Treatment choices for
Hip Osteoarthritis

A Shared Decision Making Program
Treatment choices for Hip Osteoarthritis
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Health Dialog’s shared decision making programs (decision aids) include videos and booklets that give up-to-date facts about health conditions and the pros and cons of different healthcare choices. These programs can help you talk with your doctor about which healthcare options may be best for you. Together, you and your doctor make a decision—a shared decision. Shared decision making programs do not recommend treatment, give medical advice, or diagnose medical problems.

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Who Are the People in This Program?
The people who appear in the video and are quoted in the booklet are not actors. They volunteered to share their stories about how they decided to deal with hip osteoarthritis.

They received a small fee for their time. They do not profit from recommending any treatment or self-care strategy.
About This Booklet

This booklet is for people who have a condition called hip osteoarthritis, which can cause pain, stiffness, and problems with mobility. The pain and limitations from hip osteoarthritis affect each person differently. How much these symptoms interfere with your daily activities can be a key factor in choosing your treatment.

If your hip osteoarthritis is interfering with things you want to do or is affecting your quality of life, you can:

- Try to manage the symptoms with nonsurgical treatments, which includes pain medicine, physical therapy, and exercise, or
- Have surgery to replace the hip with an artificial joint.

This booklet explains hip osteoarthritis and the risks and benefits of the surgical and nonsurgical treatment options. The booklet provides information to help you work with your doctor to decide what treatment is right for you.

Is This Information for You?

This information is for you if:

- You’re making a decision about how to treat hip osteoarthritis that causes pain, stiffness, or limited motion
- Your symptoms make it hard to do everyday activities or things you want to do
- Your symptoms greatly reduce your quality of life
- You are considering treatments, including surgery.

This information is not for you if:

- You have a hip problem that is different from osteoarthritis.
How to Use This Booklet

As you read through this booklet and watch the accompanying video, think about your values and preferences, and consider how each treatment option ties into your personal and work-life needs as well as your family interactions. Before your appointment with your doctor, be sure to write down any questions or concerns you have so that they are fresh in your mind.

Osteoarthritis is the most common form of arthritis. In this booklet, the term “arthritis” is used to mean osteoarthritis.

Note: Italics are used in this booklet to emphasize key words or to identify medical terms. See the Medical Terms section at the end of the booklet for full descriptions of medical terms that are italicized.
What Is Hip Osteoarthritis?

The Hip and Osteoarthritis
The hip joint has two main parts that fit together:
- A **ball**—the rounded top of the thighbone (*femur*)
- A **socket** (called the *acetabulum*)—a cup-shaped bone in the pelvis.

Normal Hip

Osteoarthritis is a condition that affects all parts of a joint. For example, the cartilage becomes rough or breaks down. This sometimes causes the bone to develop small holes, called *cysts*, or growths called *bone spurs* or osteophytes.

Experts used to think osteoarthritis was only due to “wear and tear” on the cartilage that cushions joints. Now, some research suggests that other factors, including inflammation, minor abnormalities in alignment, bone loss, and tiny changes in bone, may play a bigger role than damaged cartilage. At the hip joint, other contributors to arthritis include aging, injury like a fracture, being overweight, and having a history of hip dislocation or developmental hip dysplasia.

These combined changes in bone and cartilage can prevent the hip from moving smoothly. The hip may feel stiff, give way, or not move through a normal range of motion. There can be pain in the hip, groin, thigh, or even the knee.

Imaging Tests For Hip Osteoarthritis
Imaging tests, such as x-rays, can show changes to the hip bones and cartilage. However, these images do not tell the full story. Some people have x-rays
Tell Your Doctor If Pain Affects Your Mood

Talking with your doctor about how symptoms affect your mood is important. It’s common for people with chronic pain to feel tired, frustrated, or depressed. If you do, tell your doctor. Then the two of you can choose treatments that address all your needs.

It’s like a car when the brakes are gone—the brake pads are gone, and it’s rubbing against metal.

—Elaine Describes How Her Osteoarthritis Felt

Deciding Which Treatment is Right for You

Your decision about how to treat your hip osteoarthritis depends on how your arthritis pain and stiffness affect you—not on how much arthritis your x-ray shows.

Osteoarthritis doesn’t go away. Over time the cartilage usually continues to break down. But there’s no way to predict if your pain will get worse or how fast it may worsen. That said, there are treatments that can make life manageable. In the next sections, you will read about lifestyle changes, medicine treatment, and surgical options.
About Nonsurgical Treatments

About Nonsurgical Treatment Choices

Hip *osteoarthritis* affects each person differently. How much the pain interferes with your daily activities can be a key factor in choosing a treatment.

The goal of treatment is to relieve pain and stiffness. Most people start by trying one or more nonsurgical treatments. You might experiment with some different combinations of these treatments to see if they effectively manage your pain:

- Lifestyle changes
- Physical therapy and walking aids
- Pain medicines
- *Complementary health approaches.*

These options are described in the next several chapters.
Living better with hip arthritis often means making changes in your everyday life.

