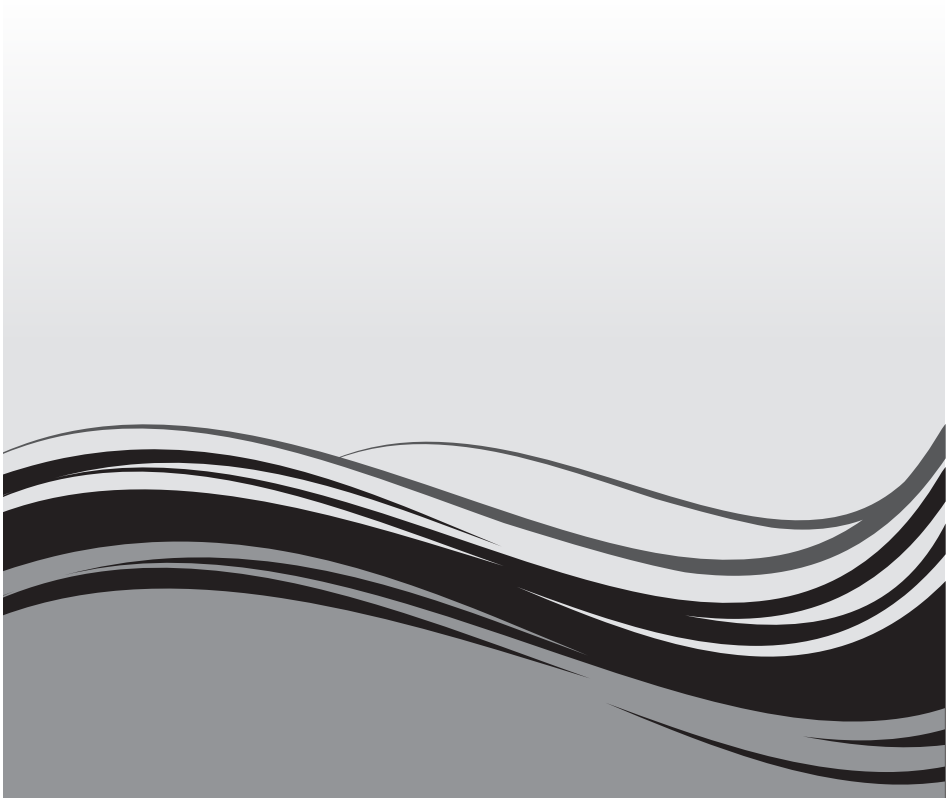
NHS
Greater Glasgow and Clyde

Osteoarthritis (OA) of the Hip

Patient Information Leaflet



What is osteoarthritis (OA)?

Osteoarthritis (OA) is a condition that affects the joints causing pain and stiffness. The hip is one of the most commonly affected joints. Osteoarthritis is sometimes called 'degenerative joint disease' or 'wear and tear'.

What happens in osteoarthritis?

Normal joints are constantly undergoing repair because of wear and tear. However, in some people, it seems that this repair process becomes faulty and OA develops. A certain amount of wear and tear is normal as we age.

What causes osteoarthritis (OA)?

There are different factors that may cause OA:

Age: OA becomes more common with increasing age. By the age of 65 at least half of the people will have OA in some joint(s).

Obesity: Hip OA is more likely if you are overweight as increased load on the joints increases wear.

Your Sex: Women are more likely to develop OA than men.

Genetics: OA is more likely if there is a history of joint problems in your family.

Previous Joint Damage or Deformity: This may be from injury around the hip joint that has caused damage to the joint surfaces. There are some childhood hip conditions that can lead to OA in the future.

However in many cases we do not know the exact cause of OA.

What are the symptoms of osteoarthritis of the hip?

- Pain, stiffness and difficulty with movements of the joint are typical. The stiffness tends to be worse first thing in the morning but usually eases after an hour or so.
- Pain, stiffness and weakness around the hips can lead to problems walking, putting on shoes and socks and activities such as getting in or out of the car. Eventually it can disturb your sleep.
- A grating or cracking sensation around your hip is airly common.

