

**This program is for patients who –**

- Have symptomatic osteoarthritis of the hip and are considering non-surgical or surgical treatments for pain, stiffness, limited motion or other symptoms that interfere with everyday activities.

**This program is NOT for patients who –**

- Have arthritis that is NOT osteoarthritis.
- Have health problems that would make surgery too risky.

**Summary**

The program presents information for patients facing choices about non-surgical or surgical treatments for hip osteoarthritis. There is no cure for osteoarthritis; goals of treatment are to lessen pain and stiffness. Non-surgical treatments include pain medication, physical therapy and exercise. Surgical treatments include total joint replacement and hip resurfacing. The choice of treatment depends on how much the arthritis affects daily life. Surgery should be considered when nonsurgical treatments haven't helped enough.

**Key messages**

- Non-surgical treatments help many people to maintain their daily activities.
- At some point, non-surgical treatments may no longer manage pain and limitations to daily activities such as sleep and exercise. People who live with severe pain and disability for a long time may become less active, gain weight and lose muscle strength. Waiting too long to have surgery may increase risks.
- Hip replacement surgery has been done for many years and has a high success rate in relieving pain and improving mobility.
- Surgery has risks and requires a high degree of commitment to the rehabilitation process, including avoidance of high impact activities and sitting with crossed legs.

**TREATMENT OPTIONS**

**PHYSICAL TREATMENTS FOR PAIN RELIEF**

Treatment	Benefits
Lifestyle changes: exercise, weight loss,* walking aids	Improve fitness, mood; decrease pain; improve walking ability.
Physical Therapy	Increase muscle strength, flexibility, and endurance.
Complementary/Alternative Therapies: acupuncture and massage	May offer short term symptom relief, loosen tight muscles, improve range of motion.

\*Weight loss can be helpful for people with knee pain; research has not shown the same results for *hip* pain. Weight loss has other health benefits.

**PAIN MEDICATION BENEFITS AND SIDE EFFECTS**

MEDICATION	Acetaminophen	NSAIDS (aspirin, ibuprofen, naproxen)	Narcotics	Glucosamine and Chondroitin
<b>Benefits</b>	Safest of the meds Short term pain relief for some people	Higher dose available Short term pain relief for some people	Recommended only if NSAIDS or acetaminophen don't help	Generally safe at recommended dosage Have not been studied in hip osteoarthritis
<b>Side effects</b>				
Drug allergy or intolerance, including dizziness/headaches		X	X	
Fatigue/mood changes			X	
Interacts with warfarin	X	X		
Stomach pain, ulcer, bleeding		X		
Nausea, constipation			X	
Liver/kidney damage	X	X		
Heart attack/stroke		X		
Physical dependence			X	
Other			May not be more effective than acetaminophen for hip osteoarthritis	Not approved or monitored by FDA

**SURGERY BENEFITS AND SIDE EFFECTS:**

<b>Type of surgery</b>	<b>Hip replacement:</b> replacing natural joint with artificial ball and socket**	<b>Hip resurfacing:</b> head of thigh bone is covered with cap but not removed.
Benefits	90/100 people have great or complete pain relief; 10/100 have pain that is the same, somewhat relieved or worse. Most people return to usual activities	No high quality studies comparing this to other treatments Later hip replacement is possible
Risks*	Death : 1/100 will die, 99/100 will survive Blood clots: during 1 <sup>st</sup> month after surgery, 1/100 who take anti-clotting medicine Joint infection: in first 90 days after surgery, <1/100 Dislocation: during 6 months after surgery, <4/100 Nerve damage: 1-2/100 Different leg lengths: <1/100 will need another operation because the problem is so severe May need another surgery: 90/100 last longer than 10 years, 80/100 last longer than 20 years	Longer, more difficult surgery, requires larger incision. Some studies have found that resurfacing may increase the risk of fractures or cause the head of the thighbone to break down and collapse, requiring another surgery. Releases metal ions into body. Although there is no clear proof that these ions are harmful, they may cause long-term health problems.
Risks from not having surgery	Weight gain, muscle weakness, decreased health makes recovery from surgery in future more difficult.	

\*For people 65 or older. Risks may be lower for younger people. Risks are lower at hospitals that do 100 or more hip replacements per year.

\*\* Minimally invasive surgery is available in some centers. This uses a smaller incision resulting in a shorter scar and a quicker recovery time. Complication rates and long term results compared to traditional surgery is not known.

**Reference:** "Treatment Choices for Hip Osteoarthritis" shared decision-making program©, Foundation for Informed Medical Decision Making/Health Dialog, Inc. 2004-2007, v.HIP001B VO3.

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