ROBERT PETTIT, MD

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CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

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KNEE · PREPARING FOR SURGERY

Preparing for Your Knee Subchondroplasty

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 Subchondroplasty 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 SUBCHONDROPLASTY

Subchondroplasty treats painful bone marrow lesions — overloaded, micro-fractured areas in the bone beneath the cartilage seen on MRI. Through a small incision under X-ray guidance, a calcium-phosphate bone substitute is injected into the lesion, stabilizing the bone while it remodels into healthy tissue. Arthroscopy is done at the same time to address the joint surface.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Subchondroplasty is considered when a bone marrow lesion on MRI matches your pain, symptoms have persisted despite offloading, therapy, and injections, and the joint is not yet arthritic enough to need replacement — a joint-preserving middle path.

04 RISKS TO UNDERSTAND

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

- A pain flare for days to a few weeks after injection — common and expected as the material sets and remodels
- Incomplete relief — bone marrow lesions coexist with cartilage wear, and the underlying arthritis is not reversed
- Infection (under 1%)
- Extravasation of material into the joint (retrieved arthroscopically during the procedure if it occurs)
- Blood clots and anesthesia risks
- Possible progression to arthroplasty later if arthritis advances

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 go home the same day, weight-bearing as tolerated with crutches for comfort.

- Expect the treated bone to ache noticeably for the first 1–2 weeks — this settles.
- Motion and quad activation begin immediately; low-impact conditioning advances over weeks.
- Impact activity waits until the bone quiets — typically 6–12 weeks.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** As tolerated with crutches for comfort the first 1–2 weeks.
- **Brace / sling:** None typically.
- **Physical therapy:** Within the first week. Protocol: robertpettitmd.com/protocols/arthroscopic-knee-subchondroplasty.html · PT protocol: robertpettitmd.com/pt-protocols/knee-subchondroplasty.pdf
- **Driving:** Off opioids; right knee once comfortable braking — often 1–2 weeks.
- **Work:** Desk within a week; standing work 2–4 weeks; heavy labor 6–8 weeks.
- **Follow-up:** Wound check 10–14 days.

09 COMMON QUESTIONS

How soon does it help?
After the early flare settles, relief typically builds over 6–12 weeks as the bone remodels; many patients continue improving for months.

Is this a cure for arthritis?
No — it treats the painful bone component and can meaningfully delay bigger surgery, but it does not regrow cartilage.

What is injected?
A flowable calcium-phosphate bone substitute that hardens in the lesion and is gradually replaced by your own bone.

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-subchondroplasty.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.