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INFORMATION BROCHURE

Hip osteoarthritis and joint replacement

What happens inside the joint, which treatments exist and when surgery becomes a sensible decision. This brochure is for anyone who is still thinking it over.



Name

Consultation date



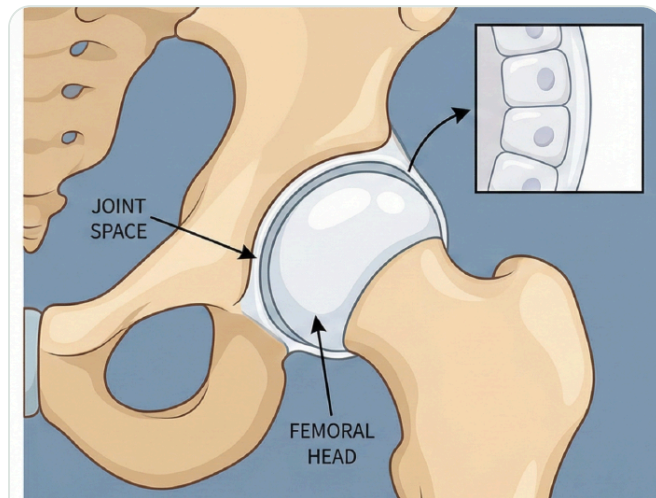
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THE CONDITION

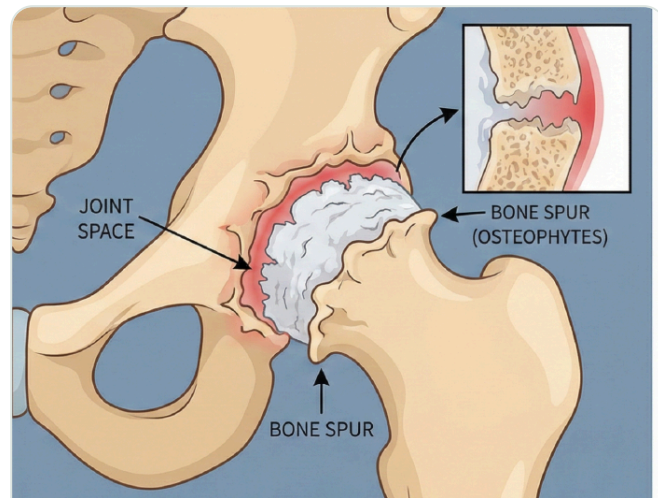
What hip osteoarthritis is

The hip works as a ball and socket: the round head of the thigh bone sits inside the socket of the pelvis. Both surfaces are covered with cartilage, a smooth tissue that absorbs impact and lets the joint move without pain.



Healthy joint

The cartilage is thick and even. The **joint space**, the gap between the two bones, is usually 3-5 mm on an X-ray. The **femoral head** is smooth and round.



Osteoarthritic joint

The cartilage is thinned, the **joint space** is narrowed, and **bone spurs** (osteophytes) appear along the edges.

Cartilage has no blood vessels and no nerves of its own. That is why it barely regenerates, and why there may be no pain at all in the early stage. It explains why many patients come to the doctor once the changes are already significant. Once the cartilage is gone in places and bone touches bone, the pain becomes constant.

The load this joint carries

2.5×

body weight
when walking

≈5×

body weight
when running

3-5 mm

normal width of
the joint space

Going up stairs loads the joint slightly more than walking. This is why body weight acts on the hip far more strongly than most people assume.

SIGNS

How hip osteoarthritis is recognised

The most common mistake is to read hip pain as pain in the side of the hip. Pain from this joint typically appears in the groin, not on the outside.

Groin pain

It often spreads down the front of the thigh as far as the knee. Some patients arrive complaining of knee pain while the problem is in the hip joint.

Morning stiffness

The first steps after sleep or after sitting for a long time are difficult. It takes a few minutes to loosen up.

Shorter walking distance

You used to walk a kilometre easily, now you need to stop after much less. One of the most objective signs there is.

Trouble putting on socks

Range of motion shrinks, bending the leg and moving it sideways becomes hard. This often appears before the pain does.

Limping and a changed gait

The body protects the painful joint and shifts the load onto the other leg. Over time this damages the lower back and the other hip as well.

Night pain

A sign of an advanced stage. If pain wakes you up and a comfortable position is hard to find, that deserves its own conversation with your doctor.

SIGN	OSTEOARTHRITIS	INFLAMMATORY ARTHRITIS
Morning stiffness	Short, usually eases within 30 minutes	Longer than 30 minutes, often an hour or more
Pain	Worse with load, eases with rest	May be present at night and may not ease with rest

The threshold for seeing a doctor is simple: pain or stiffness lasting longer than a week. Coming in does not mean surgery. Patients who come early often need no surgery precisely because they came in time.

Waiting does not stop the disease

When someone spares the painful leg for years, the load shifts onto the healthy leg, the lower back and the knees, the muscle weakens and the surrounding tissue contracts. By then the operation itself is harder and the recovery longer.

TREATMENT

The steps of treatment

Treatment is stepwise. Each next step is considered when the previous one no longer gives enough relief. None of them rules out the others.

- 1 **Weight and load distribution.** Every kilogram lost reduces the load on the joint several times over. A walking stick used correctly, in the hand on the healthy side, takes a great deal off the painful joint: that is not a sign of weakness, it is part of the treatment.
- 2 **Physiotherapy and exercise.** The aim is to strengthen the muscles around the joint, the gluteal muscles above all, and to keep the range of motion. A strong muscle unloads the joint. Exercise has to be regular: the effect of a single course fades quickly.
- 3 **Medication.** Prescribed in courses rather than continuously. Your doctor decides which medicine and for how long.
- 4 **Injection therapy.** An injection into the joint helps in selected cases. The effect is temporary and individual, and it works best at an early or moderate stage.
- 5 **Surgery.** Joint replacement, that is, replacing the damaged joint with an implant.