You may experience **some or all** of these symptoms. Your symptoms may vary for no apparent reason with bad spells lasting a few weeks or months broken by better periods.

Is my pain coming from my hip joint?

Usually you feel pain from OA of the hip in the groin but it can also affect the front of your thigh and travel towards your knee.

Any pain in your buttock, side of your thigh or below the knee is unlikely to be coming from the hip joint itself.

OA of the hip does not cause altered sensation, pins and needles or cramp.

How do you diagnose osteoarthritis?

We usually diagnose osteoarthritis based on your symptoms and the physical signs we find when your hip is examined. X-rays are usually used to confirm the diagnosis.

What you can do to help yourself?

There is no cure for arthritis - however there are **many things you can do** to manage your symptoms allowing you to maintain an active lifestyle.

Reduce stress on the joint.

- Keep to your ideal weight. Extra weight on your joint can make any symptoms worse.
- Wear footwear with cushioned soles or insoles.
- Try not to overstress your joint by doing too much all in the one day e.g. spread household chores throughout the week**.**
- Avoid being in one position for too long when possible to help prevent stiffness.
- Use a walking stick or walking poles if you find this useful**.**

Exercise

It is important to find the right balance between rest and exercise. Exercise in moderation can help to reduce pain, maintain function and possibly delay the need for a hip replacement. The exercises at the back of this leaflet may be helpful.

Activities that avoid impact such as cycling can be helpful. Swimming and aqua-aerobics can be particularly beneficial because the water supports your body's weight so that less force goes through your joints as you exercise causing less pain.

Medication

If you still have pain after trying the above you can speak to your doctor who may discuss medication for pain relief. There are several different types of pain relief that your doctor can prescribe before thinking about having a hip replacement.

Surgery

Surgery for OA of the hip is usually with a total hip replacement. Your healthcare team should always try other non-operative measures before suggesting a hip replacement. These may include weight loss, painkillers, use of a walking stick and activity modification. Surgery is usually only performed in patients with moderately severe or severe arthritis on their x-rays.

Not everyone with osteoarthritis of the hip will feel their symptoms are severe enough to consider a hip replacement. If your symptoms are still manageable and your medication is effective then you may prefer to wait. If you don't want surgery for your hip osteoarthritis at this time then you don't need a referral to hospital to see an orthopaedic surgeon.

If your hip has significant osteoarthritis and your day to day quality of life is significantly affected by pain, stiffness and disability, and despite trying all the advice in this leaflet we may consider you for a hip replacement.

Please note that 5-10% of patients who have hip replacement surgery are not satisfied with their hip replacement and a small number can develop serious complications as a result of the surgery.

Are there any reasons why I can'thave a hip replacement?

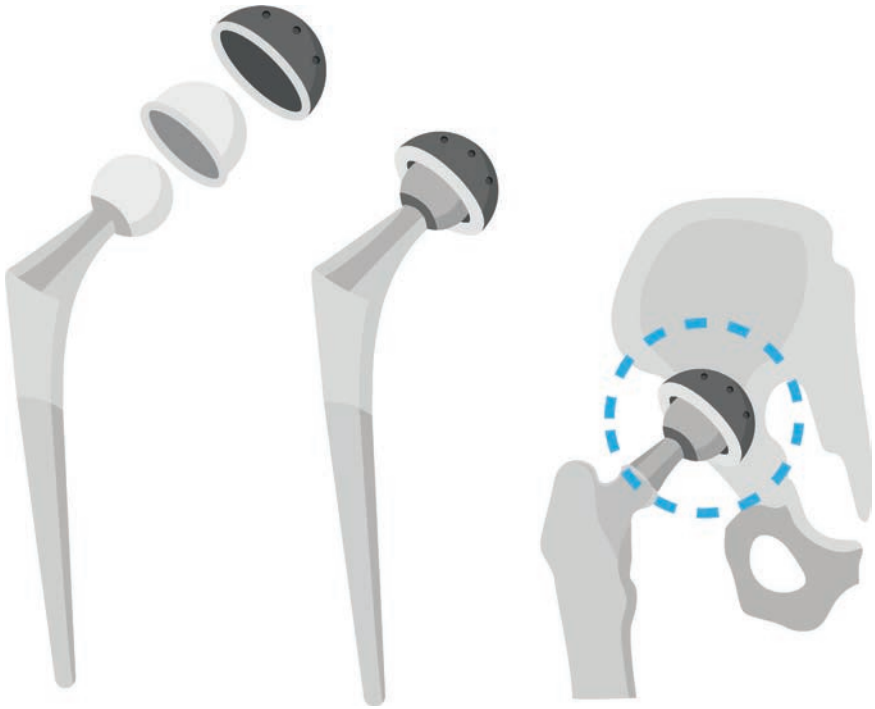
Unfortunately, some people may not be able to have a hip replacement even though their osteoarthritis is very bad.

