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LOW FRICTION ARTHROPLASTY OF THE HIP JOINT AND SEXUAL ACTIVITY

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It is obvious that severe arthritis of the hip will interfere with sexual function, but this is a subject which is rarely discussed with patients and about which little has been written. Currey (1970) drew attention to the problem and suggested that total hip replacement was the most successful operation in relieving sexual problems due to osteoarthritis of this joint. However, the number of patients studied was too small for any definite conclusion to be reached.

In a recent survey of the results of the Charnley low friction arthroplasty at the London Hospital (Todd et al. 1972, Harris et al. 1972) the incidence of sexual problems, and the influence on this of surgery, were analysed.

MATERIAL AND METHODS

Information was sought both by interview and by postal questionnaire. Of the 292 patients who had undergone arthroplasty 123 (49 men and 74 women) were eligible for study in that they had active sexual relationship at the time of onset of hip joint complaints. These patients were questioned about sexual problems and they, and 11 others unable to attend for interview, were subsequently sent a postal questionnaire similar to that employed by Currey (1970). Seventy-nine adequately completed replies were received (58 per cent).

RESULTS

Of those interviewed, 11 men (22 per cent) and 36 women (49 per cent) had experienced severe sexual problems which they attributed to hip disease. Following hip replacement only 6 men (12 per cent) and 19 women (26 per cent) had severe problems (Table 1). Thus surgery was effective in relieving this problem in nearly half of the patients with considerable sexual difficulties.

Table 1. Influence of Charnley low-friction arthroplasty on sexual difficulties due to arthritis of the hip.

Degree of sexual difficulty	Women		Men	
	Pre-op	Post-op	Pre-op	Post-op
Nil	29	44	30	37
Slight	9	11	8	6
Considerable	12	4	4	0
Intercourse ended	24	15	7	6
Total	74	74	49	49

More detailed information was obtained from the 79 questionnaire replies. These came from 36 men aged 30–79 (mean 61) years and 43 women aged 29–78 (mean 60) years. Twenty-three men (64 per cent) and 37 women (86 per cent) had experienced some form of sexual problem due to hip disease.

In the men pain and stiffness of the hip and loss of libido contributed equally to loss of sexual function. In the women stiffness was the main cause of disability (in 84 per cent), but pain was also an important factor (Table 2). Three men and 10 women (17 per cent) said that sexual difficulties due to arthritis of the hip had contributed significantly to marital unhappiness and several other patients commented that they were fortunate in having an understanding spouse. One woman of 59 said that her marriage could have been saved if operation had been performed a year earlier. Following total hip replacement 11 men (48 per cent) and 16 women (43 per cent) experienced considerable relief of their sexual problems (Table 3). This was less dramatic than pain relief which occurred in over 90 per cent of patients, and increase in movement which was found in 70 per cent of men and 81 per cent of women.

Table 2. Cause of sexual difficulty in those who replied to questionnaire (some indicated more than one reason).

	Women	Men
Patients with sexual difficulty	37	23
Pain in hip	12 (32%)	9 (39%)
Stiffness of hip	31 (84%)	9 (39%)
Loss of libido	8 (22%)	9 (39%)
Uncertain	2	2

Table 3. Effect of Charnley low-friction arthroplasty on those patients with sexual problems due to arthritis of the hip, who replied to the questionnaire.

	Women		Men	
	Relief of sexual problem	Relief of pain	Relief of sexual problem	Relief of pain
Complete	4	20	6	14
Considerable	12	15	5	7
Slight	6	1	2	1
Nil	10	1	9	1
No reply	5		1	

Of the patients who recognised hip joint disease as a cause of sexual difficulty 70 per cent of the men and 49 per cent of the women would have welcomed advice about this matter. A majority of these favoured a booklet on the subject and a majority also wanted this form of advice for their spouse.

DISCUSSION

At the London Hospital the main indications for total hip replacement have been intolerable pain or severe limitation of movement. It is a salutary lesson that by the time surgery was performed nearly half of the women and a quarter of the men to whom the question was relevant had a severe sexual problem and yet this important aspect of their lives had rarely been discussed with them. When one considers that one sixth of these patients were experiencing significant marital unhappiness on this account and that at least one marriage had broken up for this reason, it would seem important to discuss this aspect of disability when considering a patient for hip surgery. In the younger patients sexual problems due to hip disease may represent a more urgent indication for surgery than pain.

The Charnley low-friction arthroplasty is obviously less successful at restoring sexual function than in relieving pain. None the less, nearly half of those patients with a serious sexual problem were substantially helped by this operation despite the fact that their average age was about 60 years. Possibly if surgery were performed earlier, before sexual relationships had ceased for a long period, the operation would be more successful in this respect.

The importance of hip stiffness as a cause of sexual difficulty (Table 2) is a reminder of the disastrous effect that arthrodesis may have on sexual function. This may be a major factor in deciding to perform total hip replacement in a young woman.

Many patients were grateful that this subject was being discussed for the first time. However, a significant number of those who actually had a problem did not want any form of advice. The Arthritis and Rheumatism Council (1972) have prepared a booklet which should be helpful to those who want information.

SUMMARY

Of 123 patients who had active sexual relationships at the time of onset of hip joint complaints, 11 men (22 per cent) and 36 women (49 per cent) had severe sexual problems which they attributed to hip disease. Following Charnley low-friction arthroplasty, this problem was relieved in nearly half of these patients. Seventy per cent of the men and 49 per cent of the women with sexual problems would have welcomed advice about this matter—preferably in the form of a booklet.

REFERENCES

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