



ARTHRITIS
TALKS

Hip surgery for arthritis:

What you need to know

April 22, 2026



Presenters



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Webinar tips

- Use the Q&A section to ask the presenters your questions. Some of the questions will be chosen for the live question period at the end of the webinar.
- Click on the Chat box to connect with other participants and Arthritis Society Canada's chat moderator.
- If you have further issues, email arthritistalks@arthritis.ca

The image shows a screenshot of a webinar interface for Arthritis Society Canada. The main content area displays the organization's logo, which consists of a stylized yellow and orange flame above the text "Arthritis SOCIETY CANADA". Below the logo are two dark grey buttons: "Q&A" with a speech bubble icon and "Chat" with a speech bubble icon. At the bottom of the interface, there is a "Leave" button in red. A yellow callout box with a downward arrow points to the "Q&A" button, containing the text "Click here to access your audio settings". Another yellow callout box with a downward arrow points to the "Chat" button, containing the text "Click on the red icon to exit out of the Q&A or Chat". A third yellow callout box with an upward arrow points to the "Q&A" button, containing the text "Click here to chat or to submit a question". On the right side, a smaller window titled "Q&A" is open, showing a "Welcome to Q&A" message and a text input field labeled "Type your question here...".





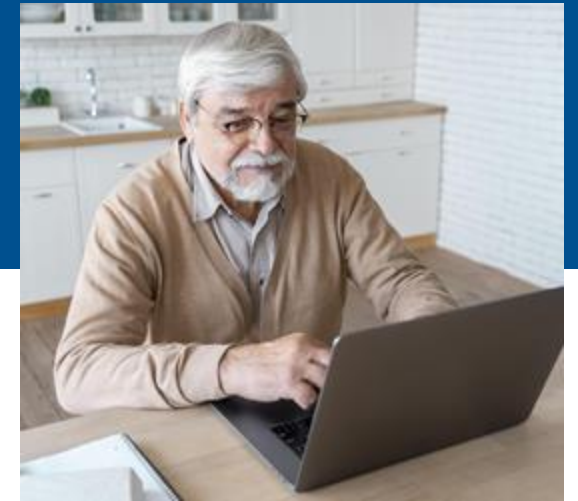
Hip surgery options



Preparing for surgery



Post operative care



Q & A





What surgical options are available for hip arthritis?



Conflict of Interest

CEO/Founder of Joint Recovery



1. When should you consider hip replacement?

- Have to exhaust all other options
- Surgery is terrific but there are risks and complications
- Have to be symptomatic enough, this means....
- X-rays have to be bad enough - that means bone on bone



Am I too young?

- We get asked all the time!
- ANSWER – NO. If.... see previous slides.
- "Doc, how long will this hip replacement last?"
- "Will it need to be redone in 10 or 15 yrs?"
- Well...NO!
- Our latest paper suggests that survivorship is 90% @ +30 years.

THE LANCET Articles

Survivorship of modern total hip replacement to 30 years: systematic review, meta-analysis, and extrapolation of global joint registry data

Wenjie Peng^{1,2}, Zuo Thompson³, Alina Deyou⁴, Niko Demiri⁵, E. S. Barr⁶, David Campbell⁷, Erik Ljungcrantz⁸, Anca Maria Fritsch⁹, Orlan Furtos¹⁰, Nils Heide¹¹, Garma Hoyt¹², John Kanakis¹³, Tadjana Berta Kostomarov¹⁴, Neja Mlakar¹⁵, Soren Overgaard¹⁶, Elisabetta Percec¹⁷, Heather Perreault¹⁸, Alexandra Roca¹⁹, Aida Roca²⁰, Ciro Ruffini²¹, Chao Wang²², Tomasz Wronski²³, James J. Wroble²⁴, Michael J. Wroble²⁵, Anil A. Akly²⁶

Summary
Background Total hip replacement is a successful operation that aims to restore function and quality of life to millions of people globally. Knowing how long a total hip replacement might last is important for patients, surgeons, and health-care institutions for planning and resource allocation. Over the past 20 years, the use of contemporary bearing surfaces for total hip replacement has substantially altered implant wear and, possibly, longevity. To date, there has been no large-scale study that examines survivorship of these modern implants. We aimed to determine the survivorship of contemporary total hip replacements and bearing materials.