**Exercise Offers Many Benefits**

Exercise helps reduce stiffness, strengthens supporting muscles, improves overall physical condition, and boosts energy level and mood.

Good exercises for people with hip arthritis include:

- Swimming or exercises in a pool
- Walking
- Bicycle riding
- Strength training with weights or elastic exercise bands.

High-impact activities like jogging, tennis, or basketball can trigger pain flare-ups, but there is no evidence that they make your hip get worse faster. You may be able to continue these sports if you can manage the pain afterwards. If you have hip replacement surgery, many surgeons recommend avoiding high-impact activities, which can damage the artificial joint.

**Tips for Getting the Most from Exercise**

- Schedule activities for the time of day when you are least stiff
- Try taking pain medicine before you exercise to see if it helps (ask your doctor or pharmacist about the best timing for your particular medicine)
- Be patient—it can take several weeks or months to feel the benefits of an exercise program
- Stick with your exercises—but if you have any serious pain, stop and consult your doctor.

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I slow down my pace a little bit ... but I still do it.

—Tom Exercises at a Slower Pace to Deal with Stiffness
**Changing Habits and Routines Helps Some People**

Learning new ways to do everyday activities can help hip problems. For example, using a cane for extra support can make walking more comfortable and help you stay independent.

An *occupational therapist* can suggest changes that might help you, such as:

- Use a “grabber” to pick up items that are low
- Use a tool called a “sock aid” for putting on socks
- Use a raised toilet seat
- Use wall bars in the bathtub or a seat in the shower
- Plan time to rest between activities
- Avoid standing or sitting in one position for a long time
- Avoid carrying heavy loads
- Avoid climbing stairs if possible.

**Does Weight Loss Help Hip Pain?**

Losing weight offers many health benefits. There is good evidence that losing excess weight helps people with knee arthritis reduce their pain. There is less research on how losing excess weight affects symptoms of hip arthritis, but early studies suggest that it helps. Also, excess weight may cause arthritis to worsen more quickly. Weight loss may slow this process.

Ask your doctor for suggestions if you want to lose weight. Learning to eat right is especially important when arthritis limits the type or amount of exercise you can do.
Physical Therapy

Physical therapy can help you better manage hip arthritis pain and be better able to do your usual activities. Benefits of physical therapy include:

- **Strengthen muscles**—good muscle support can take some stress off your hip, which may reduce pain, and

- **Improve flexibility**—this can increase your range of motion and reduce stiffness.

*Physical therapists* have special training in how muscles, joints, and bones work together. During your sessions with a physical therapist, you will learn special exercises that you can do on your own. It is common to need several weeks of physical therapy before you may notice an improvement in your condition.

Walking Aids and Canes

Walking with a cane may help reduce your pain and improve your ability to get around. It works by reducing the load on your hip joint.

**Tips on Using a Cane**

- Use the proper size cane. Ask your doctor or physical therapist for advice on getting the right size for you.
- Hold the cane in the hand opposite your painful hip.
- When walking, keep the cane close to your body so you can push straight down. This takes some of the load off your hip.
Many over-the-counter and prescription medicines may provide temporary relief from hip pain. Most people try over-the-counter pain relievers first (such as acetaminophen), because they are not habit-forming and are generally safe when used according to directions.

Acetaminophen

Acetaminophen is a mild pain reliever, and the active ingredient in Tylenol®. Typically, it offers minor relief from osteoarthritis symptoms, but it may provide more noticeable relief for some people. It is generally safe at the recommended doses.

Other medicines that contain acetaminophen include:

- Some cold medicines
- Certain opioid medicines, such as Percocet® and Vicodin®.

If you take several medicines, check the labels to be sure that you don’t take more than the total recommended daily acetaminophen dose. Taking too much acetaminophen can damage the liver. The risk of liver damage is higher in people who take acetaminophen and also drink too much alcohol. If you have liver disease, talk to your doctor before taking acetaminophen.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Nonsteroidal anti-inflammatory drugs, also called NSAIDs, can relieve pain. NSAIDs available without a prescription include:

- Aspirin
- Ibuprofen (Advil®, Motrin®)
- Naproxen (Aleve®).
These and other NSAIDs are available in higher doses that require a prescription, but many people get enough pain relief with the recommended doses of over-the-counter products. Because people respond differently to NSAIDs, you may need to try a few to find the one that works for you.

Common side effects include stomach pain, bleeding and ulcers, and higher blood pressure. If you take a blood thinner, NSAIDs are usually not recommended due to an increased risk of bleeding. Less commonly, some NSAIDs may increase the risk of cardiovascular problems, such as heart attack or stroke. The risk of these problems may be higher in people who have already had a heart attack and in those taking NSAIDs at higher doses or for a longer period of time. Long-term NSAID use may cause kidney damage.

