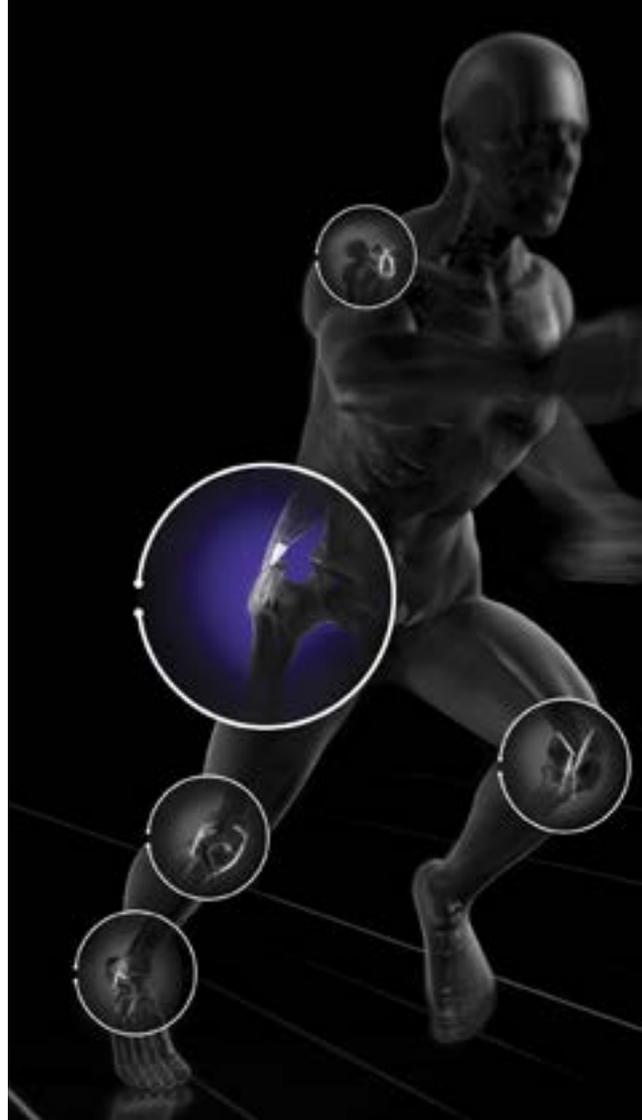


LARS™ Gluteal Tendon Repair
A guide for patients



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Important

Please be aware that the information and guidance provided within this booklet is general in nature and should not be considered as medical advice in any way. You should always seek detailed advice from a qualified medical practitioner.

Your hip

Hip pain can become a debilitating condition not just physically but also psychologically. The restrictions or limitations it can place on your levels of activity not only make it difficult to walk or sit down without pain, but the day-to-day effects of hip pain can also get you down mentally.

There are many treatments available to help alleviate the causes of hip pain. The information within this booklet is intended to act as a general guide to take you through the steps, so that you can make an informed decision.

At Corin, in partnership with your surgeon, we strive to get you back on your feet and enjoying an active lifestyle as soon as possible. With our wide range of hip, knee and ankle implants, our aim is to help restore your quality of life through our commitment to Responsible Innovation.

Your anatomy

The hip is one of the largest weight-bearing joints in the body and consists of three main parts:

- The ball (femoral head) at the top of the thigh bone (femur)
- The rounded socket (acetabulum) in your pelvis
- The greater trochanter (the bony outside of the hip)

In a healthy joint, the hip allows rotation and movement of the upper leg from side to side and back to front, enabling a high level of pain free mobility. Comprised of bones, muscles, ligaments, cartilage and tendons, each component must work harmoniously to support smooth painless functioning of the hip.

The greater trochanter (GT) is part of the femur (hip bone), it is the bony prominence you can feel on the side of your hip (Figure 1). It is significant because it is the attachment point for gluteal tendons. These tendons and their respective muscles provide stability

to your hip joint during daily activities including walking, running, stair climbing, and even standing.

Ligaments form a capsule connecting the ball to the socket, allowing normal range of movement within the joint while preventing excessive motion or movement in the wrong direction.

Tendons have a similar structure to ligaments, however they anchor muscle to bone. When your muscles contract the force is transmitted to your bones which enables your body to move.

