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 Partial Knee Replacement

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Outpatient or a short one-night stay	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Partial (unicompartmental) knee replacement — only the worn compartment is resurfaced, preserving healthy bone, cartilage, and your own ligaments. Placed with Mako® robotic-assisted precision.

01 A MESSAGE FROM DR. PETTIT

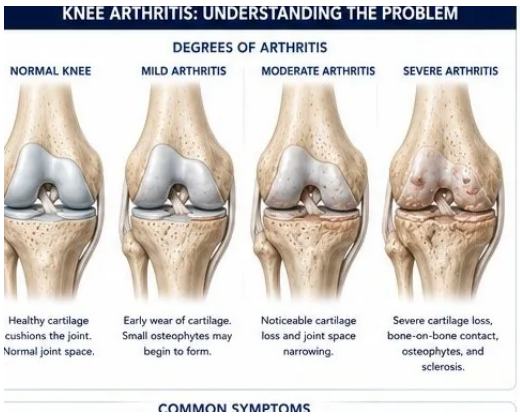
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Partial Knee Replacement is a highly 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 partial knee replacement, 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 PARTIAL KNEE REPLACEMENT

PROCEDURE ILLUSTRATION



Knee anatomy · for education; your anatomy may differ

A partial (unicompartmental) knee replacement resurfaces only the single worn compartment of the knee, preserving healthy bone, cartilage, and your own ligaments. Dr. Pettit uses Mako robotic-assisted technology for precise, personalized placement. It is ideal for arthritis limited to one compartment and typically offers a smaller incision and quicker recovery than a total replacement.

Partial (unicompartmental) knee replacement resurfaces only the damaged compartment of the knee, preserving healthy bone, cartilage, and ligaments elsewhere in the joint. Dr. Pettit uses Mako robotic-arm assistance for precise, personalized implant placement.

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

— Arthritis isolated to one compartment of the knee
— Intact ligaments, particularly the ACL
— Patients seeking a more tissue-preserving alternative to total knee replacement

What it is intended to achieve

— Preserves healthy bone and ligament tissue
— Often allows a faster recovery than total knee replacement
— Robotic assistance supports precise implant alignment

04 RISKS TO UNDERSTAND

Risks include infection, blood clot, stiffness, implant wear or loosening, and the possibility that arthritis progresses in another compartment over time, which could require further surgery. Dr. Pettit will confirm you're a good candidate through exam and imaging.

05 IN THE WEEKS BEFORE SURGERY

— Get your pre-operative CT scan
— this is required. Your Mako® robotic-assisted knee replacement is planned directly from a CT scan of your knee. The scan must be completed before your surgery date so Dr. Pettit can build the personalized 3D plan that guides your implant size, alignment, and positioning. Our team will schedule this scan for you
— please be sure to complete it as directed
— 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.
— Complete pre-operative clearance, labs, and CT scan for robotic planning
— Stop NSAIDs and blood thinners as directed
— Arrange help at home for the first week or two
— Attend a pre-operative education class if offered

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

— Most patients go home the same day, bearing weight as tolerated with a walker or crutches
— Physical therapy begins right away to restore motion and strength; recovery is often faster than a total knee
— Many patients return to low-impact activity within a few weeks, with continued improvement over months
— Begin walking with assistance the same or next day, as directed
— Use ice and elevation to control swelling

— Take pain medication as prescribed

— Begin physical therapy promptly per your protocol

Recovery timeline

— Weeks 0–2: walking with assistance, swelling control

— Weeks 2–6: progressive strengthening and independence with walking

— Months 2–3: return to most daily activities

— Months 3–4: return to low-impact recreational activity

> 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/mako-unicompartmental-knee.pdf**

08 POST-OP QUICK REFERENCE

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

Medication management

You have been given a regional anesthetic block prior to your operation; this will wear off in the evening following your surgery. We recommend taking pain medication once you feel the block wearing off. You may find it beneficial to sleep in a recliner or propped up with pillows in the days following surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
   - DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   - Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   - Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   - If you have any questions or concerns about narcotic strength medications, please contact us.
2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea
3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Celebrex 200mg twice daily, or Meloxicam 7.5mg twice daily) starting the day of surgery for 5–10 days. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed with food to help reduce swelling and pain. **Do not take other NSAIDs (Ibuprofen, Advil, Aleve, etc) while taking Celebrex or Meloxicam.**
4. **Muscle relaxer**: Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
5. **Antibiotic**: You will be given a prescription antibiotic, IF you do not stay overnight in the hospital, as a precaution for 7 days. Take twice a day with food.

Tylenol and Celebrex/Ibuprofen are the foundation for your pain control regimen. Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat — every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain. *You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

Crutches & Weight Bearing Status

— Following a Robotic Partial Knee Arthroplasty, you will be able to weight bear as tolerated. You will likely require crutches or a walker for 1-3 weeks

— Your physical therapist will assist you with weaning off crutches or walker

Follow-up appointment

— Schedule your first post-operative appointment 7-10 days following your surgical procedure. 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

Am I a candidate for partial instead of total replacement?
This depends on which compartments are affected and the health of your ligaments — Dr. Pettit will confirm this with exam and imaging.

Is recovery faster than a total knee replacement?
Many patients recover function somewhat more quickly, since less tissue is disrupted during surgery.

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/partial-knee-replacement.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.