



Original article

Resumption of Sexual Activity After Primary Total Hip Arthroplasty (THA) via the Anterolateral Approach

Reprise des activités sexuelles après la réalisation d'une arthroplastie totale de la hanche (ATH)
primaires par voie antérolatérale

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Résumé

Introduction : l'arthroplastie totale de hanche (ATH) améliore considérablement le pronostic fonctionnel des patients souffrants des douleurs chroniques de la hanche. L'étude avait pour objectif d'évaluer l'impact des ATH sur l'activité sexuelle des patients.

Méthodologie : l'étude a été transversale et a couvert une période de deux ans (décembre 2021 – décembre 2023). Ont été inclus dans l'étude les patients des deux sexes, sexuellement actifs et qui ont donné leur consentement pour faire de l'étude. Elle a concerné 114 patients opérés pour ATH primaire par voie antérolatérale (N=114) pour une douleur chronique de la hanche. L'âge moyen était de 47 ans [18 – 65], le sexe ratio était de 1,1. Un questionnaire anonyme a été administré au 6ème mois post opératoire rapportant l'activité sexuelle pré et post opératoire.

Résultats : Le taux de participation était de 89,5%. La fréquence des rapports sexuels préopératoires était de moins de trois rapports mensuels chez 94 patients

(82,4%) contre 43 patients (37,7%) en postopératoire. Tous les patients rapportaient des difficultés pour la pratique de l'activité sexuelle en préopératoire contre seulement 22 patients (19,30%) qui rapportaient des difficultés minimales après la réalisation de l'ATH. Tous les patients sexuellement actifs avaient repris une activité sexuelle après la réalisation de l'ATH. Le nombre de semaine moyen de reprise de l'activité sexuelle était de neuf (9) semaines avec des extrêmes de trois (3) semaines et 18 semaines. Cette reprise était plus précoce chez les hommes. Seulement 18,4% (n=21) des patients déclarait avoir reçu des informations sur la reprise de l'activité sexuelle après la mise en place de l'arthroplastie totale de la hanche de la part de l'équipe soignante.

Conclusion : L'arthroplastie totale de la hanche améliore l'activité sexuelle des patients.

Mots-clés : Activité sexuelle ; arthroplastie totale de hanche ; voie antéro-externe.

Abstract

Introduction: Total hip arthroplasty (THA) significantly improves the functional prognosis of patients suffering from chronic hip pain. The aim of the study was to assess the impact of THA on the sexual activity of patients.

Methodology: The study was cross-sectional and covered a period of two years (December 2021 – December 2023). Patients of both sexes who were sexually active and who gave their consent to participate in the study were included. It involved 114 patients who underwent primary THA via an anterolateral approach (N=114) for chronic hip pain. The mean age was 47 years [18–65], and the sex ratio was 1.1. An anonymous questionnaire was administered at six months post-operatively, reporting pre- and post-operative sexual activity.

Results: The participation rate was 89.5%. The frequency of preoperative sexual intercourse was less than three times per month in 94 patients (82.4%) compared to 43 patients (37.7%) postoperatively. All patients reported difficulties with sexual activity preoperatively, compared to only 22 patients (19.30%) who reported minimal difficulties after THA. All sexually active patients resumed sexual activity after THA. The mean number of weeks before resuming sexual activity was nine (9), with extremes of three (3) weeks and 18 weeks. Men resumed sexual activity earlier than women. Only 18.4% (n=21) of patients reported receiving information from the healthcare team about resuming sexual activity after total hip arthroplasty.

Conclusion: Total hip arthroplasty improves patients' sexual activity.

Keywords: Sexual activity; total hip arthroplasty; anterolateral approach.

Introduction

The impact of chronic pain is well known in terms of walking function, but it also affects patients' sexual function [1,2]. Indications for total hip arthroplasty

(THA) are becoming increasingly frequent, in increasingly younger patients for whom sexual activity is very important for their full fulfillment [2]. The resumption of sexual activity after total hip arthroplasty therefore deserves to be addressed during the consultation [3]. However, in the literature, it appears that surgeons seem quite modest about this subject [4]. Between 80 and 89% of patients regret this lack of information regarding the resumption of sexual activity after THA [5].