Hip anatomy

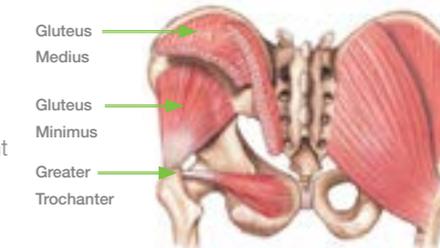


Figure 1 - Hip anatomy

Ligament and tendon injury

Although your ligaments and tendons are strong, a tendon or ligament tear can be sustained in a sporting incident, motor vehicle accident or even during daily activity.

The severity of the injury is related to the extent of the tear. As tendons and ligaments have limited blood supply, they can be slow to repair. If your injury has resulted in a severe or complete tear of the tissue, surgery may be required.

Restoring function as early as possible aims to allow you to return to your daily activities and lifestyle, minimising pain and muscle wasting.

Greater Trochanteric Pain Syndrome (GTPS)

If you have pain on the outside part of your hip, especially for an extended period of a few months or more, you may be experiencing GTPS – a common condition affecting around 2/1000 people¹. The GT is the attachment site for gluteus medius and minimus. These muscles, known as ‘hip abductors’, help to lift the leg sideways as well as stabilise the hip joint during everyday activities.

While many structures may be involved in GTPS, including the small fat pads between tendons known as ‘bursae’, research suggests the most common cause is degenerative tearing of the gluteal tendons². This process usually occurs gradually over many months or years, causing disability levels similar to those experienced by patients needing a total hip replacement³.

Surgical treatment

Non-surgical or 'conservative' treatment, such as physiotherapy, rest and pain-killing injections should always be considered in consultation with your health care professional. When non-surgical treatments no longer offer sufficient pain relief and the discomfort and disability is affecting your daily activities, it may be time to consider surgery. Surgical options will vary depending on the nature, severity and location of your injury.

Gluteal tendon surgery aims to repair and re-connect the torn tendon to its attachment site on the GT in an effort to restore function and alleviate pain.

Gluteal tendon tears are similar in nature to rotator cuff tears of the shoulder. However, in the shoulder, a sling can be used to immobilise the arm and protect the repair for a number of weeks to allow healing. This may be impractical and difficult to achieve in the hip.

One way of addressing these issues is to reinforce or 'augment' the repair with a specially-designed mesh material. This acts as a permanent scaffold for your own healing tissue⁴.

Risks and benefits

It is important to weigh up the risks and benefits before deciding to proceed with surgery. Potential benefits may be significant, including the removal of pain, an improvement in mobility and a return to a more active lifestyle. All surgery involves some element of risk though and complications can occur, e.g. pulmonary embolism, deep vein thrombosis (DVT), infection. It is important to discuss these with your surgeon before you make a decision. The specific risk for any tendon or ligament reconstruction is re-injury, particularly if engaging in high demand occupational or sporting activities. Your reconstructed ligament or tendon may fail under excessive force or strain.



Preparing for surgery

Remaining active while you are waiting for your surgery is important and may improve recovery. Moderate exercise such as walking or swimming can help prevent muscle wasting or weakening.

If you are a smoker, you should try to quit at least six weeks before the operation to help reduce the risk of complications. You must inform your surgeon if you suspect you have an infection as your surgery may need to be rescheduled.

Ensure you arrange transport back from the hospital as you will not be allowed to drive yourself home; arrange a friend or relative to help you at home while you recover.



The operation

The length of surgery may vary.

The leg being operated on will be scrubbed with an antiseptic solution and your whole body covered in sterile drapes. Once ready to start, the surgeon will make a small incision on the side of your hip. With good visualisation of the GT, the tear is repaired by attaching the graft to the tendon using high strength sutures.

Following surgery & rehabilitation

To manage your own expectations about how quickly you will be 'back on your feet', it is important to understand what will happen both immediately after your surgery and in the months that follow. Normal recovery from any operation varies from patient to patient and is partly dependent on pre-operative health. Post-operative rehabilitation regimes also vary, your surgeon will advise you about this.

You may see a physiotherapist during your hospital stay and they will help you with exercises to strengthen your muscles. The exercises are a crucial part of your recovery and it is important to continue doing them when you return home. Adhering to your rehabilitation program is a significant predictor of a positive outcome following surgery.⁵

You should contact your doctor immediately in the case of any undue pain, severe redness, swelling and/or weeping from the wound.

As part of your rehabilitation program after surgery, you may wish to gradually return to sporting activities.

Your initial level of exercise may be controlled by your physiotherapist. Your return to sport may begin around twelve to fourteen weeks after surgery, when you and your physiotherapist are satisfied that your personal and physical goals have been met.

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