



New Surgical Technique Treats Lateral Hip Pain

By Jovan Laskovski, M.D.

If you're over the age of 60, chances are you've felt a twinge in your hip at some point. Lateral hip pain becomes more common after the age of 40, and affects up to 20 percent of people age 65 or older. Most often, it is not caused by traumatic injuries or falls; rather, it is a result of wear and tear from aging.

Sometimes, the pain can be so severe that it affects your ability to get a good night's sleep. Even rolling onto the afflicted side may cause pain. Others may find that they are not able to go up and down stairs without holding onto a railing, let alone be able to play tennis or golf.

Bursitis, tendinitis and tears in the abductor tendons have been known to trigger this pain. But oftentimes, the exact cause is misdiagnosed.

These problems tend to be frustrating for both orthopaedic and sports medicine physicians because MRIs will often miss a diagnosis of a tear or partial thickness tear of the gluteus medius and minimus tendons, which help us rotate and flex our hips. The technique I have developed, known as endoscopic gluteus medius and minimus repair with allograft augmentation, shows great promise in being able to treat an extremely common but unrecognized problem.

Historically, surgery to repair these tendons has had a relatively high failure rate of 35 percent. Because of this, and to improve outcomes, I developed this new technique, which repairs the tendon and also adds allograft cadaver tissue to reinforce the repair, leading to a 95 percent success rate in my patients this past year. After years of damage, allograft aug-

mentation repairs the strength, and the tissue turns into patient tendon tissue, resulting in better short-term and long-term outcomes. It also addresses the high re-tear rate with simply repairing the tendon, thereby allowing for better overall outcomes with an extremely low revision rate. Another benefit of this approach aids in improved healing of and feeling in the hips.

This is a same-day surgery, so you come in in the morning and are back home that afternoon. I make four or five poke holes to repair the damaged tendons. More difficult part is the recovery process. It takes six weeks to allow for healing. Two weeks after surgery, you begin physical therapy that focuses on pain relieving and strengthening. You can expect to start walking at week six.

It's important to note that not all patients require surgery to correct this problem. In many cases, conservative treatments such as physical therapy and corticosteroid injections can provide relief. Lateral hip pain can result in significant disability and limit you in life. We offer a reliable solution to take care of this.

Because this particular condition is so frequently underdiagnosed or misdiagnosed, it helps to see an orthopaedic hip doctor. Many patients go through the wringer, visiting their primary care physician or a physical therapist, thinking that they have bursitis. Crystal Clinic's hip specialists possess the specialized knowledge and training to diagnose and treat this issue.



*Dr. Laskovski is board-certified in orthopaedic surgery and orthopaedic sports medicine. He specializes in hip arthroscopy, with a focus on preservation of the native hip joint. He also specializes in sports medicine with an interest in arthroscopic surgery of the hip, shoulder and knee, as well as shoulder and hip arthroplasty. Laskovski presented the outcomes for his new technique at the International Society for Hip Arthroscopy meeting in Santiago, Chile, and will present the updated outcomes this fall at the ISHA meeting in Melbourne, Australia. There was great interest in his approach since the success rate is significantly improved using his new technique, which Laskovski has since begun teaching to surgeons in America and around the world. His technique was also published in February 2018's *The Arthroscopy Techniques Journal*.*



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