

PATELLOFEMORAL (KNEECAP) REPLACEMENT

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	The kneecap and its groove are resurfaced with metal and plastic parts . The rest of the knee stays intact (Zimmer PFJ implant)
HOW LONG	About 45 minutes . About 60–75 minutes in the operating room, with setup
ANESTHESIA	Spinal anesthesia with a nerve block , plus numbing medicine injected around the knee
WHERE	Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), both in Renton. We will tell you which. Most people go home the same day . Some stay 1 night at VMC
AFTER SURGERY	Full weight from day 1 with a rolling walker . No brace. PA visit at 2 weeks . Clinic visit with X-rays around 6 weeks
PHYSICAL THERAPY	Starts 5–7 days after surgery, 2 times a week . Schedule it before surgery

Do these now, before surgery

- **Schedule physical therapy** for 5–7 days after surgery.
- **Arrange a driver** and someone to stay with you for the first 24 hours.
- **Start your skin disinfection 5 days before surgery**. We will give you detailed instructions at your pre-op visit. This is a critical step in preventing infection.
- **Get your handicap placard** at a DMV office, using the application from your clinic visit, so you do not have to deal with it while recovering.

About Your Condition

The patellofemoral joint is where the kneecap (patella) meets the front of the thigh bone (femur), in a groove called the **trochlea**. Every time you bend or straighten your knee, the kneecap glides through this groove. This joint takes a lot of force when you go up and down stairs, squat, or get up from a chair.

Arthritis of the patellofemoral joint happens when the cartilage on the underside of the kneecap and in the groove wears down. This causes pain in the front of the knee, especially with stairs, sitting for long periods, and getting up from low surfaces. It is a common pattern of arthritis, particularly in women and in patients with a history of kneecap problems.

Not every patient with pain in the front of the knee is a candidate. We will evaluate your arthritis pattern, alignment, and overall knee health to decide if this procedure is right for you.

Why a kneecap replacement: when the arthritis is limited to the kneecap joint and the rest of the knee is healthy, a patellofemoral replacement can resurface just the kneecap joint and leave the rest of the knee intact. This is a more targeted, bone-preserving approach than a total knee replacement.

About Your Surgery

A patellofemoral replacement (also called patellofemoral arthroplasty) resurfaces the kneecap and the groove it runs in with **metal and plastic parts**. The rest of the knee, including the inside and outside compartments and all of the ligaments, is left completely intact.

The quadriceps tendon, kneecap, and patellar tendon (the patellar mechanism) are directly involved in the surgery. Because of this, **getting your quadriceps muscle working again needs extra attention** during recovery. This is the key difference between this procedure and other types of knee replacement.

For patellofemoral replacement, the implant is the **Zimmer PFJ**, a modern, precision-engineered design. As a high-volume partial knee surgeon, I have tried many different systems on the market, and this implant is the best for this location in the knee.

Surgery usually takes about **45 minutes**. With anesthesia preparation and setup, the total time in the operating room is about **60–75 minutes**, meaningfully shorter than a total knee replacement. This is an outpatient surgery, done either at the Proliance Surgery Center at Valley (PSCV) or at Valley Medical Center (VMC), depending on your insurance and health. In most cases you go home the same day. In some situations, because of age or health, it is done at Valley Medical Center with **1 night in the hospital**.

The surgery is done under **spinal anesthesia** combined with a regional **nerve block** and local pain medicine injected around the joint. With this combined approach, most patients are comfortable and able to walk with little pain in the first hours after surgery.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incision, continued pain, and the possibility that arthritis may progress in the other compartments of the knee over time. If that happens, a kneecap (patellofemoral) replacement can be converted to a total knee replacement. This is a well-tolerated procedure with good outcomes. Infection prevention is meticulous, with skin disinfection starting 5 days before surgery.

Learn more and watch the videos

My website covers partial knee replacement, including the kneecap joint, and recovery in more detail. merrittsurgery.com/surgeries/partial-knee-replacement



Scan to learn more
and watch videos

The Day of Surgery

What to expect, step by step.

1 A couple of days before

The nursing staff will call to confirm your check-in time and when to stop eating and drinking.

2 Check in

Check in at the front desk at your assigned time. In the pre-op area, with your family, our nurses will help you change, start an IV, and review your health history.

3 Meet the team

I will meet with you to review the plan, and the anesthesia team will explain their approach.

4 Surgery

When the operating room is ready, you will walk back with a nurse. After anesthesia is given, you will not remember anything until the recovery room. While you are in surgery, your family can pick up your post-operative medicines at the pharmacy (next to the surgery center at PSCV, or near the operating rooms at VMC).

5 Recovery room and going home

You will be monitored until you are awake, have some crackers and juice, and are comfortable. Then you will change into your clothes and be wheeled to your car. **You need someone to drive you home and stay with you for the first 24 hours.**

After Surgery: What to Expect

The "Quiet Knee": your first two weeks

The first two weeks are about controlling swelling, especially in the front of the knee. Swelling there increases pressure in the kneecap joint, which causes pain and shuts down the quadriceps muscle. **Ice 20 minutes on, 20 minutes off** while awake. Keep the leg raised and straight. **Do not put a pillow under the knee:** put it under your calf or heel.

