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## Hip replacement

**By editor**

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Hip replacement is usually considered once other therapies, such as pain medications, have failed. Most people undergo hip replacement as a result of osteoarthritis of the hip joint. But you might also consider hip replacement if you experience severe pain, loss of motion or deformity of your hip joint.

Hip replacement is also used in people with hip injuries, rheumatoid arthritis and other medical conditions, such as a bone tumor or bone loss due to insufficient blood supply (avascular necrosis).

Symptoms that might lead you to consider hip replacement include:

Pain that keeps you awake at night

Little or no relief from pain medications

Difficulty walking up or down stairs

Trouble standing from a seated position

Hip replacement used to be an option primarily for adults age 60 and above. But improved technology has made strong and longer lasting artificial joints that are feasible for more active people, including younger people. However, active people face the possibility of another surgery to replace worn out artificial hip joints after 15 or 20 years.

Hip replacement surgery involves replacing the femoral head — the "ball" of your thighbone — with a metal ball. The metal ball attaches to a metal stem that fits into your thighbone. A plastic and metal socket is implanted into your pelvic bone to replace the damaged socket. The prosthetic parts, which mimic the natural design of your hip, fit together and function like a normal hip joint.

Artificial hip joints come in many varieties. Generally your surgeon decides which hip joint is the best for you. Materials used in making the prostheses include a combination of durable, wear-resistant plastic and metals, including stainless steel and titanium. Implants are biocompatible — meaning they're designed to be accepted by your body — and they're made to resist corrosion, degradation and wear

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Hip replacement surgery usually takes two to three hours, during which time you'll be under general or regional anesthesia. During the operation, the surgeon separates your thighbone from the socket. Working between the large hip muscles, the surgeon removes the diseased or damaged bone and tissue, leaving healthy bone and tissue intact. The artificial socket is pressed into place. The top end of the thighbone is hollowed out to allow insertion of the metal stem with the attached ball. The ball and the socket join to form the new hip joint.

After surgery you're moved to a recovery area for a few hours while your anesthesia wears off. Nurses or other anesthesia aides watch your blood pressure, pulse, alertness, pain or comfort level and your need for medications.