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Partial Knee Replacement

FREQUENTLY ASKED QUESTIONS

Answers to the questions we hear most often **before** partial (unicompartmental) knee replacement, plus exercises to prepare. Patients who go into surgery stronger and more active generally recover faster.

BEFORE SURGERY

1 What is a partial knee replacement?

The knee has three compartments. A partial knee replacement resurfaces only the **one worn-out compartment** — most often the inside (medial) part — and keeps your healthy cartilage and all of your ligaments, including the ACL. Compared with a total knee replacement, most patients have a smaller incision, a faster recovery, and a knee that feels more natural.

2 Am I a good candidate?

Partial knee replacement works best when arthritis is limited to one compartment, the ligaments are intact, and the knee straightens well. Dr. Reddy decides this from your exam and x-rays or MRI. Occasionally, the arthritis seen during surgery is more widespread than imaging showed — we will discuss before surgery how that situation would be handled.

3 How long will it last?

Most partial knee replacements are still working well 10 or more years after surgery. Over the long term, they are somewhat more likely than a total knee to need another surgery — most often because arthritis develops in another part of the knee. If that happens, a partial knee can usually be converted to a total knee replacement.

4 Will I stay in the hospital?

Most patients go home the **same day**. You will have anesthesia, and most patients also receive a nerve block to help with pain after surgery.

5 What should I do to prepare?

- Do the **prehab exercises** on this sheet every day.
- Complete any **medical clearance** visits we request with your primary care doctor or cardiologist.
- Take care of any **dental problems** before surgery — infections elsewhere in the body can spread to a new joint.
- Stop smoking and vaping — nicotine raises the risk of wound problems and infection.
- If you have diabetes, work with your doctor to get your blood sugar well controlled.

6 How should I set up my home?

- Remove throw rugs and cords, and add night lights for the path to the bathroom.
- Set up a sturdy chair with armrests to make sitting and standing easier.
- Have a **walker** (and later a cane) ready — we arrange this before surgery.
- Arrange for someone to stay with you the first night and help for the first few days.
- Schedule your first PT visit for within the first week after surgery.

PREHAB EXERCISES — DO THESE DAILY BEFORE SURGERY

Move slowly and with control. Mild discomfort is OK; **stop any exercise that causes sharp pain or increased swelling**. Ice for 20 minutes afterward.

		EXERCISE	HOW TO DO IT	DOSE
1		**Quad sets**	Lying with the knee straight, tighten the thigh and push the back of the knee into the bed. Hold.	**10 reps × 5 sec, 3×/day**
2		**Straight leg raises**	Tighten the thigh first, then lift the straight leg about 12 inches. Lower slowly.	**3 sets of 10, daily**
3		**Heel slides**	Lying down, slide the heel toward the buttock as far as comfortable, then straighten fully.	**3 sets of 10, daily**
4		**Short arc quads**	Lying with a rolled towel under the knee, straighten the knee fully and hold.	**3 sets of 10 × 3 sec**
5		**Bridges**	Lying on your back with knees bent, squeeze your glutes and lift your hips.	**3 sets of 10, daily**
6		**Standing calf raises**	Holding a counter, rise up on both toes, then lower slowly.	**3 sets of 15, daily**
7		**Stationary bike**	Seat high, low resistance. A great way to keep the knee moving before surgery.	**10–20 min, daily**

WHAT TO EXPECT AFTER SURGERY

7 When will I walk?

The **same day** as surgery. You may put full weight on the leg right away. Most patients use a walker for about 1–2 weeks, then a cane for a short time.

8 How painful is it?

Most patients have less pain than after a total knee replacement, but you should expect soreness and swelling for several weeks. Ice, elevation with the knee straight, and taking your medications on schedule help the most.

9 Will I take a blood thinner?

Most patients take **aspirin 81 mg** once or twice a day for 4 weeks to lower the risk of blood clots. Your post-op instructions will say which.

10 How long is physical therapy?

PT usually starts within the first week and continues for about **6–8 weeks**. Daily home exercises are just as important as the visits.

11 When can I drive?

When you are off narcotic pain medication and can move your foot quickly and safely between pedals. **Left knee** with an automatic car: often 1–3 weeks. **Right knee:** typically 3–6 weeks.

12 When can I return to work?

Desk work: often 2–4 weeks. **Physical work:** usually 6–12 weeks.

13 What activities can I do long term?

Walking, cycling, swimming, golf, hiking, and doubles tennis are encouraged, usually starting around **6–12 weeks**. We recommend avoiding running, jumping, and high-impact sports to help the implant last.

14 Do I need antibiotics before dental work?

Avoid elective dental work for 3 months after surgery. After that, tell your dentist you have a joint replacement and call our office before dental procedures for guidance.

Still have questions? Call our office at **469.800.7200**. After surgery, follow your post-operative instruction sheet — if anything here differs from it, the instruction sheet takes priority.