

# Preparing for Surgery

title: "Preparing for Surgery" slug: preoperative-preparation region: recovery audience: patient mesh\_terms: ["Preoperative Care", "Patient Education as Topic", "pre-op preparation", "day before surgery", "what to bring", "pre-admission"] article\_count: 9 model\_used: qwen3.5-35b-a3b-q8 generated\_at: '2026-05-18T13:56:43+00:00' key\_articles: - title: "The effect of preoperative interventions on postoperative outcomes following elective hand surgery: A systematic review" ref\_num: 1 evidence\_tier: paper evidence\_level: 1 doi: 10.1177/17589983241301449 year: 2024 - title: "Patient Education Before Hip or Knee Arthroplasty Lowers Length of Stay" ref\_num: 2 evidence\_tier: paper evidence\_level: 3 doi: 10.1016/j.arth.2009.03.012 year: 2010 - title: "Considerations for Office and Staff Protocols for Outpatient Joint Replacement" ref\_num: 3 evidence\_tier: paper evidence\_level: 5 doi: 10.1016/j.arth.2019.01.001 year: 2019 - title: "Randomized Trials to Modify Patients' Preoperative Expectations of Hip and Knee Arthroplasties" ref\_num: 4 evidence\_tier: paper evidence\_level: 1 doi: 10.1007/s11999-007-0052-z year: 2008 - title: "What's Important: Treat the Patient Instead of the Disease" ref\_num: 5 evidence\_tier: paper evidence\_level: 5 doi: 10.2106/jbjs.24.01274 year: 2025 - title: "Preoperative Patient Education Class During an Orthopedic Mission Trip: Effects on Knowledge, Anxiety, and Informed Consent" ref\_num: 6 evidence\_tier: paper evidence\_level: 4 doi: 10.1016/j.arth.2020.04.084 year: 2020 - title: "Preoperative rehabilitation and education program for surgery (PREPS): A pilot randomized control trial protocol" ref\_num: 7 evidence\_tier: paper evidence\_level: 2 doi: 10.1177/17589983251345393 year: 2025 - title: "Patient-Specific 3-Dimensional Modeling and Its Use for Preoperative Counseling of Patients Undergoing Hip Arthroscopy" ref\_num: 8 evidence\_tier: paper evidence\_level: 2 doi: 10.1177/2325967118794645 year: 2018 - title: "The Efficacy of Preoperative Video-Based Opioid Counseling on Postoperative Opioid Consumption After Total Knee Arthroplasty: A Prospective Randomized Controlled Trial" ref\_num: 9 evidence\_tier: paper evidence\_level: 1 doi: 10.1016/j.arth.2024.02.027 year: 2024 synthesis\_version: "v2" verifier\_status: skipped

## Overview

- Preoperative opioid education shows some indication of favourable outcomes following elective hand surgery, though the number of studies were small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help to lower a patient's length of stay following hip or knee arthroplasty [2].

- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with same-day discharge [3].
- Patients' preoperative expectations of their recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].
- A pilot randomized controlled trial will evaluate the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].

## Anatomy & Pathophysiology

---

- Preoperative opioid education shows some indication of favourable outcomes following elective hand surgery, though the number of studies were small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help to lower a patient's length of stay following hip or knee arthroplasty [2].
- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with the unique 'ripple effects' of same-day discharge [3].
- Patients' preoperative expectations of their recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].
- A pilot randomized controlled trial will evaluate the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].
- Preoperative video counseling significantly decreased opioid consumption within the first week after total knee arthroplasty [9].

## Classification

---

- Preoperative opioid education shows some indication of favourable outcomes following elective hand surgery, though the number of studies were small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help to lower a patient's length of stay following hip or knee arthroplasty [2].
- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with same-day discharge [3].
- Patients' preoperative expectations of their recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].
- A pilot randomized controlled trial will evaluate the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].
- Preoperative video counseling significantly decreased opioid consumption within the first week after total knee arthroplasty [9].

## Clinical Presentation

---

- Preoperative opioid education shows some indication of favourable outcomes following elective hand surgery, though the number of studies were small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help to lower a patient's length of stay following hip or knee arthroplasty [2].
- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with same-day discharge [3].
- Patients' preoperative expectations of their recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].

- A pilot randomized controlled trial will evaluate the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].
- Preoperative video counseling significantly decreased opioid consumption within the first week after total knee arthroplasty [9].

## Investigations

---

- Preoperative opioid education shows some indication of favourable outcomes following elective hand surgery, though the number of studies were small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help to lower a patient's length of stay following hip or knee arthroplasty [2].
- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with same-day discharge [3].
- Patients' preoperative expectations of their recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].
- A pilot randomized controlled trial is evaluating the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].
- Preoperative video counseling significantly decreased opioid consumption within the first week after total knee arthroplasty [9].

## Treatment

---

- Preoperative opioid education shows some indication of favourable outcomes following elective hand surgery, though the number of studies were small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help to lower a patient's length of stay following hip or knee arthroplasty [2].

- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with same-day discharge [3].
- Patients' preoperative expectations of their recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].
- A pilot randomized controlled trial will evaluate the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].
- Preoperative video counseling significantly decreased opioid consumption within the first week after total knee arthroplasty [9].