Methods We focused solely on the assessment of modern bearing surfaces: highly cross-linked polyethylene versus metal or third-generation and fourth-generation ceramic heads and ceramic-on-ceramic primary total hip replacement in adult patients. We conducted a search of MEDLINE and Embase from database inception to June 31, 2024, including articles that reported a minimum of 10 years of survivorship, irrespective of fixation method or surgical approach. We then conducted a meta-analysis consisting data from eight national joint registries assessing all-cause revision within the various bearing combinations. We extrapolated the extracted data to estimate survivorship to 30 years, using the multivariable random-effects model from the registry data. The primary outcome was survivorship of the hip replacement, defined as time from primary total hip replacement to first all-cause revision, expressed as a percentage of survived implants at specific timepoints. This study is registered with PROSPERO (CRD42024172518).

Findings We identified 1304/237 total hip arthroplasties across 29 clinical studies (n=5203) and eight national joint registries (n=1399504). Pooled analysis of the included studies showed an all-cause implant survivorship of 0.97 (95% CI 0.96–0.98) under the random-effects model. Survivorship estimate based on joint registry data was 0.93–0.97 (95% CI 0.92–0.94–0.97) at 20 years. Extrapolating these data indicates a predicted survivorship of 0.92–0.96 (95% CI 0.91–0.94–0.96) at 25 years and 0.92–0.94 (95% CI 0.91–0.93–0.94) at 30 years.

Interpretation The estimated 92% 30-year survivorship of contemporary total hip replacement suggests that advances in bearing surface technology have greatly improved the long-term durability of total hip replacements and might influence patient counselling, health-care planning and device regulation.

Funding None.

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INTRODUCTION
Total hip replacement remains an increasingly performed, cost-effective,¹ and clinically successful operation.² With the increasing incidence of total hip replacement in younger patients and the increasing lifespan in the global population,³ the longevity of the implants is even more important in clinical decision making. A frequently asked and pertinent question is orthopaedic clinicians around the world is how long will my new hip replacement last? For patients, there is often anxiety about the need and timing for revision surgery, and this information is an important part of a shared decision-making process. For health-care funders, there is also a necessity for provision planning.

Compared with primary total hip arthroplasty, revision surgery has a higher risk of complications, has inferior patient-reported outcomes,⁴ and is considerably more expensive.⁵ Therefore, avoiding revision surgery is important for patients, as well as government bodies. Answering this question is currently aided by a 2009 study from Evans and colleagues.⁶ Although this article remains the gold standard for many surgeons and despite it having been published relatively recently it had one major limitation: to rely on data from older prostheses that are largely no longer in use.

When examining factors for revision as per the 2024 report from the National Joint Registry for England,



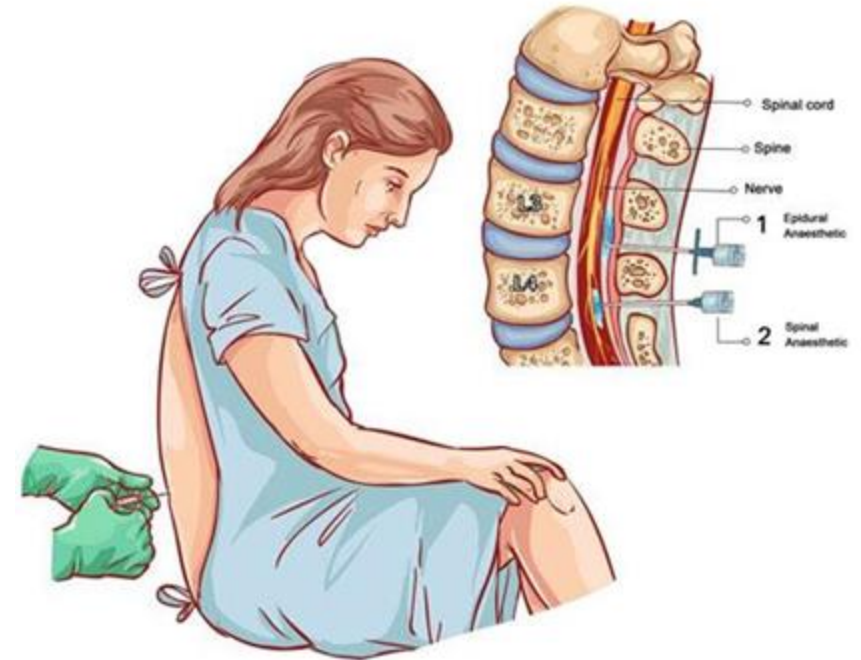
Am I too old?