What conservative treatment achieves

- ✓ Reduces pain and inflammation, which improves sleep and daily activity.
- ✓ Preserves range of motion and muscle mass.
- ✓ In some patients it postpones surgery by years, and in individual cases surgery never becomes necessary.

What it cannot do

- ✗ It cannot restore damaged cartilage. No medicine, injection or supplement brings back cartilage that is gone.
- ✗ It cannot correct the changed geometry of the joint or the bone spurs.
- ✗ At an advanced stage, when bone touches bone, no method gives lasting relief.

The result of conservative treatment is assessed after five months on average. A body mass index above 30 is a factor in its own right, although there is no weight limit above which the operation is no longer done. Promises circulating online about regrowing cartilage do not match reality.

THE DECISION

When surgery becomes a sensible decision

Surgery is not a “last resort” to be dreaded. It is a timely choice with specific indications. The decision rests on the X-ray and on your daily life at the same time. Never on the image alone.

The pain is constant

You have it at rest too, not only under load.

Treatment no longer works

Conservative measures no longer give enough relief.

Night pain

Pain wakes you and a comfortable position is hard to find. One of the most important signs.

Quality of life is falling

You give up what you love. Your walking distance has shortened, stairs and putting on socks have become hard.

Advanced changes on the X-ray

The joint space is sharply narrowed or gone, with pronounced bone spurs and altered bone structure.

If the X-ray shows major change but you walk well and the pain is rare, surgery is not needed. Treatment is for the patient, not for the image.

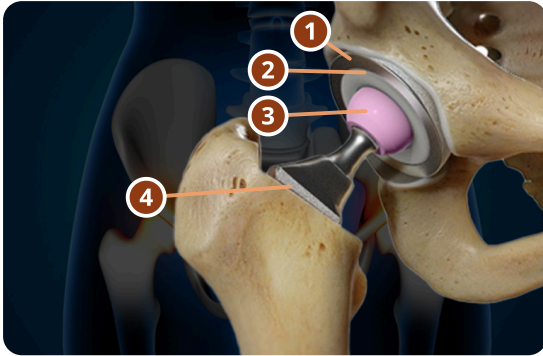
Why timing matters

- **Too early** means the conservative options were not used up and the service life of the implant starts sooner. This matters most for a young patient.
- **Too late** means weakened muscle, contracted tissue and a damaged second leg.

The window between those two extremes is fairly wide. That is why it is never too late for a consultation and almost never necessary to rush.

THE OPERATION

What joint replacement is



- 1 **Metal cup.** Set into the pelvis, where the worn socket was.
- 2 **Liner.** Sits inside the cup: polyethylene, ceramic or another material.
- 3 **Head.** The sphere that glides inside the liner. Typical diameters are 28, 32 and 36 mm.
- 4 **Stem.** Set into the thigh bone, with the head fixed on top of it.

The implant is chosen individually, by age, bone quality, activity level and anatomy. The aim of the operation is not a “new leg”: the aim is to remove the pain and restore movement. The procedure itself usually takes one to two hours, and the anaesthetic is most often spinal.

Three approaches, described honestly

APPROACH	STRENGTH	WHAT IT INVOLVES
Posterior	The most widely used and most studied. Good exposure.	The short muscles of the posterior group are cut. Positional restrictions apply in the early period.
Lateral	Good stability, low dislocation risk. The most common approach in Georgia.	The middle gluteal muscle is partly affected, which causes limping in some patients.
Anterior	The muscle is not cut but moved aside. Positional restrictions usually do not apply.	Technically more demanding and not suitable for every patient.

Incision length

5-6 cm

bikini incision

9-10 cm

lateral approach

Why I choose the anterior approach

On the front of the body there is a natural space between two muscles where the surgeon can pass without cutting muscle. No approach is “best” in itself: the single most important factor is the surgeon’s experience in that particular technique.

OUTCOME AND RISK

What to expect and what the risks are

STAGE	USUALLY
Standing up	on the day of surgery
Discharge	within two days at most
Walking without a walking aid	about two weeks on average
Driving again	about 6 weeks on average
Work	desk work in 4-6 weeks, physical work after three months

How long an implant lasts

20 years

roughly three quarters are still in place

25 years

more than half are still in place

A pooled analysis of international registries, that is, an average across a large group. It does not transfer directly to any one person.

Risks

Infection

Rare, but the most serious. The risk is higher with diabetes, obesity and smoking.

Venous thrombosis

Prevention rests on medication, compression stockings and early mobilisation.

Nerve irritation

Numbness over the outer thigh. Usually temporary.

Fracture during surgery

A crack in the bone, especially with osteoporosis. It is dealt with in the same operation.

Leg length difference

A small difference is common and usually unnoticeable.

Dislocation and wear

Dislocation is rare after the anterior approach. Wear is a natural process.

What you can already act on now

- **Smoking.** It reduces the blood supply to tissue, which slows healing and raises the risk of infection. If surgery is planned, stopping at least four weeks beforehand is recommended. A two week break has not been shown to help.
- **Alcohol.** It affects liver function, blood clotting and the course of the anaesthetic.
- **Weight and physical activity.** A strong muscle is a better starting point for recovery. Exercise begins when you start thinking about surgery.

There is no guarantee of the result. The likelihood of complications is individual. We will go through your personal risks at the consultation.



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The next step: a consultation

We will look at the X-ray, assess your gait and range of motion, and decide together what the next step is. That does not mean booking an operation.

What to bring

A hip X-ray if you have one, any other medical documents and your written questions. Writing the questions down beforehand gets you more specific answers.

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