Older people and people with long-term medical problems are at especially high risk of these side effects. NSAIDs can also interact with drugs for high blood pressure.

Doctors sometimes recommend the NSAID celecoxib (Celebrex®), one of a class of drugs known as COX-2 inhibitors. People who take COX-2 medicines tend to have fewer serious stomach problems than people taking other NSAIDs. While studies have linked NSAIDs with a higher risk of heart attack and stroke, the risk may be even higher among people taking COX-2 medicines, such as celecoxib. Ask your doctor about the possible risks and benefits for you.

**PPIs Can Lower the Risk of Stomach Irritation**

To lower the risk of stomach irritation from NSAIDs, ask your doctor about taking them with over-the-counter or prescription acid-reducing medicines known as proton pump inhibitors or PPIs. Examples include esomeprazole (Nexium®), lansoprazole (Prevacid®), and omeprazole (Prilosec®). Some new research suggests long-term use of PPIs may reduce bone density and raise risks for certain infections, kidney problems, and other health issues. Ask your doctor about the risks and benefits in your case.

**The table on page 16 lists some side effects that may occur when using common pain relievers, like acetaminophen and NSAIDs. Talk to your doctor or pharmacist if you have concerns about any medicines you take.**

**Using Acetaminophen or NSAIDs Safely**

If acetaminophen or NSAIDs relieve your symptoms, make sure to use them safely. Even though these drugs are available without a prescription, they can cause problems, especially when they are used at high doses or for a long time.
When medicines do help, it’s generally safest to use them for a short time. Some people take medicines for brief periods of time when they:

- Have a sudden flare-up of pain
- Are going to do something that may increase pain (such as starting an exercise program)
- Have a special event they want to enjoy.

**Tips on How to Use Acetaminophen and NSAIDs Safely**

- **Do not take two different NSAIDs together—such as aspirin and Aleve®—unless you have a doctor’s approval.** The drugs can interact, increasing the risk of stomach problems or bleeding. If you take a low-dose (81 milligrams) “baby” aspirin to protect your heart, be sure to ask your doctor whether you should continue to take it along with your NSAID. If you take both, take the aspirin at least one hour before taking the NSAID.

- **Try not to use pain medicines daily or long term.** Instead, use these medicines when your symptoms flare up, or when you know you will be doing things that make your symptoms worse.

- **Talk to your doctor or pharmacist if you have had a heart attack.** Taking certain pain medicines may increase your risk of heart problems.

- **Read the label carefully and follow the instructions.** Make sure you do not take more than the recommended dose.

- **Stop using them when your pain improves.** If your pain returns or gets worse, you can start them again.

- **Use the lowest possible dose.** This can help reduce side effects, especially in older adults who are more prone to bleeding and ulcers.

- **Tell your doctor about all the medicines you take.** Over-the-counter drugs and herbal or dietary supplements can interact with prescription medicines. It’s important that your doctor know about all the medicines and supplements you take.
## Common Pain Relievers and Possible Side Effects

<table>
<thead>
<tr>
<th>Medicine Type</th>
<th>Generic Name</th>
<th>Sample Brand Name</th>
<th>Possible Side Effects</th>
</tr>
</thead>
</table>
| Non-NSAIDs    | acetaminophen| Aspirin-free Anacin®, Tylenol® | • Liver damage with overdose or excess alcohol use  
                |              |                   | • Worsening of existing liver disease  
                |              |                   | • Interaction with medicines to prevent blood clots |
|               | Over-the-counter | Aspirin-free Anacin®, Tylenol® |                   |
| NSAIDs        | aspirin      | Bayer®, Bufferin®, Advil®, Motrin®, Aleve® | • Stomach problems (including ulcers and bleeding); risk is further increased when used with medicine to prevent blood clots  
                | ibuprofen*   |                   | • Worsening of existing stomach problems  
                | naproxen*    |                   | • Gas, heartburn, nausea, or diarrhea  
                | celecoxib    | Celebrex®        | • Headache or dizziness  
                | diclofenac   | Cataflam®, Voltaren® | • Excess bruising or bleeding from wounds  
                | etodolac     | Available as generic only | • Higher blood pressure  
                | indomethacin | Indocin®         | • Leg swelling  
                | nabumetone   | Available as generic only | • Allergic reactions**  
                | oxaprozin    | Daypro®          | • Liver damage  
                | piroxicam    | Feldene®         | • Increased risk of heart attack, stroke, and kidney damage  
                | sulindac     | Clinoril®        |                   |
| NSAIDs        | diclofenac sodium gel or liquid* (topical medicine) | Voltaren® gel, Pennsaid® | • Skin irritation  
                |              |                   | • Liver problems |
| Prescription-only | diclofenac sodium gel or liquid* (topical medicine) | Voltaren® gel, Pennsaid® |                   |

*Also available in higher doses with prescription.  
**Signs of an allergic reaction include rash, itching, swelling (such as in the face, hands, feet, or lower legs), and trouble breathing or swallowing. If you experience these symptoms, call your doctor right away or seek emergency medical help.
Other Prescription Pain Relief Medicines

Some medicines used for other health conditions may also help relieve hip arthritis pain:

- Duloxetine (Cymbalta®), a medicine approved for some types of chronic pain, depression, and anxiety
- Gabapentin (Neurontin®), a medicine that is usually prescribed for nerve pain.

