE OPERATION

This is open surgery through a small incision on the palm side of the wrist, between two tendons, in a plane that protects the median nerve and the radial artery. The broken pieces of bone are carefully lifted back into their proper position, restoring the height, angle and joint surface of the wrist. A low-profile plate is then fixed to the palm side of the bone, with screws that lock into the plate itself, holding the fragments steady even where the bone is soft. Where the break extends into the joint surface, Dr Coory may also use wrist arthroscopy, a small camera passed into the joint, to see the cartilage surface directly while the fragments are put back together, on top of confirming everything on X-ray.

PROCEDURE SUMMARY

ANAESTHETIC
General ± regional block

TIME IN THEATRE
60–90 minutes

HOSPITAL STAY
One night

SPLINT
3 weeks, up to 6 for comfort

RETURN TO DRIVING
Criteria Led

FINAL OUTCOME
9–12 months

PREPARING FOR SURGERY

STEP 01
Aim for same-week assessment
A displaced wrist fracture has a surgical window of around two to three weeks from injury. We aim to arrange your imaging review and operating list in parallel.

STEP 02
Imaging finalised
Your X-ray, and a CT scan if the break extends into the joint, gives Dr Coory the full picture of the fragments before theatre.

STEP 03
Pre-admission with the hospital
The hospital will call you. Complete your online admission as soon as you can.

STEP 04
Review with Dr Orth
Dr Clinton Orth's rooms with contact you. This confirms you are medically fit for surgery, and is bulk-billed.

STEP 05
Skin preparation
Non-negotiable, if applicable. Full directions as provided. Start as described by our team.

STEP 06
Payment
Due one week before surgery where the timeline allows, by direct deposit or card over the phone. Details are on your quote.

THE DAY OF SURGERY

STEP 01 — **Arrive & admission**: present at the time in your email.

STEP 02 — **Paperwork & gown**: consent signed, valuables handed over.

STEP 03 — **Nursing checks**: observations, allergies, fasting confirmed.

STEP 04 — **Meet Dr Coory**: the wrist is marked and your questions answered.

STEP 05 — **Meet the anaesthetist**: the plan for anaesthesia and any block is explained and consented.

STEP 06 — **The nerve block**: administered in the anaesthetic bay if used, before you go to sleep.

STEP 07 — **The operation**: reduction and volar plate fixation, arthroscopy if needed, under general anaesthetic.

STEP 08 — **Recovery**: you wake with the hand splinted, and the arm may still be numb from the block.

STEP 09 — **Ward**: nursing observation until you are ready for discharge, usually within a few hours.

STEP 10 — **Discharge**: same day, with scripts, splint, and your wound review booked for 10–14 days.

Clinical questions about your surgery? Speak to our Nurse Concierge. 07 5493 8038

Dr Joe Coory SHOULDER & UPPER LIMB SURGEON · SUNSHINE COAST

AFTER DISTAL RADIUS ORIF

Going home and getting better

WHAT YOUR JOB IS NOW

The plate is holding your bone from the moment you wake up, which is why your fingers can start moving from that first afternoon. The splint is there for comfort, not to hold the bone together. You can take your splint off when you are seated and focused on gentle hand movement; but put it back on before you start moving again. Your job in the first week is keeping the wound dry, elevating the hand to control swelling, and moving your fingers often. Hand therapy starts within the first week, and from there the work shifts to getting your wrist moving again, and later to building strength back up.

RECOVERY AT A GLANCE

WOUND REVIEW
10–14 days

SPLINT
3 weeks. up to 6 for comfort

RETURN TO DRIVING
Criteria Led

HAND THERAPY STARTS
Within the first week

FINAL OUTCOME
9–12 months

THE FIRST 48 HOURS AT HOME

Pain

If a block was used it wears off between 12 and 18 hours after surgery, and the wrist will ache when it does. Start your regular pain relief **before** that happens rather than waiting.

Swelling & elevation

Keep the hand up above the level of your heart as much as possible for the first few days. Ice through a cloth, **never directly on the skin**, helps too.

Splint & fingers

Keep the splint clean and dry. Move your fingers and thumb often, right from the first afternoon: a stiff hand is the thing we are working hardest to avoid.

GETTING BACK TO NORMAL LIFE

Keeping the wound clean and dry 10–14 DAYS

There is one dressing, over a single scar on the palm side of the wrist. Do not change it yourself. Keep the splint dry when you shower. A little pink spotting is normal. Keep the scar out of the sun for a year.

Managing your pain relief UP TO 5 DAYS OF STRONG ANALGESIA

Take it by the clock at first, not only when it hurts. Paracetamol is the base, with an anti-inflammatory if appropriate, and stronger tablets for breakthrough pain only.

Driving CRITERIA LED

Once your splint is off and you can grip the wheel firmly enough for an emergency stop, Dr Coory is happy for you to return to driving. For most people that is around four to six weeks. Ultimately, this is approved by your insurance.

Light hand use 2–4 WEEKS

Eating, dressing and light computer work resume as comfort allows. Heavier grip and manual work are paced by your hand therapist.

CALL US IF…

ROOMS **07 5493 8038** NURSE CONCIERGE **0473 665 925**

- Fever above 38°C, or shaking chills
- Fingers that turn pale, blue or cold, or that you cannot move
- The splint feels increasingly tight
- Spreading redness, heat, or yellow or foul-smelling discharge
- Numbness, tingling or weakness that does not settle
- Pain not controlled by your medication

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

Dr Joe Coory SHOULDER & UPPER LIMB SURGEON · SUNSHINE COAST

AFTER DISTAL RADIUS ORIF

Your rehabilitation timeline

Rehabilitation is the half of this operation that you do. Your hand therapist works from the full clinical protocol and moves you between phases based on how the wrist behaves, not the calendar. The plate lets you take the splint off for gentle movement exercises from day one. Wear it at all other times until week 3. Hand therapy starts after the first week.

	PHASE 1 Weeks 0–3	PHASE 2 Weeks 3–6	PHASE 3 Weeks 6–12	PHASE 4 Months 3–6	PHASE 5 Months 6–12
Splint Off for exercises only	■	● Optional from week 3			
Finger & thumb movement From the first afternoon	■	■	■	■	■
Wrist movement As tolerated, from day one	▬	■	■	■	■
Strengthening & grip			● Week 6	■	■
Driving		● Criteria led	■	■	■
Check-ups	● Wound check with nurse, week 2		● Dr Coory with X-ray, weeks 8–10		● Nurse Practitioner, month 6
Lifting & manual work	Nothing heavier than a cup of tea	Nothing heavier than a cup of tea	Light manual work & household tasks	Heavy manual work & impact sport	No set limit

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

NON-NEGOTIABLES: THE FIRST SIX WEEKS

- Wear the splint at all times except for your exercises until week 3
- No push-ups, crutches or leaning on that hand
- Nothing heavier than a cup of tea through that hand
- If you smoke, stop: nicotine slows every kind of healing

GETTING THE MOST FROM EACH SESSION

Elevate the hand before and after exercise to keep swelling down.

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

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

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

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.