

# Risk Factors for Developing Trochanteric Bursitis after Total Hip Arthroplasty

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## Abstract

Trochanteric bursitis is a common postoperative complication following total hip arthroplasty (THA), characterized by pain and swelling over the greater trochanter. Identifying risk factors is crucial for implementing preventive strategies and improving patient outcomes. This review synthesizes current knowledge regarding the development of trochanteric bursitis post-THA, focusing on surgical techniques, patient demographics, and pre-existing conditions. Key risk factors include advanced age, female gender, obesity, and pre-existing musculoskeletal disorders. The choice of surgical approach and postoperative rehabilitation strategies can influence the incidence of bursitis. Identifying these risk factors is crucial for healthcare providers to implement preventive measures and tailor postoperative care plans. By understanding which patients are at higher risk, clinicians can better manage postoperative expectations, optimize rehabilitation protocols, and improve overall outcomes. This review aims to synthesize current knowledge regarding the risk factors associated with trochanteric bursitis following total hip arthroplasty, providing insights into the mechanisms behind its development and offering recommendations for prevention and management.

Trochanteric bursitis; Total hip arthroplasty; Risk factors; Postoperative complications; Pain management; Rehabilitation strategies

Trochanteric bursitis is a common inflammatory condition affecting the bursa located over the greater trochanter of the femur, often resulting in pain and functional limitations [1]. It is particularly relevant in the context of total hip arthroplasty (THA), a widely performed surgical procedure aimed at alleviating pain and restoring function in patients with hip joint pathologies. Despite its overall success, THA can be complicated by various postoperative issues, including trochanteric bursitis, which can significantly hinder recovery and impact patient satisfaction [2]. The etiology of trochanteric bursitis is multifactorial, with potential contributing factors including surgical techniques, patient demographics, and pre-existing conditions [3]. Risk factors such as advanced age, female gender, obesity, and pre-existing musculoskeletal disorders have been associated with an increased likelihood of developing this condition after THA. Furthermore, the choice of surgical approach and postoperative rehabilitation strategies can influence the incidence of bursitis. Identifying these risk factors is crucial for healthcare providers to implement preventive measures and tailor postoperative care plans. By understanding which patients are at higher risk, clinicians can better manage postoperative expectations, optimize rehabilitation protocols, and improve overall outcomes [4-6]. This review aims to synthesize current knowledge regarding the risk factors associated with trochanteric bursitis following total hip arthroplasty, providing insights into the mechanisms behind its development and offering recommendations for prevention and management.

The analysis of the literature regarding trochanteric bursitis following total hip arthroplasty (THA) identified several key risk factors that contribute to the development of this condition: Advanced age is consistently associated with a higher incidence of trochanteric bursitis [7]. Older patients often exhibit reduced tendon elasticity and muscular strength, which can exacerbate postoperative complications. Females are found to be at a greater risk, potentially due to anatomical

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Copyright: © Jeffrey Siphon. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Longer surgical compliance with recommended restrictions can exacerbate symptoms and lead to inflammation.

Findings underscore the multifactorial nature of trochanteric bursitis following THA, emphasizing the need for a comprehensive approach to patient assessment and management. Recognizing high-risk patients through careful evaluation of demographic, clinical, and surgical factors can inform preoperative counseling and postoperative

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