

HIP ABDUCTOR TENDON REPAIR Surgical Update

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Conflicts

- Stefano Alec Bini, MD, FAAOS
- JOURNALS
 - Journal of Bone and Joint Surgery Associate Editor AI
 - Arthroplasty Today, Associate Editor Al
 - Journal of Arthroplasty: Editorial or governing board
 - Elsevier: Publishing royalties, financial or material support
- SOCIETIES
 - Personalize Arthroplasty Society: Board or committee member

START UPS

- CaptureProof.com: Stock or stock options
- Cloudmedx.com: Stock or stock options
- Gait Science: Stock or stock options
- InSilicoTrials.com: Stock or stock options
- Siramedical.com: Stock or stock options
- Archetype.ai: stock or stock options
- INDUSTRY
 - Zimmer Biomet: consulting
 - Stryker Royalties
 - Con Med research funding

Goals of this talk

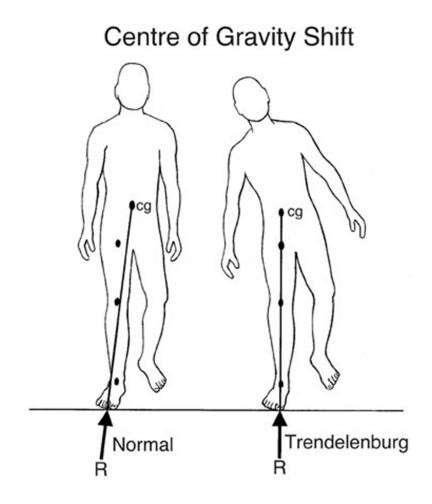
 Increase awareness of the high prevalence of Gmed and Gmin tears in patients with hip osteoarthritis

 Give you enough information to consider treating tears when you see them or refer the patient.



University Biomechanics of the Abductors / Loads

- 4-5 times body weight
- 8 times BW when stumbling
- Much higher forces than the shoulder
 - Impacts recovery and surgical techniques





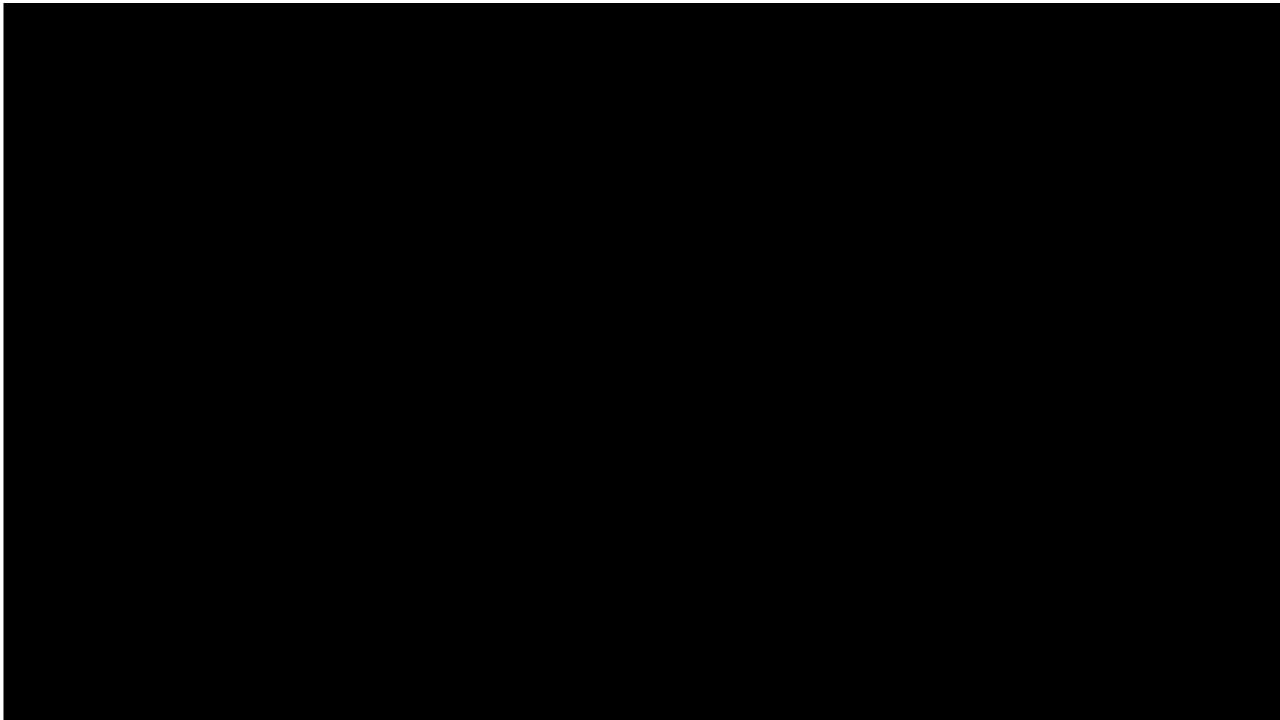
DIAGNOSIS

History

- Pain / "Bursitis"
 - Lateral hip pain
 - Sleep disturbance
 - Pain with stair climbing, walking
- Multiple injections
- PT for IT band stretching
- Hip Surgery
 - lateral approach

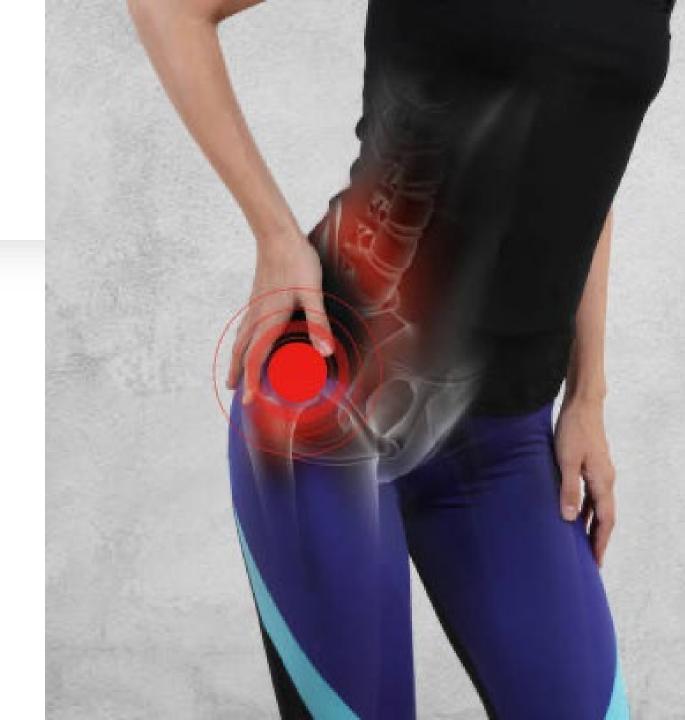
Physical Exam

- Middle aged females
- Tender over GT/lateral hip
- Trandelenburg
 - Side to side waddle
- Use of a cane, walker



