

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.

07 5493 8038

Dr Joe Coory

SHOULDER & UPPER LIMB SURGEON

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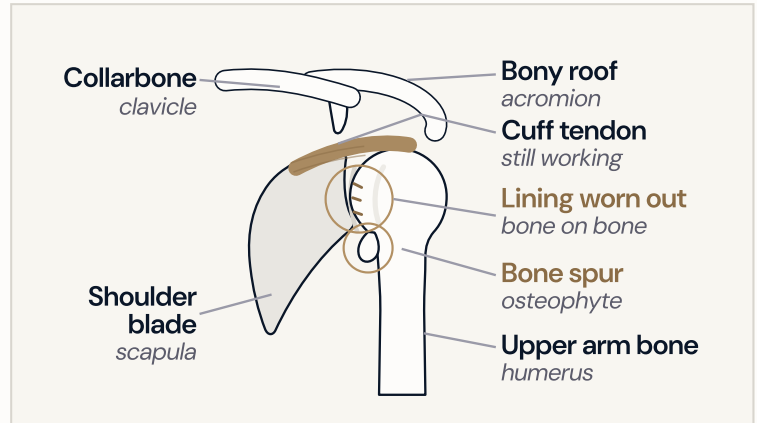
04 RECOVERY

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UNDERSTANDING YOUR DIAGNOSIS

Osteoarthritis

The smooth lining inside the ball and socket of your shoulder has worn away. The joint has become stiff and painful, and bone is now rubbing on bone.



WHAT IT IS

Your shoulder is a ball and socket. The ball is the top of the arm bone (the **humeral head**) and the socket is a shallow dish on the shoulder blade (the **glenoid**). Both are lined with cartilage, a smooth, slippery surface a few millimetres thick that lets the joint glide without friction.

In arthritis that lining thins and finally wears through, so bone rubs directly on bone. The body responds by laying down extra bone at the edges, called **spurs**, and the socket often wears unevenly and tilts backwards. That is what makes the shoulder stiff as well as sore. There are a few different routes to the same place:

- **Primary:** ordinary wear over many years, with the rotator cuff still working. This is the most usual.
- **Post-traumatic:** after an old fracture or dislocation, sometimes decades later.
- **Inflammatory:** where a condition such as rheumatoid arthritis attacks the lining.
- **With a worn or torn cuff:** the tendons have gone as well as the lining. This is a different problem, and it has its own sheet.

WHY IT HAPPENS

A family history, heavy manual or overhead work, an old injury to that shoulder, and inflammatory joint disease all raise the risk. Cartilage does not grow back, so once it has thinned the change is permanent. This is common, and it is not your fault.

WHAT YOU MAY NOTICE

- A deep, dull ache in the shoulder, worse with use and worse in cold weather
- Stiffness, so reaching behind your back or your seatbelt is hard
- Grinding or crunching you can hear and feel when you turn the arm
- Night pain, so you cannot lie on that side and it wakes you

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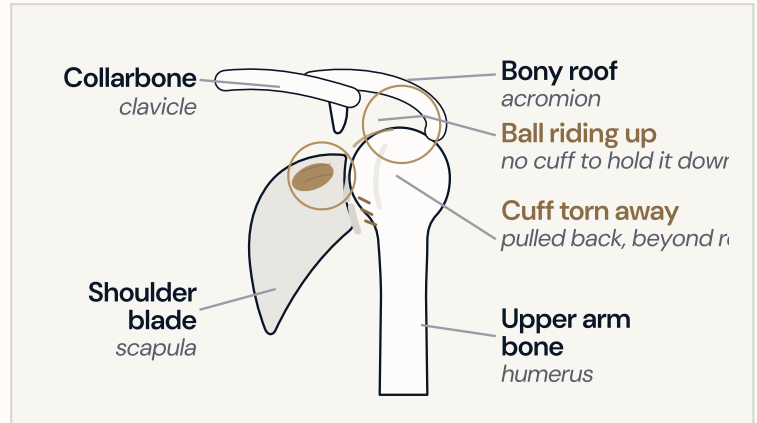
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UNDERSTANDING YOUR DIAGNOSIS

Cuff tear arthropathy

The tendons that steer your shoulder have torn beyond repair, and the joint underneath has worn out. The ball no longer sits centred in its socket, so the arm has lost its lift.



WHAT IT IS

The rotator cuff is a group of four small tendons (the **supraspinatus**, **infraspinatus**, **subscapularis** and **teres minor**) that wrap around the ball of the shoulder. The large deltoid muscle over the top is the powerhouse; the cuff does the steering, and it also holds the ball down in its socket.

When a large tear is beyond repair, the ball is no longer held down. It rides upwards and rubs against the bony roof above it, the smooth lining wears through, and the joint becomes bone on bone. That combination has a name: **cuff tear arthropathy**. You may be told you have one of three related pictures:

- **A massive irreparable tear:** two or more tendons are torn, or the tear is larger than about 5 cm and has pulled back too far to be stitched down again, but the joint itself is still reasonable.
- **Cuff tear arthropathy:** the tear and the worn joint together. This is the end stage, and the usual reason a reverse replacement is recommended.
- **Arthritis with a borderline cuff:** the joint is worn and the cuff is thin or partly torn, so it may not be reliable for the years ahead.

