



Making decisions with my healthcare professional:

Hip problems for people aged 45 and over

Thinking about a referral

Use this tool to prepare for appointments, during appointments, or both.

Sharing information about my condition

Name:

.....

I think that my hip problems are due to: (Please write below)

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.....

Today, I hope that we can:

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.....

I would like some help with: (please circle what matters most to you)

Activity



Family and friends



Mobility



Pain



Sleep



Mental wellbeing



Work and finance



Fatigue



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What is likely to happen with my hip problems?

Hip pain varies among people. Most people can manage their hip problems with simple treatments. These include exercise or medication.

About 1 out of every 10 people will have surgery to replace a hip in the first 10 years after they see their doctor, nurse or therapist. About 9 out of every 10 people will not.

Understanding my options

Can we please talk about my options?

What can I do myself?



Being active

What adjustments might help me?



House and home

What types of tests and treatments might help?



Physical therapies



How I feel



At work



Mental health



Healthy weight



Getting around



Medicines and other treatments



Community groups



Managing with money



Tests and scans

General Questions:

What are the advantages and disadvantages of these options?

How much better will I feel, and when?

What practical things should I know?

Should I choose one option or try several?

Notes

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What should I do?

People who stay active or go to work with hip problems recover faster and have less pain than people who rest.

Understanding my treatment options

What does the evidence say about hip pain?

After a healthcare professional has diagnosed your hip problems, you can discuss these options with them to find out if they are right for you. If you would like to explore some alternatives before going ahead with the options below, please ask for *Hip pain: primary and self care*.

Tests and scans

If a person's hip problems do not get better, they may need an X-ray. Most of the time, people do not need more scans before a referral.

Hip replacement surgery

Who is this operation for?

Hip replacement surgery is usually for people with arthritis who have pain that has lasted a long time. People should usually only think about having surgery if they have already tried simpler treatments for several months and those treatments did not help enough.

What are the likely benefits of this operation?

After 6 months or more after having surgery, about 9 out of every 10 people are satisfied with their operation. About 1 out of every 10 people are not satisfied. People's mobility usually improves after surgery. But the joint may be less mobile than a healthy hip would be. A hip replacement will still be working after 25 years for about 7 out of every 10 people. It will not be working for about 3 out of every 10 people.

What are the possible risks of this operation?

A blood clot in the leg can cause pain or swelling. A clot can travel to the lungs and cause chest pain and breathlessness. This needs urgent treatment. If people get a deep infection, they will need additional surgery. People who are older or have other health problems are more likely to have complications.

What kind of anaesthetic will I be offered?

You're most likely to have a spinal anaesthetic. That means you will be awake during the operation, but numb from the waist down. If you are nervous, you can have a sedative. Some people have an epidural or general anaesthetic instead. Your anaesthetist will discuss your options with you.

How long will it take to get back to my normal activities?

After surgery, physiotherapists or occupational therapists will help support you. Your recovery time depends on many things, such as your age, your general health, and your joint and muscle health. Most people can drive again within about six weeks if they can safely control their vehicle. Many people can go back to work in six weeks, but it depends on their jobs.

Steroid injections

A steroid injection into the hip joint can help arthritis pain. People will get the most relief in the first 2 months. These are usually only done after discussion with a specialist. There is a small risk of complications such as pain, infection, bleeding or bruising.

Some people's hip problems may be caused by conditions that need other kinds of treatment. Your healthcare professional will explain options recommended by the National Institute of Health and Care Excellence, or NICE. This will help you make a decision together about what is best for you.

Sharing decisions

Please complete this section together with your healthcare professional.

- ☐ I would like to make some decisions today
- ☐ I would like to talk to my family and/or friends before making a decision
- ☐ I would like to make another appointment
- ☐ I would like to have more information

We agreed that:



I will:

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.....

My healthcare professional will:

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.....

I should come back to see a healthcare professional if:



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.....

If I have a problem or a concern, I should contact: (name and contact details)

.....

I can find more information:

1. [nhs.uk/conditions/hip-pain/](https://www.nhs.uk/conditions/hip-pain/)
2. [arthritis-uk.org/hip-pain](https://www.arthritis-uk.org/hip-pain/) or call our helpline on 0800 5200 520
3. [nice.org.uk/guidance/cg177/ifp/chapter/About-this-information](https://www.nice.org.uk/guidance/cg177/ifp/chapter/About-this-information)
4. [citizensadvice.org.uk](https://www.citizensadvice.org.uk) or 03444 111 444
5. [fitforwork.org](https://www.fitforwork.org)

Local services I can access include:

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This decision support tool was developed by Arthritis UK with support from the Primary Care Centre Arthritis UK at Keele University and funding from NHS England. For information on the evidence sources used, please contact content@arthritis-uk.org