If you are not getting enough pain relief from acetaminophen or NSAIDs, your doctor may recommend one of these options.

Opioids

Opioids are not recommended for relieving chronic pain due to hip osteoarthritis. For most people, the other medicines and treatment options mentioned in this guide are better and safer choices for managing your pain.

If you’re prescribed an opioid, the best approach is to try the lowest possible dose and for the shortest possible time. Opioids should be used only when necessary and only for as long as necessary.

Anyone taking prescription opioids can become addicted and is at risk for unintentional overdose or death.

In addition to these serious risks, prescription opioids can have a number of side effects, even when taken as directed. These include:

- Constipation
- Nausea or vomiting
- Dizziness.

If you have chronic pain and are prescribed opioids, your doctor should monitor you regularly. This might include extra assessments, a pain treatment plan, more frequent office visits, and urine testing. Prescription opioids can be very dangerous if not used properly. There are also special guidelines for their safe storage in your home and disposal of any unused medicine. Make sure to follow all of your doctor’s recommendations.

Steroid Injections Are Generally Not Used for Hip Pain

You may have heard about corticosteroid injections used to help knee arthritis, and wondered if they can help your hip. Compared with the knee, the shape and location of the hip joint make injections more difficult. The doctor may need x-rays or ultrasound to position the needle.

Also, there is no strong research that shows these injections are helpful. If relief occurs, it is usually temporary.
For these reasons, injections are not commonly recommended to treat hip osteoarthritis.

One exception may be cases where it is hard to know if the pain is coming from the hip, lower back, or another source. In this situation, a steroid injection combined with a numbing medicine can be quite helpful. Prompt relief, even if temporary, suggests that the pain is due to hip arthritis.
Some people use standard treatments plus complementary health approaches, a practice known as integrative healthcare. Standard treatments are conventional medicine that is widely accepted and used by most of the medical community. Complementary health approaches are non-mainstream practices and products, according to the National Center for Complementary and Integrative Health (NCCIH). Integrative healthcare combines complementary health approaches that are considered to be safe with standard treatments.

Two major types of complementary health approaches are:

- **Natural products**, including herbs (also called botanicals), vitamins and minerals, and probiotics that are often sold as dietary supplements. Unlike standard treatments, these products do not have to be tested thoroughly for safety or effectiveness.

- **Mind-body practices**, including yoga, meditation, massage therapy, acupuncture, relaxation techniques such as visualization and biofeedback, tai chi, qi gong, hypnotherapy, movement therapies, and chiropractic and osteopathic manipulation.

Other complementary health practices include traditional healers, Ayurvedic medicine, Chinese medicine, homeopathy, and naturopathy.

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Complementary Health Approaches and Osteoarthritis

Some people try complementary health approaches to manage their hip pain and help them exercise and stay strong. There is not a lot of research about specific complementary health approaches for hip arthritis. Most of the research focuses on knee arthritis. Also, differences in study design and size can make it hard to compare studies and draw clear conclusions.

Acupuncture and massage therapy are two complementary health approaches that may be helpful for osteoarthritis.

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I have not been in near the pain that I was before.

— Mitch Uses a Combination of Therapies
Several dietary supplements are marketed as treatments for arthritis pain. These include:

- Glucosamine
- Chondroitin
- SAMe and other dietary supplements.

However, most evidence shows that these products don’t significantly help ease arthritis pain or keep it from progressing. For more, see information from the American Academy of Orthopaedic Surgeons and the National Center for Complementary and Integrative Care.

If you want to try these supplements, talk with your doctor first. People with some health problems need to be especially careful about using these products:

- If you have diabetes, glucosamine may affect insulin or blood sugar levels.
- If you have a bleeding disorder or take blood-thinning medicine, chondroitin could interact with medicines or cause bleeding.
Possible Harms

While some natural products are safe, others are not. The FDA does not check supplements for safety or effectiveness. Research shows that ingredients on the label aren’t always in the bottle. Some products are contaminated with unhealthy substances.

Additionally, high doses of certain vitamins can be harmful. And even safe remedies may cause harm when combined with certain standard treatments.

Because of the potential for harm, talk with doctor before using any complementary treatments that are:

- Taken into the body (such as pills, dietary supplements, or herbs taken by mouth)
- Inhaled into the nose
- Injected into the bloodstream.

