ORTHOPAEDICS WA

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GLUTEAL TENDON TEARS AND RECONSTRUCTION

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BACKGROUND

Pain on the outer aspect of the hip joint is often called "trochanteric bursitis". However, better imaging and research has led us to understand that the cause of such pain is sometimes tears in the tendons that attach to the bone here. Patients typically experience pain in the outer aspect of the hip that is worse with exercise and usually on stair climbing. Night pain is often a significant feature. There can be difficulty lying on the area to sleep and in severe cases a limp. Studies have shown that the symptoms can be as debilitating as osteoarthritis of the hip and on occasion the conditions can co-exist. Initially the tendons may be inflamed but then this can lead to tendon tearing, often associated with the formation of a spur of bone. If other treatment methods fail then repair and reconstruction of the tendons can be performed.

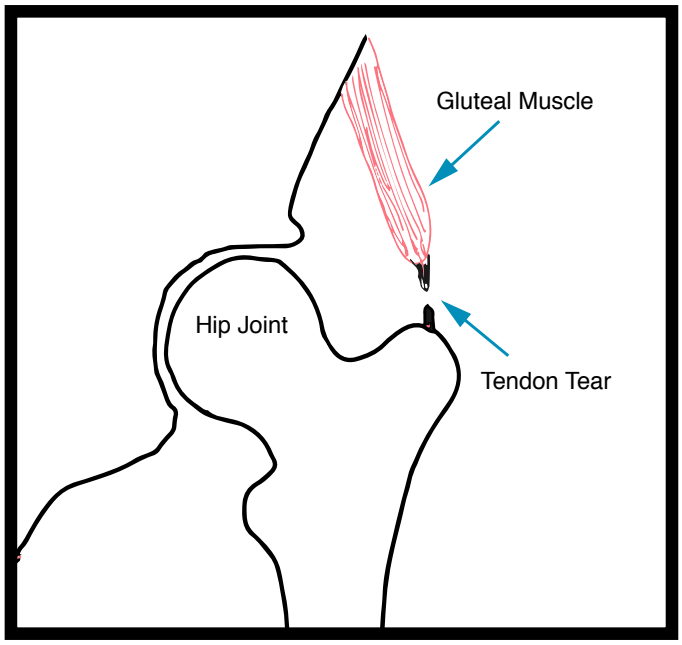
Bone spur around tendon attachment

WHO IS SUITABLE?

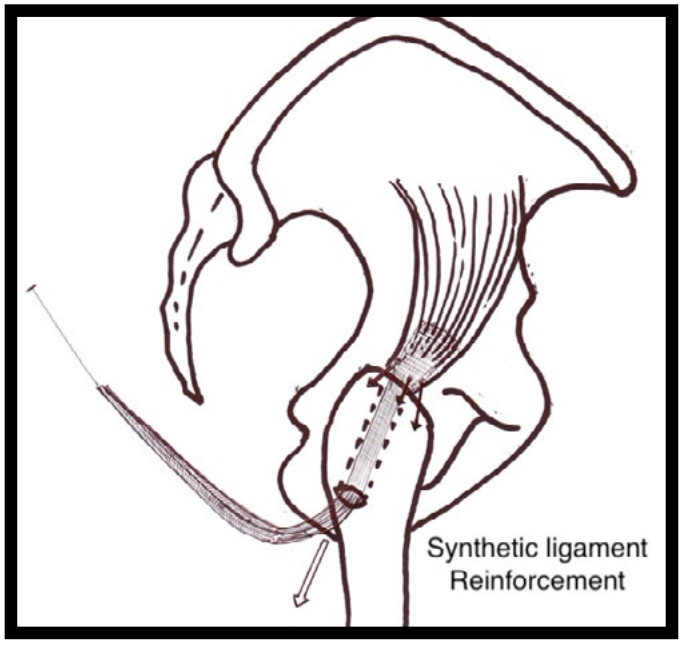
Gluteal tendon reconstruction can be offered if the patient has significant pain and disability with proven tears on MRI scan. Often the patient will have had multiple injections and failed other methods of treatment.

WHAT ARE THE BENEFITS?

Once a gluteal tendon tear has occurred it is unlikely to "heal" on its own (although the symptoms can recede). Surgery removes the spur and repairs the tendons back in to the bone. The surgery usually improves the pain and discomfort. Most patients are highly satisfied with the procedure.



Tear



Repair

WHAT ARE THE ALTERNATIVES?

Your surgeon will talk to you about the alternative options of non-surgical management, which include physiotherapy and injections

HOW IS THE SURGERY DONE?

Under a general or spinal anaesthetic, an incision is made on the outer aspect of the hip joint. The outer aspect (trochanter) of the hip joint is exposed and the tears are assessed.

The bony spur is removed. The tendons are repaired back in to the bone. The repair is often augmented with a synthetic ligament to strengthen and protect the tendons. The skin is closed with dissolvable stitches.

WHAT ARE THE RISKS?

Although generally very successful, as with all operations there are some risks involved: These include infection and wound problems which may require further surgery or antibiotics. Blood clots in the calf or lung can occur and often medicine will be used to help prevent this. Sometimes in very degenerate tendons, it can be difficult to get the tendons to heal into the bone and the repair may fail.

WHAT ABOUT RECOVERY?

The recovery for this operation is relatively slow, especially compared to a hip replacement. Most patients spend one to two nights in hospital. You will start off using 2 crutches only putting some of your weight through your leg. The amount of weight is increased steadily over the first 6 weeks. It is important to use crutches for 6 weeks to protect the repair. Once the wound is healed, after two weeks it is good to get in the pool. Physiotherapy will help with further recovery. Driving is possible after 4-6 weeks. Return to work in an office type job can be between 3-6 weeks. A manual job requires 8-12 weeks to allow return to work. Overall recovery can be expected between 3 and 6 months but rarely it can take a year for full recovery.