CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Greater trochanteric pain syndrome

What you're feeling

The pain sits on the outside of your hip, over the bony point you can feel with your hand. It often spreads down towards your thigh. Doctors call this greater trochanteric pain syndrome. It covers several problems in the same area: an irritated bursa (a small cushioning sac), tears in the gluteal tendons (the muscles that hold your hip steady), and snapping around the hip. More than one of these can be present at once.

Certain movements make it worse. Lying on that side, getting up from a chair, climbing stairs, and pushing off to walk can all stir the pain up. Many people notice it most at night, especially when they roll onto the sore side. It can also flare after a long walk or a busy day on your feet. Standing on one leg is often hard, because the torn or irritated tendons struggle to hold your pelvis level.

The pain tends to ease when you rest and stay off the hip. It returns when you load it again.

Day to day, this changes how you move. Getting out of bed in the morning can be slow and careful. Stairs become something you plan around. You may find yourself leaning on a rail, a shopping trolley, or a walking stick to get through the day. Sitting cross-legged or lying on that hip at night can be uncomfortable enough to disturb your sleep.

This pain also takes a toll beyond the hip itself. People with this condition are less likely to be in full-time work than people without it, and they report lower quality of life and more day-to-day disability.

One more thing worth knowing: pain on the outside of the hip can sometimes sit alongside problems inside the joint itself. If your symptoms do not match the usual pattern, your surgeon may use an ultrasound-guided injection to work out exactly where the pain is coming from before planning treatment.

What's actually happening

The outside of your hip is built for load. The gluteal tendons anchor to the bony point you can feel, and they work like the ropes of a tent, holding your pelvis steady every time you stand, walk or climb. Between those tendons and the skin sits a bursa, a small fluid-filled sac that lets the tissues glide smoothly over the bone, a bit like a shock absorber.

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In this condition, those tendons become worn and irritated. The wear is called tendinopathy, and in some people the tendon fibres actually tear, much like a rope fraying strand by strand. The bursa can then become inflamed as well, which is what an older diagnosis of bursitis referred to. Scans have since shown that most people diagnosed with bursitis actually have tendon wear or tears, with little sign of true bursal trouble. That is why the whole group of problems now shares one name.

The symptoms you read about above follow directly from this. When the tendons cannot hold the pelvis level, standing on one leg becomes hard and you may lean away from the sore side. When the bursa is irritated, lying on that hip at night presses on the sore spot and wakes you. Repeated friction between the tendon and a tight band of tissue running down the outside of your thigh is thought to stir the problem up, especially with overuse, a fall, or a change in the way you walk.

More than one of these problems is often present at the same time, which is why the pain can feel like it comes from several places at once. It also explains why treatment is aimed at the tendon and the surrounding tissues together, rather than at one single spot.

What we can do about it

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 visit we take a history, examine your hip and arrange imaging where it is needed. For a long-standing problem like this one, we usually try non-operative care first and consider surgery only when that has not given enough improvement.

The first step is treatment you can do yourself, with guidance from a physiotherapist. Physiotherapy aims to strengthen the gluteal muscles that hold your hip steady and to settle the irritated tissues around the bony point. You may also be asked to change activities that load the outside of your hip, such as stairs or long walks. Give this a fair trial before moving on, because most people improve without surgery.

If physiotherapy alone is not enough, we move to medical treatment. Anti-inflammatory tablets can settle the pain in flare-ups. Cortisone injections, placed near the sore spot, can calm the inflamed bursa and ease pain. Some people also ask about platelet-rich plasma, an injection made from your own blood. For this condition it is not used as a first-line treatment, and its benefits remain uncertain. A structured exercise program aimed at loading the gluteal tendons has been shown to help people who respond to it, with better scores for hip pain and day-to-day function than a sham program.

Surgery comes into the picture when non-operative care has not worked. More than one-third of people do not improve even with well-run non-operative treatment, and in those cases we discuss operating sooner rather than later. The operation is done through small incisions using a camera, a keyhole approach. It can release a tight band of tissue running down the outside of your thigh, remove the inflamed bursa, and repair torn gluteal tendons, all in the one procedure. Both keyhole and open tendon repairs lead to functional improvement with similar failure rates, so we talk through which suits you. Whether to operate is a shared decision, made together once you know the options and what matters most to you.

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What to expect

For most people, this condition does not vanish overnight. The pain often settles with rest, then returns when you load the hip again. Left alone, it can grind on for months or years, and it tends to wear you down in other ways too. People living with this condition are less likely to be in full-time work and report lower quality of life than people without it.

The good news is that most people improve with treatment. Many get better without surgery, through physiotherapy, activity changes and injections where needed. Some treatments placed around the bony point, such as injections into the bursa, may give longer lasting relief. Shock wave therapy, which uses sound waves to stimulate healing, is another option that can help. Even partial tendon tears often do well without an operation, with a low chance of the tear getting worse over time.

If non-operative care has not given you enough relief, surgery is a reasonable next step. Both injections and surgery can lead to good outcomes for this condition, and there is no clear answer on which works better overall, because the conditions and treatments vary so much between people. When surgery is done for severe symptoms, it relieves pain in most cases. Improvements in pain and day-to-day function after keyhole surgery to remove the inflamed bursa usually show up within 1 to 3 months and continue from there. Tendon repairs done with a camera through small incisions have held up well over the long term, with results lasting at least 10 years.

A few things are worth knowing about your own recovery. Following the weightbearing limits your surgeon sets matters, as does giving up smoking if you smoke. Other health problems and the way you walk can affect how the hip behaves afterwards, in ways that are hard to predict beforehand.

If your hip pain gets worse or stops improving between 6 and 12 months after treatment, further investigation is warranted. In some cases, another operation may be recommended at a minimum of 12 months, depending on what is causing the pain.

When to see someone

See your GP if pain on the outside of your hip has been there for more than a few weeks, is not settling with rest, or is stopping you sleeping or working. Ask for a specialist review if you also notice weakness standing on one leg, or the hip feels unsteady when you walk. These are the usual signs of this condition, and they are worth checking early, because finding the exact cause is the key to the right treatment.

If you have already had treatment, keep an eye on how things track. If your pain gets worse or stops improving between 6 and 12 months afterwards, it needs further investigation. In some cases another operation may be recommended at a minimum of 12 months, depending on what is causing the pain.

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