Assessment Of Patient Problems Encountered With Total Hip Replacement At Baghdad Teaching Hospitals

Faris Fauze Ahmed, Dr. Halima Yusuf Al-Rubaie

Abstract: Background: Total hip replacements conduct highly effective in relieving pain dysfunction for patients who suffer from hip inflammation and a variety of reasons, however, after several decades of success in hip replacement there was also an increase in cases of fractures after you perform a detailed switch and attributed this The increase in the prevalence of a large fraction of the increase in the number of switch detailed and increasing age and poverty operations. Objectives: The study aims to Assess the pre operation physical and psychosocial problems of patients with total hip replacement. To Assess the post operation physical and psychosocial problems of patients with total hip replacement. To find out the relationship between pre _ post physical and psychosocial problems with (age, gender, duration of illness and type of operation). Design of the study: A descriptive design study was carried out in Nursing Home hospital and Ghazi AL-Hariri for specialized surgical hospitals starting from January, 13th 2015 to September, 1st 2015, The study Sample: A non- probability (purposive) sample of 50 patients undergoing total hip replacement surgery who have several problems before and after surgery. The study Instrument: The study instrument was composed of three parts which as socio demographic information was included; age group, gender, marital status, level of education, occupational, economic, part two consist of medical information was comprised of (7) items, and part three contain physical and psychosocial problems through Hamilton anxiety scale consist of 84 items. Validity and Reliability: The content validity of the instrument was established through a panel of (14) experts, the reliability of the items was based on the internal consistency of the questionnaire was assessed by calculating Cronbach s' Coefficient alpha which as= 0.73. Statistical Analysis: The researchers used the appropriate statistical methods for data analysis which include the descriptive data analysis, and inferential data analysis. Result: the findings revealed that the males that 54.0%, High percent of them 28.0% at 48-57 years old, 82.0% were married 38.0% of them at Graduated from primary school, 42.0% house wife, and majority of them 84.0% were high score of socio-economic status.

Keywords: Total hip replacement, physical problems, psychosocial problems.

1 INTRODUCTION

Total hip replacement (THR) is replacement of badly damaged with Artificial joint, Although a large number of implants available, and most consist of metal femoral component. topped with a spherical ball installed in a plastic acetabular socket, which is hold in the bone with methyl methacrylate (bone cement), after Successful operation, and the hip is a free or almost free of pain, has good movement, is more stable, and usually allows normal or near normal curfew (Abdulkarim, 2013). Pain is the main indicator for hip replacement, this include pain with movement and pain at rest, much of the pain may be relieved reliable as 1 week after surgery (Okoro, 2012). Function limitation, capsular contractions and joint deformity and cause a decline in the movement of the hip, with subsequent functional limitations (Goyal, 2013). Loss of mobility, there is some subset patient who stiff joints without hip pain, is an indication for surgery, these groups of patients with ankylosing spondylitis include (Gossec, 2010). Radiographic indications of intra-articular disease, although the radiographic changes are considered in making the decision to work, and selected more important is the severity of symptoms (Javed, 2011). The surgery is generally taken for patients over 60 with unremitting pain or irreversibly damage hip joints (Arden, 2011). Total- hip replacement provides significant relief from pain and improve function, it is a badly damaged hip replacement with an artificial joint, the need for this surgery include arthritis, femoral neck fracture, and thrown trauma and problem resulting from congenital -hip disease (Apold, 2011).

Methodology:

Objectives of the study:

1- To assess the pre operation physical and psychosocial problems of patients with total hip replacement.

- To Assess the post operation physical and psychosocial problems of patients with total hip replacement.
- 3- To find out the relationship between pre _ post physical and psychosocial problems with (age, gender, duration of illness and type of operation).

The study Sample: A non- probability (purposive) sample of 50 patients undergoing total hip replacement surgery who have several problems before and after surgery.

The study Instrument: The study instrument was composed of three parts which as socio demographic information was included; age group, gender, marital status, level of education, occupational, economic, part two consist of medical information was comprised of (7) items, and part three contain physical and psychosocial problems through Hamilton anxiety scale consist of 84 items.

Validity and Reliability: The content validity of the instrument was established through a panel of (14) experts, the reliability of the items were based on the internal. consistency of the questionnaire was assessed by calculating Cronbach s' Coefficient alpha which as= 0.73.

Statistical Analysis: The researchers used the appropriate statistical methods for data analysis which include the descriptive data analysis, and inferential data analysis.

