CE

1.5 ANCC Contact Hours

Is There a Safe Coital Position After a Total Hip Arthroplasty?

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The population of patients receiving posterior total hip arthroplasty (THA) is growing among middle-aged adults. Through literature review and a survey of colleagues, it has been presented that patients and medical staff tend not to discuss the effects of sexual activity on posterior THA. So the question arises, is the supine position (missionary position) recommended over other coital positions in preventing posterior hip dislocations after a THA? The literature review included a search for full-text research studies from the peer-reviewed journals from 2002 to 2007. The studies affirm that the supine position is the safest coital position after a THA. Sexual relations are essential to the health, quality of life, and well-being of individuals. Because of the importance that sexual relations play in one's life, it is imperative that health-care providers (nurse practitioners) educate their patients regarding sexual activity after a posterior THA.

Background and Significance

Johnson's behavioral system model states that an individual's behavior is predictable, purposeful, and organized when his or her behavioral system is balanced. Imbalance occurs when there are stressors and tension that affects the subsets of the individual's behavioral system. An example of this would be the stressor of a posterior total hip arthroplasty (THA) on sexual activity (Tomey & Alligood, 2006). Sexual activity is a quality-of-life issue among those individuals who have undergone a THA (Dahm, Jacofsky, & Lewallen, 2004).

In their study, Laffosse, Tricoire, Chiron, and Puget (2007) state that few studies examine issues related to sexual activity of patients who have been affected by a THA. Laffosse et al. (2007) reveal that there are a couple of reasons that explain this lack of discussion between the practitioner and the patient regarding this topic. For example, the practitioner may feel that this is an insignificant issue compared with the radiologic and physical findings of the patient. Second, the questions that are used to evaluate the outcomes of a hip replacement rarely address sexual activity and how it relates to a THA (Laffosse et al., 2007). Akkus, Nakas, and Kalyoncu (2010) conclude that other barriers related to discussion of this topic range from cultural, social, and religious beliefs. Dahm et al. (2004) express that physicians and practitioners may be reluctant to have this discussion with their patients for a couple of reasons. These reasons can range from lack of guidelines to the uncomfortable feeling felt by both the practitioner and the patient when approaching such a delicate topic. Not only is sexual activity a quality-of-life issue regarding THA, but the fear of hip dislocation is a reality faced by this patient population. Patients who have undergone a THA have three major rules they must follow so as not to dislocate their hip. These rules are as follows: avoid internal rotation of the affected leg, avoid bending the hip more than 90°, and do not cross the legs or ankles (Best, 2005). The purpose of this literature review is to answer the question: In middle-aged patients who have undergone a posterior THA, is the supine position (missionary position) compared with other coital positions recommended in preventing hip dislocations?

Clinical Appraisal of the Literature

The primary methods for literature search include electronic databases through Western Kentucky University and Kornhauser Library. These studies and literature reviews included full-text research studies from peer-reviewed journals from 2002 to 2007. A study conducted by Stern et al. (1989) was used even though it was outside of the 10-year window. This study was used because it offered supporting evidence toward the research question and was also referenced in the current studies used for this literature review.

The nature of evidence confirms that sexual activity after a THA is an important quality-of-life issue. The review of literature reveals that sexual activity is safe to resume 1–2 months after a THA. Laffosse et al. (2007) go as far as to say that the only limit to resuming sexual activity after a hip replacement is that this particular act puts the patient at a high risk for dislocation. The recommended coital position at preventing hip dislocation is the supine (missionary) position. In their study, Aikawa et al. (2004) confirm that the supine position at maximum abduction in extension is the safest position

