

Greater trochanteric pain syndrome

What you're feeling

Greater trochanteric pain syndrome is a group of problems that cause pain on the outside of your hip. The name covers a few different causes: an irritated or inflamed bursa (a small fluid-filled cushion over the bony point of your hip), tears in the gluteal tendons (the strong cords that attach your buttock muscles to that bone), and snapping around the hip. More than one of these can be present at the same time.

The pain sits over the bony point on the side of your hip. Pressing on that spot is usually tender. Your hip may also feel weak when you move your leg out to the side, which is the movement your buttock muscles control. The pain often flares at night, especially when you lie on that side. It can also flare after activity, or first thing in the morning when you get out of bed.

Daily tasks that load the outside of your hip become hard. Walking, climbing stairs, standing on one leg to dress, and getting up from a chair can all hurt. Lying on the sore side at night may wake you or stop you finding a comfortable position.

This pain can wear you down beyond the hip itself. People with this condition are less likely to be in full-time work than people without it, and they report lower quality of life and more day-to-day disability.

One thing worth knowing: pain on the outside of the hip is not always this condition. If pressing on that bony point does not make you wince, the cause may lie inside the joint instead. That is why an accurate diagnosis matters. Your surgeon will examine you, and may use scans or a numbing injection guided by ultrasound to work out exactly what is causing your pain. Getting the diagnosis right is the key to treating it well.

What's actually happening

The bony point on the side of your hip is called the greater trochanter. It works like a pulley. Strong tendons from your buttock muscles run over it, and small fluid-filled cushions sit between them so everything can glide smoothly as you move.

In this condition, those parts become irritated or damaged. The cushions can become inflamed, and the tendons can develop small tears or wear down over time. More than one of these problems is often present at once.

Repeated rubbing between the tendon and a tight band of tissue running down the outside of your thigh, along with overuse, injury, or a change in the way you walk, is thought to set this off.

Scans have changed how this condition is understood. Many people told they have bursitis (inflammation of one of those cushions) actually turn out to have a torn or worn tendon instead, with little sign of true bursitis. That matters, because the tendon is the structure doing the real work. It holds your pelvis steady every time you stand, walk, or step, and when it is damaged, the outside of your hip lets you know.

The symptoms you read about above follow directly from this. Tenderness over the bony point comes from the irritated tissue sitting there. Weakness moving your leg out to the side comes from the tendon not pulling properly. Night pain happens because lying on that side presses the sore area directly.

One more thing worth knowing: these problems sit outside the hip joint itself, not inside it. That is why the pain feels different from arthritis, and why getting the diagnosis right matters before any treatment is chosen.

What we can do about it

The first step is changing how you load your hip. That can mean easing back on the activities that set your pain off, and adjusting how you walk, stand, or train. Physiotherapy aims to strengthen the buttock muscles that steady your pelvis, through a structured loading program for the gluteal tendons. People who respond to this kind of targeted exercise report less hip pain and better day-to-day function than those who do not follow it. Give this a fair go before moving on. For partial tendon wear, sticking with non-operative care can work well over the long term, with a low risk of the tear getting worse.

If exercise alone is not settling things, we move to medical options. Anti-inflammatory tablets can settle the irritation around the tender spot. Cortisone injections (a steroid medicine placed near the sore tissue) can also calm the pain. More than 60% of surgeons use cortisone as either a first or second step for this problem after a hip replacement, and it works well for bursitis that flares after surgery. It may be less likely to succeed in younger people and those whose legs are different lengths. Injections of platelet-rich plasma (a preparation made from your own blood) have been tested for this condition, with no difference from a placebo up to 6 months afterwards, so we do not use them as a first choice.

Surgery comes into the conversation when non-operative care has not given you enough relief. More than one-third of people do not improve even with the best non-operative treatment, and in those cases operating early can be considered. The operation is done through small cuts using a camera (keyhole surgery). It can release the tight band of tissue running down the outside of your thigh, remove the inflamed cushion, and repair a torn gluteal tendon if one is present. Both keyhole and open tendon repairs lead to functional improvement, with similar failure rates. We will talk through whether surgery suits you, and decide together based on your pain, your scans, and what matters to you.

What to expect

For many people, this condition does not simply vanish on its own. The pain tends to persist or keep flaring, especially at night and after activity, unless the underlying cause is treated. Living with it long term takes a real toll: people with this condition are less likely to be in full-time work than people without it, and they report lower quality of life and more day-to-day disability.

The good news is that most people improve when the problem is managed properly. Non-operative care works well for many, particularly for partial tendon wear, where the risk of the tear getting worse is low and long-term results are similar to those reported after surgery. Shock wave therapy (a treatment that delivers sound waves to the sore tissue) can also help. When injections are used, ones placed into the fluid-filled cushion near the tender spot may give longer lasting benefit than others.

Surgery is reserved for people whose symptoms are severe or who have not improved with non-operative care. It relieves symptoms in 95% of severe cases reviewed, and repairs of torn gluteal tendons have held up well over at least 10 years. Improvements in pain and function after keyhole surgery to remove the inflamed cushion are usually noticeable by 1 to 3 months and last throughout follow-up. Where the buttock tendon can no longer do its job at all, a transfer of a nearby tendon has shown reliable improvement in hip function and pain at 3 years.

Recovery is gradual rather than instant. Expect steady gains over weeks to months, not an overnight fix. Your surgeon will talk you through what to watch for. If your hip pain increases or stops improving after surgery, further checks are warranted between 6 and 12 months, and a further operation may be considered at a minimum of 12 months depending on the cause.

One honest caveat: results depend on you as much as on the treatment. Following your postoperative limits matters. One person who reported poor satisfaction after a tendon repair had not stuck to their weight-bearing restrictions, kept smoking against medical advice, and had unrelated spine surgery soon after. Doing your part gives the treatment its best chance.

When to see someone

See your GP if you have had pain over the bony point on the side of your hip for more than a few weeks, especially if it is not settling with rest or a change in activity. Ask for a specialist review if pressing on that spot is tender, if your hip feels weak when you move your leg out to the side, or if the pain is waking you at night or making work and daily tasks hard. Getting the right diagnosis early matters, because more than one problem can be present at once and each is treated differently. If you have already had hip surgery, ask for review if the pain increases or stops improving between 6 and 12 months afterwards.