

INSIGHTS · ISSUE 05 · OCTOBER 12, 2026

Traveling for joint replacement: plan the recovery, not just the surgery

A knee or hip replacement is one operation and several weeks of recovery. When you travel for it, the plan has to cover both: whether surgery is right for you, how to prepare, how long to stay, when it is reasonable to fly home, and who continues your rehabilitation and follow-up once you are there. This issue walks through each step for travelers coordinating care in Los Cabos.

Educational only. Not medical advice. One Stop Cabo Health is a medical concierge — not a hospital. Licensed physicians provide clinical care.

Candidacy comes from an evaluation, not a quote

According to the American Academy of Orthopaedic Surgeons (AAOS), there are no absolute age or weight restrictions for total knee or hip replacement. Recommendations are based on a patient's pain and disability, not age. Most people who have these operations are between 50 and 80, but orthopaedic surgeons evaluate each patient individually.

AAOS describes the evaluation as a medical history, a physical examination, X-rays, and occasionally other tests such as magnetic resonance imaging (MRI). Surgery is typically considered when pain limits everyday activities or continues at rest, and other treatments — such as anti-inflammatory medicines, injections, physical therapy, or walking supports — have not given enough relief.

AAOS also describes the decision as a shared one between you, your family, your primary care doctor, and your orthopaedic surgeon. For a traveler, your doctor at home is part of the decision, not just the recipient of a discharge summary.

Preparing your health before surgery

The weeks before a joint replacement are part of the treatment. AAOS describes a physical examination with your primary care doctor several weeks before surgery; specialist evaluation if you have a chronic condition such as heart or kidney disease; tests such as blood work and an electrocardiogram; and a review of which medicines to stop or continue. It also advises finishing major dental work before surgery, and telling your surgeon about any cuts or rashes on the leg, because a break in the skin can lead to surgery being cancelled.

The American Association of Hip and Knee Surgeons (AAHKS) identifies obesity, tobacco use, and uncontrolled diabetes as the three most common problems that increase infection risk, and notes that improving health issues before surgery could lower that risk. AAHKS recommends stopping all tobacco and nicotine products for at least 4–6 weeks before surgery.

None of this fits neatly into a fixed travel date. A good plan sets the surgery date after the preparation is done — not the other way around. [Issue 02](#) explains why [pre-surgical evaluation](#) exists.

Implant choice is a conversation with your surgeon

Implants come in many designs and materials. In a total hip replacement, AAOS explains, the ball is metal or ceramic and the socket is a cup of plastic, ceramic, or metal. Components may be “press fit” so bone grows onto them, or cemented; the choice depends on factors such as the quality and strength of your bone. A knee replacement uses metal components with a plastic spacer between them.

AAOS states plainly that your orthopaedic surgeon will choose the type of prosthesis that best meets your needs. That makes implant selection a clinical conversation — about your bone, your anatomy, and your activity — rather than a brand on a brochure. Ask your surgeon which type of implant and fixation they recommend and why, and make sure the details are written into your operative report so your doctors at home have them.

How long you stay — in the hospital and in Los Cabos

Hospital stays after joint replacement have become shorter. AAOS notes that you will either be admitted on the day of surgery or go home the same day, and that the plan should be discussed with your surgeon beforehand. In Canada, the Canadian Institute for Health Information (CIHI) reports that in 2024–2025, 35.8% of hip replacements and 31.1% of knee replacements for osteoarthritis were performed as day surgery.

For a traveler, “discharged” is not the same as “ready to fly.” Time in Los Cabos is set by early rehabilitation, wound checks, blood-clot prevention, your surgeon’s follow-up visit, and the flight home. (After a hip replacement, AAOS notes, stitches or staples are removed approximately 2 weeks after surgery.) A written itinerary should show all of it.

When it is reasonable to fly home

Blood clots in the leg veins — deep vein thrombosis, part of what clinicians call venous thromboembolism — are one of the most common complications of knee and hip replacement, according to AAOS, and can be life-threatening if a clot travels to the lungs. Your surgeon will outline a prevention program, which may include blood-thinning medicine, support stockings, inflatable leg coverings, ankle exercises, and early walking.

Travel adds to the picture. The Centers for Disease Control and Prevention (CDC) notes that flying after surgery can increase the risk of blood clots, and lists recent surgery among the conditions that raise travel-related risk.

There is no single “safe to fly” date. A 2025 review in JBJS Reviews (from the publisher of the Journal of Bone and Joint Surgery) found that limited existing data – mostly on flights within 7 days of surgery – do not show a difference in clot risk between people who did and did not fly after hip or knee replacement, but that there is no consensus on the ideal prevention for those who fly. Flights longer than 4 hours carry higher clot risk and are likely to need stronger prevention, and some airlines may ask for medical clearance from the surgeon.