We formulated the following hypotheses:

- Chronic hip pain negatively impacts patients' sexual activity
- Total hip arthroplasty improves the sexuality of these patients
- There is a communication deficit regarding patients' sexuality on the part of the healthcare team

The study aimed to evaluate the impact of THA on the sexuality of patients suffering from chronic hip pain before and after the intervention, and to verify whether these same patients had received sufficient information about sexuality from the healthcare team. Thus, the purpose of our work was to enrich the scientific literature with data on sexuality before and after the placement of a THA.

Methodology

This was a cross-sectional study covering a period of two (2) years from December 2021 to December 2023. Patients of both sexes who had been operated during the study period and who gave their consent to participate in the study, being sexually active, were included. A total of 114 patients met our inclusion criteria and constituted our study population. The study was conducted using an anonymous questionnaire that was administered at the 6th month postoperatively, reporting pre- and post-operative sexual activity. The following variables were analyzed: participation rate, frequency of monthly sexual intercourse pre- and post-operatively, difficulties encountered during sexual intercourse, time to resumption of sexual intercourse

after THA, postures during sexual intercourse, and whether information about sexuality was given to the patient during consultations.

Major difficulties were defined as patients for whom pain was permanent during sexual intercourse preventing the continuation of the act; moderate difficulties as intermittent pain occurring in 50% of cases; and minimal difficulties as occasional pain occurring in less than 25% of cases [2]. The mean age of our patients was 46 years with extremes of 18 years and 65 years. Of the 114 patients whose responses are analyzed here, 60 were men versus 54 women. Our data were collected using Kobotoolbox software and analyzed using STATA software version 17. We conducted a descriptive analysis of our results. Quantitative variables were presented as mean with their standard deviation. Qualitative variables were presented as proportion and percentage. The Chi-square test or Fisher's exact test was used for comparison of qualitative variables. The significance threshold retained was a p-value less than 0.05.

Results

Participation Rate

The participation rate was 89.5%, i.e., 120 patients out of 134 total hip arthroplasties performed during the study period. Six (6) patients who had all, for one reason or another, ceased all conjugal sexual relations before the start of the study were noted. Therefore, a total of 114 patients met our inclusion criteria and constituted our study population (Figure 1).

Sexual Activity of Patients

- **Frequency of Sexual Intercourse**

A significant increase in the frequency of sexual intercourse after THA was noted (Figure 2).

- **Difficulties Encountered During Sexual Activity**

All patients experienced difficulties during sexual activity before the intervention, and only 22 patients (19.30%) reported minimal difficulties after THA implantation (Figure 3).

Impact of Sex and Age on the Time to Resumption of Sexual Activity

All sexually active patients resumed sexual activity with a mean time to resumption of nine (9) weeks after total hip arthroplasty, with extremes of three (3) weeks and 18 weeks. An earlier resumption of sexual activity was also noted in men than in women. Men resumed sexual activity earlier in 33.33% of cases between 3 and 6 weeks (20/60 vs 4/54 ($p=0.02$)) and in 63.33% between 6 to 12 weeks (38/60 vs 17/54 ($p=0.01$)). Sexual resumption in women was more gradual over time, mainly from 12 weeks postoperatively in 61.11% of cases (33/54 vs 12/60 ($p=0.03$)). The distribution of the time to resumption of sexual activity according to sex is shown in Figure 4.

Age had no impact on the time to resumption of sexual activity ($\rho=0.0752$; 95%CI [-0.197; 0.305] ($p=0.53$)).

- **Cause of Apprehension During Sexual Intercourse**

All patients reported having apprehensions at the time of resuming sexual activity related either to fear of pain occurrence or dislocation.

- **Postures During Sexual Intercourse**

The supine position (patient underneath) was the most appreciated. The second most comfortable position for men was the prone position (patient on top), while for women, it was lying on the side opposite the operated hip.

- **Information Received About Sexuality During Consultation**

This study showed that only 18.4% ($n=21$) of patients reported having received information about sexual activity after total hip arthroplasty from the healthcare team. Only 4.3% ($n=5$) were informed of the need to wait a period before resuming sexual activity and of the risk associated with certain positions to avoid. Regarding partner information, patients preferred that he/she be present during the interview (Figure 5).

