

# Getting hip to new treatment options

The searing pain of an aching hip can make life miserable. Often referred to by the terms hip bursitis, trochanteric bursitis or greater trochanteric pain syndrome (GTPS), the condition can remain untreated for months or even years.

It can cause sufferers agony when seeking to stand up after having been seated, climb stairs or go to sleep, among other regular activities. It's a condition that plagues an estimated 15 per cent of women and 8 per cent of men.

An effective surgical solution for trochanteric bursitis is now providing relief.

"It's an extremely common condition that generally tends to impact women more than men," says Dr Amir Kalanie, a hip and knee surgeon at Sydney's St Vincent's Bone and Joint Clinic, and one of a handful of surgeons in Australia offering a promising surgical treatment for unresponsive cases of GTPS.

"The pain typically is burning in nature; isolated to the outside aspect of the hip but can on occasion radiate down the leg to just above the knee. The pain tends to be constant, however it can be exacerbated by prolonged sitting, walking and stair climbing.

"Another classic feature is night pain that is made worse if the patient rolls onto the affected hip."

Hip bursitis is frequently misdiagnosed as arthritis, but the differentiating symptoms are that arthritis may "ache" in any position during sleep, while hip bursitis tends to be very painful when lying specifically on the affected joint.

"Hip arthritis pain tends to be more diffuse with pain experienced in the groin, side of the hip and the buttocks. It is often



Hip bursitis plagues 15 per cent of women and eight per cent of men. Photo: AAP

made worse with activity and relieved with rest," Dr Kalanie says.

"On the other hand, GTPS pain is localised to the side of the hip (sometimes buttocks) and can be present even at rest, made worse with sitting and side lying. Also, hip arthritis is often associated with hip stiffness which is not a feature of GTPS." In about 50 per cent

of cases, non-surgical treatment involving one or two injections of platelet rich plasma (PRP) followed by carefully guided physiotherapy sessions can significantly improve patient symptoms with long lasting results, according to a 2014 study undertaken by the American Academy of Orthopaedic Surgeons. "However, if the pain

persists despite these measures, two surgical options are available depending on the state of the tendon as seen on MRI," says Dr Kalanie.

"If the tendon is intact but inflamed, then endoscopic surgery through key hole incisions can be performed to release the iliotibial band.

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"The iliotibial band is a broad, tough tendon that extends from the pelvis to the knee joint, which is often very tight and contributes to the pain. During the procedure, inflamed tissue is also removed. It is a simple operation for the patient as it requires no down time and minimal recovery time.

"However if the tendon is torn, we repair the tendon through the bone using a tough surgical mesh known as LARS, (ligament augmentation and reconstruction system) via a small incision.

"This reinforced repair allows the patient to put weight on their leg immediately after surgery, compared with some of the older techniques which required six weeks of wheelchair immobilisation."

Any surgical or invasive procedure carries risks. People should seek a second opinion from a qualified health practitioner.