

Preparing for Hip or Knee Replacement Surgery

Your Complete Guide from an Orthopedic Nurse Navigator

By Robyn Warnell, BSN, RN, ONC – 22 years of clinical nursing experience

I'm a nurse navigator reviewing the day's surgery schedule. As I scroll through the list, I see a surgery that has changed to red. Canceled. My heart sinks. It turns out that the patient didn't stop their blood thinner, and they had to postpone the surgery. Sometimes I see that a patient postponed their surgery because the post-op help they arranged fell through. When you're having a hip or knee replacement surgery, avoiding cancellation and striving for the best post-op outcome are big pieces of the puzzle.

More than one million hip and knee surgeries were performed in the U.S. in 2023, and that number is growing. If you thought that the surgery itself makes the biggest difference in your outcome, you'd be wrong. In my experience, the difference between patients who progress well and those who struggle lies in how they prepared.

This is the guide I wish every patient had in their hands when they leave their surgery consultation with a plan for a hip or knee arthroplasty procedure. Read on to discover the questions you should consider before your total hip or knee replacement surgery and their answers.

What Medical and Dental Clearance Do I Need Before Joint Replacement Surgery?

It's easy to think of joint replacement as routine. But routine doesn't mean minor. In fact, the American Academy of Orthopaedic Surgeons (AAOS) classifies joint arthroplasty as a major operation. This is why your surgical team will request medical clearance and, sometimes, dental clearance before your surgery date.

Medical Clearance

Your surgical team will look at your medical history and figure out what clearances you need before surgery. You might need a sign-off from your primary care doctor, a cardiologist, a pulmonologist, or another specialist. It depends on what's going on with your health.

Be honest about your health and lifestyle when asked. No one is judging you here. Your surgical team is asking because the answers keep you safe on the table. Bloodwork is often done about 1 to 2 weeks before your surgery date.

Dental Clearance

Many surgeons want you to see a dentist before hip or knee arthroplasty. This is because bacteria from the mouth can sometimes travel through your bloodstream and settle into a brand-new joint. This could result in a periprosthetic joint infection (PJI). The AAOS's 2024 Clinical Practice Guideline on dental procedures and PJI notes that pre-op dental screening alone may not reduce the risk of infections.

The AAOS's 2024 Clinical Practice Guideline gives clear advice on the timing of post-operative dental care. If your surgeon requires dental clearance, get any needed dental work done *before* surgery. Invasive dental procedures after joint replacement are typically delayed for about 3 months to reduce the risk of infection during the healing window. If you need a root canal, extraction, or deep cleaning, do it before surgery.

Modifiable Health Factors Your Team May Ask You to Improve

When your body is prepared for joint surgery, your risk of complications is lower. Meeting the guidelines listed below can help reduce your chances of infection, blood clots, wound healing issues, need for revision, and more:

- BMI less than 40
- HbA1c at or less than 7.5% for diabetic patients [Note: this is a measure that could cause a surgery to be postponed if you are out of range.]
- Hemoglobin over 12 g/dL for women, over 13 g/dL for men
- Serum albumin at or above 3.5 g/dL [this relates to nutritional status]
- Stop smoking at least 4 weeks before surgery to improve wound healing, reduce infection risk, and improve bone integration
- At least a 50% reduction in opioid pain medicine use by 4 weeks prior to surgery to promote better pain control postoperatively

Most patients have a good opportunity to make positive changes to their health before surgery, and it can take a few months to achieve these improvements. Don't worry if you don't have that kind of time. In most cases, you will likely still be able to have surgery. The important point to note here is that *any* progress you can make toward the targets listed above will reduce your risk of problems.

What is Prehabilitation and Should I Do It Before Joint Replacement?

Prehabilitation is the exercises and strengthening that you do *before* your hip or knee arthroplasty. A collection of clinical trials shows that prehabilitation improves preoperative function and can reduce hospital stays. They also saw that the greater benefits came in the *time leading up to surgery*. Think of it this way: imagine that you have 4 flights of stairs to climb in your recovery phase. If you do the prehab, you're already starting at the top of the first flight.

The recommended minimum for prehabilitation is around 2 sessions per week for 4 to 6 weeks, combined with an at-home exercise program. Typical prehab components include muscle-strengthening exercises, 20 to 30 minutes of daily walking, and range-of-motion work. Those who have severe pain or mobility issues may be good candidates for aquatic therapy. Nutritional support may also be part of a prehab regimen. [See what the American Association of Hip and Knee Surgeons \(AAHKS\) recommends for pre-operative exercises.](#)

I help patients get up for the first time after hip or knee replacement surgery. I can *always* tell the difference when someone has done prehab. Frankly, it's easier on them. Even a few weeks make a difference. One note here, if your prehab is worsening your pain, stop and consult your surgeon for guidance. You may need to focus more on upper-body work. I also strongly recommend getting enough high-quality sleep to help you prepare before surgery and heal afterward. [Read about why sleep matters.](#)

What Happens at a Pre-Op Education Appointment for Hip or Knee Surgery?