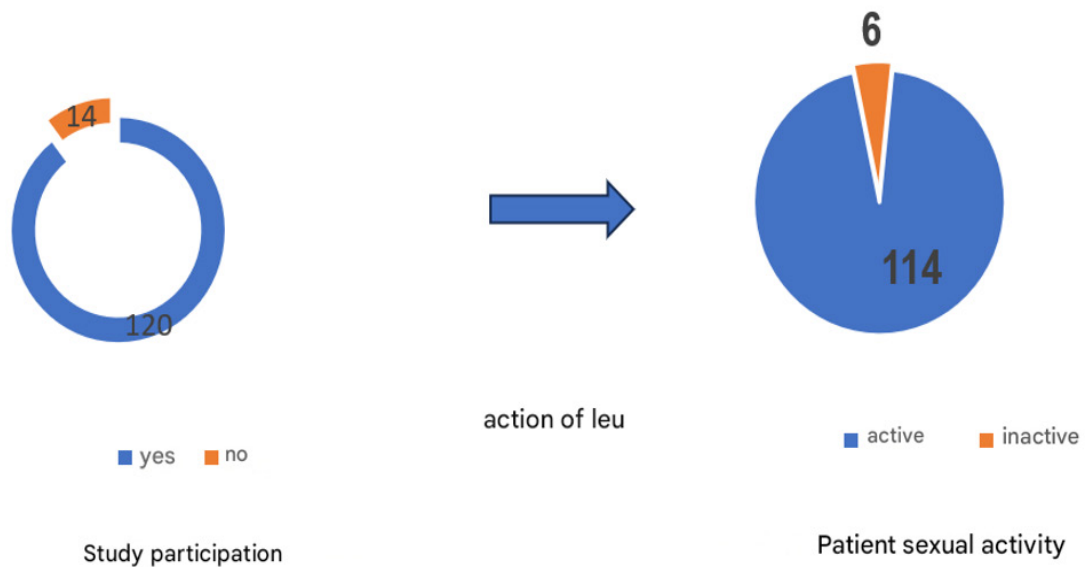


Figure 1: Distribution of patients according to their participation in the study.

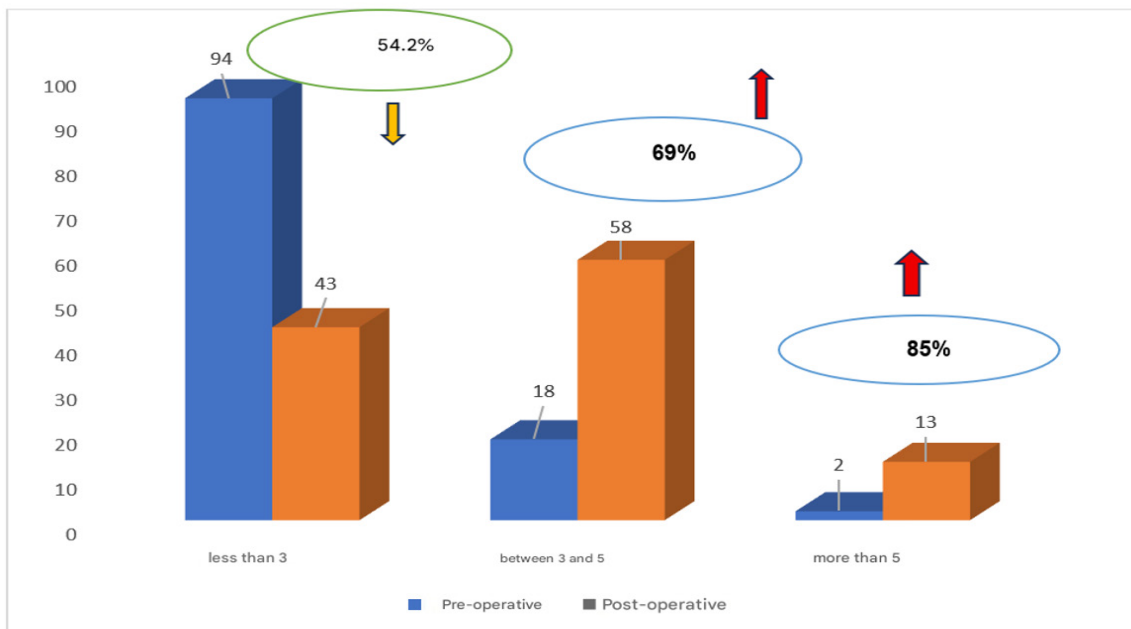


Figure 2: Distribution of patients according to the number of monthly sexual intercours before and after THA.