Greater Trochanteric Pain Syndrome

- Sunil Kumar et all, ESSKA 2021
- Female predominance (>70%)
 - Wider pelvis
 - Smaller Trochanteric footprint
 - 30% increase abductor moment arm
- 20% of THA patients
 - Source of lateral hip pain
 - Often pain not from the spine





Work up

- Imaging
 - XR
 - Flattening of GT, Calcifications
 - May have hip arthritis
 - May have spine arthritis
 - U/S
 - Detachment
 - Gmed only

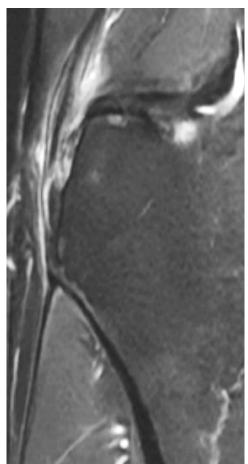
- MRI
 - Quality of tear
 - Medius and/or Minimus
 - Fluid Collections (MOM)
 - fatty degeneration of muscle



XR Imaging: flattened and osteophytic GT

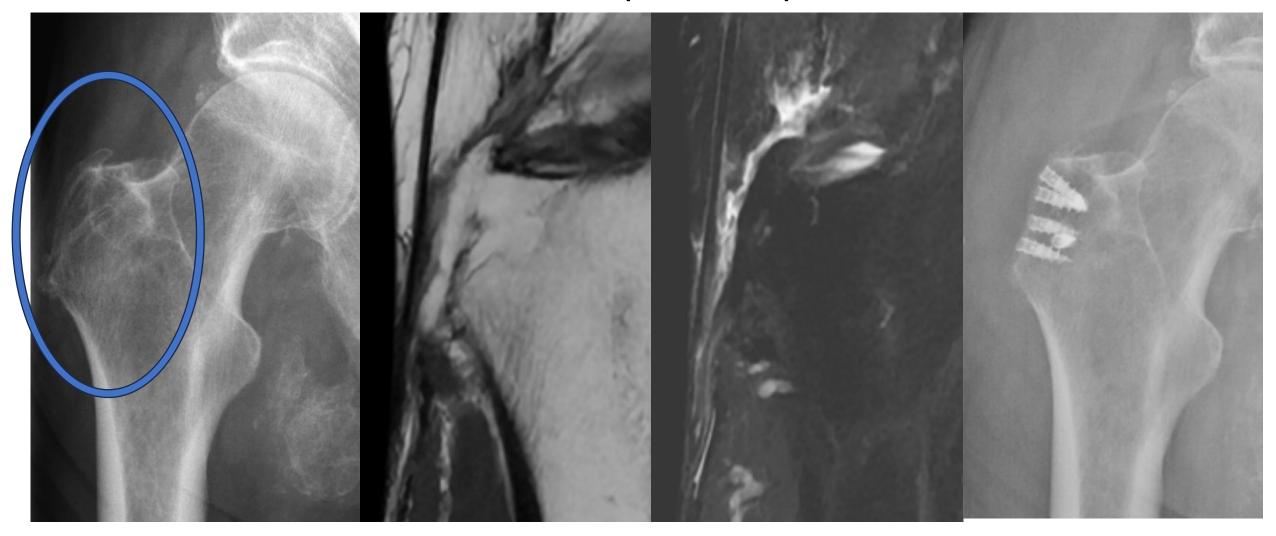








XR imaging: 80% detachment, GMed retraction, complex repair



MRI: best for Gluteus Medius Pathology

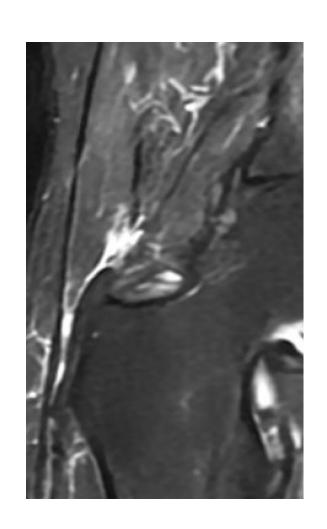


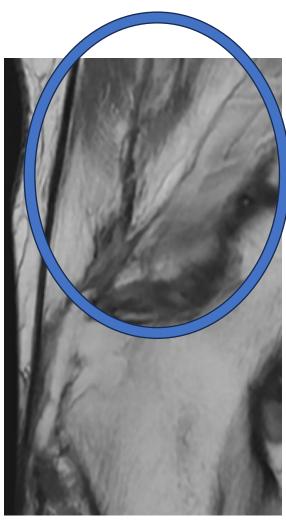


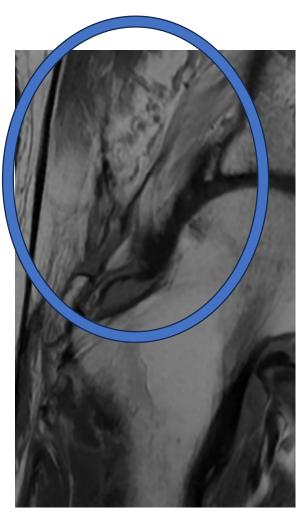
GMED Pathology

- Tendinosis/Bursitis
- Subsurface Tears
 - Delamination tears
- Partial Tears
- Complete Tears
- Fatty degeneration
- Associated Pathology
 - OA
 - Labral tears

