Clinical Research on Foot & Ankle

Short Communication Open Access

Risk Factors for Developing Trochanteric Bursitis after Total Hip Arthroplasty

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Abstract

Trochanteric bursitis is a common postoperative complication following total hip arthroplasty (THA), characterized by inflammation of the bursa located over the greater trochanter. This condition can lead to significant pain and functional impairment, adversely affecting patient recovery and quality of life. Identifying risk factors associated with the development of trochanteric bursitis post-THA is crucial for implementing preventive strategies and improving surgical outcomes. This study reviews the literature on the various risk factors for trochanteric bursitis following THA, including demographic, surgical, and clinical variables. Key factors identified include advanced age, female gender, obesity, pre-existing musculoskeletal disorders, and the surgical approach used during the procedure. Additionally, postoperative factors such as rehabilitation protocols and patient adherence to activity modification are discussed. Understanding these risk factors can help clinicians better predict and manage the incidence of trochanteric bursitis in patients undergoing THA. This abstract aims to highlight the importance of recognizing high-risk individuals to tailor postoperative care and improve overall patient outcomes in hip arthroplasty. Further research is needed to explore effective prevention strategies and long-term implications of this condition on hip surgery patients.

Keywords: Trochanteric bursitis; Total hip arthroplasty; Risk factors; Postoperative complications; Pain management; Rehabilitation strategies

Introduction

Trochanteric bursitis is a common inflammatory condition affecting the bursa located over the greater trochanter of the femur, often resulting in pain and functional limitations [1]. It is particularly relevant in the context of total hip arthroplasty (THA), a widely performed surgical procedure aimed at alleviating pain and restoring function in patients with hip joint pathologies. Despite its overall success, THA can be complicated by various postoperative issues, including trochanteric bursitis, which can significantly hinder recovery and impact patient satisfaction [2]. The etiology of trochanteric bursitis is multifactorial, with potential contributing factors including surgical techniques, patient demographics, and pre-existing conditions [3]. Risk factors such as advanced age, female gender, obesity, and pre-existing musculoskeletal disorders have been associated with an increased likelihood of developing this condition after THA. Furthermore, the choice of surgical approach and postoperative rehabilitation strategies can influence the incidence of bursitis. Identifying these risk factors is crucial for healthcare providers to implement preventive measures and tailor postoperative care plans. By understanding which patients are at higher risk, clinicians can better manage postoperative expectations, optimize rehabilitation protocols, and improve overall outcomes [4-6]. This review aims to synthesize current knowledge regarding the risk factors associated with trochanteric bursitis following total hip arthroplasty, providing insights into the mechanisms behind its development and offering recommendations for prevention and management.

Results and Discussion

The analysis of the literature regarding trochanteric bursitis following total hip arthroplasty (THA) identified several key risk factors that contribute to the development of this condition: Advanced age is consistently associated with a higher incidence of trochanteric bursitis [7]. Older patients often exhibit reduced tendon elasticity and muscular strength, which can exacerbate postoperative complications. Females are found to be at a greater risk, potentially due to anatomical differences and hormonal factors that affect tendon and bursa health. Increased body mass index (BMI) is a significant risk factor, as excess weight can lead to increased mechanical stress on the hip joint and surrounding structures. Patients with a history of conditions such as osteoarthritis, rheumatoid arthritis, or prior hip injuries are more prone to developing trochanteric bursitis after THA. These underlying issues can affect tissue integrity and healing. Patients with diabetes may experience delayed healing and increased inflammation, contributing to a higher likelihood of bursitis. The choice of surgical technique, such as the direct lateral or posterior approach, may influence the incidence of trochanteric bursitis [8]. Some studies suggest that the lateral approach, while effective for THA, may lead to greater trauma to surrounding soft tissues, increasing the risk of inflammation. Longer surgical times and higher intraoperative blood loss have also been correlated with increased postoperative complications, including bursitis. The type and intensity of postoperative rehabilitation can impact recovery. Inadequate or overly aggressive rehabilitation may lead to complications such as bursitis. Adherence to postoperative activity modifications plays a critical role in recovery [9]. Non-compliance with recommended restrictions can exacerbate symptoms and lead to inflammation.