Results:

Table1: Distribution of the Study Sample by Socio-Demographic Characteristics (NO. =50)

No.	Variable	Frequency	Percent%
1	Gender		
1.1	Male	27	54.0
1.2	Female	23	46.0
2	Age (year)	Frequency	Percent%

2.1	18-27	8	16.0
2.2	28-37	8	16.0
2.3	38-47	9	18.0
2.4	48-57	14	28.0
2.5	58 and over	11	22.0
	Mean ± SD	3.14 ± 1.396	
3	Marital status	Frequency	Percent%
3.1	Single	9	18.0
3.2	Married	41	82.0
4.	Level of education	Frequency	Percent%
4.1	Not read and not writes	11	22.0
4.2	Read and writes	1	2.0
4.3	Primary school Graduate	19	38.0
4.4	Intermediate school Graduate	6	12.0
4.5	Secondary school of Graduate	9	18.0
4.6	Graduate Institute	2	4.0
4.7	School graduate and above	2	4.0
5	Employments	Frequency	Percent%
5.1	Government employee	13	26.0
5.2	Private sector employees	13	26.0
5.3	Retired not works	3	6.0
5.4	Housewife	21	42.0
6	Socio-economic status	Frequency	Percent%
6.1	High score	42	84.0
6.2	Middle score	6	12.0
6.3	Low score	2	4.0

Table 1: Shows the males that 54.0%, High percent of them 28.0% at 48-57 years old, 82.0% were married 38.0% of them at Graduated from primary school, 42.0% house wife, and majority of them 84.0% were high score of socio-economic status.

Table 2. Medical History of the Study Sample

No.	Variable	Frequency	Percent%
1	Causes of disease		
1.1	Trauma	21	42.0
1.2	Osteoporosis from medication	26	52.0
1.3	Osteoporosis from genetic	1	2.0

1.4	Arthritis	2	4.0
2.	Duration of disease	Frequency	Percent%
2.1	From 6 month to one year	32	64.0
2.1.	From 1 year and more	18	36.0
3.	Smoking	Frequency	Percent%
3.1	Yes	33	66.0
3.2	No	17	34.0
4.	Drinking Alcohol	Frequency	Percent%
4.1	Yes	3	6.0
4.2	No	47	94.0
5.	History of disease	Frequency	Percent%
5.1	Not have	15	30.0
5.2	Diabetes	9	18.0
5.3	Hypertension	4	8.0
5.4	Chronic allergy	9	18.0
5.5	Diabetes, and hypertension	20	40.0
5.6	Diabetes, hypertension, hypothyroidisms	2	4.0
6.	History of Drugs	Frequency	Percent%
6.1	Analgesic drug	18	36.0
6.2	Allergic drug	6	12.0
6.3	Analgesic drug, and hypertensive drugs	7	14.0
6.4	Analgesic drug , and diabetes drug	9	18.0
6.5	Analgesic, hypertensive and diabetes drug	6	12.0
6.6	Thyroxin	4	8.0
7	Number of Operation	Frequency	Percent%
7.1	First Operation	45	90.0
7.2	Second Operation	5	10.0
	Total	50	100.0

Table 2: Presented that the high percent of them 52.0% osteoporosis, 54.0% were problem from 6 month to one year, 66.0% of them were smoker, 40.0% of them have diabetes & hypertension, 36.0% of them received analgesic drug, and 90% of them at a first hip replacement operation.

Table 3: Comparison between Pre and Post-Operative Physical Patients Symptoms

	Domains	Pre Opera Symp	Pre Operative Symptoms						Post Operative Symptoms				
1	Physical Problems	Not P	resent	Moderate		sever		Not Present		moderate		sever	
1.1	Sensory Symptoms	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
1.1.1	Tinnitus	3	6.0	26	52.0	21	42.0	45	90.0	5	10.9	0	0.0
1.1.2	Blurring of vision	7	14.0	26	52.0	17	34.0	32	64.0	18	36.0	0	0.0
1.1.3	Hot and cold flushes	8	14.0	26	52.0	16	32.0	45	90.0	5	10.0	0	0.0
1.1.4	Feelings of weakness	26	52.0	20	40.0	4	8.0	43	86.0	7	14.0	0	0.0
1.1.5	Pricking sensation	0	0.0	0.0	0.0	50	100.0	46	92.0	4	8.0	0	0.0
1.2	Muscular Symptoms	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
1.2.1	Pains and aches	19	38.0	25	50.0	6	12.0	50	100.0	0	0.0	0	0.0
1.2.2.	Twitching, stiffness	12	24.0	29	48.0	9	18.0	50	100.0	0	0.0	0	0.0
1.2.3.	Myoclonic jerks	0	0.0	12	24.0	38	76.0	50	100.0	0	0.0	0	0.0