- We get asked all the time!
- ANSWER - NO. IF....
- You are fit enough! You may need post operative special care.
- If surgeon is in remote hospital - you may need to go to a big centre
- May need ICU?
- Most people get a REALLY good work up.
- MAY need rehab?



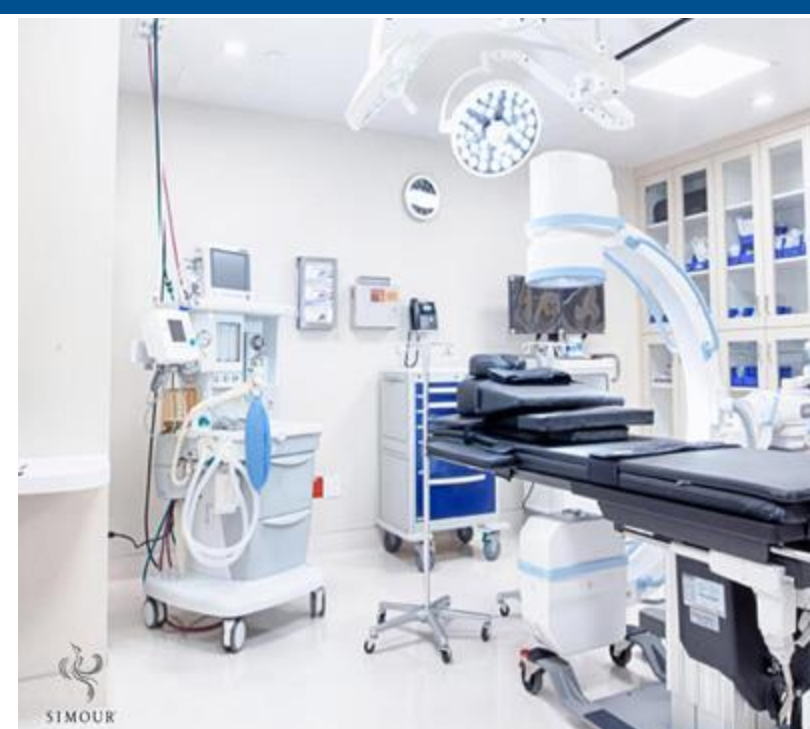
Am I too old for anaesthesia?

- MOST people now receive SPINAL anaesthesia
- What does this mean?
- Will I be awake?



What happens during surgery?

- Everything associated with surgery is scary
- The thought of surgery is scary
- Don't be frightened
- You'll come to a room like this picture
- Lots of people in masks - they aren't scary at all
- Remember, they are there to look after you!



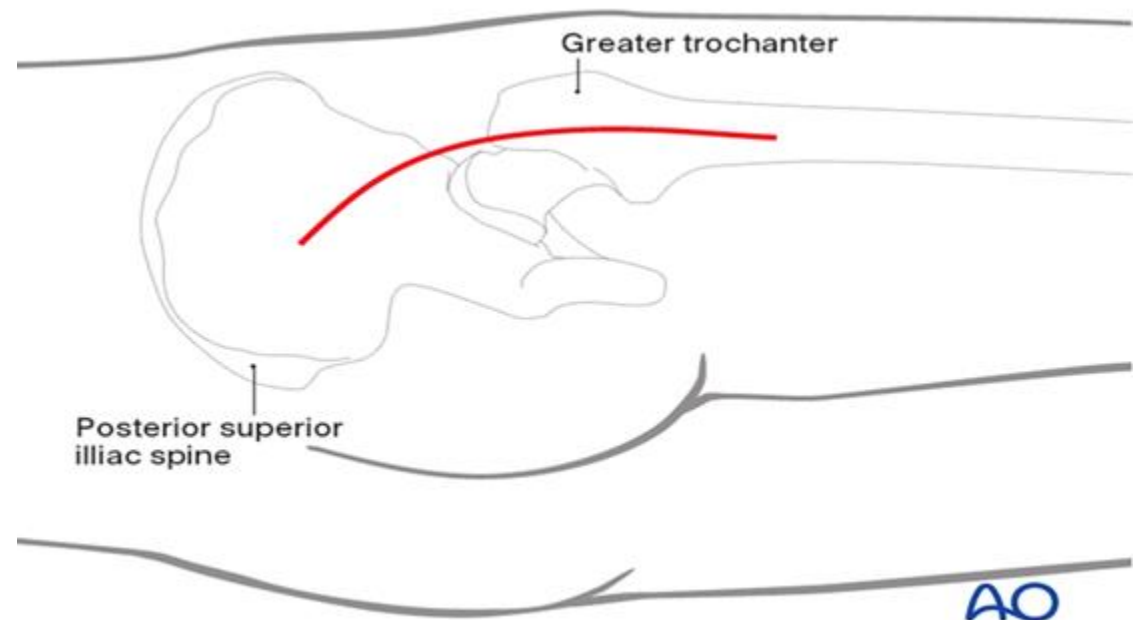
What happens during surgery?

