Your hip pain

Chronic hip pain interrupts millions of lives just like yours every day. It slows us down as we climb stairs and makes us think twice before standing up.

This guide contains valuable information to help you understand your hip pain, including possible causes and how your physician might diagnose the problem. It also explains treatment options like advanced minimally invasive surgery designed for less pain, lower risk and faster recovery.

Brief anatomy of the hip

The hip joint is a ball-and-socket joint that allows motion and provides the stability needed to bear body weight. The socket area, which is inside the pelvis, is called the acetabulum. The “ball” is the top of the leg bone. It joins with the acetabulum to form the hip joint.

The hip is one of the most stable joints in the body, but excessive pressure from bearing the body’s weight makes it susceptible to arthritis. Pain in the hip may involve injury to muscles, tendons, or bursae (small fluid-filled sacs that cushion and lubricate joints).

Causes of hip pain

Millions of people experience hip pain every day. This pain can result from a number of different conditions. Some of the most common causes of hip pain are described below.

• Arthritis is the most common cause of the breakdown of hip tissue. There are three kinds of arthritis that commonly affect the hip:
  ■ Osteoarthritis, also referred to as “wear and tear” arthritis, involves the cartilage that cushions the bones of the hip wearing away, letting the bones then rub together, causing hip pain and stiffness.

  ■ Rheumatoid arthritis is a disease in which, for unknown reasons, the synovial membrane becomes irritated and produces too much fluid. It damages the cartilage, leading to pain and stiffness.

  ■ Traumatic arthritis often results from an injury or fracture. There are more than 300,000 hospitalizations for hip fractures in the United States every year.

• Avascular necrosis involves the loss of bone caused by insufficient blood supply, injury, and bone tumors and may lead to a breakdown of the hip joint.

• Bursitis is a condition in which the bursa, a closed fluid-filled sac that functions as a gliding surface to reduce friction between tissues of the body, becomes inflamed. There are two major bursae of the hip, both of which can be associated with stiffness and pain around the hip joint. The trochanteric bursa is located on the side of the hip and separated significantly from the actual hip joint by tissue and bone. The ischial bursa is located in the upper buttock area.
• **Hip pointers** are bruises or tears in the muscle that connects to the top of the ilium (the crest of the pelvis, just below the waist). Causes of a hip pointer may include a blow, a fall or a quick twist or turn of the body.

• **Hip strains** may occur when the muscles supporting the hip suffer from overuse or injury. Individuals who have had hip strains in the past are more likely to develop another strain, as are those who do not warm up before exercise. The American Academy of Orthopaedic Surgeons says warning signs of a hip strain may include:
  - pain in the hip area, which is the most common symptom
  - pain during use of the hip muscles
  - swelling, a symptom of a more severe strain
  - weakness in the hip muscle

**Diagnosing hip problems**

In addition to a complete medical history and physical examination, diagnostic procedures for hip problems may include the following:

• **X-ray.** An X-ray is a diagnostic test that uses invisible electromagnetic energy beams to produce images of internal tissues, bones, and organs onto film.

• **Magnetic resonance imaging (MRI).** This is a diagnostic procedure that uses a combination of large magnets, radiofrequencies, and a computer to produce detailed images of organs and structures within the body. An MRI can often determine damage or disease in a surrounding ligament or muscle.

• **Computed tomography scan (also called a CT or CAT scan).** A CT scan is a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce horizontal, or axial, images (often called slices) of the body. A CT scan shows detailed images of any part of the body, including the bones, muscles, fat and organs. CT scans are more detailed than general X-rays.

• **Arthroscopy.** This is a minimally invasive diagnostic and treatment procedure in which small, lighted optic tube (arthroscope) is inserted into the joint through a small incision. Images of the inside of the joint are projected onto a screen. Arthroscopy is used to evaluate any degenerative and/or arthritic changes in the joint, to detect bone diseases and tumors or to determine the cause of bone pain and inflammation.

• **Radionuclide bone scan.** This nuclear imaging technique uses a very small amount of radioactive material that is injected into the patient’s bloodstream and detected by a scanner. The test shows blood flow to the bone and cell activity within the bone.

**Treating hip pain**

Over-the-counter pain or anti-inflammatory medications may bring relief for minor hip pain. Other treatments that your physician may initially recommend as nonsurgical options include:

• vitamins and natural supplements
• limiting painful activities
• assistive devices for walking (such as a cane)
• physical therapy
Consult your primary care physician or an orthopedic specialist if the pain continues even with over-the-counter medication and exercise. In some cases, a hip replacement may be required.

**Hip replacement surgery**

Hip replacement, also called total hip arthroplasty, is a surgical procedure to replace a worn out or damaged hip with a prosthesis (an artificial joint). This surgery may be considered following a hip fracture (breaking of the bone) or for someone who has severe pain due to arthritis that has not been controlled by medical treatments.

The goal of hip replacement surgery is to replace the parts of the hip joint that have been damaged and to relieve hip pain that cannot be controlled by other treatments. A traditional hip replacement involves an incision several inches long over the hip joint. Some patients may be eligible for a minimally invasive hip replacement, a newer approach that uses a smaller incision.

**Minimally invasive hip replacement**

Beaumont’s comprehensive program incorporates the latest implants and instrumentation, as well as new surgical approaches that reduce trauma to tendons and muscles. The program also features smaller incisions, improved anesthetic and pain management techniques and early rehabilitation. Two advanced minimally invasive techniques available at Beaumont include the direct anterior and direct superior approaches.

The direct anterior approach allows the surgeon to perform the hip replacement without cutting any muscle and while minimizing other trauma beneath the skin. The incision is significantly smaller than that required by other, more traditional approaches. The direct superior approach is a leading-edge procedure in which the entire hip replacement is performed through a single small incision to preserve tendons, muscle and overall alignment of the joint. Your physician will determine the best procedure for you, based on your situation.

In any surgical procedure, complications can occur. Some possible complications of a total hip replacement may include, but are not limited to, the following:

- bleeding
- infection
- blood clots in the legs or lungs
- dislocation
- need for revision or additional hip surgery
- nerve injury resulting in weakness or numbness
**After surgery**

There may be other risks depending on your specific medical condition. Be sure to discuss any concerns with your doctor prior to the procedure.

Hip replacement surgeries usually require an in-hospital stay of a few days. Even while in the hospital, the patient usually starts physical therapy exercises to begin regaining range of motion. Physical therapy will continue at home. Pain medication also will be administered to keep the patient comfortable. The incision will have stitches or staples that will be removed after a few weeks.

Thanks to the advanced surgical techniques and fast track recovery programs available at Beaumont, many patients are back to a normal level of activity four to six weeks after surgery, much sooner than the months required for recovery from more traditional approaches.