

TOTAL KNEE REPLACEMENT

Before Your Surgery

YOUR SURGERY AT A GLANCE

SURGERY	The worn cartilage surfaces of the knee are removed and replaced with metal and plastic parts (a cementless DePuy implant)
HOW LONG	About 1–1.5 hours . About 90–120 minutes in the operating room, with setup
ANESTHESIA	Spinal anesthesia with a nerve block for pain after surgery, plus long-acting numbing medicine 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 Valley Medical Center
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

Arthritis of the knee happens when the protective cartilage that cushions the bones wears down over time. This leads to inflammation, stiffness, and pain. The most common type is osteoarthritis.

Think of the tread on a tire. As the cartilage wears away, the bones begin to rub together. Eventually the tread is gone and you are down to "bone-on-bone" arthritis.

At first, many people do not know they have arthritis. As it gets worse, daily activities like walking, climbing stairs, or even standing become difficult.

Many non-surgical treatments are available, including physical therapy, strengthening programs, oral and topical medicines, injections, and bracing. As arthritis gets worse, these become less effective.

Why surgery: when conservative treatments no longer give relief, a total knee replacement can restore comfort and mobility. For many patients, it is a long-term solution that improves quality of life.

About Your Surgery

Total knee replacement (also called total knee arthroplasty) removes the damaged cartilage surfaces of the knee and replaces them with **metal and plastic parts**. These recreate a smooth, pain-free joint surface.

This is essentially a **resurfacing** of the knee. The caps of damaged cartilage are removed and replaced with a new smooth surface. Many patients are surprised that most of the knee stays in place, including 3 of the 4 ligaments, all but the very end of the bone, and all the surrounding tissue. Only about **18 mm** of bone and old cartilage are removed.

The implant is the Johnson & Johnson **DePuy cementless cruciate-retaining system**. This modern design lets the bone grow directly into the implant for long-term fixation. It is a high-flexion, high-demand, newest-generation knee replacement from a very reputable implant company.

Surgery usually takes about **1–1.5 hours**. With anesthesia preparation and setup, the total time in the operating room is about **90–120 minutes**. In the vast majority of cases, this is an outpatient surgery at the Proliance Surgery Center at Valley (PSCV) or Valley Medical Center (VMC), and 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** to manage pain after surgery. Spinal anesthesia avoids general anesthesia in most cases, which means less nausea and grogginess. During surgery, a long-acting pain medicine mixture is also injected around the joint and into the joint capsule.

Risks of surgery

Stiffness, infection, blood clots, numbness around the incisions, continued pain and swelling, and the possibility of the implant wearing out over time. Our infection prevention protocols are thorough: skin disinfection starts 5 days before surgery, the surgical area is cleaned at 5 separate points, and the operating rooms use modern laminar flow air exchange systems.

Learn more and watch the videos

My website covers knee arthritis, total knee replacement, and recovery in more detail. merrittsurgery.com/surgeries/knee-arthritis-total-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 after surgery are about controlling swelling. **Ice the knee 20 minutes on, 20 minutes off** while awake. Keep the leg raised above the level of your heart when resting. **Do not put a pillow under the knee:** put it under your calf or heel to keep the leg straight. Swelling is the enemy of early recovery. It causes pain, limits motion, and slows the return of quad strength.

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 your surgery date. **Full knee straightening (extension) is the #1 priority from day 1.**

The timeline below answers the most common questions about recovery. Every recovery is different, but these milestones give you a general idea of what to expect.

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. Quad squeezes and ankle pumps every hour. Focus on full knee straightening. PT starts 5–7 days after surgery, 2× a week.
Weeks 2–3	PA visit at 2 weeks to check your incision and early progress. Move from the walker to a cane. Keep icing and elevating after activity.
Weeks 3–6	Wean off the cane. Most people walk without any device by 4–6 weeks. Second clinic visit around 6 weeks with X-rays. Return to driving once off narcotic pain medicine and able to brake hard.
Weeks 6–8	Return to low-impact activities such as golf, swimming, cycling, and walking for exercise. Swelling keeps improving but may come and go with activity.
Months 3–4	Return to higher-demand recreation such as pickleball, skiing, and hiking. Progressive strengthening to match the other leg.
Months 6–12	Continued gains in strength, endurance, and confidence. Swelling fully resolves. The knee keeps feeling better over the first year.

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 total knee replacement: running, jumping, and contact sports. Walking, cycling, swimming, golf, pickleball, hiking, and skiing are all excellent long-term activities.

Dental work

For **1 year** after your knee 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

- Sleep on the ground floor for the first 1–2 weeks to avoid stairs.

- Remove throw rugs and other fall hazards.
- Set up daily items within arm's reach (medicines, phone, remote, water, charger).
- Have pillows ready for elevation.
- Manage pets that might cause falls. **Falls are the main safety risk in early recovery.**

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