Fatty Degeneration seen on T1

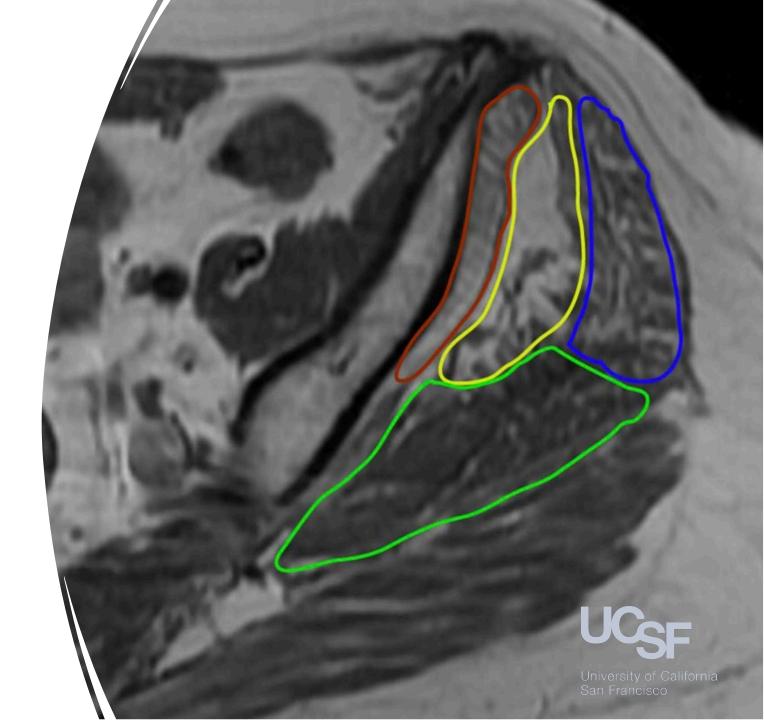






Fatty Degeneration and Atrophy

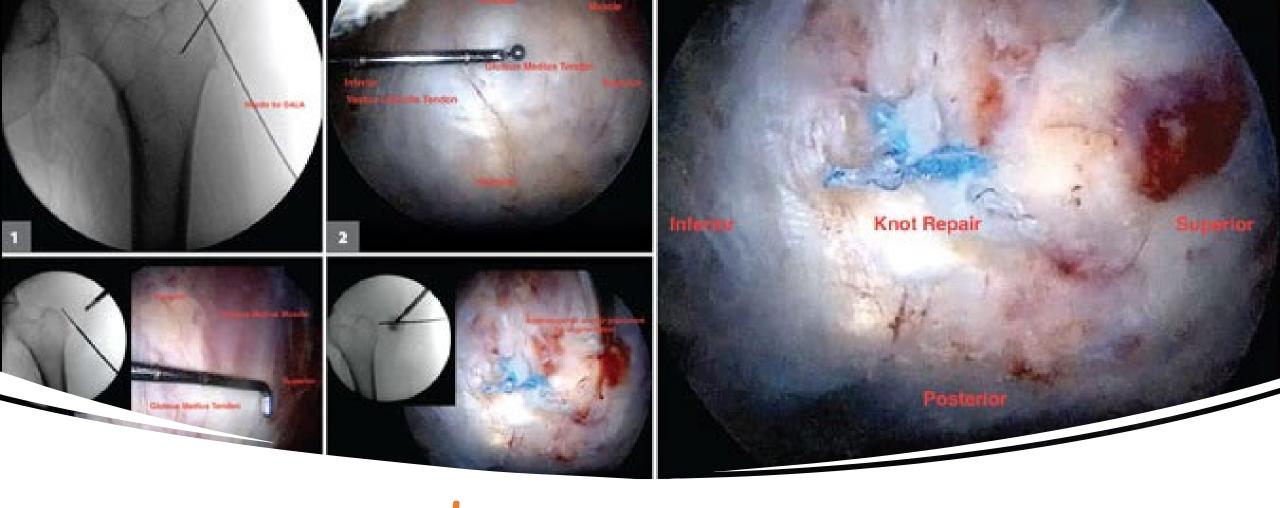
- An axial T1 Sequence of an MRI illustrating the Gmin and 3 parts of the Gmed included in the assessment of Fatty Degeneration
 - Thaunaut (Arthroscopy 2018)
- Muscle atrophy was present if >25% reduction in cross sectional are compared to contralateral side on Coronal mid trochanter view
 - Cvitanit et al AJR 2004





Non-Surgical Treatment G Medius

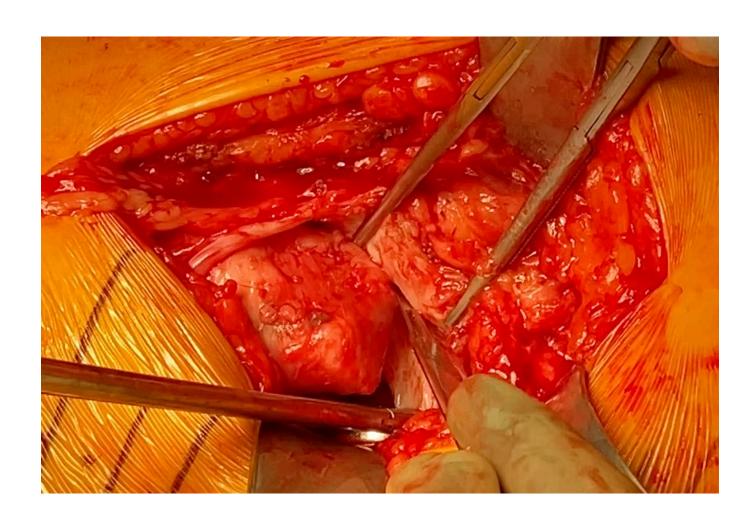
- Natural history is unclear
- Tendonitis > Subsurface Tear > Partial Tear > Complete Tear > Fatty
 Degeneration
 - Seems reasonable
 - Not all tears are symptomatic
- Physical Therapy
- Steroids
- PRP



Arthroscopic Repair

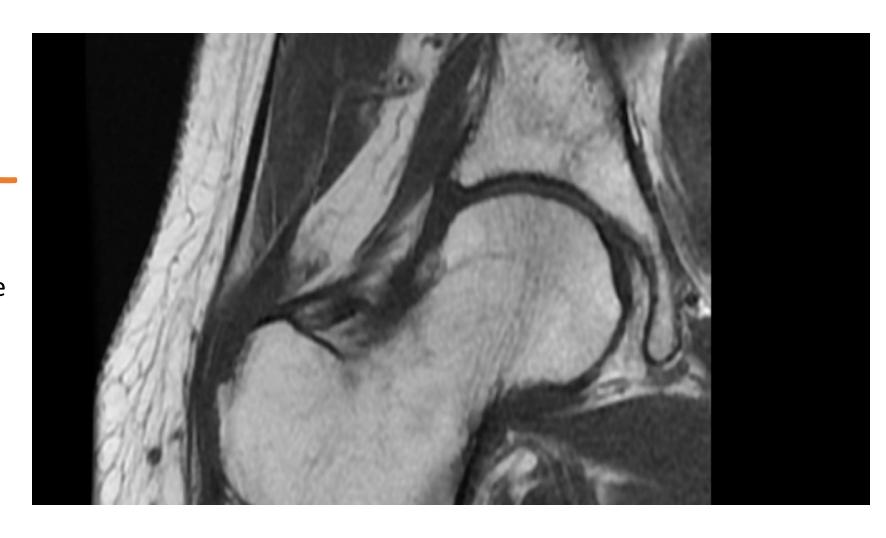
- Well documented
- Anchors vs. bone tunnels vs knotless anchors
- Patches vs Tendon Transfers

