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Sexual Activity After Total Hip Arthroplasty: A Systemic Review of the Outcomes

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ABSTRACT

Background: Total hip arthroplasty (THA) may have a marked positive impact on sexual activity. However, it is unclear how important regaining sexual activity is for patients undergoing THA or whether surgeons are aware of such concerns. The purpose of this systematic review was to evaluate the literature on the effect of THA on sexual activity before and after the procedure and to assess patient and surgeon perspectives.

Methods: A search of 4 electronic databases yielded 10 reports between 1970 and 2015. Nine evaluated the effects of THA on sexual activity in 1694 patients who had a mean age of 57 years (range 17–98 years). Two studies evaluated the perspective of 337 surgeons. Metrics evaluated included differences in patient and surgeon perspectives, improvements in sexual activity, and differences in outcomes between men and women.

Results: Seventy-six percent of patients identified hip arthritis as the primary cause of sexual problems with pain and stiffness being the most common complaints. Post THA, 44% of patients reported improvements in sexual satisfaction while 27% reported increased intercourse frequency. Patients returned to sexual activity at a mean 4-month post-THA. Eighty-six percent of surgeons rarely or never discuss sexual activity with their patients, and 61% believed that patients can resume sexual activity 1-month post-THA with many agreeing that certain positions were safer.

Conclusion: The outcomes of this systemic review suggest that THA is associated with improved sexual activities and is an important topic for patients. However, surgeons may spend less time than is desired by the patients on this subject pre- and post-THA.

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Total hip arthroplasty (THA) is a very successful major orthopedic procedure for end-stage arthritis that will likely continue to increase with over 500,000 projected to be performed by the year 2020 [1]. It is well documented that degenerative hip disease can negatively impact multiple aspects of quality of life [2–4]. More specifically, many patients report it as being responsible for difficulties in sexual activity [5,6]. This may be critical for some patients because an active sex life has been linked to better overall health [7,8].

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Difficulties in initiating or proceeding with sexual activity may be multifactorial and may not simply apply to those with hip arthritis who have yet to undergo a THA. Before undergoing THA, patients may feel unable to engage in sexual activity due to pain and stiffness secondary to their advanced hip arthritis [9,10]. However, even after their THA is successful in alleviating their pain, both the patient and surgeon may be concerned regarding their new prosthesis dislocating [5,9–11]. Although discussion regarding sexual activity can be difficult for both patients and surgeons, it remains an important part of providing comprehensive patient care.

There are a number of studies that have shown that THA can improve the quality and frequency of sexual activity [9,12–14]. However, it is not clear whether or not regaining sexual activity is of vital importance to patients or their surgeons. Therefore, the purpose of this systematic review was to evaluate the available literature on the effect of THA on sexual activity before and after the

