A Guide to Returning to Sexual Activity Following Hip or Knee Replacement Surgery

Sex is a normal and an important part of human nature that represents physical, mental and spiritual well-being. This can be a difficult and embarrassing topic for people who have arthritis in their hips and knees to discuss with their doctors. A recent survey of American Association of Hip and Knee Surgeon members found the overwhelming majority of surgeons rarely, if ever, talk with their patients about sex after joint replacement surgery despite the majority of patients who are concerned about it. If you express your concerns to your joint surgeon, he or she can provide guidance on how to safely and comfortably proceed with intercourse even if you have ongoing arthritis.

Joint pain, stiffness and deformity can limit sexual activity if you have hip or knee arthritis. Hip arthritis is known to limit sexual activity more than knee arthritis. It is important to set realistic expectations and learn how to safely resume sexual activity after joint replacement while avoiding complications. In general, most people can safely resume sexual intercourse between one and three months after surgery.

Sex After a Total Hip Replacement
For people with pain from hip arthritis, 75% report that sex has been interrupted or stopped all together. Total hip replacements represent one of the most successful elective surgeries performed today, but it takes time for your body to get used to your new hip. Soft tissues need to heal around the hip joint before you fully return to previous activities.

Be aware that certain positions during sex may lead to complications for you and your implant. One of the most common concerns after hip replacement is dislocation. This is a medical emergency that typically requires a return to the hospital to have the hip put back into place. Approximately 1-2% of patients sustain a hip dislocation after total hip arthroplasty and certain sexual positions can increase the likelihood of this occurring. It is important to return to sexual activity after hip replacement surgery, but the goal is to do this safely.

During extreme flexing of the hip joint, the implants can make contact with other parts of the pelvis and lead to a dislocation. A recent study published in the Journal of Arthroplasty recommends avoiding the following positions:

- Kneeling with partner behind
- Kneeling on top of partner
- Side-lying face to face

As a general rule, the partner with the hip replacement should avoid extreme flexing of the hip joint by being positioned on the bottom during intercourse. The basic recommendation is to go slow and stop if you experience pain or uncertainty.
See the figure below for examples of positions surgeons recommend and don’t recommend following hip surgery.


Sex After a Total Knee Replacement

In the United States, 84% of people who have had knee replacements are sexually active. One of the biggest concerns after total knee replacement is the ability to kneel during activities. This can have a big impact for men and women during sexual interactions. One study in the Journal of Arthroplasty asked people about their sexual function before and after total knee replacement. They reported knee pain, loss of motion and inability to kneel as the most common factors limiting their sexual activity before surgery. It took two months on average for people in the study to return to sex after total knee replacement. About 60% reported no change in sexual activity, 7% had less sex, 16% stopped having sex, and only 15% reported having more sex.

This study highlights a few important points:

- Sexual limitations before surgery are not completely eliminated after total knee replacement.
- You can expect only mild to moderate gains with kneeling during intercourse.
- You can expect gradual improvement in sexual function up to one year after knee replacement surgery due to diminished pain and improved motion.

Talk to Your Doctor!

You should make it a priority to have a discussion with your surgeon about sexual relations after total joint replacement. These guidelines can help to prevent complications such as dislocation if you have had a total hip replacement and provide realistic expectations whether you have had a total hip replacement or total knee replacement.
References


Revised 2018

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