1.2.4.	Grinding of teeth	2	4.0	12	24.0	36	72.0	42	84.0	7	14.0	1	2.0
1.2.5	Unsteady voice	4	8.0	23	46.0	23	46.0	36	72.0	14	28.0	0	0.0
1.2.6.	Increased muscular tone	12	24.0	31	62.0	7	14.0	50	100.0	0	0.0	0	0.0
1.3.	Vascular Symptoms	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
1.3.1	Tachycardia	0	0.0	17	34.0	33	66.0	38	76.0	12	24.0	0	0.0
1.3.2	Pain in chest	4	8.0	21	42.0	25	50.0	34	68.0	14	28.0	2	4.0
1.3.3	Palpitations	8	16.0	25	50.0	17	34.0	25	50.0	18	36.0	7	14.0
1.3.4	Throbbing of vessels	10	20.0	19	38.0	21	42.0	32	64.0	15	30.0	3	6.0
1.3.5	Fainting feelings	13	26.0	27	54.0	10	20.0	23	46.0	24	48.0	3	6.0
1.4	Respiratory Symptoms	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
1.4.1	Constriction in chest	2	4.0	30	60.0	18	36.0	35	70.0	15	30.0	0	0.0
1.4.2	Choking feelings	4	8.0	21	42.0	25	50.0	33	66.0	17	34.0	0	0.0
1.4.3	Sighing	30	60.0	13	26.0	7	14.0	6	12.0	39	78.0	5	10.0
1.4.4	Dyspnea	2	4.0	20	40.0	28	56.0	39	78.0	11	22.0	0	0.0

4 Continuous table 3

	Domains	Pre-O	perative Sy	/mptoms				Post-Operative Symptoms						
	Physical Problems	Not Pr	resent	modera	ite	sever	sever		Not Present		moderate		sever	
1.8	skin symptoms	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%	
1.8.1	Redness of the skin	1	2.0	21	42.0	28	56.0	45	90.0	5	10.0	0	0.0	
1.8.2	Bedsore	1	2.0	9	18.0	40	80.0	42	84.0	5	10.0	3	6.0	
1.8.3	Dry skin	0	0.0	20	40.0	30	60.2	34	68.0	15	30.0	1	2.0	
1.8.4	Itchy skin	4	8.0	17	34.0	29	58.6	43	86.0	5	10.0	2	4.0	
		Canr	not do it	Do assi	with stance	l ca	n do it	Canr	not do it	Do assi	with stance	l ca	n do it	
1.9	Hip joint symptoms	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%	
1.9.1	Powerful do activities such as running, lifting heavy objects	44	88.0	4	8.0	2	4.0	1	2.0	41	82.0	8	16.0	
1.9.2	Walking more than a kilometer or climb stairs	38	76.0	8	16.0	4	8.0	1	2.0	31	62.0	18	36.0	
1.9.3	Bending or standing up straight	27	54.0	21	42.0	2	4.0	0	0.0	18	36.0	32	64.0	
1.9.4	Bathing	10	20.0	29	58.0	11	22.0	0	0.0	4	8.0	46	92.0	
1.9.5	Getting dressed	11	22.0	29	58.0	10	20.0	0	0.0	5	10.0	45	90.0	
1.9.6	Go to use the toilet	11	22.0	27	54.0	12	24.0	0	0.0	4	8.0	46	92.0	
1.9.7	The rise of the bed or get off of it	7	14.0	30	60.0	13	26.0	0	0.0	4	8.0	46	92.0	

5 Table 3 :Shows the comparison between pre-and post operative physical symptoms which as high percent of them have moderate symptoms for sensory problems at pre-operative and this symptoms was little at post operative, majority of symptoms for muscles was sever at pre-operative, but disappeared at post operative, vascular symptoms was sever at pre-operative but reduced at post operative, most of respiratory symptoms items was sever and little at post operative , high percent of gastrointestinal was sever, but at post operative was disappeared, genitourinary symptoms at pre-operative was sever, but reduced at post operative, autonomic symptoms was sever at pre operative, but disappeared at post operative, most of skin symptoms was moderate at pre-operative but disappeared at post operative, majority of hip symptoms items was high percent of patient can do it with assistant, but at post operative the patient can do it most of hip activities.