This may be because:

- You have a serious medical condition
- You are at risk of falling
- You have deep or long-lasting open sores (ulcers) in the skin of your leg, increasing your risk of infection.
- You have other medical conditions that put you at higher risk from an anaesthetic.
- It is important you are the best shape you can be before undergoing what is major surgery. As such if your weight is too high (BMI more than 35) or too low (BMI less than 20) you may need to address this before surgery. If you are anaemic (you have too little iron in your blood) this may need to be corrected before any surgery. If you are diabetic and your diabetic control is poor this will need corrected before surgery.

What is a hip replacement and what are the risks associated with it?

If your hip is damaged by arthritis and the pain, stiffness and disability are having a serious impact on your everyday activities and you have tried all the self-help advice, we may offer you a hip replacement. Hip replacement surgery is performed in ultra-clean theatres by a highly trained team of surgeons, anaesthetists and nurses. The surgery is generally very successful resulting in good pain relief and improved mobility. During the surgery the hip is replaced with an artificial joint.



Procedure

The hip is the largest ball and socket joint in the human body and as such it can be prone to 'wearing out'. Arthritis is painful and disabling and you and your surgeon may have decided that a hip replacement may be your best option if all measures have failed.

A hip replacement is a surgical procedure, in which the injured or damaged weight-bearing surfaces of the hip are replaced with artificial parts which are secured to the bone.

You will see the surgeon before your surgery. They will take this opportunity to draw (mark with a pen) on your leg. This is to make sure they operate on the correct leg. You will also meet your anaesthetist who will discuss the type of anaesthetic with you. If you have any further questions that have arisen since your initial consultation this might be a good time to ask them.

You will receive a type of anaesthetic in the theatre before your surgery starts. This may be a general anaesthetic (where you will be asleep) or a local block (e.g. where the area to be operated on is completely numbed and we may also give you medication to make you feel sleepy during the surgery. Your anaesthetist will discuss this with you.

We will clean your skin with antiseptic solution and cover the area with clean towels (drapes). The surgeon will make an incision (a cut) down the outside of the hip. Some of the muscles and tendons have to be cut away from the bone to gain access to the hip joint itself. Once this is done the worn out joint can be removed and an artificial joint put back in. The joint will consist of a cup that sits in the pelvic bone, a stem the sits in the thigh bone and a ball (head) that sits on top of the stem.

When the surgeon is happy with the position and movements of the hip, they will close the tissue and skin. They may use stitches (sutures) or metal clips (skin staples). The clips and stitches will need to be removed around 10-12 days after the surgery.

When you wake up, you will have a dressing on the outside of the hip. If you are in pain, please ask for painkillers. If you have pain, it is important that you tell the ward staff.

You new hip will be checked with an x-ray after your surgery (sometimes on the same day) and we will encourage you to stand and walk either on the day of surgery or the latest by midday the day after the surgery. Sometimes your x-ray will be performed when you come back for your follow up check-up in the outpatients department.

