ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

KNEE · PREPARING FOR SURGERY

Preparing for Your OATS (Osteochondral Autograft)

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-and-bone defect — OATS transfers healthy cartilage plugs to resurface the damaged area.

01 A MESSAGE FROM DR. PETTIT

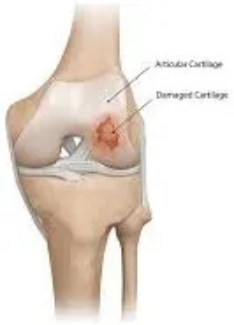
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. OATS (Osteochondral Autograft) is a highly 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 oats (osteochondral autograft), 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 OATS

PROCEDURE ILLUSTRATION



Knee anatomy · for education; your anatomy may differ

(OSTEOCHONDRAL AUTOGRAFT) OATS (osteochondral autograft transfer) treats a cartilage-and-bone defect by transferring one or more plugs of healthy cartilage and bone from a low-contact area of your own knee into the damaged area. Because it moves living cartilage with its bone, it restores a true cartilage surface.

OATS transfers a plug of healthy cartilage and underlying bone from a less weight-bearing area of your own knee into a cartilage defect, providing an immediate, durable, load-bearing cartilage surface.

Want to see how the procedure is done? Watch an animation and read more at Orthopedia patient education.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Why it may be recommended

— Small-to-moderate focal cartilage defects, often with underlying bone involvement
— Patients seeking a single-stage procedure using their own tissue
— Defects not well suited to microfracture alone

What it is intended to achieve

— Provides mature, native cartilage rather than repair tissue
— Single-stage procedure using the patient's own tissue
— Good option for defects with bone involvement

04 RISKS TO UNDERSTAND

Risks include infection, stiffness, donor-site discomfort, and graft-fit or integration issues. Dr. Pettit will explain how graft size and location factor into your specific plan.

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 be limited in weight-bearing early, often with crutches and sometimes a brace, to protect the transferred plugs as the bone heals in
— Physical therapy restores motion first, then gradually adds strengthening and impact
— Return to sport is typically several months, guided by healing on imaging and function
— Follow protected weight-bearing instructions closely
— Use a CPM machine if prescribed
— Ice and elevate to manage swelling
— Begin physical therapy per your protocol

Recovery timeline

— Weeks 0–6: protected weight-bearing
— Months 2–4: progressive strengthening
— Months 4–8: gradual return to impact activity

— Return to sport is individualized based on graft healing

> Your detailed, week-by-week recovery instructions come in your **post-op protocol**, which Dr. Pettit and our team will review with you and provide in print and online at **robertpettitmd.com/protocols/oats-trochlea.pdf**

08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's OATS Trochlea post-operative protocol — your procedure may use a different variant, so always follow the copy you receive at surgery.

Crutches & Weight Bearing Status

— Following a Cartilage Repair, you will need crutches for 6 weeks (Have your brace locked in extension at this time). At 6 weeks we will ease you back into normal walking without crutches

— When you are able to ambulate without a limp and feel comfortable doing so, you can safely discard the crutches and walk unassisted

Follow-up appointment

— Your first post-operative appointment will be scheduled within 7 days following your surgical procedure. Your first post-operative appointment will be scheduled 5-7 days following your surgical procedure. Typically, dissolvable sutures are used during surgery, and do not need to be removed. If you do have sutures that need to be removed, this will occur at your first post-operative visit. If you do not have a post-operative appointment scheduled when you leave following surgery, please call 513-354-3700 to make the appointment or 513-441- 5639 (Direct Line to Sandy Evans) ***

> ***Signs & Symptoms to Immediately Report***
> Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.
> Call the office at **513-354-3700** to report any of the following:
> — Persistent fever (101 or greater)
> — Sudden increase in pain and swelling
> — Wound redness or drainage (besides blood)
> — Increased skin temperature around incision
> — Deep calf pain and swelling
> — Severe abdominal pain

> **Your home exercise program.** Dr. Pettit will guide you through a staged exercise programme after surgery. The full **Knee Home Exercise Program**, with photographs and dosages for every exercise, is available at **robertpettitmd.com/exercise-programs/knee.pdf** — follow the specific instructions you are given at your visits.

09 COMMON QUESTIONS

Where does the graft tissue come from?
It's taken from a healthy, lower-load-bearing area of your own knee during the same surgery.

Will I feel the donor site afterward?
Some patients notice mild discomfort at the donor site initially, which typically resolves as recovery progresses.

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/oats.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.