	Domains		Pre-Operative Symptoms						Post-O	perativ	ve Sympto	oms	
2	Psychosocial Symptoms	Not Pr	esent	Modera	ate	S	ever	Not P	resent	mo	derate	se	∍ver
2.1	Anxious mood	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
2.1.1	Worries	2	4.0	22	44.0	26	52.0	46	92.0	4	8.0	0	0.0
2.1.2	Anticipation of the worst	4	8.0	21	42.0	25	50.0	40	80.0	10	20.0	0	0.0
2.1.3	Fearful anticipation	5	10.0	13	26.0	32	64.0	40	80.0	10	20.0	0	0.0
2.1.4	Irritability	26	52.0	18	36.0	6	12.0	40	80.0	10	20.0	0	0.0
2.2	Tension	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
2.2.1	Feelings of tension	30	60.0	15	30.0	5	10.0	49	98.0	1	2.0	0	0.0
2.2.2.	Fatigability	39	78.0	11	22.0	0	0.0	39	78.0	11	22.0	0	0.0
2.2.3.	Startle response	4	8.0	9	18.0	37	74.0	43	86.0	7	14.0	0	0.0
2.2.4.	Moved to tears easily	25	50.0	15	30.0	10	20.0	41	82.0	9	18.0	0	0.0
2.2.5	Trembling	11	22.0	9	18.0	30	60.0	35	70.0	10	20.0	5	10.0
2.2.6.	Inability to relax	7	14.0	41	82.0	2	4.0	44	88.0	6	12.0	0	0.0
2.3.	Fears	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
2.3.1	Of dark	3	6.0	4	8.0	43	86.0	43	86.0	4	8.0	3	6.0
2.3.2	Of strangers	0	0.0	11	22.0	39	78.0	40	80.0	10	20.0	0	0.0
2.3.3	Of being left alone	5	10.0	16	32.0	29	58.0	32	64.0	13	26.0	5	10.0
2.3.4	Of animals	1	2.0	12	24.0	37	74.0	36	72.0	13	26.0	1	2.0
2.3.5	Of traffic, of crowds	8	16.0	18	36.0	24	48.0	28	56.0	15	30.0	7	14.0
2.4	Insomnia	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
2.4.1	Difficulty in falling asleep	14	28.0	27	54.0	9	18.0	50	100.0	0	0.0	0	0.0
2.4.2	Broken sleep	11	22.0	29	58.0	10	20.0	49	98.0	1	2.0	0	0.0
2.4.3	Unsatisfying sleep	22	44.0	19	38.0	9	18.0	49	98.0	1	2.0	0	0.0
2.4.4	Fatigue on waking	37	74.0	9	18.0	4	8.0	46	92.0	4	8.0	0	0.0
2.4.5	Dreams, nightmares, night terrors	8	16.0	12	24.0	30	60.0	49	98.0	1	2.0	0	0.0

6 **Table 4:** Comparison between Pre and Post-Operative Psychosocial Patients Symptoms

Continuous table 4:

	Domains		Pre-Operative Symptoms						Post-O	perativ	ve Sympto	oms	
2	Psychosocial Symptoms	Not P	ot Present M		Moderate		sever		resent	moderate		sever	
2.5	memory	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
2.5.1	Difficulty remembering	39	78.0	9	18.0	2	4.0	39	78.0	11	22.0	0	0.0
2.5.2	Poor memory	37	74.0	11	22.0	2	4.0	37	74.0	11	22.0	2	4.0
2.6	Depressed mood	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
2.6.1	Loss of interest	5	10.0	10	20.0	35	70.0	39	78.0	9	18.0	2	4.0
2.6.2.	Lack of pleasure in hobbies	5	10.0	17	34.0	28	56.0	32	64.0	13	26.0	5	8.0
2.6.3.	Early waking	11	22.0	31	62.0	8	16.0	23	46.0	26	52.0	1	2.0
2.6.4.	Transmission case from bad to fare worse	32	64.0	16	32.0	2	4.0	50	100.0	0	0.0	0	0.0
2.7.	Behavior at interview	F.	%	F.	%	F.	%	F.	%	F.	%	F.	%
2.7.1	Fidgeting	2	4.0	28	56.0	20	40.0	48	96.0	2	4.0	0	0.0
2.7.2	Tremor of hands	2	4.0	13	26.0	35	70.0	36	76.0	12	24.0	2	4.0
2.7.3	Furrowed brow	6	12.0	31	62.0	13	26.0	45	90.0	3	6.0	2	4.0
2.7.4	Strained face	4	8.0	24	48.0	22	44.0	46	92.0	4	8.0	0	0.0
2.7.5	Sighing or rapid respiration	1	2.0	13	26.0	36	72.0	41	82.0	9	18.0	0	0.0
2.7.6	Facial pallor	4	8.0	37	74.0	9	18.0	48	96.0	2	4.0	0	0.0
2.7.7	Swallowing the saliva	2	4.0	20	40.0	28	56.0	46	92.0	4	8.0	0	0.0
2.7.8	Yawn	3	6.0	10	20.0	37	74.0	48	96.0	2	4.0	0	0.0
2.7.9	Sudden movements of the joints	1	2.0	9	18.0	40	80.0	42	84.0	8	16.0	0	0.0
2.7.10	Dilated pupils	0	0.0	34	68.0	16	32.0	50	100.0	0	0.0	0	0.0
2.7.11	Bulging eyes	11	22.0	35	70.0	4	8.0	50	100.0	0	0.0	0	0.0

Table 4: Presented the psychosocial symptoms of patient at pre-and post operative which as anxious domain was sever at preoperative, but reduced at post-operative, tension domain was moderate at pre-operative, and reduced at post-operative, fear



was sever at pre-operative, and reduced at post-operative, insomnia was moderate at pre-operative, and little at post-operative, depression was sever at pre-operative, and at post-operative was moderate, abnormal behaviors of patient was clear at pre-operative but disappeared at post operative.

Post Physical Symptoms	gender	Frequency	Mean	SD	df	t. test	Sig. P≤0.05
Sensory Symptoms	male	27	14.4074	.84395	48	1.400	0.091
Sensory Symptoms	female	23	14.0000	1.20605	38.512	1.361	
Mussular Symptoms	male	27	17.6667	.55470	48	1.608	0.160
Muscular Symptoms	female	23	17.3913	.65638	43.339	1.586	
Vecesier Symptome	male	27	13.7778	1.39596	48	3.538	0.000
	female	23	11.5217	2.95219	30.250	3.359	H.S.
Respiratory Symptoms	male	27	10.4444	1.39596	48	1.390	0.020
Respiratory Symptoms	female	23	9.8261	1.74908	41.911	1.365	S.
	male	27	30.3333	1.61722	48	.265	0.043
Gastrointestinal symptoms)	female	23	30.1739	2.58760	35.729	.256	S.
Conitourinery symptoms	male	27	7.7778	1.50214	48	-2.654	0.000
Genitourinary symptoms	female	23	9.4348	2.80950	32.394	-2.536	H.S
Autonomia aumatoma	male	27	16.5926	1.18514	48	1.727	0.757
Autonomic symptoms	female	23	15.9130	1.59297	40.095	1.687	
	male	27	11.6667	.67937	48	2.479	0.000
Skin symptoms	female	23	10.5652	2.19143	25.604	2.317	H.S
Lin joint compteme	male	27	19.0000	.78446	48	.896	0.000
	female	23	18.5217	2.64351	25.304	.837	H.S

Table 5: Statistical Differences between the Gender and Post – Operative Physical Symptoms

Table 5: demonestrate the differences between physical symptoms at post operative and pt gender was significant at vascular, respiratory, gastrointestinal, genitourinary, skin, and hip joint symptoms, and the remains not significant at **P**≤0.05 value.