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TABLE 1. RESEARCH GRID

Source	Purpose/ Problem	Sample	Framework	Concepts	Design	Instruments	Results	Implications	Comments
Aikawa et al. (2004)	To identify body positions that are at less risk for hip dislocation	5 healthy female volunteers	No Specified	Hip dislocation and sexual positions	Descriptive Study	Body surface markers and CT imaging	Supine position: 77 ± 16° in flexion and 82 ± 57° in medial rotation	That the supine position with maximum abduction in flexion is not safe	This study looked at the angle of the hip during different sexual positions. This study did not take into account the impact of sexual motion on the THA
Akkus et al. (2010)	To determine the relationship between the disease activity of patients with RA and AS and sexual satisfaction	33 patients who received treatment between May and August of 2008 at Hacettepe University Rheumatology Diseases Clinic	Not Specified	Physiological aspects of sexuality	Descriptive Study	Questionnaire	The diseases of RA and AS affect the sexual health of these patients. The study also showed that patients do not share their sexual health with their healthcare providers	That dialogue between the practitioner and the patient needs to be open when it comes to the sexual health of the patient	The study showed that the practitioner knows that sexual health is important to the patient, but unless the patient broaches the subject, the topic will not come up for discussion
Dahm et al. (2004)	To report the survey results of experienced hip surgeons regarding safe guidelines as to the safe practices in patients who have undergone a THA	821 orthopaedic surgeons were sent an anonymous survey	Not Specified	Pain, deformity, stiffness, immobility, and negative body image	Correlation design	An anonymous survey was sent to orthopaedic surgeons asking: their experiences and practices regarding sexual activity after a THA, recommendations to returning to sexual activity after a THA, and what coital position is safe at preventing hip dislocations	Men asked about sexual activity after THA more than women. More than 80% of the surgeons stated that they do not discuss sexual activity after THA. Ninety-six percent of the surgeons admit to spending 5 minutes or less on this topic. They also found that five positions were safe for men and three positions were safe for women following a THA. The recommended position was where both the woman and man were standing and the man approaches the woman from behind	Lack of communication between the surgeon and the patient regarding sexual activity after THA, and safe guidelines regarding positioning/returning to sexual activity after THA	This study provides guidelines to the patient as to when to return to sexual activity and positions that are recommended for safe sexual activity after a THA

(*continues*)

Table 1. Research Grid (*Continued*)

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Laffosse et al. (2007)	Hypothesis: (1) Chronic pain has a negative impact on sexual activity. (2) Total hip replacements improve the lives of the patient. (3) Voluntary limits are set by the patient because of lack of knowledge during the pre- and postoperative periods. (4) Lack of knowledge is related to lack of information given by the healthcare provider	346 patients under the age of 65 years who had presented with chronic hip pain and who had undergone a hip replacement in the previous 6 months of the study	Not specified	Sexual difficulties and lack of knowledge	Retrospective design	Questionnaire designed with items used from Currey and Meyer questionnaires. Items for the questionnaire for this study came from the WOMAC function scale. The questions for the survey were adapted for a 4-point Likert scale. The 12 sexual positions were used from a study conducted by Dahm et al.	Sexual activity took place on an average of 66.5 days with three patients not resuming sexual activity after the THA. Sexual activity can resume 1–2 months after surgery in the supine position. Lateral decubitus positions are not recommended immediate postoperatively because of the high risk of abduction and internal rotation, which can lead to posterior hip dislocation	Sexual activity can resume safely 1–2 months after surgery as long as hip precautions are observed	This study was a retrospective study using questionnaires to assess the lack of patient knowledge related to sexual activity and positioning after a total hip replacement
Meyer et al. (2003)	To study the effect of reconstructive hip surgery on the quality of sexual relations in women	224 women who had hip surgery for hip pathology	Not Specified	Pain, sexual dysfunction, mechanical function, restrictive range of motion, and fatigue	Correlation Design	27-item questionnaire, Merle d' Aubign'e and Postel (modified by Charnely)	Ninety-five percent of the patients reported an improvement in hip pain related to the THA. Thirty-three percent of the patients reported an increase in sexual relations after THA	Sexual activity is an important quality-of-life issue that affects women and their partners with a history of hip pathology. Practitioners should not overlook the impact the THA has on the sexual life of a young woman	The study emphasizes the importance of the healthcare provider to have the critical conversation regarding sexual activity after a THA
Stern et al. (1989)	To determine the effect of THA on sexual function	100 patients who were 70 years or younger who had undergone a THA	Not specified	Sexual activity and coital positions and sexual difficulty	Retrospective Study	Questionnaires, McNemar chi-squares, Fisher's chi-square	Fifty-five percent of the patients were able to resume sexual intercourse in 1–2 months after THA. The supine coital position was safest. But the most preferred position by the male patient was the prone position. The position preferred by the female patients was the side-lying position	That patients need to be educated as to when they can resume sexual activity and what positions they should take during this activity	Although this study was done in 1989, the information that was gathered is used in studies less than 10 years old

Note. AS = ankylosis spondylitis; CT = computed tomography; RA = rheumatoid arthritis; THA = total hip arthroplasty.

for preventing posterior hip dislocation during sexual activity. The lateral decubitus positions are not recommended because of the high risk of adduction and internal rotation of the hip. If the hip is adducted and internally rotated during sexual activity, the patient is at a greater risk for hip dislocation (Laffosse et al., 2007).

Although the majority of the literature recommends the supine (missionary) position, one study concluded that there are several safe positions for both men and women. In their study, Dahm et al. (2004) asked surgeons to review 12 coital positions and decide which position was the safest at preventing posterior hip dislocations. The results showed that there were five positions acceptable for the man and three positions for the woman who had undergone a THA. The one position that 90% of the surgeons agreed upon to be the safest position for either the man or woman was that the man and woman are both standing with the woman slightly bent at the waist and the man approaches the woman from behind (Dahm et al., 2004).