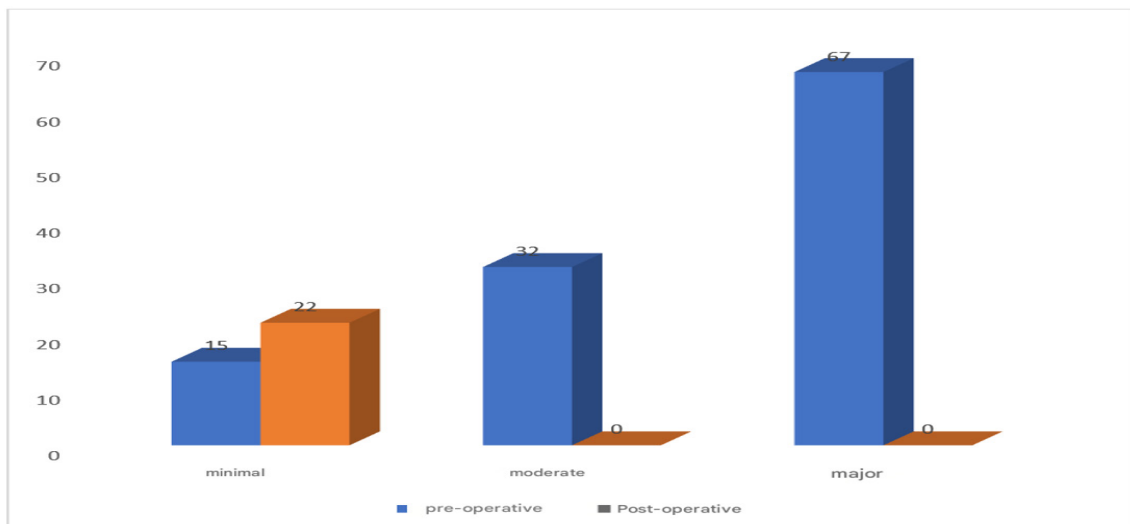


Figure 3: Distribution of patients according to the degree of difficulties encountered during sexual activity before and after THA.