Table 6: Comparative between post Physical Symptoms and Age

Domains	Sum of Squares	df	Mean Square	F	Sig. P≤0.05
	8.348	4	2.087	2.123	0.093
Sensory Symptoms	44.232	45	.983		
	52.580	49			
Muscular Symptoms	1.738	4	.435	1.172	0.336
Muscular Symptoms	16.682	45	.371		
	18.420	49			
Vacaular Symptoma	52.643	4	13.161	2.341	0.069
	252.977	45	5.622		
	305.620	49			
Beenireten	28.225	4	7.056	3.360	0.017
Respiratory	94.495	45	2.100		H.S.
symptoms	122.720	49			
Gastrointestinal symptoms	24.842	4	6.211	1.465	0.229
Gastronnestmar symptoms	190.778	45	4.240		
	215.620	49			
Genitourinary	111.223	4	27.806	8.062	0.000
symptoms	155.197	45	3.449		H.S.
	266.420	49			
Autonomic	6.955	4	1.739	.859	0.496
symptoms	91.125	45	2.025		
	98.080	49			
akin aymutama	39.935	4	9.984	4.842	0.002
skin symptoms	92.785	45	2.062		H.S.
	132.720	49			
	46.210	4	11.552	4.114	0.006
Hip joint symptoms	126.370	45	2.808		H.S.
	172.580	49			

Table 6: Presented the post physical symptoms and comparison with age which as significantly at Genitourinary, hip joint, Vascular and Respiratory with age group, and the remains not significant at P≤0.05 value.



	Sum of Squares	df	Mean Square	F	Sig. P≤0.05
Sensory Symptoms	.361 52.219 52.580	1 48 49	.361 1.088	.332	0.567
Muscular Symptoms	1.590 16.830 18.420	1 48 49	1.590 .351	4.535	0.038 S.
Vascular Symptoms	1.620 304.000 305.620	1 48 49	1.620 6.333	.256	0.615
Respiratory symptoms	2.067 120.653 122.720	1 48 49	2.067 2.514	.822	0.369
Gastrointestinal symptoms	2.457 213.163 215.620	1 48 49	2.457 4.441	.553	0.461
Genitourinary symptoms	24.267 242.153 266.420	1 48 49	24.267 5.045	4.810	0.033 S.
Autonomic symptoms	.000 98.080 98.080	1 48 49	.000 2.043	.000	0.993
skin symptoms	.720 132.000 132.720	1 48 49	.720 2.750	.262	0.611
Hip joint symptoms	.761 171.819 172.580	1 48 49	.761 3.580	.212	0.647

Table7: Comparative between Post Physical Symptoms and Duration of Illness

Table: Shows the comparison between post physical symptoms and duration of illness which as significant with MuscularSymptoms, and significant with Genitourinary symptoms, and they remains not significant, and the remains not significant at $P \leq 0.05$.

Discussion

Throughout the course of the data analysis of present study, the findings showed that the most of patients' were males (54.0%), and female 46.0%. This finding agree with (Mohamed and Mecheser, 2012), revealed in their study that 53.3% of the sample were females, 46.7% were males. The present study revealed that the patients at age 48-57 years old. This finding is agree with (Innmann et.al, 2015), which indicated that mean age 52 years (range, 21-60 years). Eighty two percent of study sample was married. This finding agree with study done by (Mohamed and Mecheser, 2012), which indicated that 80% married from the total sample with total hip replacement patients. Thirty eight percent of study sample was graduated from primary school. This finding is similar to result obtained from the study done by (Mohamed and Mecheser, 2012) they mention in their study from the total of sample 50% with primary level of education. The present study indicated that the high percent of them 52.0% have osteoporosis. This finding is similar to result obtained from the study done by (Balasubramanian et.al, 2014), founded that the percentage of osteoporosis 30% of them in women, 15% of them in men. In addition (Hagiwara et.al, 2015), they concluded in their study that corticosteroid therapy and osteoporosis are independent risk factors for cartilage degeneration at the femoral head. The findings of present study revealed that the 50% have hip problem from 6 month to one year. This finding is similar to result obtained from the study done by (Ban et.al, 2014), they finds in their study That the majority of their sample have hip

problems since 11-74 month. Sixty six percent of study sample was smokers. These result supported by (Anne et.al, 2014), they finds in their study patients with total hip replacement (37%) were ever smokers.

Conclusions and Recommendations:

A high proportion of the study sample had mild symptoms of the problems of sensory before the operation and the symptoms decrease after the operation, and most of the muscle problems before the operation was severe, but after the operation, the symptoms decrease, and for the symptoms of the blood vessels before the operation was severe, but after the operation a few significantly, and respiratory problems was before operation severe and decrease after the operation. The researchers recommend Create a re-qualification in the ward to provide a training program to help the patient instructions apply to them before disposal to prevent the complications of dislocation which is very serious, and the reduction of fear, and thus reduce the psychosocial symptoms.