Quadriceps activation is the #1 priority from day 1. Because the patellar mechanism is directly involved in the surgery, the quad muscle needs extra attention to wake up. Do quad squeezes **every hour** while awake. Your therapist will add small-range quad exercises that are easy on the kneecap. Taping the kneecap can help ease pain in the front of the knee in the early weeks.

You will walk with **full weight** on the leg from day 1, using a rolling walker. **No brace is needed.** Physical therapy starts **5–7 days** after surgery, usually **2 times a week**. Schedule your first PT appointment before surgery. Full knee straightening (extension) is also a top priority from day 1.

Important: no deep bending under load

The kneecap joint takes more force the more deeply the knee bends. **For the first 4–6 weeks, avoid exercises and activities that load the knee past 90° of bending.**

Recovery is similar to other knee replacements, with extra focus on quadriceps strength and kneecap function. Most people move from the walker to a cane around **weeks 2–3** and walk without any device by **4–6 weeks**.

When	What to expect
Days 1–14	Walk with a rolling walker, full weight as tolerated from day 1. Ice 20 minutes on, 20 minutes off while awake. This is essential for swelling in the front of the knee. Quad squeezes every hour. Kneecap taping as needed for pain. PT starts 5–7 days after surgery, 2× a week.

Weeks 2–4	Move from the walker to a cane around weeks 2–3. Most people walk without any device by 4–6 weeks. Stationary bike with limited bending, an excellent exercise for this surgery. Short-arc quad exercises (0–30°) build strength without loading the kneecap joint. PA visit at 2 weeks to check your progress.
Weeks 4–6	Progressive strengthening with step-ups and the bike. Keep avoiding deep bending under load through the first 4–6 weeks. Stair training and return to everyday activities. Second clinic visit around 6 weeks with X-rays.
Weeks 6–8	Return to walking, cycling, swimming, and golf. Progressive strengthening and single-leg work. Swelling keeps improving with activity.
Month 3	Return to recreation, including pickleball and hiking. Most people reach their activity goals by 3 months. I will clear you for specific sport and leisure activities.

Driving

- **Right leg:** usually about 3–4 weeks, once you are off the walker, off narcotic pain medicine, and able to brake hard.
- **Left leg (automatic car):** usually about 2–3 weeks, once you are off narcotic pain medicine.

Activities for the long term

Not recommended after a patellofemoral replacement: running and jumping. Walking, cycling, swimming, golf, pickleball, and hiking are all excellent long-term activities.

Dental work

For **1 year** after your kneecap replacement, you will need an antibiotic before dental procedures. Let your dentist know you had a joint replacement.

Preparing for Surgery

Medicines and supplements before surgery

- The pre-op nurse will tell you when to stop eating and drinking.
- **Stop fish oil, vitamin E, and herbal supplements 5 days before surgery.**
- **Tell us** if you take a blood thinner (such as Eliquis, Xarelto, warfarin, or Plavix) or a weekly diabetes or weight-loss injection (such as Ozempic, Wegovy, or Mounjaro). These may need to be stopped earlier.

Physical therapy before surgery (prehab)

Physical therapy before surgery is recommended to strengthen the VMO (the inner part of the quadriceps), improve range of motion, decrease swelling, and restore normal walking. The stronger you go into surgery, the stronger you come out.

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

Ice machine: my #1 recovery recommendation

An ice machine is the single best investment you can make for your recovery. It makes icing **20 minutes on, 20 minutes off** easy, without the risk of frostbite, and is far easier than ice bags or gel pads. Our clinic staff can fit you for one before surgery and show you how to get the most out of it. Stock up on bags of ice: the machine can use a bag a day. **Scan the code to learn more or buy one.**



Scan for recovery tools

Get your home ready

- Remove throw rugs or obstacles that might catch the walker or cane and cause a fall.
- Have clean sheets and comfortable clothes ready.
- Stock the refrigerator with healthy food, and buy bags of ice for the ice machine.

Day-of-Surgery Checklist

- ☐ Verify your check-in time and follow the instructions on when to stop eating and drinking
- ☐ Physical therapy scheduled for 5–7 days after surgery
- ☐ Wear comfortable, loose clothes (sweatpants work well)
- ☐ No perfume or lotion on your skin
- ☐ Remove jewelry or leave it at home
- ☐ Ice machine and bags of ice ready at home for when you return
- ☐ A driver, and someone to stay with you for the first 24 hours
- ☐ If you are under 18: one family member must stay at the surgery center or hospital during the entire surgery

Contact Information

Questions about your surgery	(425) 656-5060
PSCV Surgery Center	(425) 226-2041
Surgery scheduling	(425) 528-7155
Pre-op nurse	(425) 291-1465
Billing	(425) 291-1414
PSCV address	4009 Talbot Rd S, Ste 200, Renton, WA 98055
VMC address	400 S. 43rd Street, Renton, WA 98055