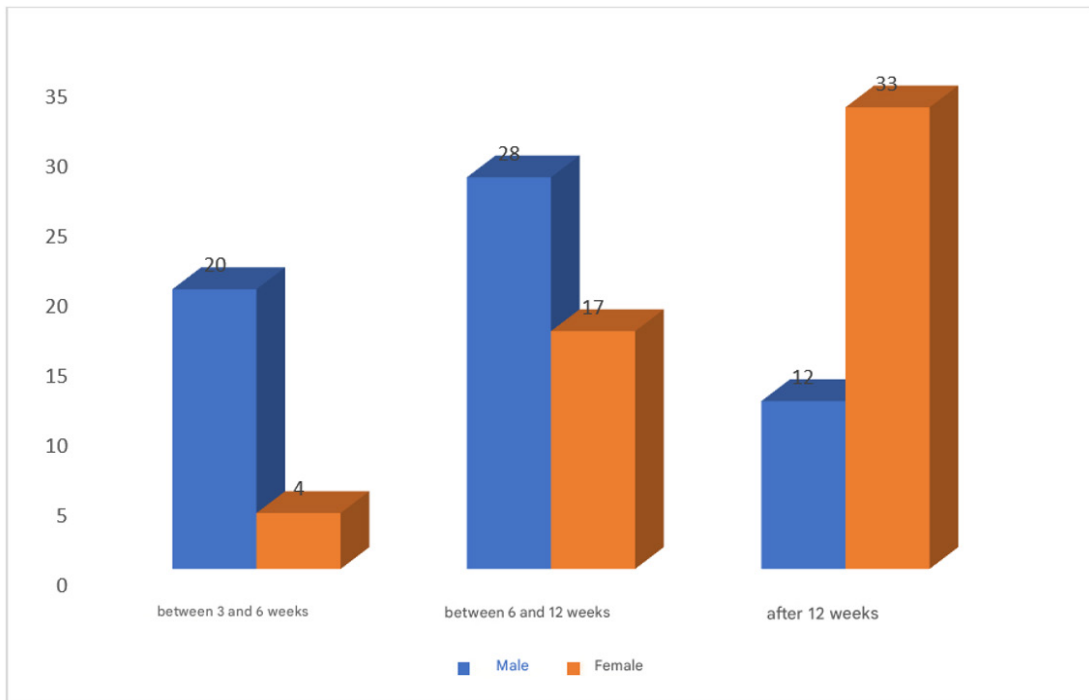


Figure 4: Distribution of patients according to the time to resumption of sexual activity by sex.

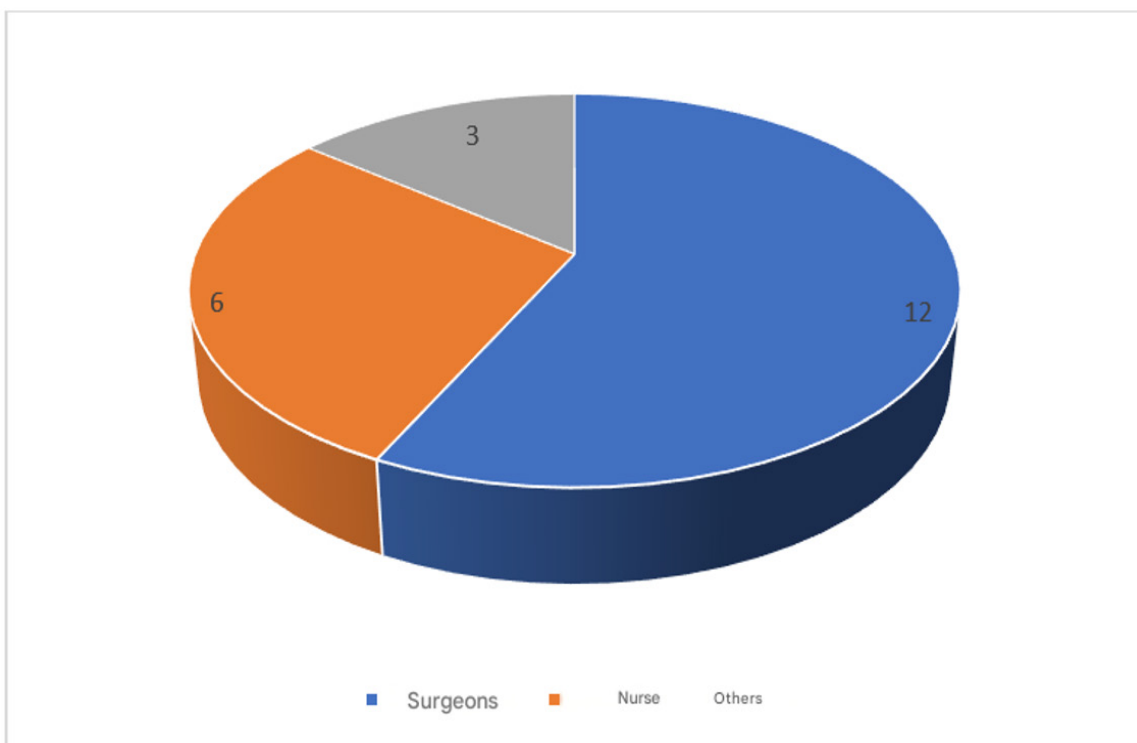


Figure 5: Distribution of patients according to their source of information.