You will be in hospital for as long as it takes for your pain to be under control and for you to be safe walking with crutches. It is important to note there will be pain and discomfort after surgery of this nature and this is quite normal. Some patients will go home the same day as their surgery, some the following day and others slightly longer.

The physiotherapy team will visit you, and suggest exercises for you. It is important to do these (as your pain allows).

Please be aware that the surgeon who carries out your surgery may either be your consultant or another surgeon who is trained to perform your hip replacement.

Risks: As with all surgical procedures, hip replacement carries some risks and complications.

Pain: Your hip will usually be sore for a few days or weeks after the surgery. If you are in pain, it's important to tell ward staff so they can give you medicines. The pain will improve with time. Rarely, pain can be a chronic or long-term problem and may be due to any of the other complications listed below, or sometimes, for no obvious reason.

Dissatisfaction: Although the majority of patients are happy following hip replacement surgery up to 1 in 10 patients (10%) may experience some discomfort in their hip and may not be entirely satisfied with their hip replacement and up to 1 in 20 (5%) may feel that they are worse off.

Other Common risks: (About 2 to 5 out of 100 people (2-5%))

Bleeding: Some patients may occasionally need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the hip which may become painful and may require surgery to remove it.

- **DVT:** (deep vein thrombosis) is a blood clot in a vein. The risks of developing a DVT are greater after any surgery (and especially bone surgery). DVT can pass in the bloodstream and be deposited in the lungs (a pulmonary embolism – PE). This is a very serious condition which affects your breathing. Your surgeon may give you medication to try and limit the risk of DVTs from forming. Some hospitals will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating through the leg.

Starting to walk and moving about as soon as possible after your surgery is one of the best ways to prevent blood clots from forming.
The risks of DVT are increased in certain types of patients such as those with a family history of clots, those with other serious diseases such as kidney or liver disease and obesity. The biggest risk factors that you can do something about are obesity and smoking. You should try and address these before you even consider a hip joint replacement if you are overweight or smoke. This will significantly reduce your risk of clots.

- **Altered leg length:** the leg which has been operated upon may appear shorter or longer than the other. This can affect up to 1 in 5 patients (20%) and is occasionally managed with a heel raise on or in a shoe if it causes problems.
- **Implant wear:** With modern operating techniques and new implants, hip replacements last many years. However, in some cases, they may fail earlier. The reason is often unknown.
  The plastic bearing is the most commonly worn out part. If the replacement wears out or loosens it will become painful again and you may need more surgery. However, with newer designed replacements, wear is becoming less of a problem than it was in the past.
- Overall around 90-95% of hip replacements will last 10 years. (Approximately 9 out of 10 patients).

Less Common: (1-2%)

- **Infection:** We will give you antibiotics at the time of the surgery and the procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this infections still occur (in up to 1 to 2 patients out of 100 (1 to 2%)). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. We usually treat this with antibiotics and surgery to wash out the joint.

In rare cases, we may remove the prosthesis and replace it at a later date. The infection can sometimes lead to sepsis (blood infection) and you may need strong antibiotics as well as further surgery.

Illnesses or medication that weakens the immune system such as diabetes, rheumatoid arthritis or immunosuppressant drugs increase the risk of infection as does obesity.
The biggest risk factors that you can do something about are obesity and smoking and you should try and address these before you even consider a hip joint replacement. This will significantly reduce your risk of infection.
If you are diabetic then having good control of your sugar levels (HbA1c levels <7% or <53mmol/mol) will again significantly reduce you risks of developing an infection following surgery.

- **Joint dislocation:** if this occurs, the joint can usually be put back into place without surgery. Sometimes this is not possible, and you may need surgery and a hip brace. If your hip replacement remains unstable, you may need further surgery.

  The majority of dislocations occur in the first 12 weeks after surgery when the soft tissues are still healing so it is important you follow instructions from the nurses and physiotherapists.

