DENNIS KOSUGE
ORTHOPAEDIC SURGEON

PATIENT INFORMATION LEAFLET

Hip Osteorthritis

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The 'ball and socket' of your hip joint is formed by the top end of your thigh bone (femoral head) and a hollow in your pelvic bone known as the acetabulum. The surfaces of these bones are covered in a smooth, tough, rubbery cartilage (articular cartilage) that act as shock-absorbers and lubricators during hip movements (Figure 1). The wearing of this articular cartilage is what constitutes osteoarthritis. As osteoarthritis worsens, the cartilage layer may become completely worn such that your underlying bones become exposed and rub against each other (Figure 2). In response to this, the edges of the surrounding bones may develop bony spurs called osteophytes. Articular cartilage is different to the other cartilage within your hip known as your labrum.

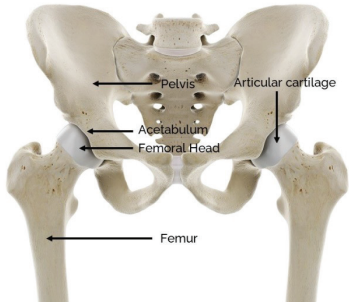

Figure 1

The articular cartilage (white) covering the femoral head in a normal hip joint.

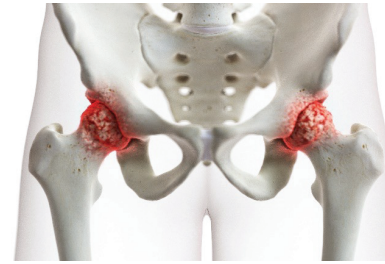

Figure 2

The articular cartilage is worn away in osteoarthritis and at its more severe, the underlying bone is exposed.

Causes

This is a condition that is very commonly seen in the United Kingdom and tends to affect females more than males. Contributing factors include:

- **Age**

  Osteoarthritis becomes more common with increasing age.

- **Genetics**

  You may have a strong family history of osteoarthritis and this may represent an inherited component to your osteoarthritis.

- **Weight**

  Being over-weight increases the stresses placed across the articular cartilage in your hip joint. This increases the risks of you developing osteoarthritis.

- **Previous injuries**

  Your articular cartilage can be affected by previous cartilage injuries, fractures (breaks in your bones affecting your hip joint or affecting the alignment of your hip), or infections affecting your hip joint.

- **Childhood conditions**

  A number of hip conditions that are diagnosed in childhood are known to increase your risks of developing osteoarthritis in adult life. These include Perthes disease, Slipped capital femoral epiphysis (SCFE), and developmental dysplasia of the hips (DDH).

Symptoms

Osteoarthritis may not lead to any symptoms and not uncommonly, it can be detected after you have an x-ray of your hip for other reasons. However, osteoarthritis may lead to the following:

- **Pain –** this tends to be worse with movements of your hip and with you putting weight through your leg. As the disease progresses, the pain may also affect you at rest and at night. The pain if often felt in your groin, front of your thigh or buttock.
- **Stiffness –** this is most often noticed in the mornings. You may notice difficulties with activities that require you to bend your hip fully e.g. putting your sock or shoes on, trimming your toe-nails, or pick an item off the floor.
- **Mechanical symptoms –** this may be caused by injured cartilage or bone getting caught when you move your hip. This may range from a painless grinding sensation, to clicking that may be painful. This, in turn, may lead to your hip feeling unstable or giving way.

Diagnosis

The diagnosis of this condition is often made following a clinical assessment. An x-ray of your hip can often confirm the clinical findings.

Treatment

Specific treatment will depend on a number of factors including your age, your overall health and your views on the treatment options. The pain from osteoarthritis may settle in time such that you may find that you have mild, intermittent or even no symptoms at all.

- **Rest and activity modification**

  Stop aggravating activity and consider alternative forms of exercises that are lower impact for your hip e.g. swimming, cycling. Consider increasing intensity of activity on a more graduated basis and carrying out warm-up stretches.

- **Ice Packs**

  Apply several times daily for a period of 15 minutes each time around area of pain.

- **Anti-inflammatory medication**

  If oral preparations do not help, consider topical formulations to rub onto the painful area. Anti-inflammatories may have adverse side-effects if you have certain medical conditions or take certain medications so please consult with your GP prior to commencing.

- **Weight loss**

  (if appropriate) to minimise stress on your articular cartilage and the risks associated with any future surgical treatment.

- **Physiotherapy**

  The aims of physiotherapy are to maintain your hip joint movements, improve muscle tone and strength. For detailed description, please visit American Association of Hip and Knee Surgeons (AAHKS) Home Exercise Programme. These exercises are described for those preparing for surgery but are the same exercises that would be recommended if you are trying to manage your osteoarthritis without surgery.

- **Cortico-steroid injections**

  This involves an injection of a powerful anti-inflammatory medication into your hip joint.

- **Hip replacement surgery**

  If your symptoms do not settle despite the above measures, you may wish to consider the option of surgery. For further information, please refer to Mr Kosuge's Patient Information Booklet – Hip Replacement.

Outcome

Whilst osteoarthritis tends to worsen with age and time, your symptoms will not necessarily follow in this manner. Many patients avoid surgery by successfully controlling their symptoms with the measures outlined above.

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To arrange a private consultation with Mr Kosuge:
Request an appointment (online)

For further information, please visit:
www.denniskosuge.co.uk

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