ROBERT PETTIT, MD

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KNEE · PREPARING FOR SURGERY

Preparing for Your Knee Manipulation Under Anesthesia

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 Manipulation Under Anesthesia 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 MANIPULATION UNDER ANESTHESIA

Manipulation under anesthesia (MUA) treats stiffness after knee replacement or knee surgery when scar tissue limits motion despite dedicated therapy. With you fully relaxed under anesthesia, the knee is gently and progressively bent and straightened, releasing adhesions and restoring the motion the joint mechanically allows.

No incisions are made; the procedure takes minutes. What happens in the days after — keeping the motion — is the real operation.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

MUA is recommended when knee flexion stalls (commonly under ~90°) or an extension lag persists beyond about 6–12 weeks after surgery despite committed therapy. Timing matters: manipulation works best in the first months, while adhesions are still stretchable.

04 RISKS TO UNDERSTAND

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

- Recurrent stiffness if the post-MUA therapy blitz is not followed — the single biggest risk, and the one you control
- Bone or component injury from manipulation (rare; force is controlled and progressive)
- Soft-tissue soreness and swelling for days to weeks
- Blood clots — prophylaxis continues
- Anesthesia risks (brief anesthetic)

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

You will wake with the knee already moved through its restored range — and therapy starts the SAME DAY or next morning.

- Daily physical therapy for the first 1–2 weeks; motion machines (CPM) are sometimes used.
- Adequate pain control is part of the plan — you cannot keep motion you cannot tolerate reaching.
- Home program several times daily: the gains from the manipulation are kept in the next 14 days or lost.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Weight-bearing as tolerated (per your original surgery).
- **Brace / sling:** None typically; occasionally an extension aid at night.
- **Physical therapy:** Daily for 1–2 weeks starting immediately. Protocol: robertpettitmd.com/protocols/manip-knee.html
- **Driving:** When off opioids and the surgical-side knee bends comfortably for pedals.
- **Follow-up:** Within 1–2 weeks to verify motion is holding.

09 COMMON QUESTIONS

Does it hurt afterward?
The knee is sore — like an intense stretch — for several days. We schedule therapy and pain control together so the motion sticks.

Why not just stretch harder in therapy?
Awake muscle guarding limits what therapy can reach. Under anesthesia the true mechanical limit can be restored safely, then therapy maintains it.

Can stiffness come back?
Yes — which is why the first two weeks after MUA are the most important two weeks of your entire recovery.

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/knee-mua.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.