Open Surgical Treatments



Subsurface Tears: surgical repair

- Endoscopic repair of partial thickness undersurface tears of the abductor tendon – Hardigan Arthroscopy 2018
 - 14 patients
 - Improved proms
 - Vas improved 5 points
 - Gait improved in 12/14

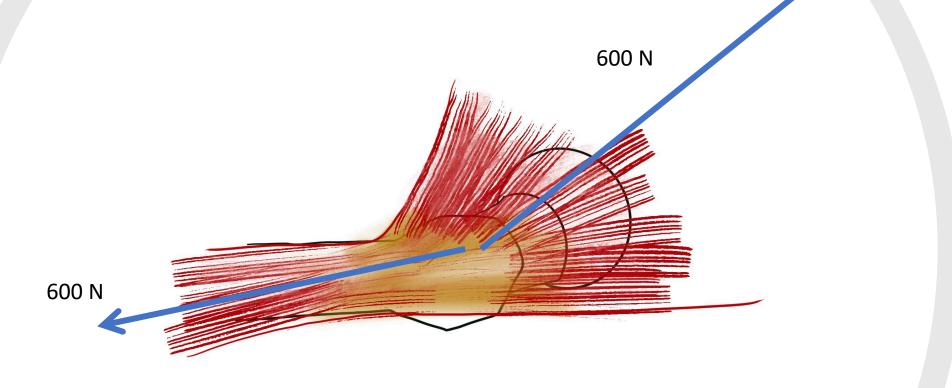


Managing larger tears

- Open repair
- Suture anchors
- Augments

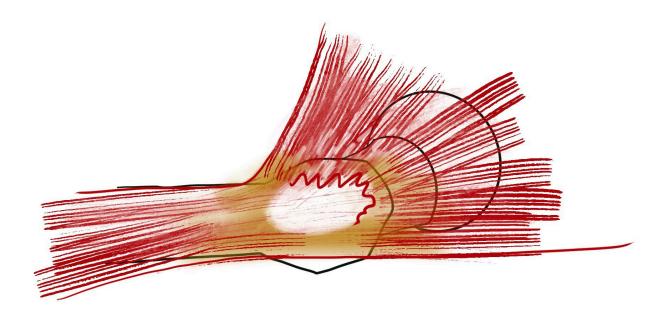






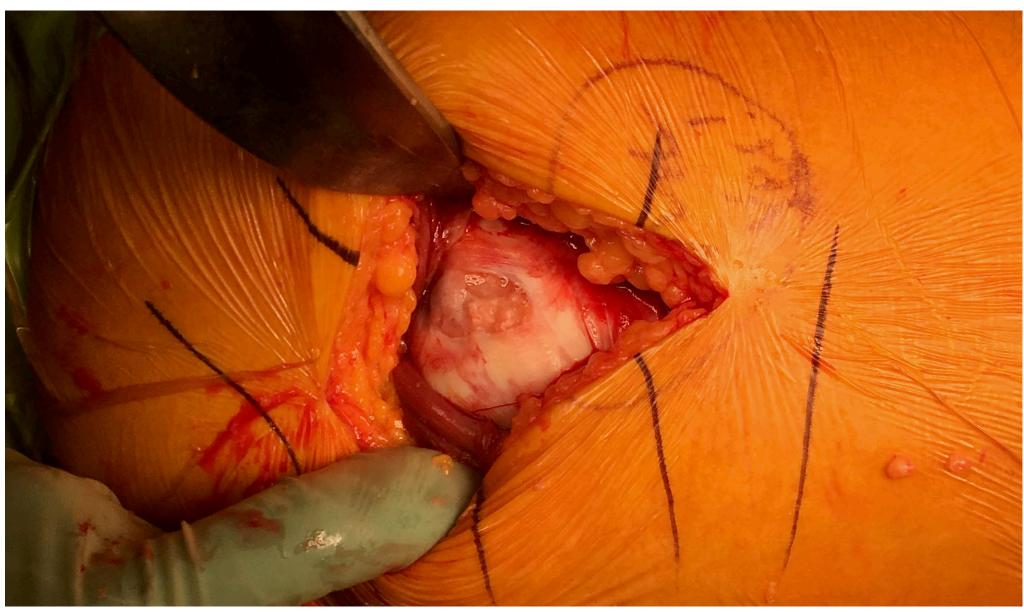




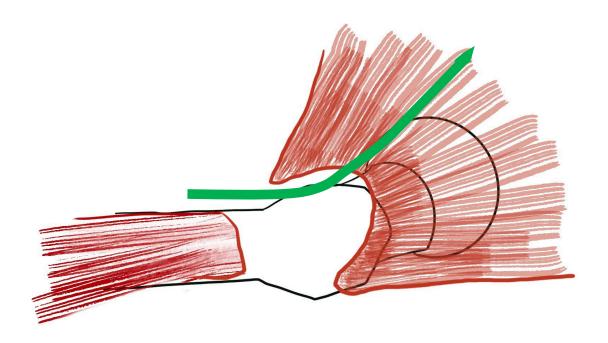


Central Tears, Degenerative



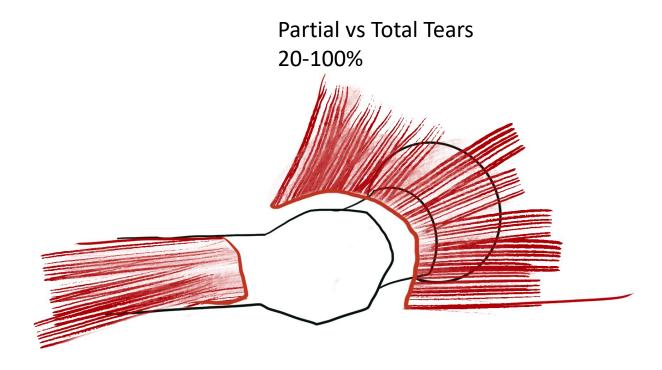






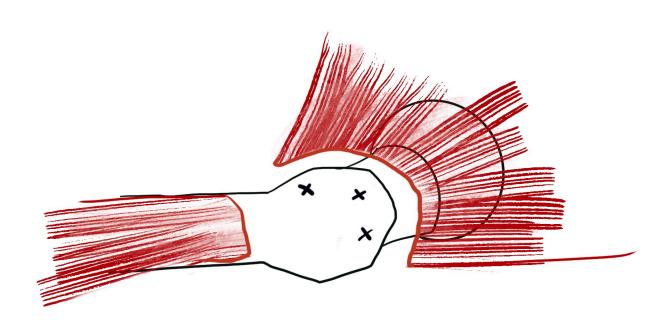
latrogenic from Anterolateral Approach



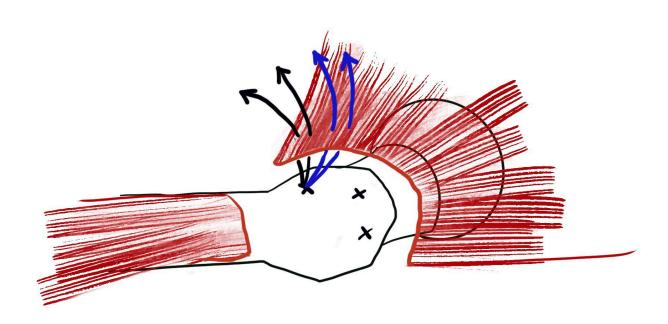


Chronic, degenerative

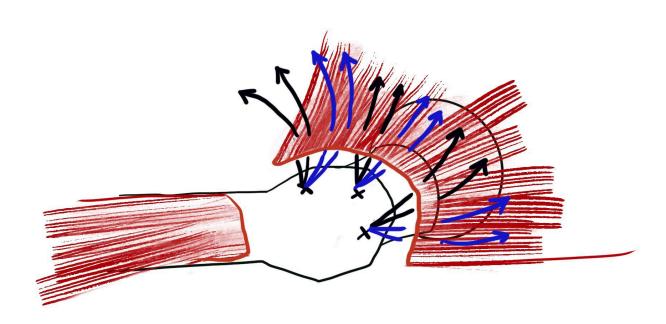




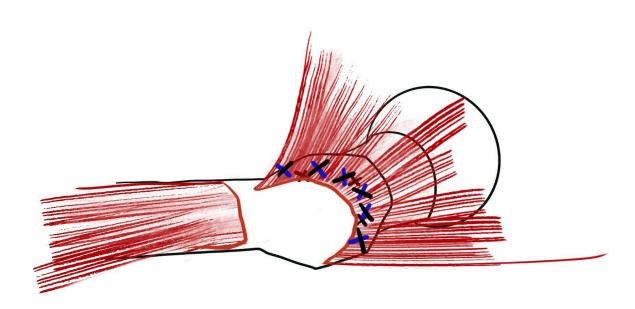




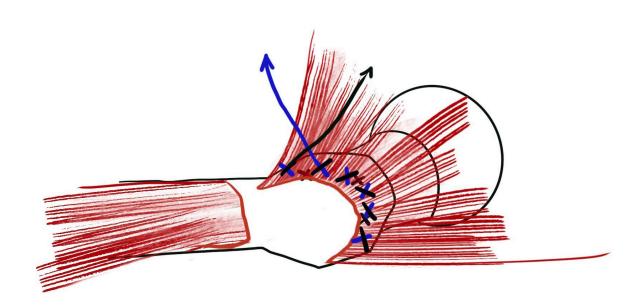




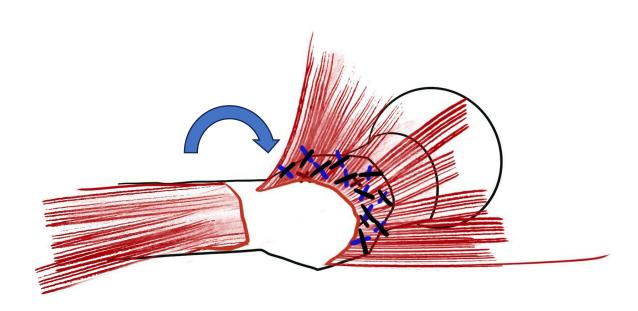




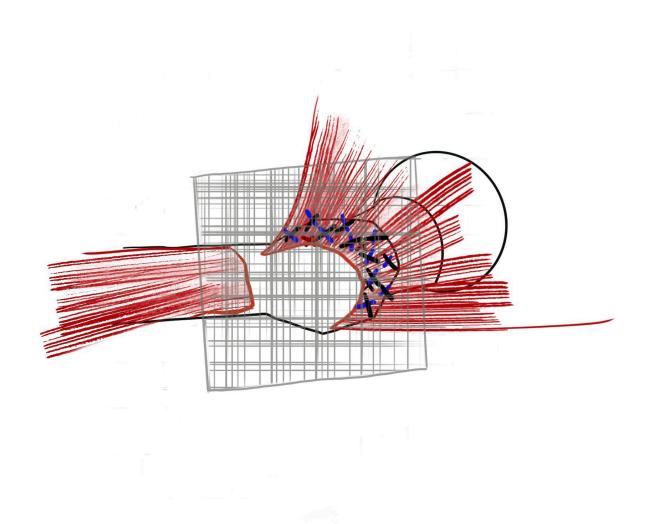




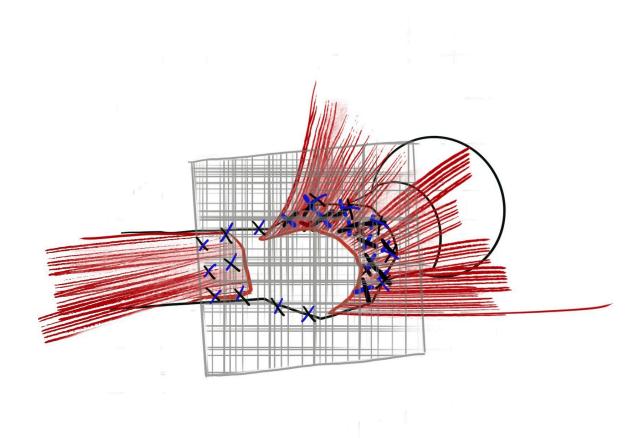




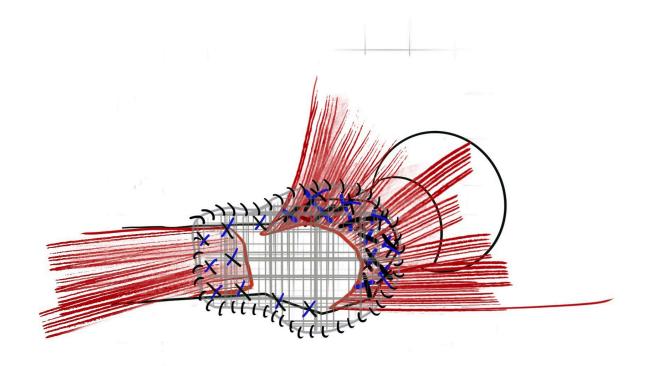




