LONDON HIP PRACTICE

Information for Patients
following Ilio-Tibial band release

Introduction

This document provides you with a guide for your recovery following an iliotibial band (ITB) release.

What are the clinical features of an external snapping hip?

Patients sometimes present with a painless snapping over the side of their hip that may have been present, from time to time, for many years. People with a snapping hip are often concerned that their hip is dislocating. The clinical names for this phenomenon are external snapping hip syndrome or Coxa Sultans. External snapping hip occurs when a person becomes aware of a strip of tendinous tissue (the ITB), that passes from the outer side of their pelvis, over the bony prominence, that can be felt, at the side of the hip (the greater trochanter), to the outer side of their knee. This phenomenon is not uncommon in teenage girls, may be painless and usually resolves as the body reaches maturity. Most people are greatly reassured to know that that the snapping or clunking sensation is simply their ITB flicking over the greater trochanter. They can be reassured that if a snapping hip is not painful, it does not require treatment. Also, that hip dislocation is an extremely rare phenomenon that usually occurs only with major trauma. Many people with an external snapping hip have a degree of ligamentous laxity and this may be a factor that contributes to the snapping. Snapping may be noticeable on simple activities such as walking or rotating the hip. Some people are able to snap their hip at will. This is not a good idea, as it tends to make the phenomenon occur more often and can lead to discomfort.

Why might you need an ITB release?

In cases where the snapping becomes painful, the deep surface of the ITB can be irritated and the ITB may become thickened. As the ITB presses against the greater trochanter and the muscles that attach to it (gluteus medius and gluteus minimus), these structures may also become painful and inflamed. There are a number of theories to explain why external snapping hip syndrome occurs. These generally involve skeletal shape combined with an imbalance of the gluteal muscles and the muscles that attach to the ITB (gluteus maximus and tensor fascia lata). In most cases, physiotherapy will correct the muscle imbalance, anti-inflammatory medicines or steroid injections will calm the irritation and no further treatment will be required. However, in a small percentage of cases these strategies prove unsuccessful and surgery may become the best option.

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What is an ilio-tibial band release?

The goal of surgery is to lengthen the ITB and eliminate the snapping. Surgery to lengthen the ilio-tibial band is usually performed through two or three small cuts over the side of the hip. A thin telescope is inserted in to the area at the top of the ITB near the bone at the side of the hip. Images of the irritated ITB and tendons underneath are seen on a screen in front of the surgeon. Surgical instruments are then introduced through further incisions and used to create a cruciform or 'Z' shaped defect in the ITB, thereby lengthening it so that it does not rub over and irritate the structures underneath it. In some more challenging cases, a larger open incision may be necessary so that the area that requires surgery can be directly visualised and accessed to provide a more extensive release.

What to expect after surgery

Discomfort and swelling

If you are lucky, you will have very little pain following your surgery. However, it is quite common for you to remain sensitive in the area on the outer side of your hip for some time after the release. It is also possible that you will feel sore around the hip and groin area for several weeks. Additionally, you may experience discomfort in your lower back. It is essential that your pain be well controlled with painkillers so that you are able to carry out your exercises and move about to prevent your hip joint from becoming stiff. You may notice some swelling around the outside of the hip near your scars and around your groin area. This is part of the natural healing process and usually settles within two to three weeks.

Precautions following surgery

- Avoid sitting with your legs crossed for eight weeks after your operation. This precaution helps to prevent excessive compression being placed on the area of surgical release and ensures good blood supply to the healing tissues. It is a good idea to observe this precaution if your hip is sore.
- Additionally, lying on your operated side, at night, should be avoided for the first eight weeks after surgery. Again, this is to avoid compression of the healing area. After this, you are free to lie on your side – you will know when you are ready.

Assessment by a physiotherapist

A physiotherapist will assess you before you leave hospital. The physiotherapist will ensure that you can walk safely with crutches and that you understand the precautions and the exercises that you should carry out at home. They will also organise a referral for follow up outpatient physiotherapy treatment once you have been discharged.

Weight bearing after surgery

Weight bearing refers to the amount of weight you can take through your operated leg. After an ITB release, you will be able to take your full weight through your operated leg straight after surgery. Nevertheless, we recommend that you use elbow crutches for the first ten days to two weeks after surgery, to avoid irritating your hip.

