

**Clinical Guideline:** OA Hip Site: FPH

Pain typically felt in the groin and sometimes in the thigh and knee sometimes as a feeling of joint giving way. Can be sharp and bought on by particular movement or activity such as climbing stairs and standing up, or as dull ache after activity or during night.

Pain is exacerbated by minor trauma such as knock or fall

Stiffness & reduced range of movement, worse after periods of immobility and usually improves for a while with use.

History

Examination

Painful restriction of hip movement particular internal rotation.

Management of majority of patients with OA of the hip can be taken in primary care:

Assurance and patient education

Weight reduction in obese patients

Walking aids

Help with patient specific exercise programmes

Advice on cushioned-soled footwear

**Drugs**: course of simple analgesics and non-steroidal anti-inflammatory drugs

Advice and Treatment

**Referrals should only be made once therapeutic interventions have been employed or attempted.**

Patients are only referred when there is:

* Evidence of infection in the joint
* Symptoms rapidly deteriorate and causing severe disability
* Symptoms impair quality of life i.e. sleeplessness, loss of independence, inability to undertake normal activities, reduced functional capacity.

**The inability to pursue leisure activity should not be the primary reason for intervention. Pain affecting sleep and immobility are better determinants for referral**

When referring ensure that patient has had a pelvic x-ray and a copy of the report should be enclosed.

**When not to refer:**

If co existing medical problems would preclude an anaesthetic then the patient cannot be considered for surgery

General sepsis

Open ulcers on the leg

As per South Central Priorities Committee Policy Recommendation 105, Resurfacing supported as an alternative to total hip replacement in men aged younger than 55 years, who after discussion of the benefits and risks, consider that resurfacing is the preferred option for them.

Funding for hip resurfacing is LOW PRIORITY for older men and women of all ages

**Advice to give to referred patients:**

Types of treatment offered in Secondary care:

In early cases where there is a diagnostic uncertainty e.g. overlapping back symptoms- a joint injection and manipulation may be of benefit. Common procedure is total hip replacement, cemented, uncemented or hybrid. Total hip replacement involves inserting an artificial joint which will relieve pain and increase mobility allowing patient to return to normal everyday activities.

There is 80% survival of the prostheses at 15 years but there is a risk of loosening and later revision surgery for younger patient.

96% obtain excellent result.

Referral Guidelines – red flag signs

Pelvic X-ray

Investigation