HIP SURGERY · PATIENT GUIDE

Hip Replacement Surgery in Kannur: What Patients Need to Know

Why hips wear out, how recovery actually unfolds, how long a modern hip lasts, and what it looks like to have it done here in Kannur, from a surgeon who does this operation every week.

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A gentleman of seventy came to my clinic at Aster MIMS Kannur last month, leaning on his son's arm and on a walking stick he clearly resented. He had managed a hardware shop near the town for forty years and had walked everywhere. For the last two years, he told me, the groin pain had quietly taken that away. He could not stand long enough to pray comfortably, the climb to the first floor of his own house had become a negotiation, and the walk to the mosque was now a calculation of how much it would hurt. His daughter in Sharjah had been telling him for months to "just get the hip done." What he wanted from me was not a sales pitch. He wanted to know, in plain words, what the operation would actually do for him, how long it would last, and what the weeks afterwards would really be like.

This article is the long version of the answer I gave him. I will explain why a hip wears out, who actually needs a replacement, what recovery looks like week by week, how long a modern hip can be expected to last, and the practical things that matter when you are having it done here in North Kerala, including for those of you who live and work in the Gulf. I will be honest about what the evidence shows and where it is silent.

Why does a hip wear out in the first place?

The hip is a ball-and-socket joint. The ball at the top of the thigh bone, the femoral head, sits inside a cup in the pelvis, the acetabulum, and both surfaces are lined with smooth cartilage so the joint glides. When that cartilage wears away, bone grinds against bone. That is osteoarthritis, and it is by far the commonest reason for a hip replacement. It is common worldwide; the global prevalence of hip osteoarthritis has been estimated at around seven percent, and the numbers are rising as people live longer and heavier. The pain is usually felt in the groin, sometimes in the thigh or even the knee, and the classic complaint I hear is difficulty putting on socks, cutting toenails, or getting up after sitting cross-legged on the floor.

But osteoarthritis is not the only road to a worn hip, and this matters a great deal in our patients. A significant number of the people I replace hips for are not elderly at all. They have a condition called avascular necrosis, or osteonecrosis of the femoral head, in which the blood supply to the ball of the hip is interrupted and the bone literally dies and collapses. It strikes a younger group. In one large twenty-year review of patients with this condition, the average age was in the forties, and the commonest associations were the use of steroid medication, alcohol, and cases where no clear cause is ever found; patients with sickle cell disease were younger still. I see it in men in their thirties and forties who took a course of steroids for some other illness, and in those whose alcohol use has caught up with them. For them, the hip is destroyed decades early, and a replacement is sometimes the only thing that returns them to work and to a normal life.

So who actually needs a hip replacement, and when?

This is the question I am asked most, and the honest answer is that the decision is driven by your symptoms and your life, not by the picture on the X-ray and not by your age.

I think about it in a simple order. First, is the pain genuinely interfering with the things that matter to you, with your sleep, your walking, your work, your prayers and your family functions? Second, have the sensible non-surgical measures been given a fair trial? National guidelines from the American Academy of Orthopaedic Surgeons support using anti-inflammatory tablets to reduce pain and improve function, and physiotherapy has a place for milder symptoms; weight management helps every hip. A steroid injection into the joint can give short-term relief for some people. Only when those measures no longer hold the pain, and the hip is clearly worn, do I start talking seriously about replacement.

I want to say one thing plainly, because relatives in the Gulf often push hard in one direction or the other. A worn-looking X-ray in a man who is still running his shop and sleeping through the night is not a reason to operate. And a younger person whose hip has collapsed from avascular necrosis, who cannot work or sleep, should not be told to “wait until you are older.” The hip, not the calendar, decides.

What does recovery actually look like, week by week?

Patients imagine months in bed. The reality of a modern hip replacement is the opposite, and it is one of the genuinely encouraging things I get to tell people. We now use what is called an enhanced-recovery approach, a bundle of measures built around getting you moving early, controlling pain with a combination of medicines rather than relying on strong opioids, reducing blood loss with a drug called tranexamic acid, and avoiding the old habits of prolonged bed rest. Reviews of these pathways consistently show that they shorten the hospital stay without increasing complications, and some show fewer transfusions and a smoother early course. Here is the shape of it.

Hip replacement at a glance

A typical recovery path · your own milestones may differ

Day 0–1

Stand and take first steps with a frame or sticks, usually the same day or the next. Pain controlled with combined medicines.

