



Mammoth
Orthopedic
Institute

Michael M. Karch, MD
Mammoth Orthopedic Institute

Mammoth: Ph: (760) 924-4084
Northern Inyo: Ph: (760) 873-2605



TOURNIQUET-LESS JIFFY ROBOTIC TOTAL KNEE REPLACEMENT

DISCHARGE INFORMATION

Please read **ENTIRE** instructions carefully.

You have undergone a **tourniquet-less Jiffy Robotic Total Knee Replacement** performed by **Dr. Michael M. Karch, MD**. The following instructions outline expectations and care guidelines for the **first several weeks after discharge from the hospital**.

WHAT IS A JIFFY KNEE?

A **Jiffy Knee** is a **soft-tissue–minimalist, quadriceps-sparing total knee replacement** performed using **computer navigation and robotic assistance**, without the use of a tourniquet.

Key principles of the Jiffy Knee approach include:

- No cutting of the quadriceps tendon
- The knee is accessed through a **muscle-sparing interval**, minimizing soft-tissue trauma
- No tourniquet, avoiding oxygen deprivation to muscles and surrounding tissues
- Reduced swelling and post-operative pain
- Decreased need for narcotic pain medication
- Faster early recovery with durable long-term outcomes
- Robotic and computer-navigated precision for accurate implant placement

Dr. Karch was the first surgeon in the state of California to adopt the Jiffy Knee technique and approximately the 10th surgeon in the United States.

He performs **all total knee replacements and revision knee replacements through the Jiffy Knee approach.**

All patients are candidates for this approach, including primary and revision knee replacement patients.

BLOOD CLOT PREVENTION

Blood Thinner:

- Continue **Aspirin 162 mg orally** (2 tablets total per day), unless otherwise instructed.
- If you are considered to be higher risk you may be placed on Lovenox instead if you are already on anticoagulation, you may have a different plan.

COMPRESSION & SWELLING

Compression Stockings:

- Continue wearing **thigh-high compression stockings** until instructed otherwise.

[Type here]

www.JiffyKnee.com
www.MammothOrtho.com

[Type here]

- You may remove the stocking from the **non-operative leg after 48 hours**.
- Remove the stocking from the **operative leg one week after surgery**.
- Ensure stockings are fully pulled up to avoid creases that may cause skin irritation or blisters.
- Wear **grippy socks or shoes** on hard surfaces to reduce fall risk.

Bruising:

Bruising around the knee, thigh, calf, and ankle is **normal**, especially with a tourniquet-less procedure due to preserved circulation.

NORMAL POST-OPERATIVE FINDINGS

Warmth:

It is normal for the surgical knee to feel **warm** for several weeks after surgery.

Clicking:

A clicking or mechanical sensation in the knee during early recovery is **expected** and related to the artificial components.

INCISION & DRESSINGS

Dressings:

You will have either:

- A **Jump Start Dressing (brown)**, or
- A **Prevena Wound Vacuum Dressing** (black strip with attached vacuum device).
 - If the wound vacuum stops working or begins beeping, call your orthopedic office.

[Type here]

www.JiffyKnee.com
www.MammothOrtho.com

[Type here]

- Leave the dressing in place **until your two-week follow-up appointment.**
-

SIGNS OF INFECTION — CALL IMMEDIATELY IF YOU NOTICE:

- Fever of **101.5°F or higher**
- White or pus-like drainage from the incision
- Increasing redness, warmth, or foul odor from the incision

If after hours, you can go to your local Emergency Department to discuss management. Preferably Mammoth Hospital or Northern Inyo Hospital for direct management and more immediate care.

PAIN MANAGEMENT

- Allow **2 business days** for pain medication refill requests.
- Refills are **not processed after hours or on weekends.**
- Call **by 10 a.m. on Fridays** to ensure weekend coverage.
- Do not page the on-call provider for pain medication refills.

The Jiffy Knee approach typically results in **less pain and lower narcotic requirements**, but appropriate pain control remains important for recovery.

