Disclosures

- Relevant: Stryker
- Others can be found in the program

Endoscopic Repair is a necessary tool

✓ Tear extent is often unclear
  – We are not talking about open bursectomy…

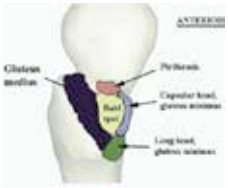
✓ Partial thickness tears are very common
  – Best addressed endoscopically

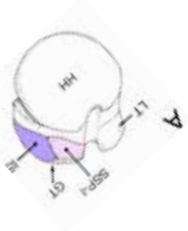
✓ Isolated gluteus minimus tears

✓ Not easy to convert to open from supine position
  – Bursectomy
  – Concomitant intra-articular arthroscopy

Partial Thickness Tears

- Undersurface, common
- Due to long footprint?



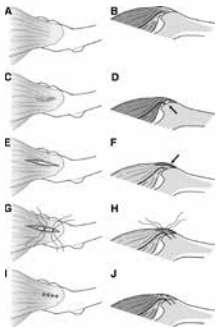


Technique

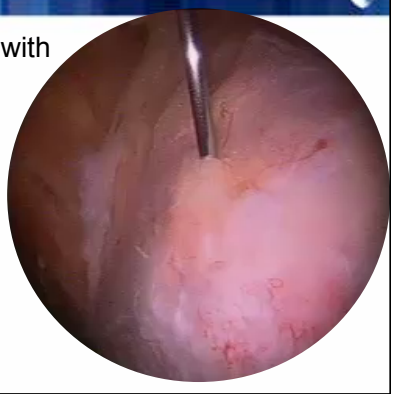
Partial-Thickness Tears of the Gluteus Medius: Rationale and Technique for Trans-Tendinous Endoscopic Repair

Benjamin G. Domb, M.D., Rima Michel Nasser, M.D., and Itamar B. Botser, M.D.

Longitudinal split with mattress repair



Bubble Sign with Repair

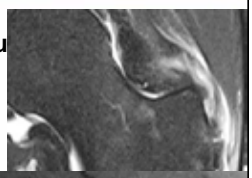


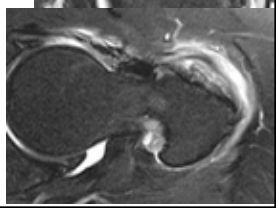
Partial Thickness Tears - Results

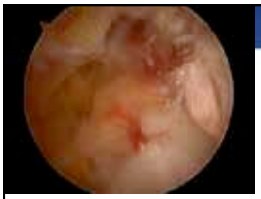
- Minimal outcome studies
- Domb et al, AJSM, 2015
  - 6/15 endoscopic repairs were PT
  - Mean f/u 2+ yrs
  - 14/15 improved
  - mHHS 50 to 84
  - HOS – ADL 49 to 88, HOS-SS – 29 to 80
  - Partial thickness tears
    - 4/6 mHHS = 100 (89,94)
    - All improved

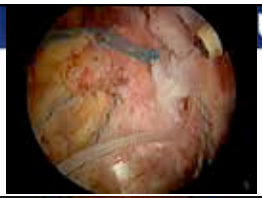
Case Example
Isolated Gluteus Minimu

- 62 yo active Duke nurse
- unable to climb stairs due to pain
- multiple injections and PT
- 4/5 abduction

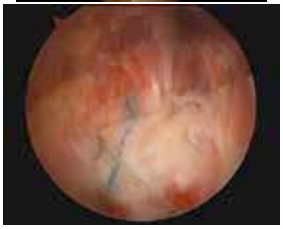






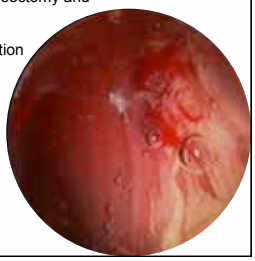


- 1 year postop
- back to all activities
- normal gait, 5/5 strength abduction
- required 1 trochanteric injection postop



Full Thickness Repair - Results

- Voos et al. AJSM 2009
  - 10 Patients with persistent lateral hip pain and weakness refractory to conservative treatment
  - Hip Arthroscopy with Trochanteric Bursectomy and Repair of Gluteus Medius Tears
  - Mean Follow-Up 25 months
  - All Patients with complete pain resolution
  - Significant improvement in PROs
    - MHHS 94
    - HOS 93
  - No Complications



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