

PATIENT INFORMATION LEAFLET

Greater Trochanteric Pain Syndrome



Greater Trochanteric Pain Syndrome

This is a condition in which pain is felt around the greater trochanter (bony prominence around the outer aspect of your hip). Formerly known as 'trochanteric bursitis', this condition is caused when tissues that lie over the greater trochanter become irritated (Figure 1). These tissues may include muscles, tendons, bursa (fluid-filled sac) or the fascia (band of connective tissue that runs down the side of your thigh from the hip to the knee otherwise known as the iliotibial band).

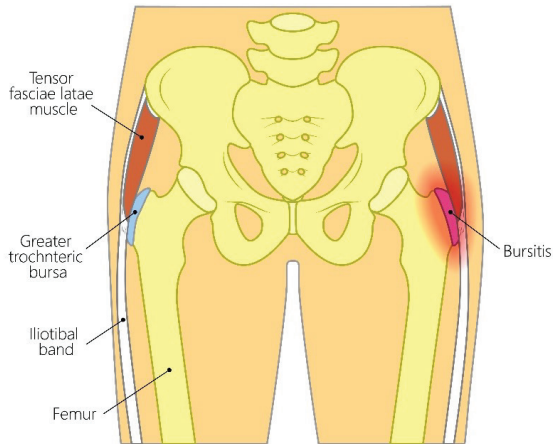


Figure 1

Illustration of a pelvis and hips looking from in front, demonstrating the location of the greater trochanteric bursa and its relationship to the surrounding muscles and tissues. The bursa may become inflamed in greater trochanteric pain syndrome (bursitis).

Causes

This is a common condition that affects women more than men and in those between 40 to 60 years of age. Possible reasons:

- An injury such as a fall directly onto outer aspect of your hip.
- Repetitive and excessive load – e.g. prolonged walking, running or cycling.
- Prolonged pressure to your hip e.g. sleeping on affected side.
- Weakness of muscles around your hip.
- Poor posture – e.g. as a result of curvature or arthritis in spine.
- Presence of scarring, implants following surgery.

Symptoms

You may experience the following:

- Pain in the upper outer region of your thigh/hip – initially sharp and intense but may become more of an 'ache' and spread across a larger area with time.
- Worse when lying on the affected side, especially at night.
- May also be worse with prolonged walking, getting up from a sat position, and negotiating stairs.
- Pain when you press in or on the outer side of your hip.

Diagnosis

The diagnosis of this condition is mainly a clinical one but you may be sent for investigations such as x-rays and/or scans of your hip to exclude other possible reasons for your pain.

Treatment

▫ Ice Packs

Apply several times daily for a period of 15 minutes each time.

▫ Anti-inflammatory medication

If oral preparations do not help, consider topical formulations to rub onto the painful area. Anti-inflammatories may have adverse side-effects if you have certain medical conditions or take certain medications so please consult with your GP prior to commencing.

▫ Activity modification

Avoid aggravating positions (sleep on opposite hip, use of pillow between knees to stop legs crossing) and activities (reduce excessive walking, running and/or cycling).

▫ Posture

Avoid leaning on one hip when standing but rather keep weight evenly spread through both feet.

▫ Weight loss

(if appropriate) to minimise stress on affected tissues.

▫ Physiotherapy

Aimed at hip rotator stretches, iliotibial band stretches, gluteal muscle strengthening. Please refer to the [American Association of Hip and Knee](#)

[Surgeons \(AAHKS\) Home Exercise Programme.](#)

- ▣ **Shockwave therapy**

There is no consensus on whether this non-invasive treatment works or not but some studies have demonstrated improvement in pain.

- ▣ **Cortico-steroid injections**

This involves an injection of a powerful anti-inflammatory medication into the area of concern with or without ultrasound guidance.

Outcome

Over 90% of patients with greater trochanteric pain syndrome recover with the above measures. Recovery time differs from patient to patient but it can take between 6 to 12 months of rehabilitation to make a return to decent levels of activities. Whilst an option, it is very rare that surgery is required. In addition, the results of surgery are not often as successful as one would like them to be.



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