

Anatomy:

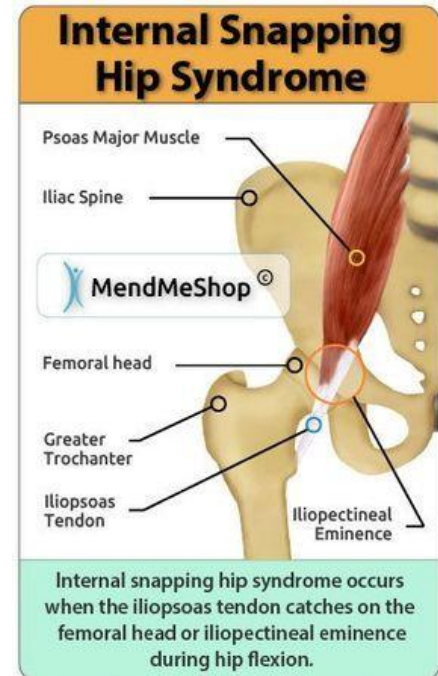
Snapping hip syndrome is the phenomenon of your iliopsoas tendon snapping over the structures beneath it. The iliopsoas muscle is your hip flexor. It starts on your pelvis and lumbar spine and inserts on the proximal aspect of your femur (thigh bone).

The most common area the tendon snaps over is the iliopectineal eminence (a prominent bump on the front of your pelvis) but can also snap over a loose body or a grossly deformed femoral head. There is also a bursa, called the iliopsoas bursa, that is located near the tendon to provide some lubrication and create a frictionless environment for the tendon. Sometime, this bursa can also get inflamed and become painful when the iliopsoas tendon snaps.

If you have had a prior hip replacement, the iliopsoas tendon can snap over the new cup, especially if it is position too far forward.

What are the most common symptoms?

The most common symptom of snapping hip is a snapping sensation that is felt in and around the hip joint, which may be painful or painless. Often people are able to reproduce the snapping with extending (straightening) your leg from a flexed position of more than 90 degrees.



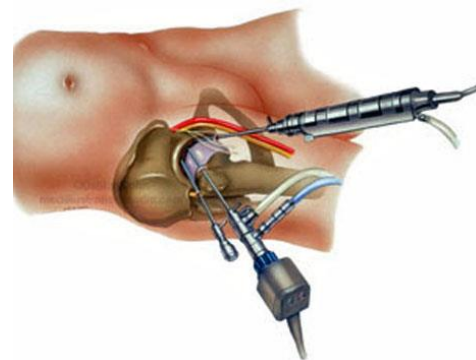
What can I do to treat it?

If the snapping is not associated with pain, no other treatment may be required besides hip flexor stretches. If it is associated with pain, then we start with conservative treatment options such as anti-inflammatories, physical therapy and steroid injection. Surgery is considered when conservative management fails to provide you with any relief.

What is the surgery like?

The surgery may look different, depending on if you have had a total hip replacement or not.

To perform the surgery on patients that have NOT had a hip replacement, Dr. Everhart will use an instrument called an arthroscope; a camera that can be used to look into the joint. The arthroscope makes it easier to look all around the hip joint and minimizes the incisions he





would need to make. Using the arthroscope, you will likely have 2-5 incisions that are 2-3cm long.

The surgery involves Dr. Everhart looking into your hip joint with the arthroscope to do an examination. Many patients with this condition do also have some intra-articular (joint) pathology as well. Dr. Everhart will first clean up and address these issues. Attention is then turned to the tendon. He will then use a motorized shaver to resect the bursa from the tendon. Lastly, a tool that uses radiofrequency (to help protect surrounding structures) to cut the tendon. We will then close the incisions with stitches.

This is typically an outpatient surgery, meaning that you get to go home after your surgery is over. You will be placed in a brace that limits your range of motion and will be restricted to partial weight bearing using crutches for a period of 2-4 weeks. You can return to sedentary work as early as 2-3 days, but full return to work will be determined by Dr. Everhart. Full return to activity will also be determined by Dr. Everhart but you can expect to return to activity between 6-12 months.

There are several risks to surgery such as development of an infection, or a blood clot. We do several things to minimize the risks. There can be some risks from anesthesia, but these risks are low as well. We will prescribe you some narcotic medication to help with the pain, and these types of medications have their own side effects as well. We will help you manage these side effects while maximizing the desired effects for you.