The AAHKS patient guide says most people will feel safe to travel within a few weeks of surgery, and that anyone with higher-than-normal clot risk should discuss travel plans with their physicians before surgery, because it may affect the choice of clot-prevention medicine. AAHKS recommends continuing clot prevention while traveling, moving every one to two hours, doing ankle pumps, and staying hydrated; CDC suggests an aisle seat.

The practical point: the flight home belongs in the surgical plan, decided with your surgeon based on your own risk factors – not set by a package length.

Warning signs that need care right away

AAOS lists warning signs of a possible blood clot in the leg: increasing pain in the calf, tenderness or redness above or below the knee, and new or increasing swelling of the calf, ankle, or foot. Signs that a clot may have traveled to the lungs include sudden shortness of breath, sudden chest pain, and localized chest pain with coughing. If any of these appear – before, during, or after travel – seek medical care immediately where you are.

Rehabilitation: in Los Cabos and at home

Rehabilitation starts almost immediately. AAOS notes that most knee replacement patients can begin exercising hours after surgery, guided by a physical therapist. At home, a graduated walking program and exercises several times a day are a critical part of recovery, often with a physical therapist for the first few weeks.

AAOS says most people can resume most normal light activities of daily living within 3 to 6 weeks, and most people resume driving approximately 4 to 6 weeks after a knee replacement. After a hip replacement, you may be asked to follow precautions when sitting, bending, or sleeping – usually for the first 6 weeks – depending on the surgical approach.

So the rehabilitation plan has two halves: the first days in Los Cabos, and weeks at home. Before you travel, identify a physical therapist near home, share your surgeon’s protocol, and book the first appointment for soon after you return. AAOS also suggests preparing your home – for example, handrails, a raised toilet seat, a shower chair, and no loose rugs.

Follow-up with your doctor at home

Follow-up continues long after the trip. AAOS recommends periodic follow-up examinations and X-rays with an orthopaedic surgeon, even when the joint seems fine, and a conversation about preventive antibiotics before future dental work. The CDC advises arranging follow-up care before you travel and making sure you can get it at home. Your primary care doctor — and ideally an orthopaedic surgeon near home — should know the plan before surgery, not learn about it afterward.

If you are in Canada and waiting for a new hip or knee

Waits for joint replacement in Canada are well documented. In the Fraser Institute's Waiting Your Turn 2025 survey of physicians, the national median wait for orthopaedic surgery — from referral by a family doctor to treatment — was 48.6 weeks. CIHI reports that in 2024, 68% of patients received a hip replacement and 61% received a knee replacement within the 26-week benchmark, compared with 75% and 70% in 2019.

If you are considering surgery outside Canada, bring your referral letters, X-rays, reports, and specialist notes, and plan for the operative report, implant details, and rehabilitation protocol to go back to your family physician. Your physiotherapy and follow-up will happen at home, so those providers should know the plan before you leave.

If you are in the United States and paying out of pocket

Many U.S. travelers considering joint replacement abroad are paying cash or looking outside their insurance network. In that situation, it is worth asking what a quote actually covers — and what it does not. The CDC notes that follow-up care for complications after returning can be expensive and might not be covered by health insurance, and recommends understanding those potential costs and reviewing your coverage before you travel.

Useful questions for any plan:

- Does it include an evaluation of whether surgery is right for you, and the pre-surgical work-up?
- Who manages rehabilitation in Los Cabos, and who continues it at home?
- Who sees you if something changes after you return?
- What records will you receive, and when?

What a package price does not show

A price describes a procedure. It does not show whether you were the right candidate, whether your health was ready on the surgery date, how the flight home fits your clot risk, who continues your physical therapy for the weeks that follow, or whether your doctors at home receive what they need. Those are the parts of joint replacement that are hardest to see in advance — and the ones a plan should spell out in writing.

Records for the doctors at home

The CDC recommends bringing copies of your medical records, including test results, and getting copies of all your records from the facility before you return home — translated into English if needed. For a joint replacement, a useful packet includes the pre-surgical evaluation and test results, the operative report with the implant and fixation details, X-rays taken after surgery, the clot-prevention plan and how long to continue it, the rehabilitation protocol and any precautions, the medication list, and the schedule for follow-up.

Where a medical concierge fits

One Stop Cabo Health is a medical concierge, not a hospital. Licensed physicians make every clinical decision, including whether surgery is indicated. Our role is ownership of the sequence: one dedicated concierge who coordinates record and imaging review, orthopaedic evaluation, pre-surgical evaluation, surgery scheduling only once you are cleared, early rehabilitation and recovery logistics in Los Cabos, the travel plan home, and the records and handoff to your doctors at home.

Care is coordinated at top-level private hospital facilities in Los Cabos — on one itinerary, with one point of contact.

Diagnosis first, then the plan

This series started with one idea: a clear diagnosis comes before a treatment plan. Joint replacement adds a second: a clear plan comes before a travel date. Issue 02 covered what has to happen before an operating room; Issue 03 applied plan-first thinking to plastic and reconstructive surgery; Issue 04 looked at how image-guided biopsy turns a finding into a diagnosis.

