

HIP REPLACEMENTS

Q: My husband has recently been referred to have a hip replacement. Is there any literature available on scleroderma patients and hip replacements? Any guidance is appreciated.

A: There is no specific literature on the outcomes of joint replacements in patients with scleroderma. I do have a number of patients who get these procedures, and overall, I think they do very well.

There are risks associated with general anesthesia for a major joint surgery and these risks may be higher in someone with any significant heart, lung or kidney disease related to their scleroderma. These factors need to be evaluated in advance, and you may need an appropriate pre-operative assessment in these areas.

The healing of the incision is not significantly affected by having scleroderma, although we try to avoid making incisions through skin believed to be actively involved (meaning still inflamed, not just a little thick) with scleroderma. This typically only occurs early in the course and only in a small subset of patients (diffuse subset).

Some scleroderma patients use immune-suppressing medications for treatment. You may need to stop temporarily these medications near the time of the surgery to reduce the risk of infection. In addition, if you use prednisone, your dosage may need adjustment before surgery.

One of the important components of a hip replacement surgery is the required post-operative physical therapy. Sometimes, due to problems in other joints or tendons, this may be more difficult and may require a longer or modified course of physical therapy.

Inform your rheumatologist of your surgery plans so all of these issues can be assessed appropriately to guide you and your surgeon through the process.

About the Author: Laura K. Hummers, M.D., ScM, is co-director of Johns Hopkins Scleroderma Center, and assistant professor at Johns Hopkins University School of Medicine in Baltimore, Md. Dr. Hummers responds to patient questions in this issues Q&A.