Therapies are more likely to be safe. Examples include meditation, biofeedback, visualization, and massage.

Many studies of complementary health approaches and integrative healthcare are underway. If you wish to explore these approaches, talk with your doctor. Find out if your healthcare plan offers integrative healthcare or can recommend reliable and reputable providers.
**Surgery for Hip Arthritis**

**Hip Surgery**

People who find they don’t get enough pain relief from medicine and other nonsurgical approaches often consider joint replacement surgery. It is a very effective way to relieve arthritis pain, but it involves the risks and recovery of a major operation.

After a while, the medication didn’t help any more. That’s when I knew I needed surgery.

—Elaine Chose Surgery

**How is Hip Replacement Surgery Done?**

There are many types of hip replacement surgery. During a typical operation, the surgeon:

- Removes the damaged ball from the thighbone and cleans out the socket
- Replaces the natural joint with an artificial ball and socket.

**Total Hip Replacement**

**Types of Artificial Hip Joints**

Artificial hip joints can be made of metal, plastic, or ceramic. The ‘replacement’ parts are called implants. Some need cement to attach to the bone and others don’t.

Before surgery, you and your doctor can discuss the type of artificial hip joint to be used. Different materials and designs may affect how long the hip lasts. Implants made entirely of ceramic are very
hard, and wear more slowly than those with plastic surfaces. But they can also have drawbacks. For example, implants made of ceramic can sometimes chip or break.

**Types of Surgery Incisions**

The location and length of the incision in hip replacement surgery can vary. Some surgeons make an incision in the front (called anterior) of the hip and thigh area. Some make an incision from the side, and others from the rear of the thigh and buttocks. Also, some surgery techniques result in shorter or longer incisions.

Regardless of the location or length of their incisions, people have similar improvements in their pain and ability to do daily activities about 6 weeks after surgery.

It is important to remember that the goal is to have the hip function as normally as possible after the surgery. Most surgeons will make the incision as small as they can, but still long enough to ensure a safe surgery with a good result that lasts a long time. In some cases, even if surgery starts with a smaller incision, the surgeon may need to switch to a longer incision.

**Surgery on Both Hips at the Same Time Is Generally Not Recommended**

Some people with arthritis in both hips wonder about having surgery on both hips at the same time. If you have surgery on both hips, the risk of complications is higher and the recovery is harder. On the other hand, the total amount of time you will spend recovering from hip replacement is less if you have both done at the same time.

If you choose to have surgery on both hips, you and your doctor should discuss the best schedule for two hip replacements.
Benefits of Hip Replacement Surgery

Total hip replacement is usually very successful at relieving hip pain. Most people are able to return to their usual activities.

Research shows that 87 to 91 out of 100 people say that their pain was greatly or completely relieved in the years following total hip replacement surgery.

Hip replacement surgery can help you stay independent, keep working, and help you lead a more active life. However, it takes time and effort after surgery to achieve these goals.

There are several important things to consider before deciding whether this is the right treatment for you.

Possible Complications of Hip Replacement Surgery

All surgery has risks. Some are common to all types of surgery; others are specific to the type of surgery you have.

The risks may happen less often in younger people. They may happen more often in people who are older, overweight, or who have other health problems, including a previous heart attack or blood clot. Talk with your doctor about how your personal situation will affect your risks.

It feels very natural, and I don’t even think about it.

—Frank Describes Life After Surgery

Although it’s important to know the risks of hip replacement surgery, keep in mind that most people do just fine after surgery. And if you have a choice of where to have your surgery, you can lower your risk of complications by choosing a hospital that does a lot of hip replacements. For example, studies have found better outcomes among people who had their surgery done in a hospital that performs 100 or more hip replacements each year or by a surgeon who performs more than 50 each year.

The table on the next page describes risks you should know about when considering hip replacement surgery.
## Possible Risks of Hip Replacement Surgery

<table>
<thead>
<tr>
<th>Risk</th>
<th>What Happens</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>• Infection in the lungs that requires antibiotics and a longer stay in the hospital.</td>
<td>If you are 65 or older: About 3 in 100 people who have hip replacement surgery have at least 1 of these complications in the days and weeks afterward. Some people may have more than 1 complication. Your chance of complications may be lower if you are younger than 65.</td>
</tr>
<tr>
<td>Blood infection</td>
<td>• Complications related to an infection (called sepsis or septic shock) can be life threatening. • Requires treatment with antibiotics in the intensive care unit.</td>
<td></td>
</tr>
<tr>
<td>Heart attack</td>
<td>• Other heart problems may also occur, including heart failure and an irregular heart beat that requires treatment.</td>
<td></td>
</tr>
<tr>
<td>Bleeding that requires treatment</td>
<td>• Can happen days or up to a month after surgery.</td>
<td></td>
</tr>
<tr>
<td>Blood clot in lung (pulmonary embolism)</td>
<td>• Usually prevented by using blood thinners before surgery.</td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td>• Usually due to complications of anesthesia or blood clot in lung.</td>
<td></td>
</tr>
<tr>
<td>Problems with the implant</td>
<td>• If the implant breaks, more surgery will be needed.</td>
<td></td>
</tr>
<tr>
<td>Joint/wound infection</td>
<td>• Risk goes down over time, but infection can happen months or years after surgery. • Requires surgeon to remove the artificial joint, treat the infection, and put in a new joint.</td>
<td></td>
</tr>
</tbody>
</table>
Other Possible Complications