Early stage rehabilitation

The goals of the early stage rehabilitation programme are threefold. Firstly, to encourage regular 'foot pumping and heel raises'. This helps prevent blood clots forming in your legs after the surgery. It is a good idea to perform foot pumping every twenty minutes throughout the day in the early post-operative period. Secondly, the programme aims to maintain good movement of your hip without irritating it. Finally, it is designed to maintain other key muscle groups that support your hip (such as your inner and central thigh muscles) and prevent them from wasting. Pictures and descriptions of these exercises are provided in our rehabilitation exercise sheets.

What if the exercises are sore?

You may feel some discomfort around the side of your hip during the rehabilitation process. If your symptoms have been persistent for a long time prior to surgery, the area may remain very sensitive for some while after surgery. It is acceptable to experience some discomfort during exercise and on the same day, after the exercises. However, this discomfort should not be more painful by the next morning.

If the pain does not diminish by the next morning, then it may be necessary to reduce the difficulty of the exercises, the resistance or the number of repetitions that you are undertaking. Further detailed advice should be sought from your physiotherapist; especially if you are experiencing difficulty. The number of repetitions or sets in the exercise programme may need to be reduced. Your physiotherapist is also welcome to contact our team if they have any queries.

Wound

Following surgery, if you have had a telescopic procedure, you will have stitches in the wound sites. You will have waterproof dressings to keep the wound dry. It is possible that a small quantity of fluid or blood may leak through surgical cuts in the first few days. Do not worry if this happens. If the dressings do come loose they can be replaced. The important thing is to keep the wound sealed so that bugs from the outside world cannot get into the wound before the skin edges have healed together. The nursing staff will advise you further regarding wound care and dressings. As most people live some way from the hospital, it is usually best for your stitches to be removed by a district nurse or the nurse at your GP surgery. Please contact your surgery well in

advance and book an appointment with the nurse ten to twelve days after your operation. Please do not let anyone remove the stitches before the ten-day point. If you develop signs of infection (increased redness of the skin around the wounds, a temperature, more swelling and increasing pain) please seek urgent medical advice.

Driving

You can return to driving as soon as you are able to perform an emergency stop safely. It is also essential that you are not taking painkillers that make you drowsy. Don't worry if using the brake or clutch pedal irritates your hip symptoms when you first return to driving, this will settle down.

Return to work

Return to work will depend on the nature of your job and how you travel to work. Most people who have sedentary jobs will be able to return to work within two to three weeks. Return to work is often tolerated best if it is undertaken gradually, for example working half days initially. If you have a manual job, return to work will take longer and should be discussed with Prof Field and your employers to see whether you can be allocated light duties.

Surgical review

Prof Field or a member of our Hip Team will review you, in the outpatient department three weeks after your surgery. They will check your wounds, the movement in your hip and address any concerns that you have. You will be reviewed again 12 weeks after your operation and, if necessary again at twelve months. If you are progressing well, you will be discharged.

Mid and late stage rehabilitation

Guides of recommended exercises to strengthen the muscles around your hip can be downloaded from Prof Field's page on our website at www.londonhips.co.uk
It is recommended that a physiotherapist manages your rehabilitation and that they tailor each programme to your specific situation. The physiological process of increasing muscle mass takes around twenty weeks, so progress will be gradual and exercises should be made harder incrementally, by your physiotherapist over a prolonged period of time.

Return to sport and impact activities

Returning to running or impact sport such as tennis is entirely optional. If you do wish to, we ask our patients to meet some strict criteria before beginning a graduated walk to run programme.

- You are no longer experiencing pain around your outside hip area with day to day activities
- Movement in your hip is normal
- You have excellent hip isometric strength in all directions of motion
- You have achieved 95% strength in all directions of movement in your operated leg compared to the unaffected leg.

Your physiotherapist will be able to physically assess and advise you on this. In many cases it takes a very long time to achieve this criteria, each person should be individually advised about when they are ready to run.

Be prepared

There are some activities that your hip may not tolerate in the first few weeks after your surgery such as prolonged standing or walking and carrying heavy loads.
Prof Field and your physiotherapist may have further instructions tailored to your individual case. If you have any questions or worries about your surgery or recovery don't hesitate to ask. We wish you all the best with your recovery and in case you have any questions after you have gone home, please call Prof Field's secretary.

We wish you all the best with your recovery.