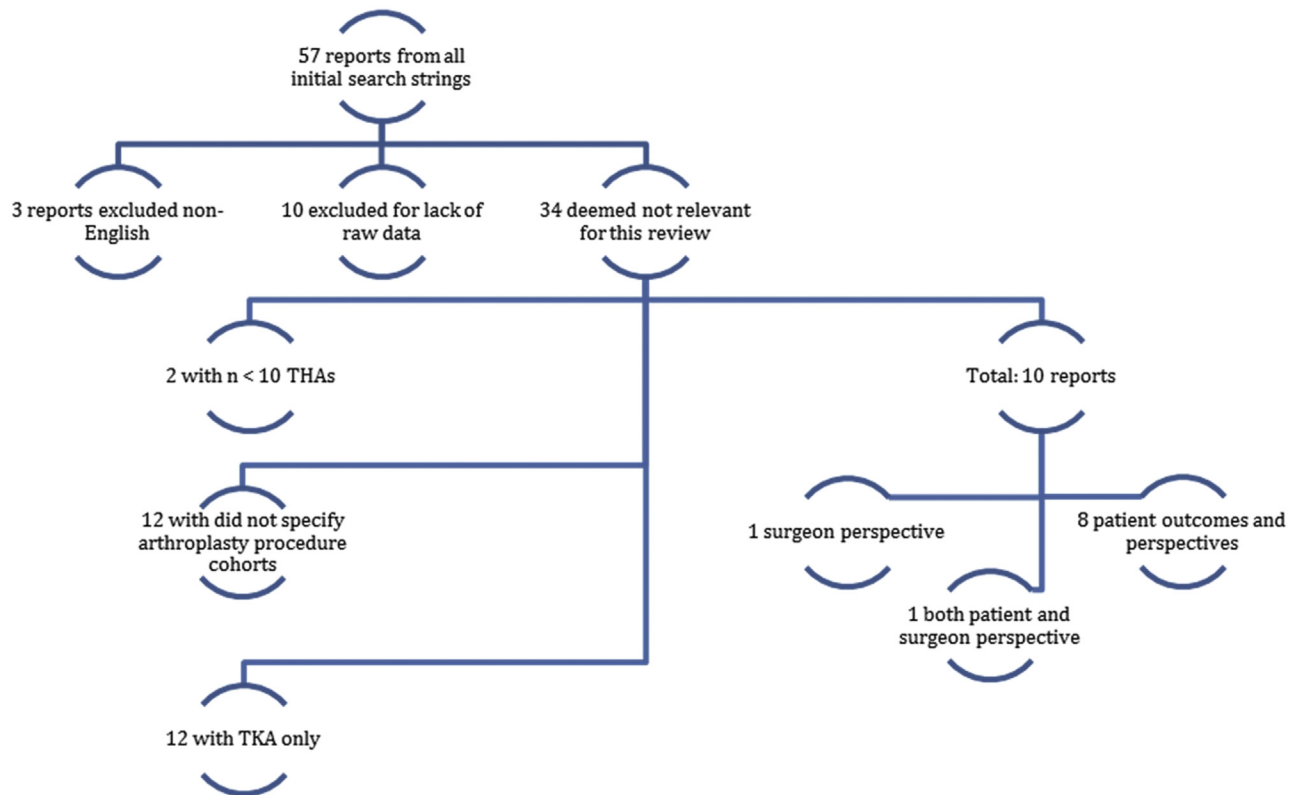


Fig. 1. Search string detailing how 10 reports were included for this review.

procedure and assess patients' and surgeons' perspectives. Specifically, we evaluated: (1) incidence rate of sexual difficulties, (2) sexual activity following THA, and (3) sexual education from patient and surgeon perspective.

Methods

A comprehensive search of 4 electronic databases (PubMed, CINAHL plus, EMBASE, and SCOPUS) was performed for all articles pertaining to this topic from January 1970 to August 2015. The following search string was used: sex*[title] AND total[title] AND hip[title] AND arthroplasty*[title] OR replacement*[title]; sex*[title] AND activit*[title] AND arthroplast*[title] OR replacement*[title]; sex*[title] AND education[title] AND arthroplast*[title] OR replacement*[title]; sex*[title] AND hip[title] AND arthroplasty*[title] OR replacement*[title]. All reports were reviewed by 2 authors (KI and TPP) for data regarding patient-reported sexual difficulties and

surgeon perspectives and frequency of sexual education. The following reports were excluded: (1) non-English and (2) those lacking raw data. Although preference was given to comparative and prospective studies, all studies deemed relevant were included for the purposes of this review.

Our search yielded 10 reports between 1970 and 2013, with 8 studies focused on patient perspective and outcomes only, 1 on surgeon perspective only, and 1 on both patient and surgeon perspectives. The patient perspective studies encompassed 1694 patients who had a mean age of 57 years (range 17–98 years) [9,11–18] (Fig. 1 and Table 1). In addition, the surgeon-perspective studies included a total 337 surgeons who were surveyed [5,16]. Patients were surveyed before their procedure and during the first-year follow-up. Three studies were from the United States, 2 were from Asia (1 China and 1 South Korea), and 5 were from Europe (2 United Kingdom, 1 Denmark, 1 France, and 1 Sweden). The metrics evaluated from each of these studies included

Table 1
Studies in Systematic Review.

Author	Year	Nation	Retrospective or Prospective	LOE	Outcomes Evaluated
Nunley et al [15]	2015	USA	Retrospective	III	Sexual frequency, satisfaction, hip stability during coitus
Wang et al [14]	2014	China	Retrospective	IV	Pain and mobility during coitus, HHS, and satisfaction of patient and partner
Yoon et al [11]	2013	South Korea	Retrospective	IV	Sexual frequency, satisfaction, and concerns after THA
Wall et al [16]	2011	United Kingdom	Retrospective	IV	Sexual satisfaction, pain, and education—surgeon and patient perspective
Laffosse et al [9]	2008	France	Retrospective	IV	Cause of coital difficulties, sexual frequency, and satisfaction
Dahm et al [5]	2004	USA	Retrospective	IV	Education—surgeon perspective
Nordentoft et al [17]	2000	Denmark	Retrospective	IV	% Sexual active pre- and post-THA
Stern et al [13]	1991	USA	Retrospective	IV	Cause of coital difficulties, when sexual activity resumed, comfortable positions
Baldursson and Brattstrom [12]	1979	Sweden	Retrospective	IV	Cause of coital difficulties
Todd et al [18]	1973	United Kingdom	Retrospective	IV	Cause of coital difficulties, relief with THA

LOE, level of evidence; THA, total hip arthroplasty.

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