In addition to the complications listed in the table, some other problems can happen after hip replacement surgery. These problems do not happen very often, but it’s important for you to be aware of them. They include:

- Nerve damage, which can cause numbness, pain, or weakness in the leg or foot. This may improve over time or may be permanent.

- Blood clots in the leg or the pelvis, which people can prevent by using blood thinners and compression devices (special stockings and foot pumps).

- Hip dislocation, which is very painful. It’s most likely to happen soon after surgery. You can lower the risk by following your doctor’s advice about how much you can safely bend at the hip.

- The leg that was operated on may be longer or shorter than the other leg (called leg-length discrepancy). If this happens, you may or may not notice it or be bothered by it. Usually the difference is less than ½ inch, but sometimes it is more. Shoe lifts or physical therapy may be helpful if it is bothersome.

People with hip replacements need to avoid activities that might damage the new hip, dislocate it, or cause it to slip out of place. Make sure you understand what movements and activities you can safely do afterwards, and what you will need to avoid. Your surgeon can tell you more about this.
Rehabilitation May Start Before Surgery

Your surgeon may recommend a program of “prehabilitation,” or “prehab,” exercises before surgery. The exercises help strengthen key muscles, such as the quadricep muscles of the thigh that help you sit or walk up stairs. Usually, you do the exercises three times a week for several weeks.

Small studies have compared the effects of a pre-surgery program of strength and flexibility exercises to usual care. People who do the exercise program may have slightly less pain in the early weeks after surgery and slightly better function at 6 to 8 weeks and at 3 months.

In addition to strength, some research shows that people who are overweight before the surgery may not benefit from the surgery as much as people who are at a healthier weight before surgery. This means that if you are overweight and plan to have hip replacement surgery, you may want to consider speaking with your doctor about losing weight first.

Recovery from Surgery

The surgery usually takes from 1 to 3 hours. Most people stay in the hospital to receive physical therapy before going home or to a rehabilitation facility. Less often, the patient is discharged from a surgery center on the same day.

The time to recover from hip replacement surgery varies from person to person. Some people who’ve had a hip replacement are surprised by how long it takes to fully recover. It’s important that you have a realistic idea of how long recovery can take.

To see improvements in strength and mobility, be prepared to work at recovery. It will take time and effort to return to your usual activities.

The time frames below vary by hospital or institution, and your experience may be different than what is described here. Younger or healthier people may have shorter hospital stays than people who are older or less healthy.

Activities to Avoid After Hip Surgery

Your doctor may suggest you limit certain activities after hip replacement surgery. For example, your doctor may advise you not to:

- Cross your legs while sitting
- Bend hip joints beyond a 90-degree angle
## Recovery from Total Hip Replacement

<table>
<thead>
<tr>
<th>Time After Surgery</th>
<th>Recovery Phase/Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During hospital stay</strong></td>
<td>- Start physical therapy</td>
</tr>
</tbody>
</table>
| **First weeks** | - Some people go home and do rehab on their own  
- Some who go home receive visits from nurses and physical therapists  
- Some go to a rehabilitation (rehab) facility to regain strength and mobility |
| **First 2 to 3 months** | - Physical therapy, exercise, and recovery continue on your own  
- Most people are able to return to usual activities, including work. People with physically demanding jobs may need more time off work |
| **Up to 1 year** | - Most people continue to heal and get stronger and more flexible. |

### Tips on Planning for Your Recovery

- Before surgery, talk to your doctor about whether you should start an exercise program _before_ surgery. Decide whether you’ll go to a rehab facility or directly home after leaving the hospital or surgery center.
- Try to line up some help for when you first get home.
- Ask your healthcare providers for information on making your home a good place to recover. Find out when you’ll be able to drive again.
- Check health insurance in advance to find out what medical expenses are covered and what you will pay out of pocket.
- If you work and have disability insurance, find out if it will cover any lost income. If you don’t have coverage for lost income, try to set aside enough money to cover expenses during your recovery.
Timing of Surgery

How Long Will an Artificial Hip Last?
Artificial hips can wear out and loosen. Research on people who have had traditional total hip replacements shows that:

- 90 out of 100 hip replacements last longer than 10 years
- 80 out of 100 last longer than 20 years.

