

When is it Time to Have Hip Replacement?

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Hip replacement is one of the most successful operations of modern medicine and is very effective at relieving pain.

In the vast majority of patients, hip replacement is an elective procedure. There is no rush to getting a hip replacement and it should be done when the patient is physically and emotionally ready for the operation.

This paper will explore non-operative treatment of hip arthritis, risks of surgery and signs that it may be time to consider hip replacement.

What are alternatives to hip replacement?

For patients who have hip arthritis and are not yet ready to undergo surgery, the management of this hip arthritis consists of physical therapy, corticosteroid injections into the hip, and the use of anti-inflammatory medications.

Physical Therapy

Physical therapy can help strengthen the weakened hip muscles surrounding an arthritic hip and improve a patient's ability to deal with the pain and dysfunction of hip arthritis. Therapy can also sometimes increase the motion surrounding the hip. Many patients who have hip pain have low back pain as well. Physical therapy is very good at improving low back pain.

Corticosteroid Injections

Corticosteroid injection involved a radiologist injecting an anti-inflammatory steroid medication directly into the hip joint to help relieve some of the pain of hip arthritis. These shots can be repeated every three months to make a patient more comfortable.

Anti-Inflammatory Medications

Anti-inflammatory medications such as Tylenol (acetaminophen) and ibuprofen are also effective at relieving pain. For Tylenol (acetaminophen) to be effective, patients should take it three times a day. For example for patients without liver problems, they can take two Extra Strength Tylenol (1000 mg acetaminophen) three times a day to maximize the results.

Ibuprofen can also be used for pain relief as long as patients do not experience stomach problems such as ulcers or bleeding. Excessive doses of ibuprofen can harm the kidneys so follow the instructions on the bottle.

Do These Non-Operative Treatments Work?

These Non-operative treatments do not treat the underlying problem, but rather treat the inflammation and side effects of the arthritis. Their purpose is to limit the patient's symptoms, not cure the underlying arthritis.

Unfortunately, the conservative treatments for hip arthritis are not nearly as effective as they are for knee arthritis and patients who have groin pain and an evidence of arthritis on x-ray can unfortunately expect their condition to worsen over time.

Risks of Hip Replacement Surgery

Hip replacement is a very commonly performed surgery and overall it is extremely safe. However, in small number of patients, unwanted complications can occur. Below is a description of some of the complications that can occur.

Infection

Prior to and during to a hip surgery, we take a number of steps to limit infection and the University of Maryland is a leader in the prevention and treatment of joint replacement infection. Overall, infection is very uncommon.

However, infections do occur and when they occur, their treatment is quite disruptive for the patient and the surgeon. If an infection occurs around the hip replacement; usually it means having to remove the hip replacement parts. After the hip is removed, the patient walks around on a temporary antibiotic hip for three months and then the hip is redone (three surgeries in all)

As you can imagine, infection is very disruptive to the patient's life and although it occurs very infrequently around a hip replacement, patients should be aware that this is a risk.

Dislocation

Hip replacements are not as stable as a patient's native hip and dislocation where the head ball pops out of socket is a possible risk of hip replacement. At the University of Maryland, we use specific techniques to prevent this and have an extremely low dislocation rate. Long-term for most patients, we do not have any specific limitations on hip movement. However, the hip replacement is always going to be slightly more prone to dislocation than the native hip joint.

Differences in Leg Length

Most patients with hip arthritis have one leg that is shorter than the other leg and usually the shorter leg is the one with the hip arthritis. During the hip replacement, we use multiple techniques to get your leg lengths as close as possible to being equal.

It is not possible to get them exactly laser-line equal, but in the vast majority of cases, it is possible to get the patients leg lengths close enough that the patient does not notice any difference in between the two legs.

The one exception to this is if the hip with the arthritis seems longer than the other hip prior to surgery. In general, it is very difficult to make a hip shorter at the time of hip replacement because the hip will no longer be stable. If the hip that has the arthritis feels longer than the other hip, this will be the case after surgery as well.

At the University of Maryland, we use specific approaches and methods for measuring leg length to do everything we can to get your legs as close to being equal as possible. However, the main goals of hip replacement are 1. Stable hip implants and 2. Pain relief. Leg length equality is a priority only after these first two are established and therefore it is not always possible to make patients' legs equal in length following hip replacement.

Fracture Around the Hip Implants

Hip replacement parts in the United States are most often press fit into the bone at the time of surgery. Either during surgery or after surgery it is possible to develop cracks in the bones where the implants are pressed into place. If this is seen at the time of surgery, then it can be addressed at that time. However, sometimes these cracks develop after the surgery.

To limit these problems, we use special implants and techniques to avoid fractures. In addition, we ask that patients use some form of assistive device, either a walker or a crutch or a cane for six weeks after the hip replacement to provide some additional support to prevent twisting or falling that could produce a fracture around the hip implant.

Medical Complications

Hip replacement can temporarily worsen any particular medical conditions that a patient has. The most frequent medical complications following hip replacement are blood clots. We take specific steps to prevent blood clots during and after hospitalization, but they can occur and require treatment. In addition, patients that have heart or lung disease, they can see worsening of these problems such as heart attacks, problems with breathing, or stroke after joint replacement.

All these complications are very rare, however they do occur and it is important to work with your primary care physician to optimize your health prior to undergoing a hip replacement.

When is it time to have hip replacement?

With the above risks in mind, when is it time to consider hip replacement? If patients have tried the non-operative treatments and are still suffering, below are some indications it may be time for hip replacement.

Groin Pain

Most of the time, the patients with significant hip arthritis have primarily pain deep down in the groin and this is the pain that is effectively relieved by hip replacement. In addition, many patients with hip arthritis also have knee pain as the nerves that supply the knee run by the hip and are affected by the inflammation. The hip arthritis can give a patient knee pain when in fact there is nothing wrong with the knee!

Most of the time, both the groin pain and the knee pain associated with hip arthritis are dramatically improved with a hip replacement.

Buttock pain, while it may be coming from the hip, can also be coming from the back. Pain that is being caused by low back problems may persist after hip replacement, and so patients that have primarily buttock pain should maximize non-operative treatment and have us evaluate their back prior to considering hip replacement.

Bone on Bone Arthritis

In general, it is best to wait until the arthritis progresses until the bones are touching each other on x-ray. Groin pain in a patient with bone touching bone on x-rays is reliably relieved by hip replacement.

Some patients where the ball part of the ball and socket (femoral head) is no longer round will benefit from a hip replacement, but this is on a case by case basis.

Patients who have hip pain from arthritis but do not have bone touching bone on x-ray should really maximize all non-operative treatments before considering a hip replacement.

Marked Interference with daily activities

Before proceeding with hip replacement, the hip arthritis should markedly impact your activities of daily living. Patients who have an inability to climb stairs, inability to put on shoes and socks, or the need to use a cane should start considering hip replacement. Also patients who markedly change their activities or avoid social outings due to hip pain should consider hip replacement.

Interference with sleep

Patients who have hip pain at the end of the day that keeps them from sleeping despite the use of anti-inflammatory medications should consider hip replacement.

SUMMARY:

Hip replacement is an extremely successful operation. In the vast majority of cases, patients do not experience any complications. In weighing whether hip replacement is right for you, it is important to know the complications that occur and known of the alternatives for treatment and we are more than happy to discuss these with you. Most of the time, hip replacement is an entirely elective operation and can be done on the patient's time. Knowing the risks, benefits and options will help us include you as part of the care team and get the most out of your hip.