CRITICAL RESTING POSITION — VERY IMPORTANT

Resting Position (When Lying Down):

[Type here]

www.JiffyKnee.com
www.MammothOrtho.com

[Type here]

Proper positioning of your knee at rest is **essential** and must be followed **at all times when lying down**, including naps and nighttime sleep.

- Elevate your **heel on a pillow**
- **Do not place pillows under the knee**
- The back of the knee must remain **unsupported**, creating a **bridge of air underneath**
- Keep the leg **fully straight**, exactly as instructed in the hospital

This position:

- Stretches the tissues at the back of the knee
- Prevents scar tissue from forming in a bent position
- Reduces stiffness
- Prevents knee flexion contractures

PHYSICAL THERAPY

- Begin **outpatient physical therapy within a few days** after surgery.
- No more than **5 days** should pass between hospital discharge and your first PT visit.
- If therapy has not been arranged, call our office the next business day.

Recommended PT locations:

- Mammoth Hospital Physical Therapy: (760) 934-7302
- Mammoth Hospital Physical Therapy- Bishop: (760) 872-2942
- In Balance Mammoth PT: (760) 709-2005
- Ridgecrest physical therapy offices

[Type here]

www.JiffyKnee.com
www.MammothOrtho.com

[Type here]

If you cannot arrange therapy within 5 days, contact the orthopedic office and ask for a member of **Dr. Karch's hip and knee replacement care team**. However, please start the exercises found in the Total Joint Guide immediately when you return home prior to going to physical therapy.

DAILY WALKING — ESSENTIAL FOR RECOVERY

Daily walking is the **single most important activity** you can do to speed recovery.

- Begin walking on **Day 1 after surgery**
- Measure the distance you walk on **Day 1**
- Increase your walking distance by approximately **10% each day**

Short, frequent walks are preferred over prolonged sitting.

DRIVING

Do not drive until instructed.

Typical guidelines:

- **Left knee replacement:** approximately **1 week**
- **Right knee replacement:** approximately **2 weeks**

You must be able to react quickly, brake with adequate force, and safely control the vehicle.

Never drive while taking narcotic pain medication, as this is legally considered driving under the influence (DUI).

FALL PREVENTION — EXTREMELY IMPORTANT

Up to **25% of hip and knee replacement patients fall within the first 6 weeks after surgery**.

[Type here]

www.JiffyKnee.com
www.MammothOrtho.com

[Type here]

To reduce fall risk:

- Take your time when standing and walking
- Use assistive devices as recommended
- Avoid clutter, loose rugs, cords, and uneven surfaces
- Be aware of **small pets or animals** in the home
- Use adequate lighting, especially at night
- Think before each step

ICE, BREATHING & CIRCULATION

Ice Therapy:

- Ice as much as possible during the first few weeks
- Do not apply ice directly to skin — use a towel barrier
- Elevate the leg above heart level while icing
- Do not apply heat to the incision

Breathing Exercises:

- Perform deep breathing **10 times every hour while awake**

Foot Pumps:

- Perform foot pumps **10 times every 15 minutes while awake**
- Elevate the heel above heart level if swelling increases

CONSTIPATION

Pain medications may cause constipation. You may use:

- Docusate sodium
 - Colace
 - Senokot
 - Dulcolax
 - MiraLAX
-

EMERGENCY SYMPTOMS — GO TO THE NEAREST ER IF YOU EXPERIENCE:

- Sudden shortness of breath
 - Sharp calf pain in one specific spot
 - Chest pain or difficulty breathing
-

FOLLOW-UP APPOINTMENT

- **Eastern Sierra patients (Walker through Ridgecrest):**
Call your clinic to schedule an in-person visit approximately **2 weeks after surgery** for an appointment with clinic staff for wound care and 3 weeks with a PA for suture/staple removal and to answer all your questions regarding your surgery.
 - **Out-of-area patients:**
A **video telemedicine visit** will be arranged approximately **2 weeks after surgery**
-