Rare: (less than 1 out of 100 patients (1%))

- **PE:** a Pulmonary Embolism is the spread of a blood clot to the lungs and can affect your breathing. This can be fatal.
- **Altered wound healing:** the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Up to 2 out of 5 (40%) patients have difficulty lying on their hip after surgery.

- **Nerve Damage:** efforts are made to prevent this; however there is a risk of damage to the small nerves of the hip. This may cause temporary or permanent altered sensation around the outside of the hip. There may also be damage to the Sciatic Nerve and this may cause temporary or permanent weakness or altered sensation of the lower leg. Occasionally you may need an ankle brace.

- **Bone Damage:** a bone may be broken when the prosthesis (false joint) is inserted. This may require fixing either during the surgery or at a later date.
- **Death:** This very rare complication may occur after any major surgery and from any of the above. Overall the risk of dying after a hip replacement is very low, but death does occur in around 1 out of 300 (3%) patients. The risk will be increased if you have medical problems such as heart or breathing problems and it also increases with age. The risk of dying for someone aged over 80 for instance is over 1% and for those aged over 85 up to 3%.

If, having read the above advice and tried the measures suggested, you would like to arrange an appointment please call the number on your covering letter.

Further information about Osteoarthritis can be found online at **www.versusarthritis.org**

Some simple exercises which may help your hip symptoms are described on the following pages. Always consult your GP before beginning an exercise programme.

Useful Exercises

Personal exercise program

Hip osteoarthritis stage one exercises

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Stand straight holding on to a support.

Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise.

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Stand straight holding on to a chair.

Bring your leg backwards keeping your knee straight. Do not lean forward.

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Standing sideways on a small step with support for balance. Allow your outside leg to hang free over the edge of the step.

Gently let the leg swing forwards and backwards like a pendulum.

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Lying on your back.

Squeeze buttocks firmly together. _____

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Lying on your back with knees bent and feet on the floor. Gently squeeze your buttock as you lift up

Lift your pelvis and lower back (gradually vertebra by vertebra) off the floor. Hold the position. Lower down slowly returning to starting position.

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Lying face down.

Squeeze your buttocks strongly together and tighten the muscles in your lower back curving the spine.

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Lying face down.

attempt to lift your leg towards the ceiling (don't worry if you cant get your knee off the floor) keeping your knee straight.

Useful Exercises:

Personal exercise program

Hip osteoarthritis
stage two exercises

Video

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Lying on your side supporting yourself on your elbow. Roll top hip slightly forward, use top arm to support yourself in front.

Keeping top leg straight lift it up towards the ceiling. Make sure the leg stays in line with your body and toes point forwards.

Video

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Sit with your hands on your shoulders.

Stand up and then slowly sit down on the chair. The exercise can be made easier or more difficult by changing the height of the chair. Do not let your knees turn in or out.

Video

©PhysioTools Ltd

Lying with your knees bent and feet on the floor hip width apart.

Turn the soles of your feet to face each other and allow your knees to fall outwards. Feel the stretch in your groin. Keep your back flat on the floor during the exercise.

Video

©PhysioTools Ltd

Lying face down.

Bend your knee to a right angle and lift your foot towards the ceiling. Squeezing your buttock muscles.

Video

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Half kneeling.

Tighten your stomach muscles to keep your back straight. Rotate the heel behind you outwards while pushing your hip forwards. 20

Video

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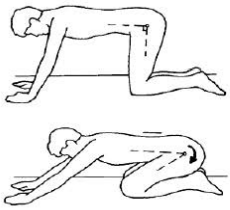
Crawling position.

Bring your forehead and knee towards each other. Then straighten your leg and body (look down at the floor).



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START POSITION: On hands and knees with the knees under the hips and the back flat.

ACTION: Keeping the back flat, slowly rock backwards moving at the hips. Do not let the back bend or arch. Move backwards towards the heels until you feel the pelvis start to give and feel a stretch at the back of the hip.

If your symptoms do not improve within 6 weeks of doing these exercises you may want to get advice from a physiotherapist. You can self refer to Physiotherapy.