Pre-Op Education typically occurs about 1 to 2 weeks before surgery. These classes have been shown to reduce post-op pain, anxiety, and length of stay in the hospital or surgery center. Sessions may be 1:1 or in a group class and may be scheduled with a lab appointment.

You may hear about these topics:

- Medications and supplements
- Pre-op home skin prep instructions
- Surgery day expectations
- Type of anesthesia and pain management
- Discharge expectations
- Equipment you'll need after surgery and how to get it

Pay close attention to the pre-op home skin prep instructions. This preparation helps prevent surgical site infection (SSI) by reducing the bacterial load at the surgical site. Unless there is an allergy or sensitivity, a cleanser called Chlorhexidine (CHG) is typically used in liquid or wipe form. You will also likely use CHG bath wipes during the preoperative prep on the day of surgery.

The Pre-Op Education session is a great time to ask questions and 'pick the brain' of your educator. It's ideal to bring the person who will be most helpful to you after surgery. Bring a notebook and your list of questions. Trust me, you do not want to try to absorb this information right before heading home after surgery.

What Should I Stop Taking Before Hip or Knee Replacement Surgery?

Your medication list is one of the most important pieces of information you provide to your surgical team as you prepare for surgery. Medications for blood thinning, diabetes, blood pressure, and GLP-1s are examples of medicines that require attention. Your team will let you know exactly what to take, what to hold, and when to hold it.

Here's a list of which medications are most likely to be held and for how long. Keep in mind that your surgical team's guidelines may differ. Always follow your team's guidance if it's different from what is listed below.

- **Blood thinners (aspirin, warfarin, rivaroxaban, apixaban):** 3 to 7 days prior to the procedure. Your surgical team may consult the prescribing provider for guidance on how long it is safe for you to go without these medications.
- **NSAIDs (ibuprofen, naproxen, meloxicam, celecoxib, aspirin for pain management):** 3 to 7 days before surgery. Some surgeons do not require patients to stop taking celecoxib. Tylenol is not an NSAID and usually does not need to be held.
- **Herbal supplements (especially fish oil, vitamin E, garlic, ginkgo, and turmeric):** 2 or more weeks before surgery. Some surgical teams request that all supplements not prescribed by a physician be discontinued. This is because they can sometimes contain binders and fillers that can interfere with medications given on the day of surgery.
- **Diabetes medications and GLP-1s:** Injectables will likely be held for at least 1 week before surgery. Oral medications are likely held at least the morning of surgery to help prevent hypoglycemia. [Learn more about GLP-1 medications and surgery in this guide.](#)
- **Blood pressure medications:** Some blood pressure medications are held on the day of surgery to prevent low blood pressure during anesthesia and in recovery. Your team will tell you which to hold and which to take.
- **Smoking and nicotine products:** Ideally, stop 4 or more weeks before surgery to improve healing and reduce the risk of complications.

Your surgical team must know *all* the medications and supplements you are taking, even if you think it may not matter. Supplements can be hidden landmines. Even if something is ‘natural,’ it can still interfere with your surgery. Miscommunication about medications is a common cause of surgical delays and cancellations.

Where Will I Go After Joint Replacement Surgery?

A successful joint replacement surgery is as much about what happens after surgery as the surgery itself. Hip and knee replacements have advanced to the point that most patients go home the same day or the next day. Home discharges will include in-home physical therapy (PT), outpatient PT at a clinic, or a prescribed exercise regimen. Those who require more intensive PT may go to a skilled nursing facility (SNF) or an inpatient rehabilitation hospital. Your surgeon’s office or hospital will help arrange your PT or SNF placement.

When you are being discharged home, adequate support is essential. You will likely not be able to drive for an average of 3 to 4 weeks. You will most likely use a walker or crutches at all times, which means you will not be able to stand to do meal prep, carry items, do household chores, shop for groceries, or care for pets. You will also likely need assistance with tracking medications, minor wound care, and bathing. Plan to have someone at home with you for at least 3 days. Having the help you need after surgery allows you to focus on your healing.

If you are having difficulty with mobility, your surgical team may recommend more intensive therapy at a skilled nursing facility or inpatient rehabilitation hospital. It’s helpful to make this decision with your surgeon in advance for a smoother transition after surgery. Here are some important things to know:

- If you have Medicare Part A and need SNF care after discharge, you’ll need a qualifying *inpatient* stay of 3 nights in the hospital. Your surgeon may not have sufficient clinical data to support inpatient status on the first night of your stay.
- If you have a Medicare Advantage plan, you will likely need insurance authorization for more intensive rehabilitation. Keep in mind that your insurance company is assessing your mobility and health status, *not* the level of assistance you have at home. There is typically no requirement for an inpatient stay with a Medicare Advantage plan.

- If same-day discharge is planned, you may not be eligible for intensive rehabilitation.
- It's important to establish 2 or 3 facility options before your surgery. If you have a managed Medicare plan, ensure that the facilities are in-network with your insurance.
- If possible, visit potential facilities before your surgery. Assess PT availability, cleanliness, and staff adequacy and responsiveness. Talk with people you know who have had similar experiences.