- They will ask you again
 - What your name is
 - What operation and which side
 - Your date of birth
 - Any allergies
- Then we position you
- You'll be sedated > breathing for yourself > but unaware of anything
- **The next thing you remember - it's all done!**



During surgery

- Your surgeon will use one of 3 surgical approaches
 - Anterior
 - Lateral
 - Posterior
- All approaches have their positives and their negatives



During surgery

- There is no “one best approach”
- Anterior approach risks and benefits
- Posterior approach risk and benefits
- Lateral approach risk and benefits
- Ultimately, you have to find a surgeon you trust
- A surgeon with a good reputation – from friends, your family doctor or experience



What are the surgical risks?

Infection – factors that increase this are:

- Bleeding
- Blood clots
- Dislocation
- Fracture
- Nerve injury



Fracture around Hip Replacement



Revision Hip Replacement



During surgery

- Implants are positioned into the bone
- Bone is hollow - it has marrow down the middle
- We take advantage of that and place metal implants into the bone
- Bone then grows into the bone and it becomes a part of you



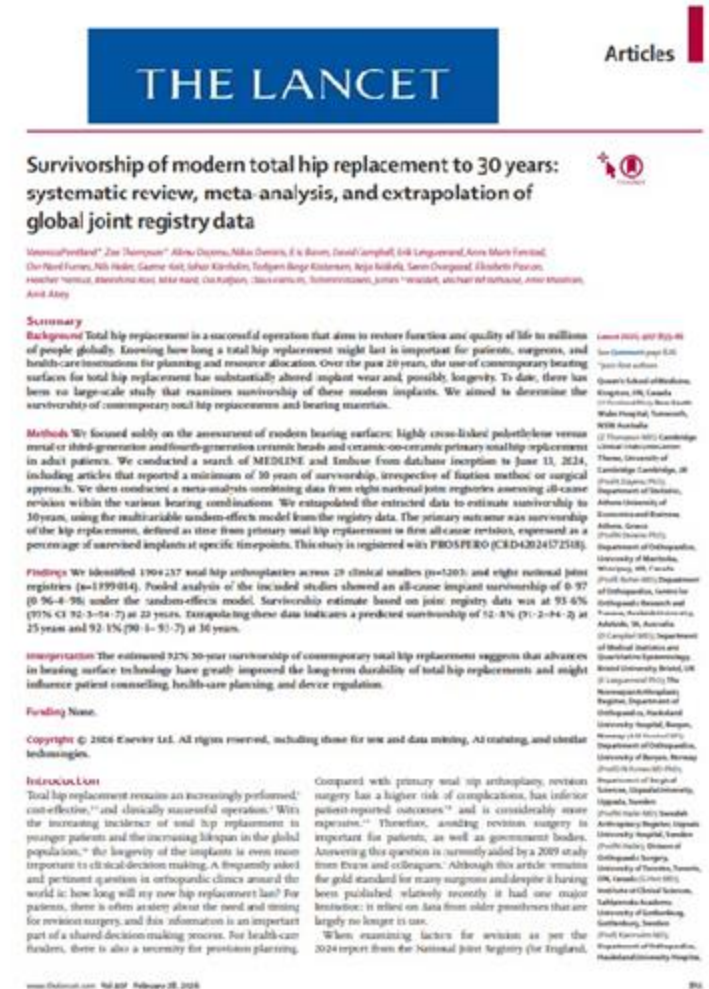
What are the implants made of?

- Metal but the most important thing....
- Are **BEARING SURFACES** - "What rubs against what?"
- Most common - We use a "Hard against a soft"
- Usually a metal or ceramic head
- against - soft polyethylene



How long will hip replacement last?

