

Hip Arthritis & Hip Replacement

Groin pain when walking? Difficulty wearing socks? Hip arthritis often masquerades as back or knee trouble. Here's how to recognise it — and why hip replacement is one of the most successful operations in medicine.

Groin pain = think hip · AVN affects younger adults · Hip replacement: 95% success

What is it?

The hip is a ball-and-socket joint. Arthritis here means the cartilage lining the ball (femoral head) and socket (acetabulum) has worn, causing pain, stiffness and a shrinking walking distance.

In India, another important cause of hip destruction in younger adults is avascular necrosis (AVN) — loss of blood supply to the femoral head, linked to steroid use, alcohol and certain medical conditions. AVN behaves differently from age-related arthritis and deserves early specialist attention.

Causes & risk factors

Age-related wear, previous hip injury or childhood hip disease, inflammatory arthritis (like rheumatoid), AVN of the femoral head, and hip impingement (extra bone rubbing inside the joint) in younger, active people.

Risk rises with family history and obesity.

Symptoms

Classic hip arthritis pain is felt in the groin — not the buttock — and may radiate to the front of the thigh or the knee (which is why some patients are treated for knee pain for months). Other signs: limping, difficulty crossing legs, cutting toenails or wearing socks, pain on getting out of a car, and reduced walking distance.

Night pain and rest pain suggest more advanced disease or AVN.

Diagnosis & investigations

Examination shows restricted, painful hip rotation. A pelvis X-ray confirms arthritis. MRI is valuable when AVN is suspected — it detects the condition at an early stage, before X-ray changes appear, when joint-preserving treatment may still be possible.

Non-surgical treatment

For early arthritis: weight management, hip and core strengthening, activity modification, a walking stick in the opposite hand (surprisingly effective), and sensible pain relief.

Early-stage AVN may be treated with protected weight-bearing, medications, or a core decompression procedure to try to save the natural joint — timing matters, so don't delay assessment.

When surgery helps

Total hip replacement (THR) replaces the ball and resurfaces the socket with implants, reliably eliminating arthritis pain. Success rates exceed 95%, and modern bearings commonly last 20–25 years, making THR suitable even for younger patients when the joint is destroyed.

Approaches and implant choices are tailored to you; uncemented, cemented and hybrid options all work excellently in the right hands.

Recovery & rehabilitation

Most patients walk with support the day after surgery, manage stairs before discharge, walk independently by 4–6 weeks and return to desk work in 3–6 weeks. Driving usually resumes around 6 weeks.

Early precautions (avoiding certain extreme positions) depend on the surgical approach — your team will personalise them. Long-term, walking, swimming, cycling and golf are all encouraged; repetitive high-impact sport is discouraged.

Prevention tips

Limit alcohol, never take steroids without medical supervision (a major AVN risk), keep active and lean, and treat childhood or adolescent hip problems early. If you have groin pain that isn't settling, get a hip X-ray — not just knee and spine treatment.

Frequently asked questions

How do I know my pain is from the hip and not the spine?

Hip arthritis usually causes groin pain, worse with walking and hip movement, and trouble with socks/shoes. Spine-related pain is usually in the buttock or back of the thigh, often with tingling or numbness. Examination and X-rays distinguish the two.

I'm only 35 with AVN. Am I too young for hip replacement?

Age alone is not a barrier. Early AVN may be treatable with joint-preserving surgery, but once the head collapses, THR gives excellent, durable results even in young patients — modern bearings are built for decades of use.

How long will a hip replacement last?

Registry data show over 90% of modern hip replacements are still functioning at 15–20 years, and many last 25+. Younger, more active patients may eventually need a revision, which is a routine, well-established procedure.

Can I sit cross-legged after hip replacement?

Many patients can, depending on the implant and approach — discuss it with your surgeon. Most daily activities, including stairs and travel, return to normal.

Is hip replacement very painful?

Modern anaesthesia and pain protocols have transformed the experience — most patients are walking the next day and describe the arthritis pain as gone immediately, with surgical soreness settling over 2–4 weeks.

Questions about your specific case? Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit ossifide.com/consultation.html, WhatsApp **+91 90760 79000**, or email ossifide@gmail.com.