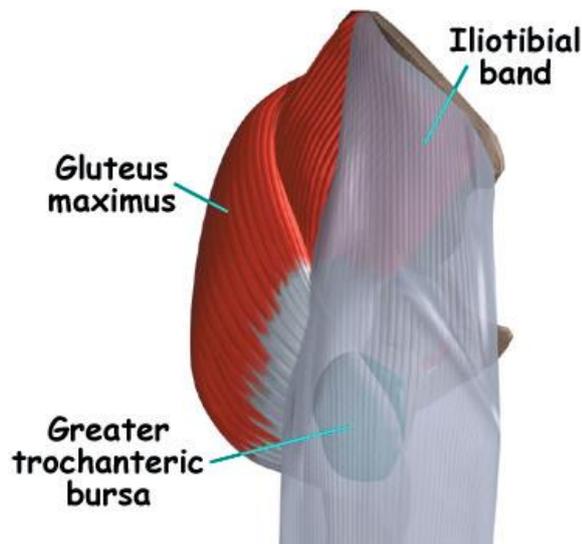




TROCHANTERIC BURSTITIS

The bump of bone on the outside of the hip bone is called the **greater trochanter**. A fluid filled sac, called **bursa**, lies over the greater trochanter. When this bursa becomes thickened or inflamed it is called **trochanteric bursitis**. It is a painful condition particularly when walking or lying on your side. The pain is worse using stairs. The pain will often go down the side of the leg almost to the knee.

The causes of trochanteric bursitis are: a direct injury to the region, overuse activities and the presence of small spurs on the greater trochanter. A common factor in most cases is rubbing of a long tendon going from the hip to the knee called the **iliotibial band**. This can create friction over the greater trochanter.



TREATMENT:

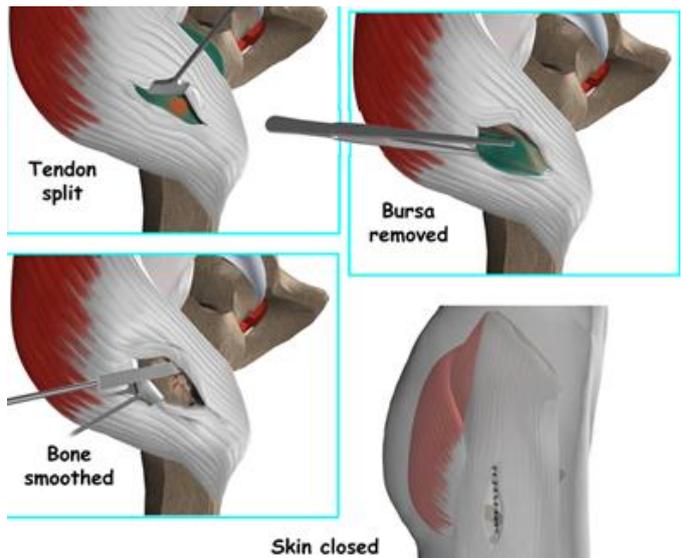
Initial treatment involves nonsteroidal anti-inflammatory medication and cold packs. If these measures are unsuccessful an injection of cortisone into the bursa is often needed. This is best performed by a radiologist using an ultrasound to ensure the injection is placed accurately. If you obtain good relief of your symptoms after the injection but your symptoms return then you may require several injections over as many months to obtain permanent relief. Call my secretaries and a further injection can be organised over the phone.

If the injection does not improve your symptoms you may need to consider surgery to remove the bursa.

SURGICAL PROCEDURE:

The primary goal of the surgical procedure for this condition is to remove the thickened bursa, remove any **bone spurs** that may have formed on the greater trochanter and to relax the iliotibial band by lengthening it.

The surgery is performed under general anaesthesia. I make an incision in the side of the thigh over the greater trochanter. I continue the incision through the tissues that lie over the bursa. The bursa sac is removed and any bone spurs at the greater trochanter are resected. The iliotibial tendon is then split lengthwise and repaired in a lengthened position. The skin is closed with dissolvable sutures (you won't need to have these removed).



AFTER SURGERY:

After surgery your hip will be covered with a padded dressing. Try to avoid a lot of activity within the first week. You will use crutches for the first week only. Leave the dressing intact until you return to see me in 10 days.

REHABILITATION:

You will need to attend physiotherapy for several weeks and full recovery could take several months. Getting the hip moving as soon as possible is important; however this must be balanced with the need to protect the healing muscles and tissues.