- Bearing surfaces = “How long will my hip last?”
- My latest paper in The Lancet
- 30 year survivorship = 91%
- i.e. If we do 10 hips, in 30 years, 9 out of 10 will still be in!





How should people prepare for a successful surgery?



How should I prepare for my upcoming surgery?

1. Physically

2. Practically

Physical preparation

- You must do prehab - this means....
- There are plenty of options for this
 - Physiotherapists
 - GLA:D program
 - At home therapy/ YouTube
 - www.jointrecovery.com



Physical preparation

You must

- Try to lose weight
- Stop/limit smoking
- Limit alcohol
- Control diabetes





How can you ensure that recovery is successful?



What to expect when recovering?

- First day is easy
- Local anaesthesia makes it comfortable
- 70% of people are same day surgery (at my hospital)
- The next day is the toughest!
- You'll feel "bruised"
- Mostly, this gets better daily
- Sleep disturbance



What to expect when recovering?

- Bruising and swelling
- This goes down the leg - it's gravity
- Your daily activity will get better and better
- Walker -> 2 crutches -> 2 Canes -> One cane -> Nothing



RECOVERY THERAPY

- A daily rehab program will **HELP** you recover faster
- We developed jointrecovery.com
- We have real patients - recovering daily for 30 days
- It's comforting to see patients recovering with you
- You improve faster along with them



When can I return to activity?

- This depends on your activity/job
- Desk based - start the next day but take it easy!
- Surgery is like running a marathon
- Rest up!
- If you work in manual labour - it may be up to 3 months (if you're paid)
- Sports - depends on the sport



When can I return to driving?

- Automatic or manual transmission?
- Off opiates or off all pain medications realistically
- There are no rules on this!
- Really, you could start at two weeks, but...
- **WARNING: YOU MUST BE SAFE (for you and others)**



IN SUMMARY

- Hip replacement is a wonderful operation
- Restores quality of life and quickly
- Lasts a very long time!
- Should be the one and only operation you'll have
- There are complications
- Pre-hab and re-hab are both essential





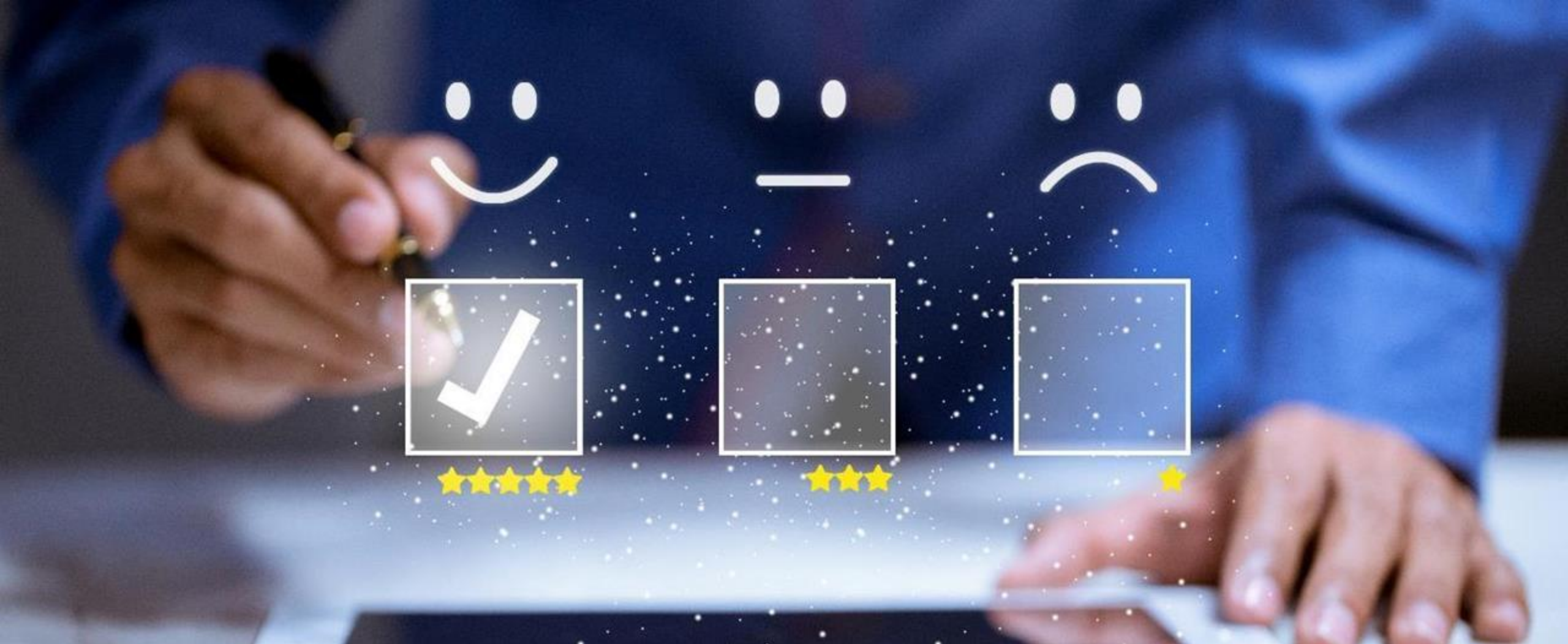
Q: What excites you about the future for those diagnosed with arthritis today?





