

Appendix B – Patient Decision Making Tool for Hip OA

When are	Don't Have Surgery for Your Hip – Try Other Treatments	Have Surgery for Your Hip
Benefits	<ul style="list-style-type: none"> • Avoid the risks and side effects associated with surgery • Education and exercise is an appropriate core treatment for all people with hip OA. • Pain reduction of ~27% from a targeted exercise program for hip OA as reported in data from GLA:D® Canada (www.gladcanada.ca) 	<ul style="list-style-type: none"> • All or almost all pain is gone within 6-12 months after surgery. Most people have much less pain after hip replacement surgery and are able to return to many of their activities within 2 to 3 months. <p>If you were to ask 100 people who had undergone this surgery 2 years prior, 90/100 would say almost all of their pain is gone. Most people feel better than they did prior to surgery and this means 10 people continue to have some pain after 2 years.</p> <p>Albertans rating their satisfaction with hip replacement surgery on a scale from 0 -10, where 0 is low satisfaction, and 10 is very satisfied, scored their satisfaction at 8.82/10 following surgery meaning that most are quite satisfied with the results of surgery.</p>
Risks	<ul style="list-style-type: none"> • Individual results vary when applying education and exercise. You may not be able to relieve your pain enough with treatment like exercise or medicines to do your daily activities. • Medication side effects. Oral (by mouth) NSAIDS, the most effective medication for pain relief, have side effects in some people including upset stomach, stomach bleeding, heartburn, and skin rashes. They are not recommended for people with certain health conditions such as kidney disease, stomach problems or heart disease. 	<ul style="list-style-type: none"> • The usual risks of anesthesia. Problems from anesthesia are not common, especially in people who are in good health overall. All anesthesia has some risk. • Blood clots. These can be dangerous if they block blood flow from the leg back to the heart or move to the lungs. They are more common in older people, those who are very overweight, those who have had blood clots before, and those who have cancer. In Alberta, almost 2% had a clot if they were obese, and 1.5% people experienced a clot if they were not obese within 6 months following their hip replacement.



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	<ul style="list-style-type: none">• Effects of delaying surgery. If you decide to have surgery later, and your limited activity has already caused you to lose strength, flexibility, balance, or endurance, it may be harder to return to your normal activities	<ul style="list-style-type: none">• Blood transfusion. About 3% of people undergoing hip replacement may require a blood transfusion due to blood loss.• Wound-healing problems. These are more common in people who take steroid medicines or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes.• Infection. People who have any sort of surgery including artificial joints, have a risk of infection around the material. In Alberta, 0.96% of people undergoing hip replacement had this complication. This can be a big problem and may require treatment with antibiotics and/or further surgery.• Need to redo the surgery within 10 years. About 5% of people that receive a hip replacement will require another surgery 10 years after their first surgery.• Hip dislocation. Less than 1% of people undergoing hip replacement experience this complication, which may require further surgery to repair.• Feeling that one leg is longer than the other. Although rare, this is a reported concern of some people following a hip replacement.• Risk of heart attack. All surgeries carry the risk of heart attack, and about 1% of people who have any type of surgery experience this complication.• Risk of death. Death may or may not be caused by the surgery itself. Within 3 months after surgery, less than 1% of people will die.
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