Trochanteric bursitis is a common condition which affects many people over their lifetime. It can potentially be quite debilitating, causing pain on walking and waking during sleep. It is also a common complication of total hip replacement and may adversely affect patient satisfaction of the procedure.

**Etiology**

While there have been more recent attempts to consider trochanteric bursitis as part of a spectrum of disorders classified as ‘greater trochanteric pain syndrome’, the condition itself is considered to be a consequence of inflammation of the bursa between the greater trochanter and the fascia lata (also known as the iliotibial band).

This inflammation can be caused acutely by trauma following a fall or during contact sports. It may also be present due to repetitive trauma as the fascia lata rubs over the greater trochanter.

**Epidemiology**

The condition is very common, especially in active patients. It is significantly more common in women and is seen bilaterally in around half of cases.

**History and Examination**

Patients with the condition describe point tenderness over the lateral hip which may or may not radiate down the lateral aspect of the thigh to the knee. Patients typically describe pain on movement and at night, especially when they lie on the affected side. There may be a history of trauma precipitating the pain or just a gradual onset.

The primary examination finding is point tenderness on palpating the greater trochanter.
To further confirm the diagnosis slightly flex the hip and the knee and then actively adduct the hip. This should tighten the fascia lata over the bursa, exacerbating the pain.
Non Surgical Management

The vast majority of patients can be treated non-surgically. The two mainstays of treatment are physiotherapy and injection. For information on how to perform injection of the trochanteric bursa see the earlier chapter.

Physiotherapy concentrates on exercises which seek to stretch out the fascia lata thereby relieving excessive pressure on the bursa itself. A typical exercise would be cross body adduction with the hip and knee flexed, held for a short period of time.

The condition is common after total hip replacement surgery. The authors recommend in these patients that any injections be performed in a laminar flow theatre. This is to reduce the risk of infection as much as possible, given the potentially devastating consequences of causing a local infection over a prosthesis.

Surgical Management

In the very rare cases of refractory trochanteric bursitis, in whom conservative management has failed and debilitating symptoms have persisted for a number of years, there have been some surgical options used with success.

One typical procedure involves longitudinal release of the fascia lata with excision of the bursa. In small published series this produced resolution of symptoms and return to function in most patients.

Follow-up and Outcomes

In general after a first presentation and injection patients should be referred on to physiotherapy. After this it would be appropriate to offer an open appointment. This avoids the patient re-attending if the management is effective. If the patient self refers back then injections can be repeated a number of times in order to resolve the symptoms. Over two thirds of patients can expect to have resolution of symptoms at one year with the above regimen.