ROBERT PETTIT, MD

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ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

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KNEE · PREPARING FOR SURGERY

Preparing for Your Knee I&D with Liner Exchange (DAIR)

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Cartilage defect on the femur — surgery stimulates a healing scar-cartilage patch over the damaged area.

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Knee I&D with Liner Exchange (DAIR) is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR KNEE I&D WITH LINER EXCHANGE (DAIR)

DAIR — debridement, antibiotics, and implant retention — treats an early or acute infection around a knee replacement. The joint is opened and thoroughly washed, all inflamed tissue is removed, the plastic liner is exchanged for a new one, and the well-fixed metal components are retained. Targeted antibiotics then complete the treatment.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

DAIR is recommended for acute infections — within weeks of surgery or of sudden onset in a previously well knee — where the implants remain solidly fixed. It preserves your knee replacement; chronic or loose-implant infections require a different, staged approach, which we will have discussed if it applies.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Persistent or recurrent infection requiring further surgery, including staged revision — the most important risk (DAIR succeeds in roughly 60–80% of well-selected acute cases)
- Wound-healing problems
- Stiffness after the washout — early motion is encouraged
- Blood clots — prophylaxis continues, coordinated with the infection team
- Antibiotic side effects — monitored by infectious disease with regular labs
- Anesthesia risks

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

Expect a hospital stay of a few days while cultures identify the organism and IV antibiotics begin.

- An infectious-disease specialist directs the antibiotic course — commonly ~6 weeks IV, often followed by oral suppression. Completing it exactly as prescribed is as important as the surgery.
- Weight-bearing as tolerated with early motion, per your team.
- Watch the wound daily and report drainage, spreading redness, or fever immediately.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Weight-bearing as tolerated with walker/cane support early.
- **Brace / sling:** None typically.
- **Physical therapy:** Early motion and quad work in hospital, then progressive therapy. Protocol: robertpettitmd.com/protocols/i-d-knee.html
- **Blood-clot prevention:** Continues per plan, coordinated with the antibiotic regimen.
- **Follow-up:** Close: wound checks, lab monitoring with infectious disease, and surgeon follow-up at 2 and 6 weeks.

09 COMMON QUESTIONS

Will I lose my knee replacement?
DAIR exists to save it. When infection is caught early and treated aggressively, the majority of patients keep their original components.

Why is the plastic liner changed?
Bacteria form a biofilm on surfaces — exchanging the removable liner and washing the fixed components removes the most contaminated part and lets us clean behind it.

How will we know it worked?
Steadily settling pain and swelling, normalizing labs (CRP/ESR), and a quiet knee off antibiotics. We follow you closely for a full year.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/dair-poly-exchange.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.