Hip Replacement and AVN Patient Guide

A practical guide for hip pain, AVN, arthritis, hip replacement planning, early walking, and travel-ready recovery.

Use this guide if hip pain, AVN, arthritis, or hip replacement is being discussed.

- Note where the pain is felt: groin, outer hip, thigh, buttock, or knee-like referred pain.
- Bring X-rays, MRI if AVN is suspected, medicine list, previous injections, and walking limitation details.
- Hip pain decisions depend on diagnosis, stage, age, activity level, bone quality, and medical fitness.

Problem pattern	What it may suggest	Practical next step
Groin pain with limp	Hip arthritis, AVN, labral or joint-surface problem.	Orthopedic examination and X-ray/MRI can identify the stage and treatment path.
AVN diagnosis	Reduced blood supply to femoral head with risk of collapse.	MRI staging is important. Early stages may have joint-preserving options; advanced collapse may need replacement.
Severe stiffness	Advanced arthritis, old injury, deformity, or femoral head collapse.	Discuss whether hip replacement, technique, implant choice, and recovery plan are suitable.
Walking limitation	Painful hip mechanics affecting daily life.	Plan physiotherapy, pain control, support aids, or surgery depending on diagnosis.
Urgent signs	Fever, sudden inability to bear weight, trauma, redness, or severe night pain.	Seek prompt medical review and avoid delaying diagnosis.

Questions to ask before hip surgery

- Is my problem arthritis, AVN, fracture, impingement, labral injury, or referred spine pain?
- Is joint preservation possible or is replacement more reliable?
- Which surgical approach and implant are planned?
- When can I stand, walk, climb stairs, travel, and return to work?

Treatment options commonly discussed

Option	Usually useful when	Important note
Medicines and physiotherapy	Early pain, muscle weakness, stiffness, or temporary flare.	Helpful for symptom control but cannot reverse advanced joint damage.
Core decompression / joint preservation	Selected early AVN before femoral head collapse.	Suitability depends on MRI stage and surgeon assessment.
Hip injection	Selected inflammation or diagnostic uncertainty.	Not a permanent solution for advanced arthritis or collapsed AVN.
Hip replacement	Advanced arthritis, collapsed AVN, severe pain, limp, or major disability.	Modern protocols may allow early assisted walking when medically suitable.
International/long-distance planning	Patients travelling from other cities or countries.	Plan reports, fitness, hospital stay, physiotherapy, and travel-back timing before admission.

When to contact AKJC

- Hip pain is causing limp, sleep disturbance, reduced walking, or difficulty sitting/standing.
- MRI shows AVN and you need staging or treatment planning.
- You have been advised hip replacement and want to understand approach, implant, and recovery.
- You are travelling from another city or country and need coordinated consultation and surgery planning.

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Disclaimer: This guide is for patient education only. Diagnosis and treatment decisions require clinical examination, imaging, and direct medical advice.