

Hip hip hooray for new joints!

Women are more reluctant to have hip and knee replacements than men – but their fears are misplaced, says **Tim Wilton**

The apparent reluctance of many men to see a doctor is sufficiently well-established to be the subject of many a joke, not to mention the focus of government health messaging. Many wives, mothers, sisters and daughters will doubtless be familiar with the struggle to persuade their male relatives to have their ailments checked out by a medical professional.

But surprisingly, when it comes to joint issues, women are often the most hesitant to seek help. They may delay having hip and knee replacements because of caregiving responsibilities or possible concerns about the poor outcomes of such procedures.

This seems to be the case even though data increasingly shows that hip and knee replacements are generally highly successful and give many patients improved mobility and relief from pain.

Female focused

The leading cause of joint deterioration is osteoarthritis. Much can be done to prevent the onset of this condition, including regular exercise, a good diet and maintaining a healthy body weight. However, joints do begin to wear out as we get older.

Women appear to be more prone to osteoarthritis than men, and require more hip and knee operations according to information held by the National Joint Registry (NJR),

a database with information about around 3.7 million procedures. In part this is because arthritis is age-related, and men do not tend to live as long, resulting in a larger population of older women in most Western countries.

In the late 1990s a study looked at 1,000 knee replacement patients from England, Ireland, Germany, Japan, the United States, Canada and Australia. An important finding was that women undergoing surgery were

older, and their knee problems were more advanced. This was the same in every country.

It was also found that women were less likely to seek help – they always had something more pressing to attend to, such as caring for their children, grandchildren or other family members. As a result, women didn't achieve the same level of improvement as men after a joint had been replaced.

This same disparity was also seen in a 2020 Canadian study, which found that despite a higher prevalence of knee arthritis in women, and more severe symptoms, they were less likely to have presented to a physician to discuss joint replacement.

Indeed, from speaking to patients and members of the general public, there appears to be a widely held belief that women don't recover as well as men after a hip or knee replacement.

This misconception might also discourage women from undergoing these procedures, even if they might otherwise be considered ideal candidates who would benefit from the surgery.

Steady progress

As the largest orthopaedic registry in the world, the NJR has compelling evidence from analysing millions of patients, demonstrating that when it comes to hip and knee replacements, women's results are just as good as men's by every measure.

From our extensive data we know that this surgery is very safe for both men and women. The likelihood of complications is low and has been significantly reduced over the past 15 years.

Replacement joints now last longer than ever, with women no more likely than men to require further hip or knee replacement surgery. Although, of course, implants don't last forever, and the younger someone is who has one the greater the chance of needing a further replacement.

The technology used to make artificial joints themselves has also improved. In the 2000s, there was a trend for metal-on-metal hip replacements or resurfacing hip joints with metal caps.

These operations had a much higher failure rate in women, especially when resurfacing operations were

performed on smaller patients. As a result of information from the NJR, regulators essentially banned some metal-on-metal replacements, and joints are now made of a combination of metal, ceramic and plastic.

Of course, the most important measure of success is perhaps patient satisfaction: whether they can use the joint properly to do the things they want to do. This is another area where there doesn't seem to be any noticeable difference between men and women.

Patients are often concerned about whether they will still be able to do things like kneel, crouch and play on the floor with their children and grandchildren. There's nothing to suggest that following a knee replacement you shouldn't kneel. It might be uncomfortable, but this would probably be the case for someone who has osteoarthritis and has yet to have an operation. However, kneeling will not damage the replacement knee.

In terms of sports, while I wouldn't necessarily recommend running as an exercise for someone who has had a knee or hip replacement, there are plenty of other activities that are perfectly safe: cycling, skiing (although not off-piste) and even horse riding, although depending on the type of surgery there might be some discomfort due to scarring.

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Following a hip or knee replacement you will be able to return to playing golf, but it won't necessarily improve your handicap... Similarly, if you play tennis I would consider switching from singles to doubles, which is a bit slower and less strenuous.

Another concern patients might have but may feel uncomfortable discussing is sex. It is possible to remain active in the bedroom after a hip or knee replacement, but it is important to speak to your surgeon so they can take your needs into consideration when choosing which incision to make. They will also be able to provide guidance on how long to refrain from certain forms of intimacy after the operation.

People are more active with their joint replacements than they used to be, yet despite this, the overall failure rate for both men and women is decreasing, not increasing.

It's good to talk

If you have a hip or knee problem that is affecting your daily life, and have tried over-the-counter medications without success, you should see a surgeon to discuss your options. By having this talk you will get a clear idea of the benefits, find out what they can achieve and the likely results.

Patients can also find information about the experience and track record of the surgeon they are planning to see on the NJR website. There's more evidence available than people realise, and it's there to help educate patients and ensure their safety.

The NJR, which is celebrating its 20th anniversary this year, has led the way in gathering medical information, something that is now becoming commonplace for a number of procedures, particularly in the wake of the Independent Medicines and Medical Devices Safety Review, which took place in response to the problems women experienced after having their pelvic floor reconstructed with surgical mesh.

Ultimately we want to help patients – male or female – make informed decisions about whether to have a hip or knee replacement based on facts, rather than being deterred by fear or misinformation. ■

◆ *Tim Wilton is the medical director of the National Joint Registry. For more information visit njrcentre.org.uk*