



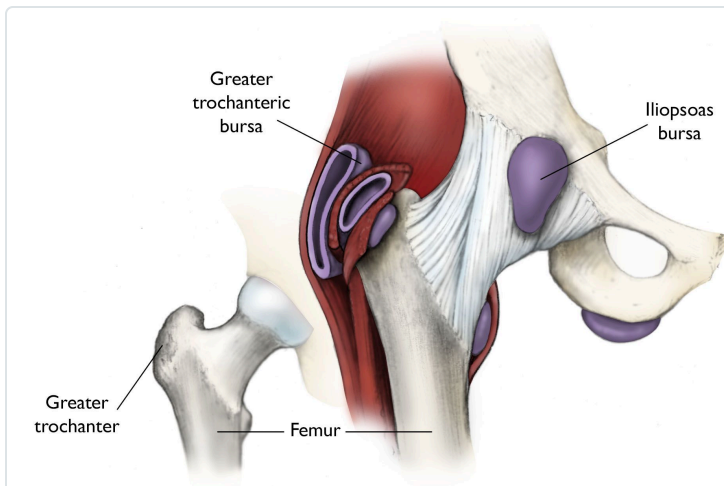
DISEASES & CONDITIONS

Hip Bursitis

Bursae are small, jelly-like sacs that are located throughout the body, including around the shoulder, elbow, hip, knee, and heel. They contain a small amount of fluid, and are positioned between bones and soft tissues, acting as cushions to help reduce friction.

Bursitis is inflammation of the bursa. There are two major bursae in the hip that typically become irritated and inflamed. One bursa covers the bony point of the hip bone called the greater trochanter. Inflammation of this bursa is called trochanteric bursitis.

Another bursa – the iliopsoas bursa – is located on the inside (groin side) of the hip. When this bursa becomes inflamed, the condition is also sometimes referred to as hip bursitis, but the pain is located in the groin area. This condition is not as common as trochanteric bursitis but is treated in a similar manner.



Hip bursitis most often involves the bursa that covers the greater trochanter of the femur, although the iliopsoas bursa can also become inflamed.

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Symptoms

The main symptom of trochanteric bursitis is pain at the point of the hip. The pain usually extends to the outside of the thigh area. In the early stages, the pain is usually described as sharp and intense. Later, the pain may become more of an ache and spread across a larger area of the hip.

Typically, the pain is worse at night, when lying on the affected hip, and when getting up from a chair after being seated for a while. It also may get worse with prolonged walking, stair climbing, or squatting.

Risk Factors

Hip bursitis can affect anyone, but it is more common in women and middle-aged or elderly people. It is less common in younger people and in men.

The following risk factors have been associated with the development of hip bursitis.

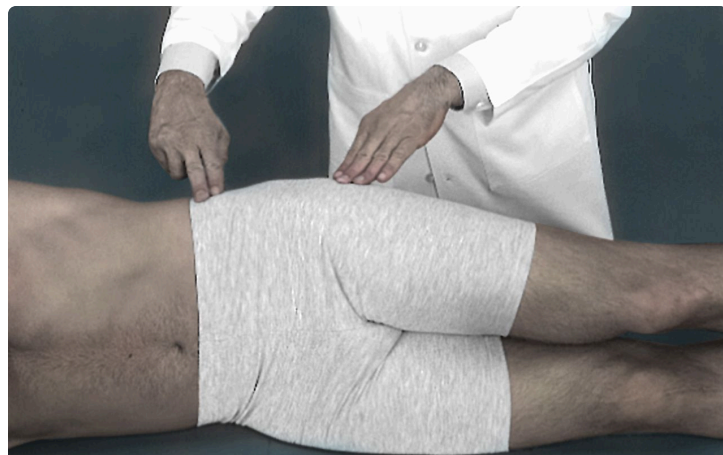
- **Repetitive stress (overuse) injury.** This can occur when running, stair climbing, bicycling, or standing for long periods of time.
- **Hip injury.** An injury to the point of your hip can occur when you fall onto your hip, bump your hip, or lie on one side of your body for an extended period of time.
- **Spine disease.** This includes [scoliosis\(/en/diseases--conditions/introduction-to-scoliosis/\)](#), arthritis of the lumbar (lower) spine, and other spine problems that may affect the way you walk.
- **[Leg-length inequality\(/en/diseases--conditions/limb-length-discrepancy/\)](#).** When one leg is significantly shorter than the other, it affects the way you walk, and can lead to irritation of a hip bursa.
- **[Rheumatoid arthritis\(/en/diseases--conditions/rheumatoid-arthritis/\)](#).** This makes the bursa more likely to become inflamed.
- **Previous surgery.** Surgery around the hip or prosthetic implants in the hip can irritate the bursa and cause bursitis.
- **Bone spurs or calcium deposits.** These can develop within the tendons that attach muscles to the trochanter. They can irritate the bursa and cause inflammation.