WHY IT HAPPENS

This is the long-term result of a cuff tear that could not be repaired, or was never picked up. Years of overhead work or sport, smoking, diabetes and earlier shoulder injuries all raise the risk. It builds up slowly, often over a decade. This is common, and it is not your fault.

WHAT YOU MAY NOTICE

- A deep ache in the shoulder, and night pain that wakes you
- You cannot lift the arm to a shelf, or hold it out in front of you
- Grinding, clicking or catching when the shoulder moves
- You have started doing almost everything with the other arm

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MAKO ROBOTIC-ASSISTED · PREPARING FOR SURGERY

Reverse shoulder replacement

THE OPERATION

This is open surgery through a single incision at the front of the shoulder. Leading up to surgery, a CT scan and x-ray of your shoulder is turned into an AI-assisted three-dimensional plan, so the size and position of every part is decided beforehand. In theatre the worn ball is removed, and the socket on your shoulder blade is shaped by a small high-speed burr held on the MAKO robotic arm. The robotic arm has set boundaries to eliminate unnecessary bone loss. Dr Coory uses the burr to shape the fitting for the prosthetic. A metal ball is then fixed to the shoulder blade and a dual component of titanium and polyethylene to the arm bone, which is the opposite way round to your own shoulder. That reversal is the point of the operation: it lets the deltoid muscle over the top lift your arm without any help from the torn tendons. The robot does not perform the surgery, Dr Coory does, and the preoperative planning ensure the robot is precisely set to the plan.

PROCEDURE SUMMARY

ANAESTHETIC

General + interscalene block

TIME IN THEATRE

90–120 minutes

HOSPITAL STAY

1–3 nights

SLING

1 week

Off at the end of week one.

RETURN TO DRIVING

Criteria Led

FINAL OUTCOME

9–12 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 planning CT scan

A detailed CT of the shoulder, booked by our team. It becomes the three-dimensional plan used in theatre, and Dr Coory will show it to 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 reverse replacement, 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.

STEP 05

Meet the anaesthetist: the block is explained and consented.

STEP 10

Discharge: after your 1–3 night stay, with scripts, sling, and your wound review booked for 10–14 days.

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

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AFTER MAKO REVERSE SHOULDER REPLACEMENT

Going home and getting better

WHAT YOUR JOB IS NOW

Nothing inside your shoulder has to knit back together. The new joint is fixed to bone from the moment you wake up, which is why the sling comes off at the end of the first week and gentle movement starts straight away. Your job in that first week is comfort, keeping the wound dry, and letting your physiotherapist move the arm for you. From week one the work changes to earning the movement back, and from about six weeks to building strength. Almost all of the lift now comes from the big deltoid muscle over the top of your shoulder, so the exercises that train it matter more than anything else you will do this year.

RECOVERY AT A GLANCE

WOUND REVIEW

10–14 days

SLING

1 week

RETURN TO DRIVING

Criteria Led

PHYSIOTHERAPY STARTS

Immediately

FINAL OUTCOME

9–12 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 for the first week, including in bed. Sleep propped up or in a recliner, and keep the elbow in front of your body. Do not reach behind your back, and do not push up out of a chair with that arm: those are the two movements that can put a new joint out.

GETTING BACK TO NORMAL LIFE

Keeping the wound clean and dry 10–14 DAYS

There is one dressing, over a single scar at the front of the shoulder. It is waterproof and stays on until your wound review. Do not change it yourself. Showering is fine from the day after surgery, but no baths, pools or spas until we have told you so. A little pink spotting is normal. Keep the scar out of the sun for a year.

Driving CRITERIA LED

Once you are out of the sling, off strong pain relief, and can turn the wheel without hesitating Dr Coory is happy for you to return to driving. For most people that is around a fortnight. Ultimately, this is approved by your insurance.

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.

Sleeping flat 2–4 WEEKS

When it is comfortable. Lying on the operated side takes longer again, and that is normal.

CALL US IF...

ROOMS 07 5493 8038 NURSE CONCIERGE 0473 665 925

- Fever above 38°C, or shaking chills
- Spreading redness, heat, or yellow or foul-smelling discharge
- Calf pain or swelling
- Chest pain or breathlessness
- Numbness or weakness once the block should have worn off
- 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 MAKO REVERSE SHOULDER REPLACEMENT

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. With a reverse replacement the movement comes back early and the strength comes back slowly, so the first weeks feel faster than you expect and the last months feel slower.

	PHASE 1 Weeks 0–1	PHASE 2 Weeks 1–6	PHASE 3 Weeks 6–14	PHASE 4 Months 3–6	PHASE 5 Months 6–12
Sling		 Off at 1 wk			
Pendulum & passive Your physio moves the arm					
Assisted movement Your physio will direct this phase.					
Moving it yourself No help, no pulleys					
Strengthening Deltoid and shoulder blade first		 Week 6			
Driving		 Criteria led			
Lifting	Nothing at all	Light, to waist height	Building up	No set limit from 14 wk	Overhead sport 6–12 mo

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

NON-NEGOTIABLES: THE FIRST SIX WEEKS

- Do not reach behind your back, or put that hand into a back pocket
- Do not push up out of a chair or bed with the operated arm
- No pushing, pulling 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.