Arthritis of the Hip

Arthritis is often thought of as an explanation of any ache or pain in the arms, legs, or spine. However, it is really only in joints and is from the loss of cartilage off the end of the bones.

In a normal joint, the cartilage is smooth, white, and relatively thin – often ¼ inch or less. It provides a nearly frictionless surface for painless movement. On an x-ray, the cartilage looks dark giving the appearance of a "space" between the bones.

In an arthritic joint the cartilage becomes cracked, gouged out, dried out, and in advanced cases, the cartilage is completely worn off (no space seen on x-ray, "bone on bone"). Spurring occurs as the bone tries to reduce stress on the joint. In other words, spurring is the body's response to the pain, not the cause of the pain.

Normal Hip
Good joint space

Arthritic hip
Spurring and no joint space left

As the cartilage is lost, the hip will start to hurt with activities. At first, pain occurs with high demand activities like running, squatting, and climbing stairs. As the cartilage loss progresses, even walking on level surfaces or standing for any length of time can cause pain. Arthritic hips are often stiffest in the morning and most uncomfortable in the evening. As the arthritis gets worse, it can become very difficult to lay flat in bed and straighten the hip. Often people need pillows under their knees or have to lie on their side. If the hip is moved "wrong" it can catch and waken people at night. In advanced cases the pain can last all night long and even while sitting.

Unfortunately, cartilage cannot be replaced. As a result, treatment of arthritis is treatment of the pain, not correction of the problem. One must keep this in mind when looking at the options we will discuss.

Treatment options for the Arthritic Hip

- **Live with it.** Obviously, this will not make the pain better. However, it must be kept in mind that all we are doing is treating pain. If you just want to put up with the pain, that's a reasonable choice. You are not burning any bridges.
- **Lifestyle modification.** Basically, avoid activities that makes your hip(s) hurt. Unfortunately, this option only works if the activities you are stopping are not important to you.
- **Walking aids.** Grocery carts, canes, crutches, trekking poles, scooters, wheelchairs, etc. can all reduce the stress on the hip. If using a cane, it is most helpful to have it in the hand on the opposite side of your sore hip.
- **Physical Therapy.** In some cases, the pain in your hip can lead to weakness and/or imbalances in strength that can be improved with a guided exercise program – reducing pain.
- **Weight loss.** If you are heavy, losing some weight can reduce the stress on your hip(s) and help with pain. In addition, if you end up having a hip replacement, being significantly overweight can increase your chances of infection, blood clots, and other complications. Losing weight before surgery can reduce that risk.
- **Anti-inflammatories and/or analgesics.** Some people get a great deal of help from oral medications. There are a wide variety of types available over-the-counter and by prescription.
- **Total hip replacement.** This option should only be considered when your hip pain is so severe that you can't live your life the way you want to and you've tried every other reasonable option. I currently offer this surgery using minimally invasive techniques and the vast majority of patients are very happy with the results of this procedure. However, make no mistake; this is *major* surgery with potentially severe complications.

  Risks of surgery include, but are not limited to:
  - Anesthesia complications including the possibility of death from heart attack, stroke, or other cause. This is very uncommon, but not impossible.
  - There is a chance of infection that lasts as long as you have the hip. If an artificial hip becomes infected, it is a huge problem. Bacteria can attach to the artificial joint in a way that the infection cannot be eliminated as long as the hip remains in place. As a result, if the hip becomes infected, it usually has to be completely removed, have a temporary hip put in place, you will need to go on several weeks of antibiotics, and then - assuming the infection is cleared - you will have another hip put in. We will do everything we can to prevent this complication but the risk of infection is between 1-4% in your lifetime depending on other medical problems you may be dealing with.
  - Bleeding up to the point of needing a transfusion is not uncommon and happens in about 10% of cases.

- Blood clots in the legs and/or lungs can occur. We will give you medications and use devices to reduce this risk, but it still can happen even with proper precautions taken.
- Nerve injury is relatively rare, but not impossible. The sciatic and femoral nerves are very close to the surgical site.
- Significant post-operative leg length inequality is uncommon in my practice, but it can occur. The most important thing during the surgery is to make your hip stable. If your leg length has to be different to make the hip stable, we will have to see if it bothers you after 4-6 weeks of living with it. If it does, a lift in a shoe usually is all that is needed. In my practice, it has been very uncommon for patients to need a lift after surgery.
- Dislocation of hip can happen in 1-3% of cases. For the first 3-months after surgery you will be required to follow "total hip precautions" which limit some positions you can get into. During this initial 3-month period, your risk of dislocation is very high. The tissues need to heal to give the hip some stability. To avoid dislocations after the first 3-months, I recommend keeping total hip precautions in mind for life and I do not recommend high impact activities such as running.
- Pain relief is the goal of surgery, but it is not a guarantee. The vast majority of my patients are extremely happy with the amount of pain relief they achieve with surgery, but they are not all pain free.
- Artificial hips do not last as long as real hips. The implant I currently use has been lab tested to 30 years, but it is unknown how it will do in humans. Obviously, the younger you are when you have your first hip replacement, the more likely it is that you will need a hip revision in the future. Infection, fracture, or misuse can drastically shorten the life of the hip.

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