Doctor Examination

To diagnose hip bursitis, the doctor will perform a comprehensive physical examination, looking for tenderness in the area of the point of the hip. They may also perform additional tests to rule out other possible injuries or conditions. These tests can include imaging studies, such as X-rays, bone scanning, and magnetic resonance imaging (MRI) scans.

Your doctor will check for tenderness over the bony point of the hip bone.

Reproduced and adapted from AD Armstrong, MC Hubbard (eds.): Essentials of Musculoskeletal Care, ed. 5. Rosemont, IL, American Academy of Orthopaedic Surgeons, 2016, p. 663.



Treatment

Nonsurgical Treatment

The initial treatment for hip bursitis does not involve surgery. Many people with hip bursitis can experience relief with simple lifestyle changes, including:

- **Activity modification.** Avoid the activities that worsen symptoms.
- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** Ibuprofen, naproxen, piroxicam, celecoxib, and others, may relieve pain and control inflammation. Use NSAIDs cautiously and for limited periods. Talk with your doctor about the NSAIDs you use. NSAIDs may have adverse (negative) side effects if you have certain medical conditions or take certain medications.
- **Assistive devices.** Use of a walking cane or crutches for a week or more when needed.
- **Physical therapy.** Your doctor may prescribe exercises to stretch out the IT band and/or increase hip strength and flexibility. You may do these exercises on your own, or a physical therapist may teach you how to stretch your hip muscles and use other treatments such as rolling therapy (massage), ice, heat, or ultrasound.
- **Steroid injection.** Injection of a corticosteroid along with a local anesthetic may also help to relieve symptoms of hip bursitis. This is a simple and effective treatment that can be done in the doctor's office. It involves a single injection into the bursa. The injection may provide temporary (months) or permanent relief. If pain and inflammation return, another injection a few months after the initial injection may be helpful, but figuring out the cause of the bursitis is important to treat it definitively (in a complete way). **It is important to limit the number of injections, as use of corticosteroid injections for a long time may damage the surrounding tissues.**

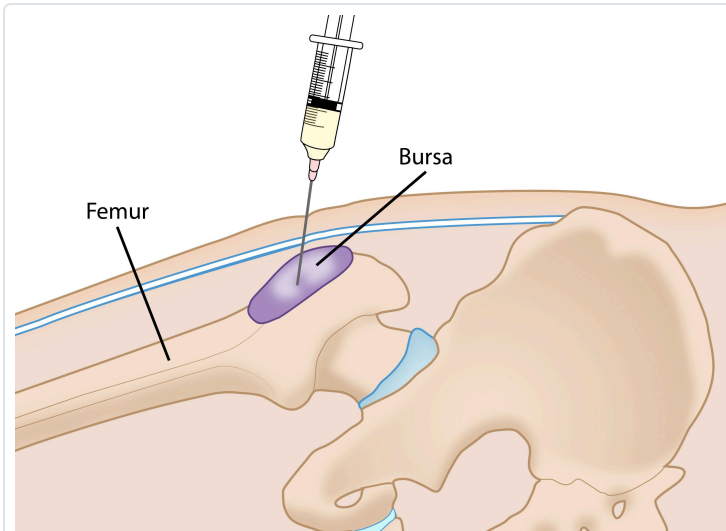


Illustration shows a corticosteroid injection into the trochanteric bursa.

Surgical Treatment

Surgery is rarely needed for hip bursitis. If the bursa remains inflamed and painful after you have tried all nonsurgical treatments, your doctor may recommend surgical removal of the bursa. Removal of the bursa does not hurt the hip, and the hip can function normally without it.

A newer technique that is gaining popularity is arthroscopic removal of the bursa. In this technique, the bursa is removed through a small (1/4-inch) incision over the hip. A small camera, or arthroscope, is placed in a second incision so the doctor can guide miniature surgical instruments and remove the bursa. This surgery is less invasive, and recovery is quicker and less painful than with open surgery.

Both types of surgeries are done on an outpatient (same-day) basis, so an overnight stay in the hospital is not usually necessary. Early research shows arthroscopic removal of the bursa to be quite effective, but this is still being studied.

Rehabilitation

After surgery, you can expect a short rehabilitation period. It is reasonable to be up and walking the evening after surgery. Most patients find that using a cane or crutches for a couple of days is helpful. The soreness from surgery usually goes away after a few days.

Prevention

Although hip bursitis cannot always be prevented, there are things you can do to prevent the inflammation from getting worse:

- Avoid repetitive activities that put stress on the hips.
- Lose weight if you need to.
- Get a properly fitting shoe insert for leg-length differences.
- Maintain strength and flexibility of the hip muscles.

Last Reviewed

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