## Complications

---

- Preoperative opioid education showed some indication of favourable outcomes, though the number of studies was small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help lower a patient's length of stay following hip or knee arthroplasty [2].
- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with same-day discharge [3].
- Patients' preoperative expectations of recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].
- A pilot randomized controlled trial is evaluating the feasibility and satisfaction of the PREPS program for individuals undergoing shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction regarding femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].

- Preoperative video counseling significantly decreased opioid consumption within the first week after total knee arthroplasty [9].

## Recovery

---

- Preoperative opioid education shows some indication of favourable outcomes following elective hand surgery, though the number of studies was small, evidence quality was poor, and data were limited [1].
- A formal preoperative educational program can help lower a patient's length of stay following hip or knee arthroplasty [2].
- Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with same-day discharge [3].
- Patients' preoperative expectations of their recovery from total hip arthroplasty (THA) or total knee arthroplasty (TKA) can be modified by preoperative educational classes [4].
- Maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust [5].
- Underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class during a surgical mission trip [6].
- A pilot randomized controlled trial will evaluate the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement [7].
- Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to femoroacetabular impingement (FAI) when compared with the use of CT imaging alone [8].
- Preoperative video counseling significantly decreased opioid consumption within the first week after total knee arthroplasty [9].

## Key Evidence

---

- [L1] There was some indication of favourable outcomes following preoperative opioid education; however, the number of studies were small, the evidence quality was poor, and data were limited. ([10.1177/17589983241301449](#))
- [L3] A formal preoperative educational program can indeed help to lower a patient's length of stay. ([10.1016/j.arth.2009.03.012](#))
- [L5] Enhanced office and staff protocols that are proactive rather than reactive can provide a safe and successful outpatient experience by anticipating potential postoperative pitfalls associated with the unique 'ripple effects' of same-day discharge. ([10.1016/j.arth.2019.01.001](#))
- [L1] Patients' preoperative expectations of their recovery from THA or TKA can be modified by preoperative educational classes. ([10.1007/s11999-007-0052-z](#))

- [L5] The author emphasizes that maximizing opportunities to improve communication, learning from others, and treating patients as more than their radiographic findings can help improve patient outcomes and trust. ([10.2106/jbjs.24.01274](https://doi.org/10.2106/jbjs.24.01274))
- [L4] On this surgical mission trip, underserved patients' knowledge about total joint arthroplasty increased only modestly after taking a preoperative class. ([10.1016/j.arth.2020.04.084](https://doi.org/10.1016/j.arth.2020.04.084))
- [L2] This pilot randomized controlled trial will evaluate the feasibility and satisfaction of the PREPS program for individuals undergoing a shoulder replacement. ([10.1177/17589983251345393](https://doi.org/10.1177/17589983251345393))
- [L2] Preoperative counseling with haptic 3D hip models does not appear to favorably affect patient-reported understanding or satisfaction with regard to FAI when compared with the use of CT imaging alone. ([10.1177/2325967118794645](https://doi.org/10.1177/2325967118794645))
- [L1] This study found significantly decreased opioid consumption within the first week after TKA in patients who received preoperative video counseling. ([10.1016/j.arth.2024.02.027](https://doi.org/10.1016/j.arth.2024.02.027))

## References

---

- [1] The effect of preoperative interventions on postoperative outcomes following elective hand surgery: A systematic review. *Hand Therapy*. 2024. DOI: 10.1177/17589983241301449 [2] Patient Education Before Hip or Knee Arthroplasty Lowers Length of Stay. *The Journal of Arthroplasty*. 2010. DOI: 10.1016/j.arth.2009.03.012 [3] Considerations for Office and Staff Protocols for Outpatient Joint Replacement. *The Journal of Arthroplasty*. 2019. DOI: 10.1016/j.arth.2019.01.001 [4] Randomized Trials to Modify Patients' Preoperative Expectations of Hip and Knee Arthroplasties. *Clinical Orthopaedics & Related Research*. 2008. DOI: 10.1007/s11999-007-0052-z [5] What's Important: Treat the Patient Instead of the Disease. *Journal of Bone and Joint Surgery*. 2025. DOI: 10.2106/jbjs.24.01274 [6] Preoperative Patient Education Class During an Orthopedic Mission Trip: Effects on Knowledge, Anxiety, and Informed Consent. *The Journal of Arthroplasty*. 2020. DOI: 10.1016/j.arth.2020.04.084 [7] Preoperative rehabilitation and education program for surgery (PREPS): A pilot randomized control trial protocol. *Hand Therapy*. 2025. DOI: 10.1177/17589983251345393 [8] Patient-Specific 3-Dimensional Modeling and Its Use for Preoperative Counseling of Patients Undergoing Hip Arthroscopy. *Orthopaedic Journal of Sports Medicine*. 2018. DOI: 10.1177/2325967118794645 [9] The Efficacy of Preoperative Video-Based Opioid Counseling on Postoperative Opioid Consumption After Total Knee Arthroplasty: A Prospective Randomized Controlled Trial. *The Journal of Arthroplasty*. 2024. DOI: 10.1016/j.arth.2024.02.027