- Diagnosis first: why a clear plan beats “wait and see”
- Before the operating room: why pre-surgical evaluation exists
- Plastic and reconstructive surgery: why the plan comes before the package
- Image-guided biopsy: the right sample before the right treatment
- Pre-surgical evaluation in Los Cabos
- Orthopedic surgery we coordinate

Start with an evaluation, not a date.

[Start a confidential case](#)

See the orthopedic procedures we coordinate

contact@onestopcabohealth.com · Same-day typical reply

Frequently asked questions

Who is a candidate for knee or hip replacement?

Candidacy is decided by an orthopaedic surgeon based on pain and disability, not age. According to the American Academy of Orthopaedic Surgeons (AAOS), there are no absolute age or weight restrictions; the evaluation includes your medical history, a physical examination, X-rays, and sometimes other tests. Surgery is usually considered when pain limits daily life and other treatments have not helped enough.

How should I prepare my health before joint replacement surgery?

Preparation usually includes a physical examination with your primary care doctor, specialist review of chronic conditions, tests, and a medication review. The American Association of Hip and Knee Surgeons (AAHKS) names obesity, tobacco use, and uncontrolled diabetes as the most common problems that raise infection risk, and recommends stopping tobacco and nicotine at least 4–6 weeks before surgery.

How long will I stay in the hospital after a knee or hip replacement?

It depends on you and your surgeon: some patients go home the same day, and others are admitted for at least one night. In Canada, the Canadian Institute for Health Information (CIHI) reports that 35.8% of hip and 31.1% of knee replacements for osteoarthritis were day surgeries in 2024–2025. Time in Los Cabos is longer than the hospital stay.

When is it safe to fly after a knee or hip replacement?

There is no single safe date; the timing should be decided with your surgeon based on your blood clot (venous thromboembolism) risk. The Centers for Disease Control and Prevention (CDC) notes that flying after surgery can increase clot risk. The American Association of Hip and Knee Surgeons (AAHKS) says most people feel safe to travel within a few weeks, with clot prevention continued during travel.

How do I start a joint replacement case with One Stop Cabo Health?

Email contact@onestopcabohealth.com or start a confidential case on the contact page with a short description of your joint problem and any X-rays, imaging reports, or specialist notes. One concierge typically replies the same day. Licensed physicians review your case and decide whether more evaluation, preparation, or surgery fits, and a written plan follows.

SOURCES

1. American Academy of Orthopaedic Surgeons (AAOS), OrthoInfo. Total Knee Replacement. <https://orthoinfo.aaos.org/en/treatment/total-knee-replacement/>
2. American Academy of Orthopaedic Surgeons (AAOS), OrthoInfo. Total Hip Replacement. <https://orthoinfo.aaos.org/en/treatment/total-hip-replacement/>
3. American Association of Hip and Knee Surgeons (AAHKS). Decreasing Your Risk of Infection. <https://hipkneeinfo.org/hip-care/decreasing-your-risk-of-infection/>
4. American Association of Hip and Knee Surgeons (AAHKS). Traveling After Joint Replacement Surgery (patient guide, revised 2018). <https://hipkneeinfo.org/wp-content/uploads/2024/04/Traveling-After-Joint-Replacement-Surgery.pdf>

5. Elmenawi KA, et al. When is it safe for patients to air travel after total hip and knee arthroplasty: a comprehensive review. JBJS Reviews 2025;13(4). <https://doi.org/10.2106/JBJS.RVW.25.00014>
6. Centers for Disease Control and Prevention (CDC), Travelers' Health. Medical Tourism: Travel to Another Country for Medical Care. <https://wwwnc.cdc.gov/travel/page/medical-tourism>
7. Centers for Disease Control and Prevention (CDC), Travelers' Health. Blood Clots During Travel. <https://wwwnc.cdc.gov/travel/page/dvt>
8. Canadian Institute for Health Information (CIHI). Hip and Knee Replacements in Canada: CJRR Annual Report, 2024–2025. <https://www.cihi.ca/sites/default/files/document/hip-knee-replacements-in-canada-cjrr-annual-report-2024-2025-en.pdf>
9. Canadian Institute for Health Information (CIHI). Longer wait times for surgeries and diagnostic imaging persist across Canada compared with the pre-pandemic period (June 12, 2025). <https://www.cihi.ca/en/news/longer-wait-times-for-surgeries-and-diagnostic-imaging-persist-across-canada-compared-with-the-pre>
10. Fraser Institute. Waiting Your Turn: Wait Times for Health Care in Canada, 2025 Report (December 2025). <https://www.fraserinstitute.org/studies/waiting-your-turn-wait-times-for-health-care-in-canada-2025>

Plan the whole recovery first.

Tell us about your knee or hip and share any X-rays, reports, or specialist notes you already have. One dedicated concierge replies, usually the same day.

[Start a confidential case](#)

[Pre-surgical evaluation in Los Cabos](#)

Orthopedic surgery we coordinate

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