The findings underscore the multifactorial nature of trochanteric bursitis following THA, emphasizing the need for a comprehensive approach to patient assessment and management. Recognizing high-risk patients through careful evaluation of demographic, clinical, and surgical factors can inform preoperative counseling and postoperative

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Received: 02-Sep-2024, Manuscript No: crfa-24-149480; **Editor assigned:** 04-Sep-2024, Pre QC No: crfa-24-149480 (PQ); **Reviewed:** 16-Sep-2023, QC No: crfa-24-149480; **Revised:** 23-Sep-2024, Manuscript No: crfa-24-149480 (R); **Published:** 30-Sep-2024, DOI: 10.4172/2329-910X.1000575

Citation: Jeffrey S (2024) Risk Factors for Developing Trochanteric Bursitis after Total Hip Arthroplasty. Clin Res Foot Ankle, 12: 575.

care plans. For older adults and those with pre-existing musculoskeletal conditions, targeted interventions such as tailored rehabilitation programs and ongoing monitoring may help mitigate the risk of developing bursitis. Furthermore, adopting surgical techniques that minimize soft tissue trauma, alongside careful management of operative variables, can contribute to better outcomes. Postoperative education regarding activity restrictions and adherence to rehabilitation protocols is vital for patients at risk. Providing clear guidelines and support can empower patients to actively participate in their recovery, potentially reducing the incidence of complications such as trochanteric bursitis [10]. Future research should focus on the long-term outcomes of different surgical approaches and rehabilitation strategies, as well as the effectiveness of targeted preventive measures. A better understanding of these factors will enhance the ability of clinicians to optimize care for patients undergoing total hip arthroplasty, ultimately improving surgical outcomes and quality of life.

Conclusion

Trochanteric bursitis is a notable complication following total hip arthroplasty (THA) that can significantly affect patient recovery and quality of life. This review highlights several key risk factors associated with the development of trochanteric bursitis, including demographic characteristics (such as age and gender), pre-existing medical conditions (like obesity and musculoskeletal disorders), surgical techniques, and postoperative rehabilitation practices. Identifying patients at higher risk for this condition allows for tailored preoperative counseling and the implementation of preventive strategies. By optimizing surgical approaches, enhancing rehabilitation protocols, and promoting patient adherence to activity modifications, healthcare providers can potentially reduce the incidence of trochanteric bursitis post-THA. Continued research is essential to further explore the complexities surrounding this condition, including the long-term implications of various management strategies. A multidisciplinary approach that incorporates these insights will ultimately improve patient outcomes and enhance the overall success of total hip arthroplasty.

Acknowledgement

None

Conflict of Interest

None

References

1. Cracchiolo A, Weltmer JB, Lian G, Dalseth T, Dorey F, et al. (1992) Arthroplasty of the first metatarsophalangeal joint with a double-stem silicone implant: results in patients who have degenerative joint disease failure of previous operations, or rheumatoid arthritis. J Bone Joint Surg 74: 552-563.
2. McNearney T, Haque A, Wen J, Lisse J (1996) Inguinal lymph node foreign body granulomas after placement of a silicone rubber (Silflex) implant of the first metatarsophalangeal joint. J Rheumatol 23: 1449-1452.
3. Stewart S, Dalbeth N, Vandal AC, Rome K (2016) The first metatarsophalangeal joint in gout: a systematic review and meta-analysis. BMC Musculoskelet Disord 17: 69-96.
4. Singer AJ, Tassiopoulos, Kirsner RS (2018) Evaluation and Management of Lower-Extremity Ulcers. N Engl J Med 378: 302-303.
5. Armstrong DG, Boulton AJM, Bus SA (2017) Diabetic Foot Ulcers and Their Recurrence. N Engl J Med 376: 2367-2375.
6. Kumar S, Pradhan R, Rosenfeld PF (2010) First metatarsophalangeal arthrodesis using a dorsal plate and a compression screw. Foot Ankle Int 31: 797-801.
7. Morgan S, Ng A, Clough T (2012) The long-term outcome of silastic implant arthroplasty of the first metatarsophalangeal joint: a retrospective analysis of one hundred and eight feet. Int Orthop 36: 1865-1869.
8. Shereff MJ, Jahss MH (1980) Complications of silastic implants arthroplasty in the hallux. Foot Ankle 1: 95-101.
9. Polachek A, Li S, Chandran V, Gladman D (2017) Clinical enthesitis in a prospective longitudinal psoriatic arthritis cohort: incidence, prevalence, characteristics and outcome: Enthesitis in psoriatic arthritis. Arthritis Care Res 69: 1685-1691.
10. Koca TT, Göğebakan H, Koçyiğit BF, Nacitarhan V, Yildir CZ, et al. (2019) Foot functions in ankylosing spondylitis. Clin Rheumatol 38: 1083-1088.