

**Guidance  
on the  
Selection of  
Prostheses  
for Primary  
Total Hip  
Replacement:  
Information  
for Patients**

● April 2000  
Review date 2003

**Further  
Information**

Further information on NICE, and the full guidance issued to the NHS, is available on the NICE web site ([www.nice.org.uk](http://www.nice.org.uk)).

It can also be requested from 0541 555 455.

This leaflet is also available in Welsh.

**Mae'r daflen hon hefyd ar gael yn Gymraeg.**

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If you, a member of your family, or someone you care for is going to have a *THR* you should discuss this advice with your GP or surgeon.

If you have already had a hip replacement please do not worry. This guidance does not mean that your hip joint is not safe or should not have been used.

This guidance means that, in the future, no matter where you live in England and Wales, your surgeon has access to the same information on the best performing hip joints.

Yes. The guidance will be reviewed in April 2003.

What should I do?

If I have already had a HIP replacement – what does the NICE guidance mean to me?

Will NICE review its guidance?

## What is NICE Guidance?

The National Institute for Clinical Excellence (NICE) is a part of the NHS. It has a team of experts who produce guidance for both the NHS and patients on medicines, medical equipment and clinical procedures.

When the Institute evaluates these things, it is called an appraisal.

Each appraisal takes around 12 months to complete and involves the manufacturers of the technology, patient groups and professional organisations.

NICE was asked to look at artificial hips (prostheses) and provide guidance to the NHS about which ones work best and represent value for money.

Artificial hip joints are also known as '*replacement hip joints*' or '*hip prostheses*'.

They are inserted surgically into the hip to replace diseased or damaged joints. The operation is called a Total Hip Replacement (*THR*). *THR*s are often carried out to relieve discomfort and disability caused by joint disease (including osteoarthritis and rheumatoid arthritis of the hip). At present, *THR* is thought to be one of the most effective operations.

## What are artificial hip joints and when are they used?

## What do NICE recommend?

Approximately 35,000 *THR*s are carried out in the NHS in England and 2,800 in Wales each year. Between 10 to 15% of these have to be revised. Revised means that the operation has to be repeated. This could be because the replacement hip has worn out or because there was a problem following the operation.

There are more than 60 different artificial hips available for *THR* but they can be split into 3 groups: cemented, uncemented or hybrid. Which group an artificial hip is placed in depends on the way it is put in during the *THR* operation.

Based on the evidence, NICE has recommended to the NHS that:

1. Wherever possible, the NHS should use artificial hip joints that can show they last for 10 years or more. This is called a benchmark.
2. Sometimes a surgeon might need to use an artificial hip that does not meet this benchmark. If this is the case, the hip should have at least 3 years evidence. This evidence should show that the artificial hip is on target to meet the 10-year benchmark.

3. Artificial hips that do not meet the standards 1 and 2 above should only be used in the NHS as part of a clinical trial. If you need one of these hips, then your surgeon will discuss the details of the clinical trial with you before you agree to have the operation.

4. Artificial hips are described in one of three ways: cemented, uncemented or hybrid. It depends on the design of the artificial hip and how it is fixed into the bone, during the operation.

There is more evidence that cemented artificial hips meet the 10-year benchmark (described in point 1) and produce the least pain and discomfort.

5. To help the NHS establish and do the best for their *THR* patients more evidence on the performance of artificial hip joints and *THR*s is needed. Therefore, NICE has recommended that the NHS should set up a hip registry and should encourage more research. This may mean that the NHS and your surgeon will collect information about your hip operation and how well you have progressed.