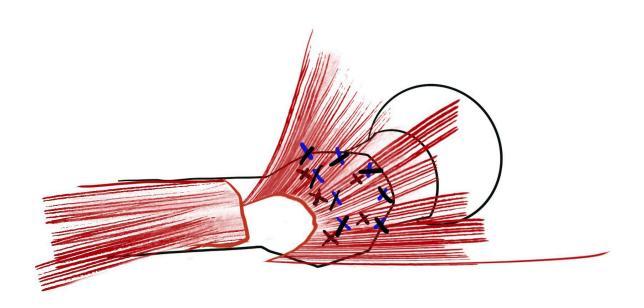




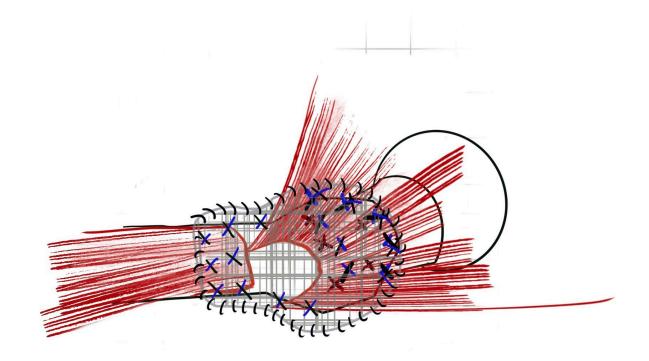


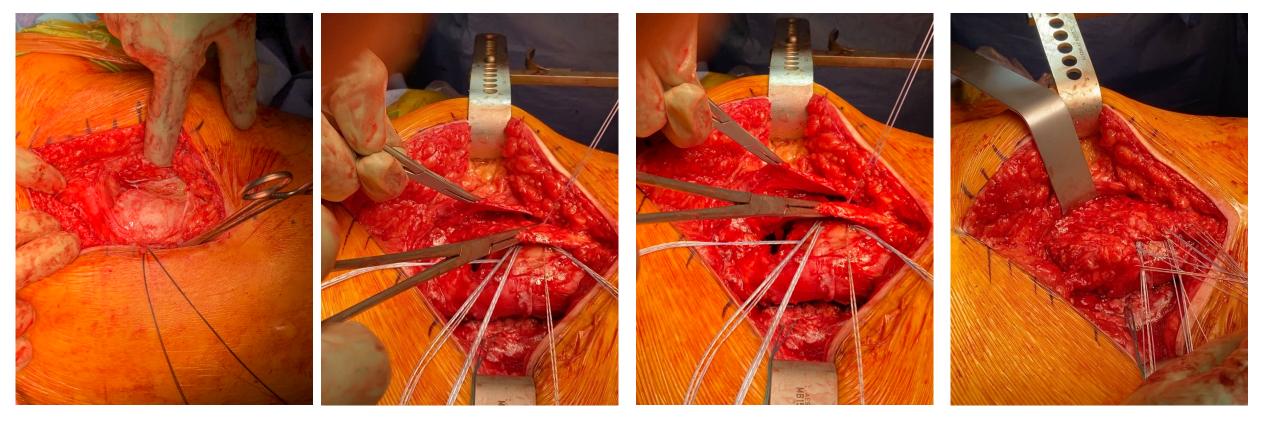




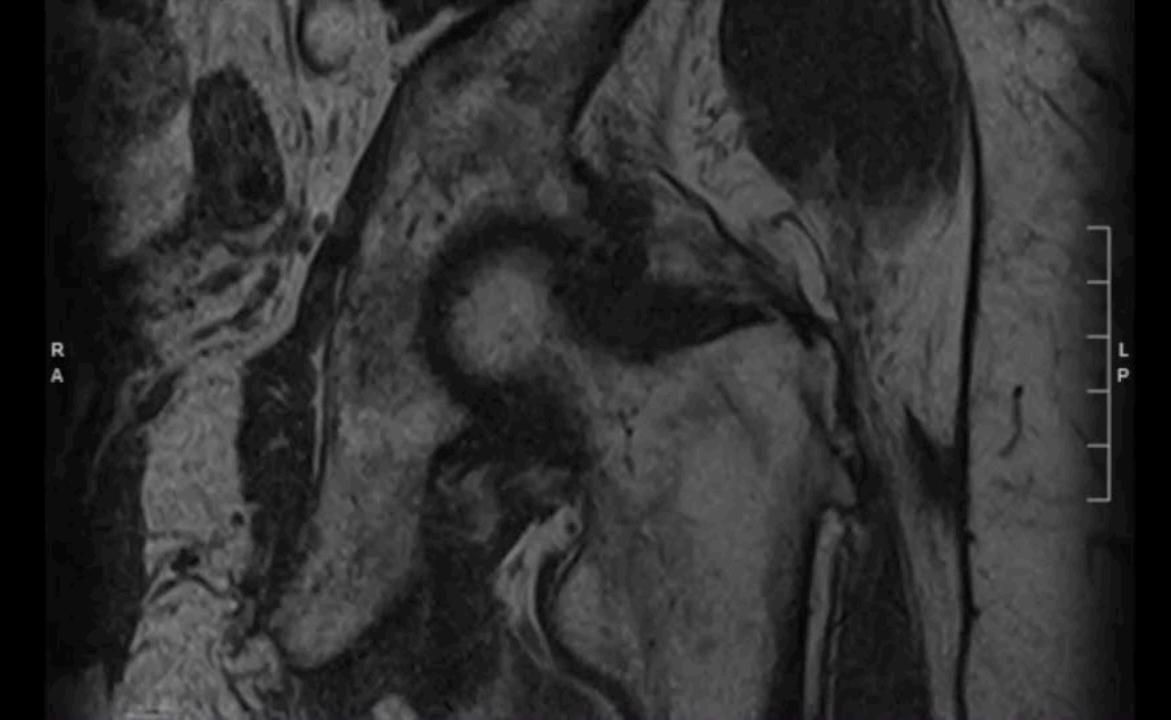




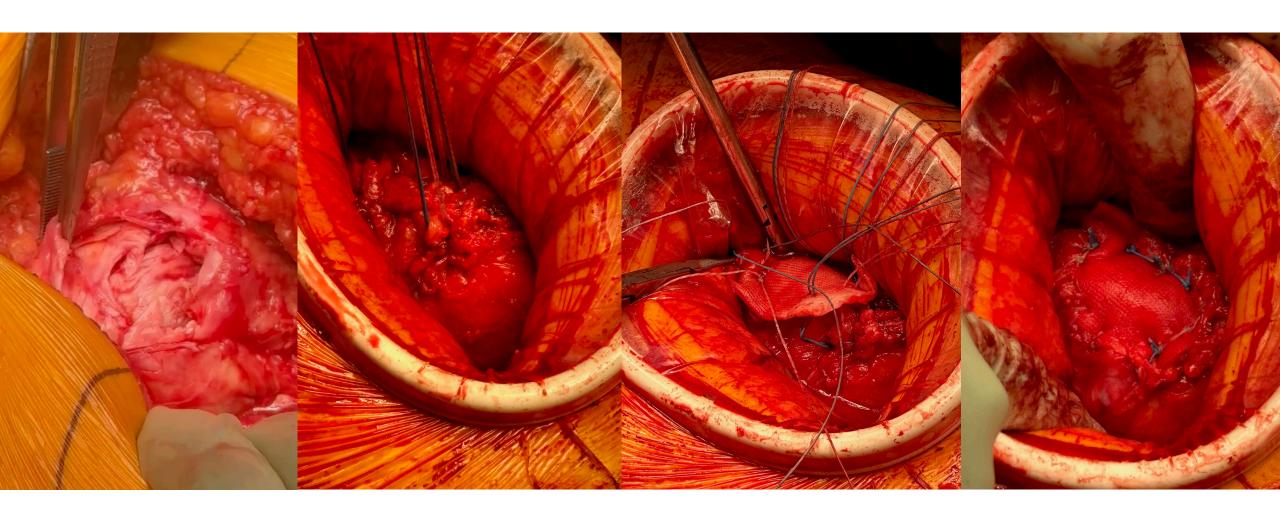




Identifying and freeing the Gmed Sleeve



Biologic Augmentation: Bio Brace (Con Med)



Clinical Outcomes of Hip Abductor Repair Using Transosseous Sutures Versus Suture Anchors

A Systematic Review and Meta-analysis

Eduardo Portela-Parra,*† BA, Elliot Sappey-Marinier,† MD, PhD, Kaitlyn Julian,† BS (5), and Stefano A, Bini,† MD

Investigation performed at Department of Orthopaedic Surgery, University of California, San Francisco, San Francisco, California, USA

Archives of Orthopaedic and Trauma Surgery https://doi.org/10.1007/s00402-021-03787-2

ORTHOPAEDIC SURGERY

Impact of fatty degeneration on the functional outcomes of 38 patients undergoing surgical repair of gluteal tendon tears

Alexander Maslaris^{1,2,3} · Thomas P. Vail¹ · Alan L. Zhang¹ · Rina Patel⁴ · Stefano A. Bini¹