Among people older than 65 who have a hip replacement, about 10 in 100 will need another hip replacement within the next 10 years.

Artificial hips tend to wear out more quickly in men. Additionally, artificial hips tend to wear out more quickly in people who weigh more and in those who are younger and more active, compared to people who are older and may have less active lifestyles. But no one who has a hip replacement should avoid exercise for fear the joint will ‘wear out.’ Being active is important for your overall health.

What Happens If the Hip Wears Out?
If your artificial hip becomes loose or worn, sometimes you may need another surgery. A repeat or second hip replacement is called revision surgery.

Recovery from revision surgery usually takes longer than the first recovery. This is partly because the person is older, and partly because a second surgery on the same hip is usually more complicated. The surgeon must remove the old hip. There may be scar tissue, and the person’s bones may not be as strong as they were.

All this may affect how well the second hip works. Most people who have revision surgery have good results and return to the same activities as they did after their first surgery.

The revised hip is working a bit less well than the first hip, because of the length of time it’s taking to heal.

—Russell Describes Hip Revision Recovery
Working with Your Doctor

Working with your healthcare providers to make decisions about your care and telling them about your preferences is called **shared decision making**.

There are many reasons for getting involved in your healthcare. Shared decision making can help you:

- Get more out of conversations with your doctors
- Feel more satisfied with your healthcare
- Get the type of medical care you want
- Avoid treatments or side effects you don’t want
- Gain a feeling of control over your life.

**Shared Goal**

Shared decision making starts with a shared goal: keeping you healthy with care that’s right for your needs. For your hip **osteoarthritis**, that means choosing from among different approaches to treatment. This information is designed to help you work with your doctor to choose the treatment that’s best for you. It’s not meant to be a substitute for talking with your doctor.

Getting good care requires **good communication** between you and your doctor. You and your doctor need to talk about your personal health goals and what you’re able and willing to do to protect or improve your health.

**Shared Effort**

Shared decision making also includes shared effort.

- Part of your doctor’s job is to explain your condition and treatment choices, and listen carefully to your concerns.
- Your job is to prepare your questions, make sure you understand the answers, and speak up about what is important to you.

Talk with your doctor about how hip osteoarthritis is affecting your life.

If you have trouble following through, be sure to let your doctor know so that you and your doctor can figure out an approach that works for you.
Tips for Working with Your Doctor

• Learn about the medical conditions you have, as well as any health problems you may be at risk for in the future.
• Talk openly and honestly with your doctor about your health and habits.
• Ask questions until you understand the answers.
• Use your time with your doctor wisely. Write down questions you have before your appointments.
• Work with your doctor to make your healthcare decisions.
• Follow through on the care plan you choose together. If you have trouble following through, be sure to let your doctor know so that you and your doctor can figure out an approach that works for you.
You know better than anyone how your hip problem affects your life, so you are in the best position to decide what treatment is right for you.

Talk with family and friends to get a fuller picture. Sometimes pain increases so slowly you don’t fully recognize how much it has changed you, your level of activities, and the impact that arthritis has on your relationships.

Sometimes people feel surgery is the right choice, but aren’t sure when to have it. They aren’t sure whether they will be healthy enough to have the operation safely later if they wait. They wonder if their hip is “bad enough” for an operation. They wonder if they should try to hold out longer to avoid the possibility of needing a second hip replacement.

There’s no way to predict your future health or if you may need a revision surgery. But doctors do know that if your health declines too much while you wait, you may not be able to have the operation safely. They also know that your condition going into surgery predicts how well you do afterwards. People who have surgery while they are strong have better results than those who wait so long that they are weak from living in pain or have limited ability to do everyday activities.

How Bad Is “Bad Enough”?
Some doctors suggest that it’s time to consider surgery if hip arthritis pain:

- Keeps you awake at night
- Has a major impact on your quality of life
- Makes you give up normal activities that you enjoy doing or need to do
- Affects you emotionally and puts stress on your relationships.

I hated to get up and face the day because I knew the pain that I was going to go through.

—Why Elaine Chose Surgery
Questions to Consider
As you and your doctor consider treatments, it’s helpful to ask yourself the following questions to understand how pain and other symptoms affect you.

- How long have you had hip pain and stiffness?
- How fast has it been progressing?
- How much does it limit your ability to do things you want or need to do?
- How much have nonsurgical treatments you’ve tried helped?
- What is likely to happen with or without surgery?
- Do you understand the potential risks of surgery?
- Do you have any other medical conditions that might increase your risks from surgery?
- Can you afford to take time off for recovery after surgery?
- If you live alone, do you have family, friends, or services such as visiting nurses to help you during recovery from surgery?
- Which is more important, getting the possible benefits from surgery or avoiding the possible harms?

There are no right or wrong answers—only your answers. Let your doctor know how you feel about your pain, the different treatments, and their benefits and harms. Together, you can make the treatment choice that is right for you.

