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.

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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 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

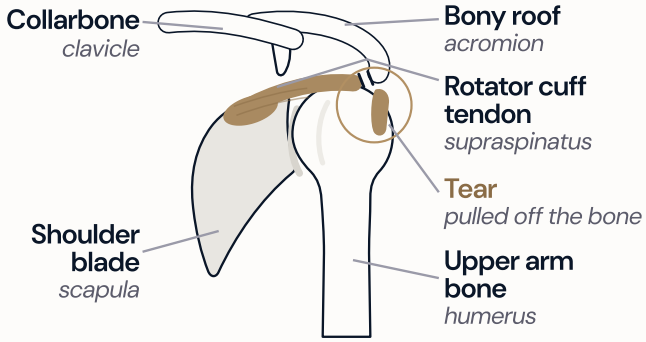
Not sure about any of these steps? Speak to our Nurse Concierge before you start. 07 5493 8038

Dr Joe Coory SHOULDER & UPPER LIMB SURGEON

UNDERSTANDING YOUR DIAGNOSIS

Rotator cuff tear

One of the four tendons that steer your shoulder has torn. It is the most common reason adults see a shoulder surgeon.



WHAT IT IS

The rotator cuff is a group of four small but vital tendons (the **supraspinatus, infraspinatus, subscapularis** and **teres minor**) that wrap around the ball of the shoulder and give it fine, steady movement. The large deltoid muscle is the powerhouse; the cuff does the steering.

A tear is a break in one or more of these tendons. It may be:

- **Partial**: the tendon is frayed and torn only part-way through, most often on the underside of the supraspinatus.
- **Full-thickness**: the tendon is torn all the way through, but the tear is still small to medium in size.
- **Massive**: two or more tendons are involved, or the tear is larger than about 5 cm, sometimes with the tendon pulling back and the muscle wasting.

Most tears are **degenerative**: they build up slowly with age and account for the majority we see. Some are **traumatic**, from a single injury such as a fall onto an outstretched arm or a sudden heavy lift.

WHY IT HAPPENS

Overhead work or sport, smoking, diabetes and previous shoulder injuries all raise the risk. This is common, and it is not your fault.

WHAT YOU MAY NOTICE

- Pain over the outside of your upper arm
- Night pain, so you cannot lie on that side and it wakes you
- Pain reaching above shoulder height, and weakness holding it there
- Trouble dressing, washing your hair, or carrying shopping

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KEYHOLE CUFF REPAIR · PREPARING FOR SURGERY

Rotator cuff repair

THE OPERATION

This is keyhole surgery. Dr Coory works through three to five small incisions around the shoulder, using a camera and fine instruments. He first looks inside the joint itself and deals with anything else he finds there, then moves the camera up into the space above the joint where the torn tendon sits. The torn end is found, gently freed from the scar tissue holding it back, and drawn across to the patch of bone it came off. That bone is cleaned back to a fresh surface so the tendon has something to knit onto. Small anchors, each loaded with strong stitches, are set into the bone, and the stitches are laid across the tendon and tensioned so that the whole flat end of it is pressed down onto the bone rather than held by a single line of thread. Surgeons call this a **double-row** or **suture-bridge** repair. The anchors are designed to stay in place permanently and do not need to be removed. 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
One night

SLING
3 to 6 weeks
3 weeks for smaller tears, 6 for larger ones. Worn at all times, apart from your exercises.

RETURN TO DRIVING
Criteria Led

OVERHEAD SPORT & HEAVY LIFTING
6–12 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 imaging
An MRI shows which tendon is torn, how wide the tear is, and how far it has pulled back. 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 02 **Paperwork & gown**: consent signed, valuables handed over.

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

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

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

STEP 07 **The operation**: the keyhole cuff repair, under general anaesthetic.

STEP 08 **Recovery**: you wake with the arm numb and heavy. That is the block, and it is normal.