References:

[1] Abdulkarim, A.; Ellanti, P.; Motterlini, N.; Fahey, T.; and O'Byrne, JM.: Cemented versus uncemented fixation in total hip replacement: a systematic review and meta-analysis of randomized controlled trials. Orthopedic Review journal, Vol.5 (1), 2013, PP: 34-43.

- [2] Okoro, T.; Lemmey, AB.; Maddison, P.; and Andrew, JG.: An appraisal of rehabilitation regimes used for improving functional outcome after total hip replacement surgery, Journal of Sports Medicine, Arthroscopy, Rehabilitation, Therapy & Technology, Vol.4, 2012, PP:2-8.
- [3] Goyal, R.; Singh S.; Shukla, RN.; and Singhal, A.: Management of a case of ankylosing spondylitis for total hip replacement surgery with the use of ultrasound-assisted central neuraxial blockade, Indian Journal of Anaesthesia, Vol.57(1), 2013, PP:69-71.
- [4] Gossec, L.; Paternotte, S.; Maillefert, JF.; Combescure, C.; Conaghan, PG.; Davis, AM.; Gunther, KP.; Hawker, G.; Hochberg, M.; Katz, JN.; Kloppenburg, M.; Lim, K.; Lohmander, LS.; Mahomed, NN.; March, L.; Pavelka, K.; Punzi, L.; Roos, EM.; Sanchez-Riera, L.; Singh, JA.; Suarez-Almazor, ME.; Dougados, M.: The role of pain and functional impairment in the decision to recommend total joint replacement in hip and knee osteoarthritis: an international cross-sectional study of 1909 patients. Report of the OARSI-OMERACT Task Force on total joint replacement, National Library of Medicine, Vol. 19(2), 2010, pp:147-54.
- [5] Javed, A.; O'Donnell, JM.: Arthroscopic femoral osteochondroplasty for cam femoroacetabular impingement in patients over 60 years of age, The Bone & Joint Journal, vol. 93(3), 2011, pp:326-331.
- [6] Arden, NK.; Kiran, A.; Judge, A.; Biant, LC.; Javaid, MK.; Murray, DW.; Carr, AJ.; Cooper, C.; Field, RE.: What is a good patient reported outcome after total hip replacement?, National Library of Medicine, Vol. 19(2), 2011, pp: 155-62.
- [7] Apold, H.; Meyer, HE.; Espehaug, B.; Nordsletten, L.; Havelin, LI.; Flugsrud, GB.: Weight gain and the risk of total hip replacement a population-based prospective cohort study of 265,725 individuals, Osteoarthritis and Cartilage Journal, Vol.19(7), 2011, pp:809–815.
- [8] Mohamed, SJ.; Mecheser, AE.: Assessment of Patients' Knowledge Toward Total Hip Replacement Home – Care, Iraqi J Pharm Sci, Vol. 21(1), 2012, PP:30-40.
- [9] Innmann, MM.; Weiss, S.; Andreas, F.; Merle, C.; Streit, MR.: Sports and physical activity after cementless total hip arthroplasty with a minimum follow-up of 10 years, National Library of Medicine, 2015.
- [10] Balasubramanian, A.; Tosi, LL.; Lane, J.; Douglas, R.; Ho, PR.; O'Malley, CD.: Declining rates of osteoporosis management following fragility fractures in the U.S., 2000 through 2009, Bone and Joint Surgery, vol. 96(7), 2014, p:52.

- [11] Hagiwara, S.; Nakamura, J.; Watanabe, A.; Kishida, S.; Ohtori, S.; Omae, T.; Miyamoto, S.; Orita, S.; Takahashi, K.: Corticosteroids and low bone mineral density affect hip cartilage in systemic lupus erythematosus patients: Quantitative T2 mapping, National Library of Medicine, 2015.
- [12] Ban, Z.; Huang, F.; Gu, Q.; Xu, B.; Li, Y.; Li, Z.: Methods of offside reconstruction in total hip arthroplasty for severe osteoarthritis, National Library of Medicine, vol. 28(8), 2014, pp:947-50.
- [13] Anne, L.; Rothman, KJ.; Garavaglia, G.; Barea, C.; Christofilopoulos, B.; Stern, R.; Hoffmeyer, R.: Strong Association between Smoking and the Risk of Revision in a Cohort Study of Patients with Metal-on-Metal Total Hip Arthroplasty, JOURNAL OF ORTHOPAEDIC RESEARCH, 2014, pp:762-766.