In their study, Stern et al. (1989) concluded that taking a more passive role in the supine position a few weeks after a THA was the best way to prevent a posterior hip dislocation. But they also concluded that the most comfortable position for the male patient was the prone position (patient on top) and that female patients preferred the side-lying position (decubitus position). Stern et al. (1989) agree with Dahm et al. (2004) that there is more than one coital position that can safely be taken if posterior hip precautions are observed.

There were only two educational articles and six research articles related to this particular topic. Because of the nature of this topic, little research has been conducted. The majority of the studies looked at lack of knowledge related to sexual activity after a THA, how does the THA improve the lives of the patient, and how does the THA affect the quality of sexual experiences of the patient. It is recommended that more studies are needed on the topic regarding which coital position is safe after a THA in preventing posterior hip dislocation (see Table 1).

Clinical Practice Implications

In their study, Stern et al. (1989) concluded that 65% of the patients would have found a discussion with their surgeons beneficial. Meyer et al. (2003) determined that there is a need for better education regarding sexual activity after a THA for both the patient and the partners. Altizer (2004) wrote that Whittington recognized this need and devised a booklet titled "Sex After Total Joint Replacement." Laffosse et al. (2007) support Whittington in stating that safe coital positioning should be stated clearly and, if necessary, the explanation should be accompanied by diagrams. Therefore, it is imperative that the practitioner educate the patient and the partner on safe coital positioning during sexual activity (Akkus et al., 2010). This is also the responsibility of the orthopaedic nurse. Nursing can reinforce posterior hip precautions, the safe time to return to sexual activity, and which position is safe at preventing posterior hip dislocations. Another nursing implication would be to educate the patient and the partner what to do if the hip dislocates during sexual activity. By opening this door to such a taboo subject, patients can become empowered to discuss other issues that may seem uncomfortable to patients regarding their healthcare.

References

Aikawa, K., Sugano, N., Miki, H., Hagio, K., Nakamura, N., Otake, Y., & Yoshikawa, H. (2004). Assessment of sexual activities in patients after undergoing total hip arthroplasty using four-dimensional motion analysis. *Journal of Bone and Joint Surgery*, *90*(1), 170–176. Retrieved from http://proceedings.jbjs.org.uk/cgi/content/abstract/90-B/SUPP_I/170-b

Akkus, Y., Nakas, D., & Kalyoncu, U. (2010). Factors affecting the sexual satisfaction of patients with rheumatoid arthritis and ankylosis spondylitis. *Springer*, *28*, 223–232. doi: 10.1007/s11195-010-9162-8

Altizer, L. (2004). Patient education for total hip or knee replacement. *Orthopedic Nursing*, *23*(4), 283–288. Retrieved from http://web.ebscohost.com.libsrv.wku.edu/ehost/pdfviewer/pdfviewer?sid=515f1f65-209b-4490-8789-2befdaaa3c86%40sessionmgr113&vid=2&hid=119

Best, J. T. (2005). Revision total hip and total knee arthroplasty. *Orthopedic Nursing*, *24*(3), 174–181. Retrieved from http://web.ebscohost.com.libsrv.wku.edu/ehost/pdfviewer/pdfviewer?sid=c73a0e1e-b67a-43d3-a417-c2b485d2c58b%40sessionmgr110&vid=2&hid=119

Dahm, D. L., Jacofsky, D., & Lewallen, D. G. (2004). Surgeons rarely discuss sexual activity with patients after THA. *Clinical Orthopedics and Related Research*, *428*, 237–240. doi:10.1097/01.blo.0000137555.74475.a5

Laffosse, J. M., Tricoire, J. L., Chiron, P. & Puget, J. (2007). Sexual function before and after primary total hip arthroplasty. *Joint Bone Spine*, *75*, 189–194. doi:10.1016/j.jbspin.2007.05.006

Meyer, H., Stern, R., Fusetti, C., Salsano, F., Campana, A., & Hoffmeyer, P. (2003). Sexual quality-of-life after hip surgery. *J Orthopaed Traumatol*, *4*, 21–25. Retrieved from http://www.springerlink.com/content/72q6xm4v72r2hdxl

Stern, S. H., Fuchs, M. D., Ganz, S. B., Classi, P., Sculco, T. P., & Salvati, E. A. (1989). Sexual function after total hip arthroplasty. *Clinical Orthopedics and Related Research*, *269*, 228–235. Retrieved from http://louisville.edu/library/kornhauser

Tomey, A., &, Alligood, M. (2006). Dorothy E. Johnson: Behavioral system model. In Y. Alexopoulos &, K. Hebberd (Eds.), *Nursing Theorists and Their Work* (pp. 386–402). St. Louis, MO: Mosby Elsevier.