New hip let me have a baby...

A childhood condition left Karen’s bones so weak she thought she’d have to get married on crutches. Until a new operation put her back on her feet. By JILL PALMER

It was only a short walk up the aisle, but for 27-year-old Karen Ricketts it was a major achievement. Five years earlier, Karen had been diagnosed with osteoarthritis, a disease that usually affects pensioners. The X-rays showed her hip joint was so bad it looked like an old woman’s. And the condition meant she could never have children.

A conventional hip replacement was unsuitable for Karen, but three months ago she was offered the chance to insert a new type of artificial hip. And she knew the operation had worked when she stepped out to enjoy her first dance with her husband Martin.

“It was fantastic,” says Karen, now 30, from Birmingham. “I had been really concerned about the wedding. I was worried about walking up the aisle as my hips were so bad that it seemed increasingly unlikely.”

“Now the operation has given me my life back.”

Karen was 22 when her condition was diagnosed. It was the result of congenital dislocation of the hip, an instability of the hip joint which affects about 400 in every 100,000 babies.

Nowadays the condition is treated in early infancy with light exercises applied to the hip, but when Karen was born, therapy was less successful.

Although she suffered no problems as a child, the disorder gradually worsened away her hip joints, until in her early 20s she found it difficult to walk.

“The pain started like a dull ache, but over the next couple of years it got worse and worse until eventually I was crippled with pain and inflammation,” says Karen.

Karen was unable to stand for more than a few minutes, and walking was excruciatingly painful. I was stamping and hobbling all the time. I had to give up my job as a chef. I could no longer play the piano, which I loved. And sitting, shopping and dancing were out of the question. It totally restricted my everyday life. It left me static and irritable and anti-inflammatory drugs. Even then some nights I was in so much pain I had to get up the stairs on my hands and knees.”

The way my condition was deteriorating was I was leading a wheelchair by the age of 36. All I was told was that I was too young for a hip replacement.”

But I didn’t want to stay in pain until I was old. I wanted a better quality of life while I was still young.”

As Karen and Martin planned their wedding she became increasingly concerned that she would not make it up the aisle. Then came the devastating news that the state of her hips was so bad that it was unlikely she could sustain a pregnancy and that even if she did, she would never be able to give birth naturally.

“That was the final straw. We both wanted children and to start a family as soon as we were married,” says Karen. “To be told that the state of my hips would probably prevent that was the worst thing I’d ever heard. I just burst into tears.”

It was then that Karen heard about hip resurfacing, and discovered that the head of the procedure, Derek McMinn, was in her home town of Birmingham.

At that point, the procedure was only available privately. But Karen, who worked at the BUPA Parkway hospital in Solihull, Birmingham - first as a chef and later in the computer games industry - decided to cover through her job.

So three years ago Karen had surgery on both her hips within a week of each other.

“Mobile: Karen with her pre-wedding extension and her new hip. Karen-McMinn was in her home town of Birmingham.

Traditional hip replacement involves a large cut in the thigh, whereas this operation is done through a much smaller incision and the patient is up and about within hours. Karen was able to walk down the aisle and hold Martin’s hand as they got married.

“Recovery is much quicker and because less bone is cut away there’s no need for a long period of rehabilitation,” says Karen.

“For me, the operation was a turning point. It was the start of a new life. I can run around after the kids like any other mum. I am no longer disabled.”

Karen is now through the door of the new Birmingham hip and is back to normal life. If there is anything I can do for another woman suffering from hip disease, I would urge them to consider this operation.”

Karen was one of the first patients to receive the new Birmingham hip.

To be told my hips would prevent me from having a baby was the worst thing I’d ever heard. I just cried.”

Karen was one of the first patients to receive the new Birmingham hip. The operation has been available privately for a decade but now the National Institute for Clinical Excellence, which approves treatments for the NHS, has given the procedure its seal of approval.

It is now state-funded. The operation is the preferred treatment in younger, more active patients. About 4,500 patients a year are expected to benefit. The procedure involves removal of the diseased or damaged surfaces of the hip joint. A metal cap is then fixed over the ball of the hip joint with cement.

This slot into a metal liner in the hip socket using hip resurfacing, a synthetic bone into which the surrounding bone grew.

Mr McMinn says "Hip resurfacing works best in those patients who do worst with hip replacement. It is not suitable for older patients because their bone quality and strength is not good enough.”

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