

Plain Language Summary

Osteoarthritis of the Hip

Background

This plain language summary provides an overview of the management of osteoarthritis of the hip.

What is osteoarthritis of the hip?

Osteoarthritis of the hip is a degenerative disease that affects the hip joint. The hip joint is a ball and socket joint; with the ball being the top of the thighbone and the socket the cup portion of the hip. Both the ball and the socket are lined with a smooth surface called cartilage which serves as a cushion and allows for smooth motion of the joint. In osteoarthritis, the cartilage becomes worn away. Eventually the cartilage wears down to bone, which causes the rubbing of bone against bone, resulting in pain and stiffness.

How is Osteoarthritis of the hip diagnosed?

Patients with osteoarthritis will have pain in the groin area of the body. This pain can increase with walking. Physicians may perform a physical exam that involves moving the hip which may cause pain in the groin. Physicians may also get an x-ray of the hip, which may show signs of arthritis such as decreased space between the ball and socket. There may also be spurs also known as osteophytes or increased dense bone. The x-ray may also show round clear spaces that represent cysts, or fluid filled spaces.

What treatment options are available for osteoarthritis of the hip?

In the early stages, treatment options include medication, exercise and surgery. Some non-surgical options such as non-steroidal anti-inflammatory medications (NSAIDs), corticosteroid injections, as well as exercise and/or physical therapy have also been shown to improve symptoms. Medication options include nonsteroidal anti-inflammatory medications (NSAIDs) and injection of the hip joint with steroids. NSAIDs can improve short-term pain, function, or both. Injection of the hip joint with corticosteroids improves function and reduces pain in the short term for

patients with symptomatic osteoarthritis of the hip. Exercise or physical therapy also improves function and reduces pain for patients with mild to moderate symptoms. Medication options also include glucosamine sulfate and hyaluronic acid injection; however, neither has been shown to improve symptoms. Injection of the hip joint with hyaluronic acid has not been shown to be effective for function, stiffness and pain in patients with symptomatic osteoarthritis of the hip. Glucosamine sulfate has not been shown to be effective for improving function, reducing stiffness or decreasing pain.

When nonsurgical treatment options fail to provide adequate pain relief, a total hip replacement, or arthroplasty, may be considered. During a total hip replacement, a ceramic or metal ball on a stem is inserted into the thighbone, and a metal or plastic cup is surgically implanted into the pelvis to replace the damaged cartilage and bone within the hip joint. This creates a new, smooth joint that eliminates pain and improves function. Physicians may use risk assessment tools to assist in predicting any potential complications, assessing surgical risks and educating the patient as he or she decides to undergo a total hip replacement.

What can be expected after surgical treatment?

Patients should experience significant reduction in pain and improved mobility after joint replacement surgery. Many factors, including physical condition, weight, activity level, personal anatomy and adherence to instructions prior to and after surgery will play an important role in recovery. Most patients can be discharged within two to three days after surgery and go directly home. Occasionally, patients may be admitted to a rehabilitation or skilled nursing facility after being discharged from the hospital. Patients may participate in a regular light exercise (physical therapy) program to maintain proper strength and mobility of the new hip. Physical therapy after surgery could improve early function of the joint following total hip replacement.