

RECOVERY

Sexual Activity After Hip Replacement

If you are having hip replacement surgery, you probably have a lot of questions and concerns about recovery – from [how to manage post-operative pain](#), to whether the new hip will [affect your ability to exercise](#). One of the most common areas of concern is sexual activity.

Hip conditions that lead to consideration of hip replacement surgery are often the same conditions that can affect many aspects of a patient's life – personal, professional, and social – including the ability to participate in sexual activity. These include [osteoarthritis](#) and [inflammatory arthritis](#), conditions that can cause pain and make certain movements difficult.

Hip replacement surgery can offer pain and function relief that open the possibility of a more comfortable, pleasurable sex life.

After a patient and surgeon have decided to pursue hip replacement, many patients have questions about participation in sexual activity after surgery, but almost all have difficulty talking about it spontaneously. By offering answers to some of the most common questions hip replacement surgeons get about safely resuming sexual activity, this article may help you (and your partner) set expectations and have a more pleasurable experience.

You are still encouraged to ask questions and discuss concerns with your surgeon or a member of their team. Remember: They are there to help you achieve the best possible outcome.

Frequently Asked Questions About Sexual Activity After Hip Replacement

Q: When can I resume intercourse or sexual activity after hip replacement?

A: Most patients can expect to return to sexual activity once their incisions have healed and when their post-operative pain and swelling allow.

In limited studies of patients who had hip replacement, return to intercourse occurred at around 6 weeks after surgery.

Q: How will I know when I am ready to resume sexual activity?

A: Each patient will be ready at a different time. If you are not sure whether you are ready, consensual sexual activity with oral or digital stimulation is often an easier transition before resuming intercourse.

Self-stimulation (masturbation) can also help you become more comfortable with the idea of resuming sexual activity before you resume with a partner.

Open communication between partners and resuming activity at a slow pace is recommended.

Q: Will sexual activity be painful after my hip replacement?

A: In the first months after surgery, some pain, stiffness, and discomfort of the surgical joint is expected – especially as new activities are added, including sexual activity.

Both partners should be prepared to stop, adjust, communicate, or, if necessary, agree to try again another time if the patient is uncomfortable.

Q: What should I tell my partner about my hip replacement?

A: Explain that your return to satisfactory sexual activity may take some time and may at first require more planning, which means less spontaneity.

Before starting sexual activity, come up with a plan for communicating with each other about what is pleasurable and what is not as well as what feels safe for both partners. This plan can guide activities and help you have less anxiety and fewer disruptions.

Q: Why is it important to follow hip precautions during sexual activity? What can happen if I do not?

A: The new hip joint does not have the same stability as a native hip joint that has not undergone surgery. Until the surgery has healed to allow the body to provide more stability with the muscles and tendons surrounding the hip, there is a greater risk for [hip dislocation](#) – when the ball comes out of the socket.

Hip dislocation is a painful, traumatic experience, and your hip precautions are in place to prevent this from happening.

Hip dislocation is more common when there is also force applied, as with sexual activity. In most studies, the receptive intercourse partner has higher risk of these positions and forces during sexual activity.

Q: Which positions are safe during intercourse if I have hip precautions?

A: With both partners lying side-by-side, standing, or lying with legs extended, or even with the patient's hip flexed to 90°, patients should be able to find sexual positions that are both safe and comfortable.

Examples of safe positions include:

- Missionary with the patient on top or bottom – which may initially be challenging if the receptive partner is on top
- Both partners standing (if balance is steady, or with support of wall or furniture; leaning on furniture can be especially helpful if the patient is standing)
- Patient lying on bed, buttocks close to edge of bed so that knees are bent toward the floor, with partner standing or kneeling, facing patient
- Side-lying with nonsurgical leg down, and surgical leg (top) supported to avoid twisting and crossing legs

Using cushions to support the legs or joints during sexual activity can also be helpful.

Most surgical instructions for recovery will contain positions to avoid, and often, these include deep hip flexion (bringing the knee up to the chest), like kneeling on top of your partner.

Q: What are the symptoms or issues I should tell my doctor about?

A: Contact your surgeon if you experience any of the following:

- Sudden pain
- A sensation of popping in the hip
- Pain that does not resolve (go away) after sexual activity has stopped

Q: Will I be able to have a healthy pregnancy and/or delivery after hip replacement?

A: There are many examples of patients achieving pregnancy and giving birth after hip replacement, although the published literature on this topic is limited.

Pregnancy timing after hip replacement should be discussed with both the patient's surgeon and obstetrician/gynecologist (OB-GYN).

Q: Does my gynecologist or primary care doctor need to know about my hip replacement when I have a pelvic exam after my hip replacement?

A: Yes, patients should alert the provider performing their pelvic exams about their hip replacement surgery.

If a pelvic exam is necessary within 3 months after surgery, the patient should expect to maintain their hip precautions during this exam.

Q: Is it safe to use or resume erectile dysfunction (ED) supplements or medications like sildenafil (Viagra), tadalafil (Cialis), or vardenafil (Levitra) after surgery?

A: As with starting or resuming most medications, this should be discussed with your primary care provider, as well as the surgeon who performs your hip replacement.

These medications have side effects that may be more pronounced (you may notice them more) during a surgical recovery and should be used only under the guidance of a physician or health care provider.

Q: What about taking birth control after hip replacement surgery?

A: Some hormonal contraceptives (birth control pills, patches, rings, coils) have been linked to increased risk of blood clots, which is also a [risk after hip replacement surgery](#). To prevent additional risk of clots, your surgeon may want you to stop using hormonal contraceptives for a specific period of time before or after your procedure.

The timing of restarting these medications should be discussed with your surgeon, and you may need to use other (non-hormonal) forms of contraception in the meantime if you are concerned about pregnancy.

General Tips for Resuming Sexual Activity After Hip

Replacement

- When you are ready to pursue sexual activity after hip replacement, communication with your partner and doctor is essential! Making sure everyone is on the same page can help you avoid both physical and emotional issues.
- Think of resuming sexual activity much like resuming other physical exercise – you may need a gentle warm-up or mobility exercise, like gentle leg swings, to prepare for the physical activity of sex.
- Remember that recovery and healing are a gradual process, and there is no standard recovery timeline. Listen to your body, and proceed with whatever makes you feel safe and comfortable.

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Contributed and/or Updated by

[Elizabeth Ann Dailey, MD, FAAOS](#)

Peer-Reviewed by

[Neil P. Sheth, MD, FAAOS](#)

[Thomas Ward Throckmorton, MD, FAAOS](#)

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