



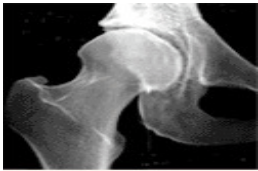
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### **WHAT IS HIP OSTEOARTHRITIS?**

Is the most common type of hip arthritis. It is a wear-and-tear type of damage also called degenerative joint disease of the hip. There is progressive wearing away of cartilage in the joint. Then the actual bear bone is exposed and the surface of the joint becomes rough.



X-Ray of Normal Hip



Arthritic hip

### **CAUSES OF HIP OSTEOARTHRITIS:**

It may be either primary, meaning that the principal cause is unknown. Or it may be secondary to other problems such as trauma to the hip, a history of fracture of the bones around the hip which can lead to osteoarthritis. Patients with hemophilia sometimes develop osteoarthritis of the hip. Repetitive micro-trauma of the hip can also influence the development of hip osteoarthritis. Obesity may play a role in its development, due to the increase stress placed on the joint surface by the excess weight. Half the risk can be a genetic predisposition to this condition. Menopause may increase the incidence since it appears the female hormones have a protective effect on surface cartilage. This is still controversial.

### **WHAT THE DOCTOR LOOKS FOR AND**

**WHAT YOU FEEL:** Pain is the most common symptom of hip arthritis. Usually, patients are surprised to learn that pain originating in the hip joint is usually localized in the groin area and not in the buttock. At times, this initial groin pain is misdiagnosed for a hernia. It can radiate down the front of the thigh a few inches or go all the way down to the knee. At times because of overlapping nerve supply, pain manifested at the knee can originate at the hip level because of arthritis. Even worse, pain originating from a back problem can coexist with the hip pain making it difficult to differentiate the two. *It is important to know where most of the pain originates from.* If you don't, and a hip replacement is recommended you may not be happy since after the surgery you may still have pain coming from your back. Most patients with hip problems have a limp when walking and may even feel the hip creaking. Mobility of the joint decreases, which makes it difficult to clip your toenails or tie your shoes. The first few steps after prolonged sitting may be especially painful. Spreading your legs may be difficult and, as the disease progresses, walking becomes more limited.

**TESTING:** Diagnosis is usually straightforward and is usually based on the patient's symptoms. However, ascertaining that all of the pain is originating in the hip is of outmost importance before surgery is recommended. After a good physical exam, x-ray and MRI of the hip may be ordered. Also if the back is suspected as the origin of the pain, x-rays, CT scan or MRI of the back may be in order. Finally if an infection of the hip is suspected some lab work may be needed.

**TREATMENT:** It should be directed at reducing the pain, maintaining function, and preventing further damage.

**Self care at home.** Weight loss should be a primary goal in heavy patients. Less weight makes activities less painful. Limiting certain activities may be necessary. Aquatic exercises may help maintain function. Walking aids such as a cane in the hand opposite the affected hip may help. Mild pain relievers like acetaminophen and anti-inflammatories and maybe joint supplements like glucosamine/chondroitin may be helpful.

**Medical therapy.** You may be prescribed non-steroidal anti-inflammatory medications to decrease swelling. The result can be quite amazing. Other pain medications may be also prescribed. Physical modalities such as heat, ultrasounds and electrical stimulation and stretching may provide significant relief. Intra-articular steroid injections done under fluoroscopic guidance can provide remarkable results at times.

**Surgery.** Several procedures are being performed but all of them are totally elective and do carry risk such as blood clots of the legs, infections, loosening of the prosthesis, dislocation of the hip replacement, extra bone formation around the artificial hip, injuries to the arteries of the leg, allergy to the metal parts, anesthesia complications, etc., etc. However keep in mind that more than 98% of patients who have a hip replacement operation have no major complications that leave them in any way dissatisfied with their replacement. For additional information please visit: <http://www.hipsandknees.com/index.html>