

# Hip osteoarthritis: treatment options

Use this decision aid to help you and your healthcare professional talk about how best to manage your hip pain and activity level.

The first steps are to become as fit as possible, work to approach your ideal weight, and consider trying physical therapy. Surgery is normally recommended only after non-operative treatments have been tried.

Frequently Asked Questions ↓	Non-operative treatment	Hip replacement surgery
<b>Will this reduce the pain I have in my hip?</b>	It depends on who you are and which of the many possible treatments you try. You should talk to your clinician about which treatments might work best for you. Tablets like acetaminophen (tylenol), ibuprofen (NSAIDs), and tramadol as well as steroid injections may be recommended.	Three months after having surgery, around 84 in every 100 people (84%) say they are very satisfied with how the surgery improved their level of pain. One year after surgery, around 87 in every 100 people (87%) say they are very satisfied with how the surgery improved their level of pain.
<b>Will this treatment improve my ability to be active?</b>	It may. As you get pain relief, you should be able to be more active and this in turn can also help to reduce pain. It may help to take pain relievers before being physically active.	Yes, the vast majority of patients experience improvement in their activity level. However, not everyone is satisfied with the improvement in their ability to perform some strenuous activities.
<b>Are there any risks to this treatment?</b>	All medications have some side effects. For example, codeine may lead to constipation, and prolonged use of tablets like ibuprofen (NSAIDs) increases your risk of developing stomach bleeding, high blood pressure, and heart or kidney problems. Around 2 in every 100 people (2%) who receive a steroid injection will experience joint pain and swelling for a day or so after the injection.	Among those over 65 years of age, roughly 3 in every 100 people (3%) experience a serious medical complication after surgery such as infection, bleeding, blood clots in the legs or lungs, heart attack, or death. Rare but possible surgical complications include dislocation, fracture, and leg length inequality. The risks of surgery increase with age and if you have other conditions, such as heart or lung disease, are a smoker, or are overweight.
<b>How long will it take me to feel better after the treatment?</b>	Some people experience pain relief within a few days of starting to take pain relievers but others require a few weeks or longer before they notice a difference in their pain.	Pain relief is gradual and rehabilitation can be challenging. You will stay in the hospital for around two to four days. Most people walk unaided after 1 or 2 months. Full recovery usually takes around 1 year.
<b>Will I need to have more treatment or surgery?</b>	If things don't get better with one non-operative treatment, talk to your clinician about other non-operative treatments that might work better for you.	The chance of needing your hip replaced for a second time depends on your age and activity level. Around 10 in every 100 people (10%) will need a second operation to revise their hip replacement within the first 20 years after surgery.
<b>What are the long term outcomes for people with arthritis who have this treatment?</b>	Many people cope well by using medication, being as active as possible, and losing weight. Some people are not able to achieve pain relief with non-operative methods alone.	Surgery is usually considered after other options have been tried. Around 95 in every 100 people (95%) are satisfied with the overall results of their surgery one year after having a hip replacement.

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