Questions





Tell us what you think...



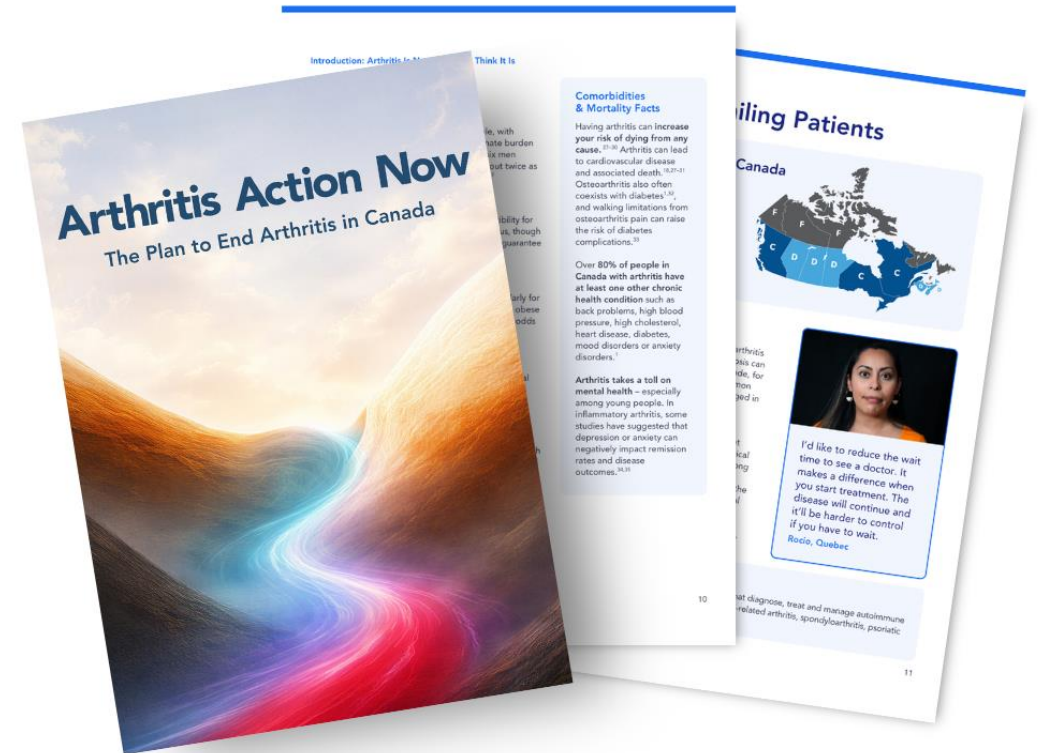
Arthritis Action Now

Canada's first national strategy to transform how we prevent, treat, and research arthritis.

Co-created with **21 organizations** and 100,000 patients, researchers, clinicians, and advocates.

Arthritis Action Now will:

- Deliver faster and better arthritis prevention and care
- Reduce arthritis-related disability
- Position Canada as a leader in research and innovation



arthritis.ca/arthritisactionnow





Use your voice to call for government action.

Email your elected representative to implement Arthritis Action Now priorities.

It only takes **30 seconds!**

arthritis.ca/takeaction



Upcoming webinar



Medical cannabis

with Dr. Jason McDougall

May 27, 2026

