

Gluteus Medius - Information

General indications for the proposed surgery/treatment

If the gluteus medius/minimus are torn and lead to pain in the lateral hip or buttock and/or difficulty performing activities of daily living, including walking, stair climbing, or lying on the side, and the patient does not respond to conservative treatment, such as rest, physical therapy, oral medications or injections, then surgery may be indicated.

Description of surgery

Gluteus medius repair surgery is performed by either a minimally invasive surgical approach (with the camera through small incisions at the side of the hip) or a small open approach with a ~3 inch incision at the side of the hip. The approach is determined by the size and type of tear. The torn gluteal tendons are reattached to the greater trochanter of the femur using suture anchors, and the inflamed trochanteric bursa is debrided or excised. There are circumstances in which donor graft tissue is required to improve the overall construct of the repair.

What are the risks and benefits?

The main risks include bleeding, blood clot, nerve injury, vascular injury, infection, persistent pain or stiffness, or other unpredictable effects of anesthesia, including death. These risks are extremely low, given the minimally invasive approach and lack of high-risk nerves/vessels in the immediate area.

Benefits include improved function/strength and reduction in pain.