



CORR Insights

CORR Insights®: High Rates of Interest in Sex in Patients With Hip Arthritis

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Where Are We Now?

It is generally understood that patients with hip arthritis will report a decrease in their sexual activity because of pain and physical limitations that make sexual intercourse difficult. This can cause unhappiness in relationships and reduce quality of life. Although the study authors noted that patients at

their institution are asked, “How much does your hip or knee limit or interfere with your sexual activity?” as part of a new-patient questionnaire, surgeons both in the US and abroad rarely discuss sexual activity with a patient prior to undergoing THA. Indeed, surgeons may be uncomfortable with the conversation, but beyond the awkwardness, surgeons avoid the subject because we lack basic knowledge on what patients desire and expect in terms sexual activity both before and after hip arthroplasty.

It is our impression that part of this problem is related to journals’ discomfort about this sensitive topic. Regardless of the reason, the fact is that other than the report of Lavernia and Villa published in *Clinical Orthopaedics and Related Research*®, we have little information on the

influence of hip arthrosis on sexual activity. This is important, as it is not an overstatement to suggest that sexual activity may just be the last form of intense physical activity some of our patients still practice.

Where Do We Need To Go?

If one of the goals of THA is the restoration of patients’ prearthritic quality of life, it seems an important oversight that surgeons often fail to discuss sexual activity with their patients. A recent article in the *New York Times* [4] noted the “hidden benefits” of joint arthroplasty in the sexual life of patients, including an increase in libido following pain relief. To our knowledge, this article was one of the first wide-appeal articles in the lay press on the subject. An article with public reach has the potential to encourage patients and surgeons to discuss the subject during consultations. Although some prior research has suggested that this benefit is not entirely “hidden” from surgeons [3], it has in fact been studied only rarely, and it seems equally clear that surgeons do not consistently discuss this

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topic with their patients [2], and they should.

We believe that a discussion of this sensitive matter should be open and free between surgeons and patients. Information given as to which sexual positions are permitted after THA should also be precise and derived from good quality clinical and biomechanical studies including pain and activity scores, as well as in depth investigation of artificial hip joint range of motion using finite element analysis.

How Do We Get There?

Surgeons and patients should feel comfortable discussing a patient's sexual activity during preoperative visits. We also need to regularly include this activity in the outcome scores we use to evaluate our results, as this information may help determine

whether a patient will increase their libido following THA.

We and our colleagues [1] recently published the first biomechanical study that investigated the most common sexual positions that could be safely executed by patients with a THA. This preliminary study included two subjects. While a good start, further investigations including more patients, patients from different cultures, patients with differing sexual orientations, and perhaps even patients with different types of implants would offer more scientifically based data that might help us create clear guidelines that surgeons could share with their patients.

We hope that in the future, researchers will be attracted in investigating this sensitive but important matter since we still lack evidence-based information on sexual activity after THA.

Surgeons will probably find it easier to discuss the topic with their patients

if they have clear information to share with them and validated scores to evaluate their handicap and outcome after surgery.

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