The hospital stay

A few days in hospital for most people. Walking on the flat and managing stairs with help before you go home.

Weeks 2–6

Walking aids gradually reduced. Wound healed, stitches out. Light daily activities resume; precautions on extreme positions.

Weeks 6–12

Most people walking comfortably and back to ordinary daily life and lighter work. Strength and stamina still building.

3–12 months

Continued improvement. The hip feels increasingly like your own. Full benefit settles over the first year.

Timeline reflects enhanced-recovery practice and typical milestones; individual recovery varies. Sources listed at the end.

I am giving you the usual path, not a promise. Older patients, those who were very deconditioned before surgery, and those having both hips done will move along this line more slowly, and that is perfectly normal. What is consistent is the direction of travel, from a leaning, painful walk to a steadily freer one.

How long does a hip replacement last? The honest numbers

This is where I am most careful, because patients deserve real figures rather than reassurance. There are two ways to answer, and they tell a slightly different story.

What the evidence shows

Survivorship and recovery · pooled registry and study data

≈58%

of hip replacements still working at 25 years, from national registry data

Durable

≈92%

estimated survivorship at 25–30 years for modern bearing surfaces

Improving

Day 0–1

first walk for most, on an enhanced-recovery pathway that shortens hospital stay

Fast start

It depends

on implant, your weight and activity, and avoiding infection

What drives longevity

Figures from a Lancet meta-analysis of registries and studies, and enhanced-recovery reviews. Sources at the end.

The most-quoted figure comes from a large systematic review published in *The Lancet* in 2019, which pooled national joint-registry data to ask exactly this question. Its careful answer was that a hip replacement can be expected to last twenty-five years in around fifty-eight percent of patients. That is the conservative, registry-based number, and I prefer to start there because it does not flatter the operation.

But that analysis necessarily included older implants. A more recent systematic review, published in *The Lancet* in 2026, looked specifically at the modern bearing surfaces we actually use today, highly cross-linked polyethylene running against a metal or ceramic ball, or a ceramic-on-ceramic combination. Drawing on nearly two million hip replacements from eight national registries, it found survivorship of about ninety-four percent at twenty years, and projected roughly ninety-two percent at twenty-five to thirty years. In other words, the materials have genuinely improved, and the hips we implant now look set to outlast the older ones the famous figure was based on.

The honest summary I give patients is this. A hip replacement is one of the most successful operations in all of surgery, and a modern one done well has an excellent chance of lasting the rest of your life if you are older, and of serving a younger patient for very many years. But all implants can eventually loosen or wear, and how long yours lasts depends on factors partly in your hands.

The honest part

What actually determines how long your hip lasts is not a single number from a study; it is a combination of things. Your weight matters, because a heavier load wears the bearing faster. Very high-impact activity matters for the same reason. The single most feared enemy is infection, which is why we take such care with antibiotics, skin preparation and your sugar control if you are diabetic.

And the implant must be put in well, in good position and securely fixed. None of these guarantees can be wrapped into one figure, and I would be misleading you if I quoted a single “your hip will last X years” to your face.

I am also honest about the things a hip replacement is not. It is a mechanical joint, not a young biological one. Deep squatting and extreme positions carry a real, if small, risk of the hip popping out of place, especially in the early months. The pain relief is usually excellent and reliable, but a small minority of patients are left with some ache or a sense that the joint is not entirely “theirs.” I would rather you hear that from me now than feel cheated later.

What about sitting on the floor, and the things we actually do at home?

This is the question that matters most in our households, and a brochure written for a Western patient will never address it. We pray on the floor. We eat the sadya seated cross-legged. Grandchildren expect to be lifted, and family functions mean long spells sitting low. So I discuss it directly.

The truthful position is that deep floor-sitting and squatting are the positions in which a replaced hip is at its highest risk of dislocating, particularly in the first few months while the tissues heal. I usually advise caution with the most extreme positions, and I tailor that advice to your implant and your build. Many of my patients do regain comfortable sitting for everyday life, and a study of Asian patients found that around half of people felt their replaced hip as a completely natural joint, with comfortable pain relief and ease of ordinary movement being what made the difference. What I will not do is hand you a blanket promise about cross-legged sitting before I have seen how your particular hip behaves. I would rather give you advice you can trust than a reassurance you cannot.