Planning ahead for your joint replacement surgery helps you focus on healing and rehabbing your new joint afterward. When you don't arrange the help you need, you're less likely to achieve the best possible outcome. In some cases, your surgery may need to be postponed if you don't have enough help after surgery.

What Equipment Will I Need After Hip or Knee Replacement?

Most people need durable medical equipment (DME) after joint replacement. The majority of patients start with a front-wheeled walker and later transition to a cane as mobility improves. Depending on your bathroom setup, you may need a bedside commode, a raised toilet seat, or grab bars. A tub bench or shower chair can also help with safety during those first few showers. If you're having a posterior-approach hip arthroplasty, you'll also want a hip kit: reacher/grabber, sock tool, long-handled shoehorn, long-handled sponge, and sometimes a dressing stick.

Most insurance plans typically cover at least part of the cost for a walker and sometimes a commode chair, although there may be a copay. Other items are generally paid out-of-pocket. Many people borrow needed items from friends or find them at thrift stores, garage sales, or loan closets. If surgery is scheduled at a hospital, the hospital team will likely arrange a walker and/or a commode chair if needed. For surgery at a surgery center, your surgeon's office will help to arrange these items for you.

Cold therapy, or cryotherapy, has been shown to reduce pain, lower the use of pain medication, and reduce blood loss after hip or knee replacement surgery. For knee replacements specifically, cryotherapy helps improve range of motion. Cold therapy is administered using reusable gel packs or an ice machine. Your surgeon may order it, or your surgery center may provide the device. Use cold therapy as much

as possible in the early stages of your recovery, following the cryotherapy device's or your surgeon's instructions. For knee replacements, a straight-leg wedge pillow for leg elevation is very helpful in reducing swelling.

Know who is coordinating your DME and other equipment needs before surgery. You should leave the surgery center with your walker and other equipment, or have them before surgery, unless you plan to go to a SNF. The last thing you'll want to do after your joint replacement is scramble to arrange for what you need.

How Do I Prepare My Home Before Hip or Knee Replacement Surgery?

Ensure your home is prepared for your return before you leave for surgery. The better your preparations, the smoother your recovery will be. Use this checklist to get ready before the surgery:

- ☐ Create clear walking paths that are the width of a walker (22 to 28 inches).
- ☐ Remove loose rugs, extension cords, floor clutter, and any fall hazards.
- ☐ Set up a recovery zone on one floor, if possible. Most people can go up and down steps, but this should be minimized during early recovery.
- ☐ Have a firm chair with armrests available. A recliner is optimal for most people for keeping legs elevated. Deep sofas can be difficult to get up from.
- ☐ Fill your pantry with recovery foods: high protein, easy to make, high nutritional content.
- ☐ Prep or freeze meals or arrange a meal train.
- ☐ Pick up prescriptions as soon as possible, if they are ordered ahead of time.
- ☐ Confirm your transportation home. You won't be driving for 3 to 4 weeks.
- ☐ Make sure you have help arranged for the first 1 to 2 days at a minimum. This is non-negotiable.

The Bottom Line From an Orthopedic Nurse Navigator

When you're preparing for hip or knee replacement surgery, what you do in advance can be just as important as the surgery itself. And, here is my gentle reminder that it is not the time to be the 'lone wolf.' This is the time to plan for, ask for, and allow the resources to support you during your recovery. Remember that surgery that turned red on the schedule? Most cancellations are preventable. Treat

your joint replacement like the major surgery it is to set yourself up for the best outcome possible for your new hip or knee.

What Should I Ask My Surgical Team Before Joint Replacement Surgery?

Getting answers to the questions below will help you ensure you're as prepared as possible for your hip or knee replacement surgery.

- ❖ What medical and/or dental clearances do I need, and when?
- ❖ What health factors need to be addressed before surgery (BMI, HbA1c, hemoglobin, etc.)?
- ❖ Will I have a pre-op education class? When will it be? What will it cover?
- ❖ What will I need to do at home to prep my skin before surgery?
- ❖ What is my anticipated discharge plan: home with PT, SNF, or inpatient rehab?
- ❖ What DME will be prescribed, who coordinates ordering, what does insurance cover?
- ❖ What other items will I need that I need to obtain on my own?
- ❖ What anesthesia approach is planned, and is a nerve block part of my pain protocol?
- ❖ Do you anticipate same-day discharge or an overnight stay? What criteria do I need to meet to be discharged?
- ❖ What type of clothes should I plan to wear after surgery?
- ❖ Who do I call if I have a concern before surgery? Who do I call if I have a concern after hours after surgery?

Disclaimer

This article is for informational and educational purposes only. It's not a substitute for professional medical advice, diagnosis, or treatment. Always talk to your surgeon and care team about your surgical plan and pre-op instructions. Never disregard their advice or delay seeking it because of something you read here.

Author Bio

Robyn Warnell, BSN, RN, ONC is a registered nurse with over 21 years of clinical experience spanning orthopedic nursing, oncology, urgent care, and med-surg. She serves as a nurse navigator for hip and knee joint replacement surgery, guiding hundreds of patients through the full surgical journey. She writes evidence-based health content designed to make complex medical topics accessible and trustworthy.

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