

Placing a total hip prosthesis is suggested by the doctor when the disability has become severe and when joint damage is very advanced.

The patient needs to know about the procedure and what he is exposing himself to with the necessary follow-ups. After being informed, it is he who decides.

The prosthesis is total* and varies between models



"Total" means that the prosthesis concerns the two parts of the hip joint: the part of the pelvis (the acetabulum) and the part of the femur (the head).

Total hip replacement (THR) models abound. They vary depending on the shape, material and method of fixation of the prosthesis.

A prosthesis is proposed when the disability becomes significant

Pain, insufficiently relieved by analgesic drugs and the resulting disability (difficulty walking, reduced activities), are good reasons to consider a total hip replacement. If, in addition, the osteoarthritis lesions are very advanced on the latest radiographs, this is another reason to consider it.

Two factors to take into account: age and activity

The lifetime of a prosthesis varies from 15 to 25 years depending on the age, weight and activity of the patient. If the prosthesis is placed in a young person, it will have to be changed at least once. This explains the interest in extending the analgesic drug treatment for as long as possible before resorting to surgery. In contrast, considering a prosthesis at 90 years of age is a risk: both of the anaesthesia and the immobilisation.

Coxarthrosis creates a disability that is not as serious in a sedentary patient as in someone who has maintained an active lifestyle. The proposed hip replacement should take this into consideration.

Two risks: infection and thrombosis

Complications are rare. Both are serious: infection and thrombosis.

Infection of the prosthesis is prevented by measures taken before, during and after surgery. Pre-operatively, a "silent" infection (without symptoms), urinary or dental, should be sought. During the surgery, very rigorous aseptic standards must be observed. Lastly, after placing the prosthesis (and sometimes after several months or years), any distant infection of the prosthesis must be treated, whether pulmonary, urinary or dental.

An infection of the prosthesis requires prolonged hospitalisation for an intravenous antibiotic treatment or, possibly, replacement of the prosthesis.

There is a risk of venous thrombosis (blood clots) for 6 weeks after surgery. Getting up early on, anticoagulant therapy and compression stockings are the main measures aimed at avoiding this type of accident.

"Mechanical" complications are less serious. "Disengagement" (dislocation) of the prosthesis is prevented by strengthening the muscles around the prosthesis and avoiding "false moves" or certain actions in the months following the surgical procedure.

The result is often very good

The list of complications should not make you forget that in most cases, the patient's life is transformed by the procedure. The absence of pain makes it possible to stop taking painkillers and anti-inflammatory drugs. The recovery of a normal joint movement is accompanied by a return to usual activities (before the hip osteoarthritis) and a return to autonomy.

* Hip prostheses

The total hip replacement prosthesis is preferred in osteoarthritis.

A femoral prosthesis (only the head of the femur is replaced) is restricted to necrosis of the femoral head and fractures of the neck of the femur.