Received: 20 August 2020 / Accepted: 15 October 2020 © The Author(s) 2021



The Journal of Arthroplasty

Volume 35, Issue 6, Supplement, June 2020, Pages S352-S358



Complications - Other

Equivalent Mid-Term Results of Open vs Endoscopic Gluteal Tendon Tear Repair Using Suture Anchors in Forty-Five Patients

Alexander Maslaris MD ^{a, b} △, Thomas P. Vail MD ^a, Alan L. Zhang MD ^a, Rina Patel MD ^c, Marcus Jäger MD ^d, Stefano A. Bini MD ^a

University Gluteus Medius Tendon Open Repair

• Barrera 2021

- Short term outcomes of mini-open repair double row technique
- 14 patients (1 male)
- 38 point improvement of MHHS (MCID = 13)
- 6 point improvement in VAS
- 70% decrease in Trendelenburg sign

Zimmerer 2021

- Sleep quality in 28 patients
- 95% poor quality preop to 25% post op

• Fox et al 2020

- 165 patients, min 5 year f/up, trans-osseous recon
- Reliable results at LTF

University Endoscopic Repair full thickness Gmed Tears

- McCormick et al (Brigham) 2013 Journal of Arthroscopy
 - 12 patients, all retracted tears
 - 70% female
 - 90% patient satisfaction
- Nazal, 2020 J Arthro
 - 15 hips
 - 93% resolved Trendeleneburg sign



LIT SUMMARY

- Open and Closed repairs both work
- 70-100% of patients get better
- Small tears do better
- Large tears do worse
 - 0-25% retear rate
 - 20% residual pain despite successful repair
- Fatty atrophy does not resolve
- Operating earlier is better



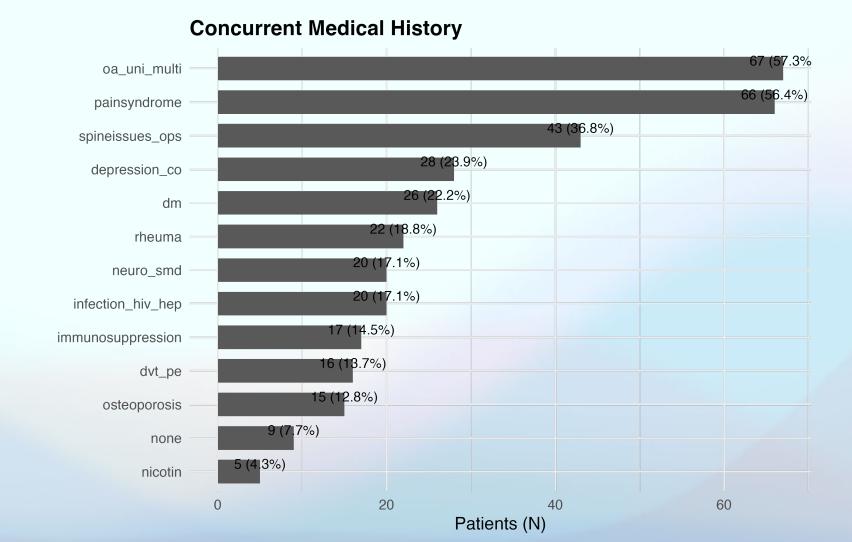
GMED RESULTS (Preliminary)

- Matthew Allen (UCSF) and Richard Liu (Toro University) Dr. Diaz (UCSF)
- Design: Retrospective cohort study, 2015-2024
- Surgeon: All cases by Dr. Stefano Bini, MD.
- Sample: 117 repairs.
- Data collected: demographics, BMI, cause type, tear size, pain VAS, mHHS.
- Endpoints: pain reduction, functional improvement, complications, and reoperations.

Co-morbidities



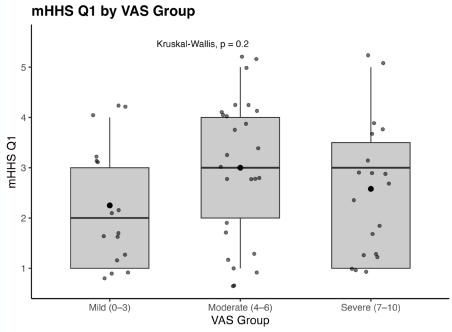
- > 57% hip OA
- >56% pain syndromes.
- > 37% spine pathology.
- > 23% Depression
- High comorbidity burden may impact outcomes.