The level of pain I’m in now, I wouldn’t have the surgery.
—Why Mitch Chose Not to Have Surgery
Medical Terms

acetabulum:
The cup-shaped opening in the pelvis where the femur (thighbone) is attached. Also called the socket of the hip joint.

bone spur:
A bony overgrowth on the side of a bone that may be a sign of osteoarthritis. Also called an osteophyte.

cartilage:
A hard, smooth material that allows the bones of a joint to slide against each other. Also called articular cartilage.

complementary health approaches:
Non-conventional practices and products that can be used in addition to standard treatments. Two major types of complementary health approaches are natural products, such as vitamins or other dietary supplements, and mind-body practices, such as yoga, meditation, and acupuncture.

cysts:
Small holes that develop in bone under the cartilage.

femur:
The thighbone.

implant:
The materials used to replace hip joints during hip replacement surgery.

nonsteroidal anti-inflammatory drugs (NSAIDs):
One group of medicines used to reduce inflammation and help control pain. Examples include aspirin, ibuprofen, and naproxen.

occupational therapist:
A professional trained to show people how to move safely after surgery and modify their home and lifestyle so they can continue to do daily activities while putting less stress on their joints.

opioids:
Powerful pain-relieving drugs that are available only by prescription. These drugs must be used with care because they can cause tolerance and physical dependence. They can also be addictive and have serious side effects. Also known as narcotics.
osteoaarthritis:
The most common type of arthritis. The cartilage on the bone wears away and becomes rough and the bone can develop small holes (cysts) or growths called bone spurs (osteophytes). Symptoms include pain, stiffness, and limited motion.

physical therapist:
A professional trained to teach exercises that strengthen muscles, reduce stiffness, and increase range of motion.

proton pump inhibitors (PPIs):
Stomach-acid-reducing medicines that are available over-the-counter or with a prescription.
For More Information

American Academy of Medical Acupuncture
www.medicalacupuncture.org
Phone: (310) 379-8261
The American Academy of Medical Acupuncture Web site includes an online directory of physicians who integrate acupuncture into their medical practice.

American Academy of Orthopaedic Surgeons
www.aaos.org
Phone: (847) 823-7186
The American Academy of Orthopaedic Surgeons Web site includes well-organized information about different forms of arthritis, focusing on summaries of treatment options. An online directory of orthopaedic surgeons, searchable by specialty, is also available.

American Association of Acupuncture and Oriental Medicine
www.aaomonline.org
Toll-free: (866) 455-7999
The “Patients” page of the American Association of Acupuncture and Oriental Medicine Web site offers links to patient resources.

American College of Rheumatology
www.rheumatology.org
Phone: (404) 633-3777
The American College of Rheumatology Web site has developed patient information on over 45 topics for patients with rheumatic diseases. The site also includes a list of assistance programs for certain rheumatology-related drugs, as well as links to additional resources.

American Massage Therapy Association®
www.amtamassage.org
Toll-free: (877) 905-0577
The American Massage Therapy Association Web site provides introductory information about different types of massage, health benefits, and choosing a qualified massage therapist. A searchable online directory of licensed massage therapists in the U.S. and Canada is available.
American Physical Therapy Association
www.apta.org
Toll-free: (800) 999-APTA [(800) 999-2782]
Phone: (703) 684-APTA [(703) 684-2782]

The American Physical Therapy Association (APTA) Web site offers guidelines for choosing a physical therapist who is most appropriate to help you meet your individual goals. Their “For the Public” page offers interactive tools and links to additional information.

Arthritis Foundation
www.arthritis.org
Phone: (844) 571-4357

The comprehensive information available on the Arthritis Foundation Web site includes pages on joint health, risk factors, alternative treatments, supplements, and ongoing research. Other available resources include community-building and fundraising events, quizzes, and brochures. The site’s content is also available in Spanish.

National Center for Complementary and Integrative Health
https://nccih.nih.gov/
Toll-free: (888) 644-6226
TTY: (866) 464-3615

This Web site from the National Institutes of Health provides information about complementary health approaches and integrative medicine, such as supplements, acupuncture, homeopathy, mind-body approaches, and others. Some of the information is available in Spanish.

National Institute of Arthritis and Musculoskeletal and Skin Diseases
www.niams.nih.gov
Toll-free: (877) 22-NIAMS [(877) 226-4267]
Phone: (301) 495-4484
TTY: (301) 565-2966

This Web site includes introductory information on a variety of arthritis, musculoskeletal, and skin diseases, searchable alphabetically.
This booklet was written using the most up-to-date medical and scientific research. The research is described in the articles listed below. Each listing includes the authors of the article, the article title, the journal in which it was published, and the publication year. You might notice that some articles were published some time ago. These articles are included here because the research in the article is relevant to the content in the booklet. If you are interested in reading any of these articles, your doctor or librarian may be able to help you get a copy.


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