CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Gluteal tendon tear and repair

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your hip, and arrange scans where they are needed. A tear of the gluteal tendons, the muscles that hold your pelvis steady when you walk, shows up as dull pain on the side of your hip that worsens with pressure, standing, and pushing your leg outwards.

These tears often come from gradual wear over time, though a fall can also cause one. We usually begin with non-operative care such as activity change, physiotherapy, or injections, and we consider surgery when that has not given enough improvement. Repair is offered when scans and your examination both show the tendon is torn and your hip is weak. When symptoms are severe, repair has relieved symptoms in 95% of reviewed cases. The aim is less pain, better strength, and a steadier hip when you walk. We will talk through this decision together.

Before the operation

Once surgery is planned, we will give you clear instructions so the day runs smoothly. You will need to stop eating and drinking seven hours beforehand. We ask for seven hours rather than a shorter time so your operation can be brought forward if the theatre list runs early. Some medications may need to be paused, and we will tell you which ones and when. Bring a written list of everything you take, arrange for someone to drive you home, and wear loose, comfortable clothing. Scans already arranged, such as an X-ray, MRI, or ultrasound, help us plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, the doctor who puts you to sleep and keeps you comfortable during the operation. This

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. When it is finished, you wake up in the recovery area. Nurses watch over you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

The aim of the operation is to reattach the torn gluteal tendon back onto the bone at the side of your hip. Your surgeon will choose between two ways of doing this, and both work through or around the same spot on the outside of your hip.

One option is keyhole surgery, also called endoscopic repair. This uses a few small cuts rather than one large one. A thin camera is passed through one of the cuts so the surgeon can see the torn tendon on a screen. Working through the other small cuts, the surgeon clears away damaged tissue and stitches the tendon back down onto the bone. Because the cuts are small, this approach disturbs less of the surrounding muscle. Some partial tears can be repaired by stitching through the tendon itself, which leaves the healthy outer part of the tendon attached to the bone untouched.

The other option is open repair. This uses one larger cut over the side of the hip so the surgeon can see and reach the tendon directly. The torn tendon is stitched back onto the bone with strong non-dissolving stitches. If the tear is large or the tendon has pulled back too far to reach the bone, the surgeon may add a patch of tissue or transfer a nearby tendon to bridge the gap and reinforce the repair.

Both approaches can be combined with hip arthroscopy, a keyhole look inside the joint, if other problems such as a torn labrum (the rim of cartilage around the socket) are found. The cuts are closed with stitches and covered with a dressing.

After the operation

You will wake up in the recovery ward, where nurses keep a close eye on you as the anaesthetic wears off. Your hip will feel sore, and we will give you pain relief to keep you comfortable. The side of your hip will be covered with a dressing over the stitches. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Most people stand and take a few steps with a frame or crutches on the same day, and the physiotherapist will show you how. Someone should stay with you for the first 24 hours. Your team will tell you whether you go home the same day or stay one night in hospital.

Recovery

For the first few days your hip will be sore and may feel swollen around the stitches. Pain relief keeps this comfortable, and it usually eases steadily as the days pass. Resting with a pillow under your knee can help. Ice packs wrapped in a towel also settle the swelling.

Most people stand and take a few steps with crutches or a frame on the day of surgery. Your physiotherapist will show you how much weight you can put on the leg and will guide you through gentle exercises. These keep your hip moving and your muscles working while the tendon heals. You will do these exercises at home, a little at a time, and build them up as your hip allows.

At home you can move around carefully and do your daily tasks, but avoid pushing hard on the sore side, bending deeply, or lifting anything heavy until we tell you it is safe. Sleeping on your back, or on the side away from the operated hip, is usually more comfortable early on. Once the swelling settles and walking feels steady, you will move from crutches to walking on your own. When your surgeon is happy with your strength and movement, you can return to driving and your usual activities.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each review.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The main problem we watch for is the tendon tearing again after it has been stitched back down. This is called a retear. You might notice the side-of-hip pain coming back, sometimes with the same dull ache you felt before the operation, or a feeling that your hip is weak or giving way when you walk. If the pain returns after it had settled, tell us. We will examine your hip and arrange scans to check whether the tendon has held. If the tear has come back and pain persists, further surgery to repair it again is sometimes needed. Bring any returning pain up at your next review, or call the clinic sooner if it is troubling you.

Occasionally a repair needs a second operation to hold. This is called revision surgery. It happens when the tendon tears again and the pain returns. The signs are the same: pain on the side of the hip that had eased, weakness when standing or walking, and less steadiness on your feet. If you notice these, contact us rather than waiting. We will assess you and talk through what has changed.

Some patients having a hip replacement instead of a repair can also have gluteal tendon problems. If you are having your hip replaced and the gluteal tendons are worn or torn, you may notice more pain on the outside of the hip afterwards, and the hip may feel less steady or less comfortable than you hoped during recovery. We will discuss this with you before your operation if scans show it, and we will keep a close eye on the outside of your hip at your reviews afterwards.

The complications table on this page lists typical rates if you want the specifics.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

When to call us

Most problems show up early, and we would rather hear about them sooner. Call us if your pain is getting worse instead of easing, if the skin around the wound is red, hot, or leaking fluid, or if you feel feverish. Go to emergency if you have sudden severe pain, swelling in your calf, shortness of breath, numbness in your leg, or you cannot move it. These can signal a clot or a nerve problem and need checking straight away.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au