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. 07 5493 8038

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AFTER KEYHOLE ROTATOR CUFF REPAIR

Going home and getting better

WHAT YOUR JOB IS NOW

Your tendon is now held onto the bone by stitches and anchors. Nothing has knitted yet. It takes about three months for tendon to grow back onto bone. Until then, lifting the arm under its own power is the thing most likely to undo the repair. Your job is to keep the arm in the sling, keep the wounds dry, and let your physiotherapist move the arm for you. The repair is most at risk just when the shoulder starts to feel fine.

RECOVERY AT A GLANCE

WOUND REVIEW
10–14 days

SLING
3 to 6 weeks

RETURN TO DRIVING
Criteria Led

PHYSIOTHERAPY STARTS
First week

OVERHEAD SPORT
6–12 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, including in bed, and comes off only for your exercises and for showering. Keep the elbow in front of your body. Do not lift the arm by itself, do not reach behind your back, and do not push up out of a chair with that arm.

GETTING BACK TO NORMAL LIFE

Keeping the wounds clean and dry 10–14 DAYS

There are three to five 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. Keep the marks 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 and handbrake without hesitating, Dr Coory is happy for you to return to driving. Your insurer has the final say.

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 tablets cause constipation, so drink water and eat fibre.

Sleeping and getting dressed FIRST 4 WEEKS

Most people find the first few weeks are easiest in a recliner, or propped up in bed on pillows, with the sling still on. Dress the operated arm first, and undress it last. Do not lie on that side until Dr Coory and your physiotherapist have cleared it.

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 ROTATOR CUFF REPAIR

Your rehabilitation timeline

ACCELERATED

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. You are on the accelerated programme: your sling comes off during week 4 rather than week 6, because of the size of your tear and the quality of the tendon. Everything after that still takes the same patient path, and going faster does not make the tendon heal faster.

	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 in week 4			
Your physio moves the arm You stay relaxed and let them	■	▬			
Moving it yourself No help, no pulleys		▬	■	■	■
Reaching overhead The movement the repair protects	Not at all	Building up	■	■	■
Strengthening Bands first, then weights		Holds, no weight	● Week 6	■	■
Driving		● Criteria led	■	■	■
Work & lifting	Nothing at all	Light desk work	Light manual work	Most manual work	Heavy and overhead

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

NON-NEGOTIABLES: THE FIRST THREE WEEKS

- Do not lift the arm under its own power until your physiotherapist tells you to start
- Nothing heavier than a cup of tea in that hand, and no pushing, pulling or carrying
- Do not push up out of a chair or bed with the operated arm, and do not reach behind your back
- If you smoke, stop. Nicotine is the single strongest thing working against a cuff 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.

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AFTER KEYHOLE ROTATOR CUFF REPAIR

Your rehabilitation timeline

STANDARD

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 cuff repair is a long, patient job: the early weeks belong to the tendon knitting back onto the bone, and strength keeps improving out to a year. There are two protocols regarding rehabilitation of the rotator cuff repair surgery: 3 weeks in a sling, or 6 weeks. This is determined by multiple factors including your tear pattern, size, age, and health factors. Depending on what Dr Coory finds during your surgery, your rehabilitation protocol may change.

	PHASE 1 Weeks 0–6	PHASE 2 Weeks 6–9	PHASE 3 Weeks 9–12	PHASE 4 Months 3–6	PHASE 5 Months 6–12
Sling Day and night	■	● Off at 6 wk			
Your physio moves the arm You stay relaxed and let them	■	▬			
Moving it yourself No help, no pulleys		▬	■	■	■
Reaching overhead The movement the repair protects	Not at all	Not at all	▬	■	■
Strengthening Bands first, then weights			● Week 12	■	■
Driving		● Criteria led	■	■	■
Work & lifting	Nothing at all	Light desk work	Light manual work	Most manual work	Heavy and overhead

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

NON-NEGOTIABLES: THE FIRST SIX WEEKS

- Do not lift the arm under its own power until your physiotherapist tells you to start
- Nothing heavier than a cup of tea in that hand, and no pushing, pulling or carrying
- Do not push up out of a chair or bed with the operated arm, and do not reach behind your back
- If you smoke, stop. Nicotine is the single strongest thing working against a cuff healing

GETTING THE MOST FROM EACH SESSION

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

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