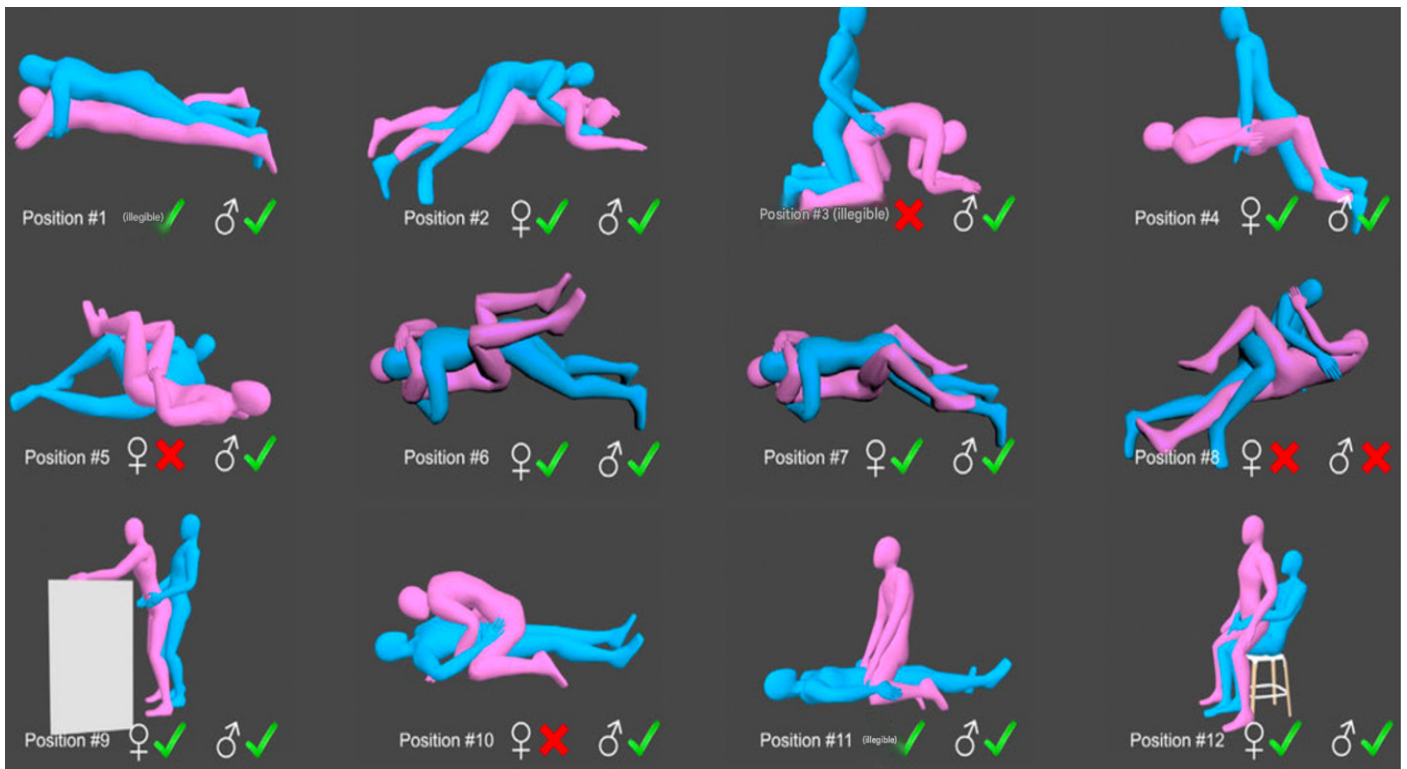


Figure 6: Representation of positions authorized (green) or not recommended (red) for one or both partners. Man in blue and woman in purple.

Discussion

Study Limitations

Our study has several limitations. The first is the monocentric character of this study. All our patients were operated at Paul VI Hospital by missionary surgeons. The second is the absence of a control group regarding the surgical approach, as all our patients were operated by the same anterolateral approach, which did not allow us to compare our results with patients operated by another approach. Thirdly, the retrospective nature of the preoperative data collection. Finally, our mean follow-up was short to be able to evaluate the real long-term impact of THA on patient sexuality. Despite these limitations, we were able to compare our data with the literature and conduct a discussion.

Frequency of Sexual Intercourse

The study noted a significant increase in the number of sexual intercourses after THA. This could be explained by the relief of pain and the disappearance of stiffness that reduced comfort during sexual activity. Also, the intake of certain medications would

also decrease the libido of patients with chronic hip pain who are obliged to take these medications to relieve their pain [6].

