NEW YORK (Reuters Health) - Nearly 80% of patients reported improved overall sexual function after total hip or total knee arthroplasty in a new prospective study.

Hip replacement patients reported higher rates of increase in sexual activity than knee replacement patients, and females reported higher rates of increase in sexual activity than males.

"This study reliably tells us what improvements in sexual function after total hip and knee replacement surgery patients should expect," said principal investigator Dr. Jose A Rodriguez, director of the Center for Joint Preservation & Reconstruction of Lenox Hill Hospital in New York City, in an email to Reuters Health.

"Roughly 80% of patients who noticed a decrease in frequency of sexual activity due to arthritis before surgery benefitted from the surgery. We noticed similar improvements across the 35-through-50, 50-through-60, and 60-through-70 year age groups," he said.

"Sexuality is a definite concern of patients with arthritis, regardless of age or gender," the authors wrote in their poster presented March 19 at the 2013 annual meeting of the American Academy of Orthopaedic Surgeons in Chicago. Dr. Rodriguez is a member of that organization.

Doctors need to talk with their patients about sexual activity and include sexual activity in their routine patient evaluations before and after total hip arthroplasty and total knee arthroplasty, the authors advised.

Observing that most trials on sexual function after total hip and knee replacement involved patients with rheumatoid arthritis, Dr. Rodriguez and his colleagues focused their single-center study on adults up to age 70 who were undergoing unilateral or bilateral total hip or knee arthroplasty for osteoarthritis.

They excluded patients with severe co-morbidities, significant psychological illnesses, and genital tract diseases or abnormalities.

The research team mailed pre-op questionnaires to 463 patients, asking about the physical and psychological aspects of their sexual activity; completed questionnaires came back from 147 patients (31.7%). These patients were enrolled in the study and received similar questionnaires at six and 12 months after their surgery. Each patient used a code to reply anonymously.

The mean age was 58 (range, 35 to 70). Seventy-eight patients were female, and 106 were married. Ninety-six had hip replacement (bilateral in 10 cases) and 51 had knee replacement (bilateral in nine).
Overall, 116 patients returned the post-op questionnaires. Fifty-one returned only the six-month form, 31 returned only the one-year form, and 34 returned both six- and 12-month forms.

Preoperatively, 67% of the 147 patients reported physical problems with sexual activity (67% reported pain, 36% stiffness, 49% reduced libido, 14% difficulty with positioning), and 91% reported psychological issues (91% overall health concerns; 53% sexual self-image).

But after their surgery, patients reported changes: 42% of patients reported increased libido, 41% increased intercourse frequency, 36% increased intercourse duration, 84% improved overall health and 55% improved sexual self-image.

Dr. Parthiv Rathod, one of the investigators and a colleague of Dr. Rodriguez, told Reuters Health, "No significance analysis was done for the individual percentages for each component presented in the poster. However, since 80% of patients who were affected before surgery reported improvement, it was considered a significant finding."

Among patients whose sexual activity had been adversely affected before surgery, 81% reported increased post-op frequency of sexual activity. In patients with hip osteoarthritis, sexual activity increased in a higher number of females than males (63% vs 46%; p=0.02).

A higher percentage of hip patients than knee patients reported increased frequency of sexual activity (57% vs 25%). In the hip surgery cohort, more females than males reported increased sexual activity postop (54.7% vs 34.3%; p=0.05). Similar improvements were reported in all age groups.

Approximately 16% of patients reported that their surgery adversely affected their sexual activity, including 10% who were concerned that they could damage their affected joint.

"Our survey was detailed in terms of individual components of sexual function, such as frequency, duration, occurrence of orgasm, libido, site of pain and factors that negatively impact sexual function," Dr. Rodriguez said in his email.

"We also analyzed improvements in the psychological aspects of patients' sexuality and in their overall appearance. This had not been done before," he added.

Possible problems this study, the authors said in their poster, included the low response rate that was comparable to earlier related studies, and questions that may have been misunderstood.

Considering future studies, Dr. Rodriguez said, "A correlation between our routine outcome scores for evaluation of total hip and knee arthroplasty was not done as that would have entailed breaking the anonymous design of the study. However, it would be interesting to see if improvement or decline in these scores could predict changes in sexual function as well."

Dr. Edward R. McDevitt with Bay Area Orthopaedics in Arnold, Maryland, who was not involved with the study but is also an AAOS member, welcomed the findings. "This is a very exciting, well-done study. Sexual activity is important for men and women of all ages, but often the pain associated with joint problems makes sexual activity difficult," he said in an email.
"This study indicates that joint replacement can lead to tremendous improvement in the ability to have successful sex and an overall sense of well-being," added Dr. McDevitt.

Dr. McDevitt advised that even though patients may be embarrassed to talk about sexual function after joint replacement, surgeons need to discuss this important issue with them and let them know that, after the healing period, sexual activity will be safe.

"This is good news!" he added.