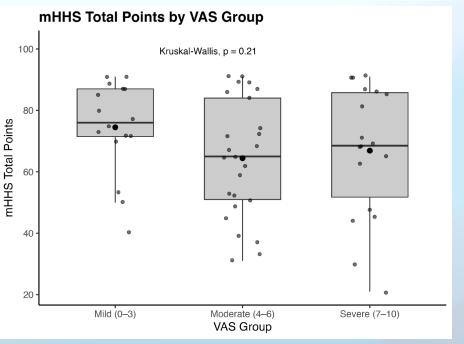




Results

- Previous (2019)
 datapull mean total
 mHHS (modified Harris
 Hip Score): 65.51/91
- Current (2024) datapull mean total mHHS score: 67.14/91
- Marched mean too mHHS score from current (2024) datapull: 71.11/91
- Patient reported mb/1S is not carrelated to pre-op VAS scores.





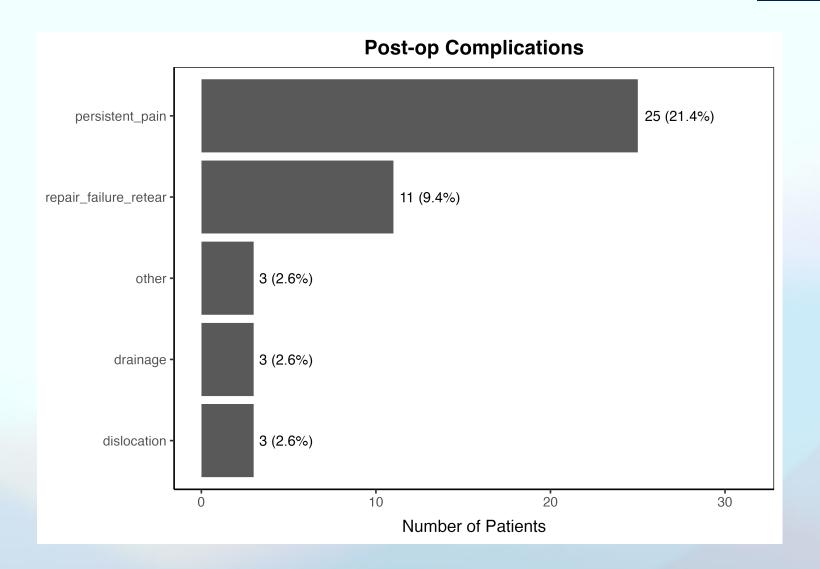






Results

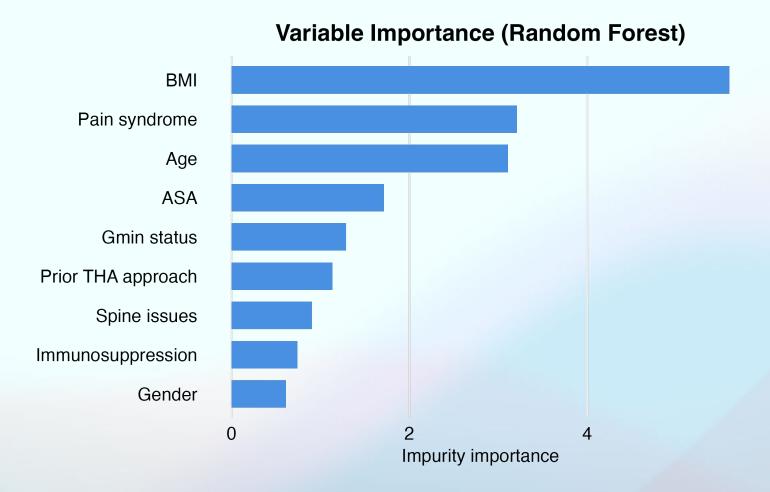
- Persistent pain = most common complication (21%).
- Re-tear/repair failure in ~10%.



Predictive Modeling (ML)



- Random forest identified
 BMI, pain syndrome, and
 age as the strongest
 predictors of post-operative
 function (mHHS < 80).
- Model highlights the role of patient comorbidities and baseline factors in determining outcomes.



University Muscle Transfers San Francis Muscle Transfers

- Gmax + Tensor Fascia Lata
- Done with plastic surgery
- Disastoramas
- Results usually address pain
- Function ... depends
- 7/17 improved function Maldonado
- 48% improved function
- Balazas

SCIENTIFIC ARTICLES

Combined Transfer of the Gluteus Maximus and Tensor Fasciae Latae for Irreparable Gluteus Medius Tear Using Contemporary Techniques Short-Term Outcomes

(i) Maldonado, David R. MD¹; (ii) Annin, Shawn MD¹; (ii) Chen, Jeffrey W. BA²; (iii) Yelton, Mitchell J. BS¹; (iii) Shapira, Jacob MD¹; (iii) Rosinsky, Philip J. MD¹; (iii) Lall, Ajay C. MD, MS^{1,3,4}; (iii) Domb, Benjamin G. MD^{1,3,4,a}

Author Information ⊗

JBJS Open Access 5(4):p e20.00085, October-December 2020. | *DOI*: 10.2106/JBJS.OA.20.00085 €

SPECIAL TECHNICAL ARTICLES

Gluteus Maximus Transfer for Irreparable Hip Abductor Tendon Tears: Technique and Clinical Outcomes

Balazs, George C. MD*; Dooley, Matt BS†; Wang, Dean MD‡; O'Sullivan, Eilish PT, DPT, OCS, SCS†; Gayle, Lloyd B. MD^{§,I,¶}; Kelly, Bryan T. MD†

Author Information ⊗

Techniques in Orthopaedics 36(1):p 87-91, March 2021. | **DOI:** 10.1097/BTO.0000000000000399 @



- Diagnosis Clinical
 - Degenerative
 - latrogenic
 - 80% women
- XR
 - 20% of THA patients
 - Source of lateral hip pain
- MRI
 - Tendinosis
 - Subsurface tears
 - Partial Tears
 - Full tears
 - Goutallier/Fuchs classification

- Surgical Approach
 - Arthroscopic
 - Best for isolated G Min pathology
 - Patient not needing an open approach
 - Open
 - Easy at time of THA
 - Muscle / Tendon Transfers
- Results
 - Excellent if diagnosed early
 - Poor if retracted with + fatty degeneration
- Billing



Thank you. Fix it if you see it!

And one more thing...