Difficulties Encountered During the Resumption of Sexual Intercourse

Only 22 patients (19.30%) reported minimal difficulties after THA. These difficulties are all linked to apprehensions about the occurrence of pain or dislocation or both. These apprehensions are due to a lack of information on the part of the healthcare team.

Time to Resumption of Sexual Activity After Total Hip Arthroplasty

Our results corroborate those in the literature with a mean time to resumption of sexual activity of 9 weeks and an earlier resumption in men. Currey [1] showed that men resumed sexual practice earlier than women, highlighting their position requiring more constraints in abduction and external rotation on the hip. We also showed that women resumed sexual activity later than men. The literature advises resumption times of 1 to 3 months [7]. This duration is mentioned in posterolateral approaches presenting a greater risk of dislocation during the first postoperative

months. Some authors allow their patients an earlier resumption in the case of an anterior approach [4,7].

Postures Adopted During Sexual Intercourse After Total Hip Arthroplasty

From the point of view of sexual postures, in our study, the supine position (patient underneath) was the most appreciated. The second most comfortable position for men was the prone position (patient on top), while for women, it was lying on the side opposite the operated hip. This position does not require abduction and external rotation of the hip. These adopted postures are consistent with those in the literature [8].

Charbonnier et al. [9] conducted a biomechanical study on the risks of dislocation comparing the twelve most common sexual positions. Women are most at risk of posterior instability during positions requiring flexion by anterosuperior cam effect, unlike men who present risks of anterior instability by posteroinferior cam effect. The different recommended positions are shown in green and the positions not recommended in red in Figure 6 [10].

Information Received by Patients About Sexuality

During the study, only 18.4% of patients reported having received information from the healthcare team, which corroborates the literature. Indeed, in the study by Rougereau et al. [3], surgeons raised the subject of sexuality in only 4% of consultations. These results support those of Dahm et al. [11], reporting on the one hand that 89% of patients wished to have more precise information on this subject, and on the other hand that only 20% of surgeons regularly address the subject preoperatively but in less than five minutes in 96% of cases. This intimate subject is rarely addressed by the patient during the consultation, if the surgeon does not take the initiative [11]. Meyer et al. [12] showed that the majority of women who had undergone THA compensated for this lack of information through other means such as internet forums or brochures, as they are often reluctant to address such a modest subject themselves. This lack of information delayed the resumption of sexual activity by more than four (4) months [12]. The lack of oral information is

shared by all series, and the same is true for written information [13]. Wall et al. [14] followed 83 surgeons and reported that only 39% provided written information about resuming sexual activity after total hip arthroplasty. However, patient information is not only a legal obligation in France since the law of March 4, 2002, but also the foundation of a quality doctor-patient relationship [15,16].

Impact of Age, Sex, and Surgical Approach on the Time to Resumption of Sexual Activity

In our study, after multivariate analysis, we note that sex has an impact on the time to resumption of sexual activity. We found that men resumed sexual activity earlier than women after THA. However, age had no impact on the time to resumption of sexual activity. In the study by Rougereau et al. [3], the same findings were made. In this study, we were not able to establish a link between the surgical approach used and the time to resumption of sexual activity because all our patients were operated by the same anterolateral approach. However, the literature confirms an earlier resumption of sexual intercourse in patients operated by the anterior approach compared to those with the posterior approach [7].

Recommendations

In light of this study, we recommend providing clear and fair information, in writing in an information booklet on sexuality, to each patient and their partner who is to undergo total hip arthroplasty.

The booklet should mention:

- The time to resumption of sexual activity, which is on average nine (9) weeks in our study
- The different recommended postures: regarding the risk of dislocation, safe positions are indicated in green and dangerous positions in red, men in blue and women in purple
- Warning signs of dislocation: pain, absolute functional impairment of the limb associated with a vicious irreducible attitude of the limb in adduction, internal rotation, extension with shortening

Conclusion

An increase in the frequency of sexual intercourse after total hip arthroplasty was noted. The mean time to resumption of sexual activity is 9 weeks with an earlier resumption in men. The main difficulty during sexual resumption was patient apprehension regarding the risk of dislocation, partly due to a lack of preoperative information. We therefore recommend systematically offering patients, regardless of their age, at least an explanatory booklet on the time to return to sexual practice, the modalities, and the positions at risk.

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