Having it done in Kannur, and the Gulf question

A fair amount of the worry I see in clinic is not medical at all. It is logistical. Who will look after me afterwards? What if I have travelled back to the Gulf and something feels wrong? These are reasonable questions, and North Malabar has a particular shape to them.

Many of the families I treat have a son or daughter working in Dubai, Abu Dhabi, Muscat or Doha, and very often a member of the family who has spent years in the Gulf themselves. A common and very workable plan is to have the surgery during a visit home to Kannur, recover through the early weeks here where family can help, and then arrange follow-up review within the same hospital network after returning to the Gulf. Because Aster runs hospitals across the Gulf as well as here in Kannur, that continuity is genuinely possible, and it takes one large worry off the table when you are planning your travel and your leave. We can sit down and time the surgery and the reviews around your flights, so that your recovery is properly supervised wherever you happen to be.

For those who are here all year, the practical points are the ordinary ones: bring someone who can help at home for the first couple of weeks, arrange a bathroom you can use safely, and keep your follow-up appointments so we can catch any problem early. None of it is dramatic. Most of it is common sense.

So, should you have a hip replacement?

I cannot answer that in an article, and I would distrust anyone who tried. What I can tell you is the shape of a good decision. If your hip pain has quietly made your life smaller, if the sensible non-surgical measures have been tried and have stopped working, and if the joint is genuinely worn, then a hip replacement is one of the most reliable ways modern medicine has of giving a person their life back. The operation is well understood, recovery is faster than most people fear, and a modern hip has an excellent chance of lasting. The honest caveats are real but modest. The rest is a conversation, with your X-rays on the screen and your own priorities in the room.

The evidence behind this article

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> Dr. Vishnu's Perspective
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> The hip is replaced for a life that has become smaller, not for a number on a birth certificate or a shadow on a film.

Frequently Asked Questions

When is the right time to have a hip replacement?

The right time is decided by symptoms, not by age or by the X-ray alone. When hip or groin pain disturbs your sleep, your walking and the everyday things you value, and when painkillers, weight management and physiotherapy no longer control it, that is usually the point to consider surgery. A worn-looking X-ray in someone who is still managing well is not by itself a reason to operate.

Is a hip replacement only for elderly people?

No. While most hip replacements are done for age-related osteoarthritis, a meaningful number of younger patients need one because of avascular necrosis, where the blood supply to the femoral head is lost and the bone collapses. Studies of younger patients with osteonecrosis show that hip replacement gives reliable pain relief and functional improvement, so age alone does not rule it in or out.

How long does a hip replacement last?

It lasts a long time for most people. A large analysis of national registry data found that about 58 percent of hip replacements were still working at 25 years. A more recent study of modern bearing surfaces, such as highly cross-linked polyethylene and modern ceramics, estimated survivorship of about 92 percent at 25 to 30 years. Longevity depends on the implant, your weight and activity, and avoiding infection, so no single number fits every patient.

How soon will I walk and recover after a hip replacement?

Most patients stand and take a few steps with support on the same day or the next day, which is part of an enhanced-recovery approach shown to shorten hospital stay. A short hospital stay of a few days is typical, walking aids are gradually reduced over the first weeks, and most people are walking comfortably and returning to ordinary daily life by around six to twelve weeks, with continued improvement after that.

Can I sit cross-legged or on the floor after a hip replacement?

This matters a great deal in our homes for prayer, meals and family functions, so I discuss it honestly. Deep floor sitting and squatting put a hip at its highest risk of dislocation, especially in the early months, and I usually advise caution with extreme positions. Many patients regain comfortable sitting for daily life, and surveys of Asian patients show that about half feel their replaced hip as a natural joint, but I give advice for your particular hip rather than a blanket promise.

I work in the Gulf. Can I have my follow-up there?

Often yes. Because Aster runs hospitals across the Gulf as well as here in Kannur, many of our patients from the Gulf-returnee community have their surgery during a visit home and arrange follow-up within the same network after they travel back to Dubai, Abu Dhabi or Muscat. We plan the timing of surgery and review around your travel so that your recovery is properly supervised wherever you are.

Medically reviewed by Dr. Vishnu Baburaj, MS Ortho (PGI Chandigarh), MRCS (UK) · Last reviewed Jul 7, 2026

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