

Appendix 1

Extracorporeal shockwave Therapy for Refractory Greater Trochanteric pain syndrome

This leaflet explains more about the use of extracorporeal shock wave therapy (ESWT) to treat refractory greater trochanteric pain syndrome. It includes information on the benefits, risks and any alternative treatments, as well as what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is refractory greater trochanteric pain syndrome?

The hip joint is made up of the head of the thigh bone and your pelvis. Refractory greater trochanteric pain syndrome can be caused by hip replacement surgery, direct trauma to the area, tendon injury, infection and leg length discrepancy. Greater trochanteric pain syndrome incorporates various symptoms and diagnosis that cause pain in the hip region around the trochanter, buttock and thigh.

This joint is surrounded by a fluid-filled sac called the hip capsule and surrounded by many muscles and tendons. The tendon that attaches from the outer bony prominence of the thigh bone (trochanter) is very important to help with hip movement. This bony prominence is kept lubricated by three sacs containing fluid. These sacs act as a pillow for the muscles in the hip and occasionally the sacs can become irritated, swollen, inflamed on the side of hip surgery. This can be because of regular use of muscles or small tears in the tendon. When this occurs you may feel pain especially when you lie on the affected side. This inflammation is called a trochanteric bursitis.

What is extracorporeal shockwave therapy (ESWT)?

ESWT is a procedure where shock waves are passed through the skin to the injured part of the hip using a special device. Extracorporeal means outside of the body. The shockwaves are mechanical and not electric; they are audible, low energy sound waves, which work by increasing blood flow to the injured area. This accelerates the body's healing process. You will require a course of five treatments, one to two weeks apart.

Why should I have ESWT?

ESWT is offered to patients with refractory greater trochanteric pain syndrome, who have not responded adequately to conservative treatments, such as physiotherapy, rest, steroid injection, ice therapy and painkillers. It is a minimally invasive treatment that is carried out on an outpatient basis, which means that you do not need to stay overnight in hospital, and can go home the same day. ESWT can offer relief from pain and other symptoms.

What are the risks/side effects?

You will experience some pain during the treatment, but you should be able to tolerate this.

For Appointments and Queries please call:

PA Dawn Winter : - Contact: Tel 020 7459 4482 or 07306 801948 Email: d.winter@ucl.ac.uk

Mr. Parag Kumar Jaiswal
BSc, MBBS, MRCS, FRCS(T&O), MD(Res)
Consultant in Trauma & Orthopaedics
www.londonhipknee.co.uk

Following the treatment, you may experience redness, bruising, swelling and numbness to the area. These side effects should resolve within a week, before your next treatment. There is a small risk of tendon or ligament rupture and damage to the soft tissue.

The National Institute for Health and Care Excellence (NICE) have deemed this procedure to be safe, although there are some uncertainties about how well it works. For this reason, every patient will be monitored before and after the treatments to discover how successful the outcome is. Comparative Studies have shown patients at a month after treatment 13% feel better at a month, 68% better at 4 months and 74% better at 15 months.

You will be asked to complete a questionnaire before your treatment starts and again at 3 and 12 months following your treatment.

You must not have ESWT if you:

- are pregnant
- are taking antiplatelet medication excluding aspirin 75mg —(for example ~~aspirin~~ or clopidogrel) or anticoagulant medication (such as warfarin or rivaroxaban)
- have a blood clotting disorder
- are under the age of 18
- have been diagnosed with bone cancer
- have a cardiac pacemaker or other cardiac device
- have an infection in your hip or a history of tendon or ligament rupture
- have had any steroid injections in the previous 12 weeks

Please call 07306801948 during office hours if there are any concerns after you treatment. A message can be left after 5pm and this will be picked up the next day. Alternatively, an email can be sent to admin@londonhipknee.co.uk or d.winter@ucl.ac.uk

There is a small chance that after treatment the condition may worsen but your doctor / practitioner will discuss the benefits and risks of the procedure with you in more detail.

Are there any alternatives?

ESWT is the next step if conservative treatments such as physiotherapy, rest, steroid injection, ice therapy and painkillers have already been tried.

How can I prepare for ESWT?

You will need to ensure that you are available for the full course of your treatment. You should refrain from taking non-steroidal anti-inflammatory medication (for example ibuprofen,) for two weeks before your first procedure and throughout your treatment.

You can eat and drink normally before and after your treatment.

Please wear comfortable clothes for the treatment.

For Appointments and Queries please call:

PA Dawn Winter : - Contact: Tel 020 7459 4482 or 07306 801948 Email: d.winter@ucl.ac.uk

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, **helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

Who will carry out the procedure?

Your ESWT will be carried out by a member of staff who has undertaken specialist training to carry out the procedure. The treatment is well established and has been used for several years throughout the UK and United States.

What happens during ESWT?

The treatment will be given in the orthopaedic outpatient department. You will be asked to lie on your opposite side of the hip that is painful. The healthcare professional carrying out the treatment will put some ultrasound gel on the injured area and then place the hand piece of the device over the surface of the skin and the gel. The ESWT is delivered using this hand piece – it delivers compressed air impulses through the ultrasound gel. Each treatment will take approximately 20 minutes.

Will I feel any pain?

Most patients do experience some pain during the procedure. You will be asked how much pain you are experiencing during the treatment and we will attempt to adjust the treatment to help manage this. The pain will stop at the end of your procedure.

What happens after ESWT?

After the treatment you will be able to get up and walk straight away. If you do experience discomfort following the shockwave treatment you can take over the counter painkillers (such as paracetamol) but you should **avoid** anti-inflammatory medication (such as aspirin and ibuprofen) and ice therapy, as these can interfere with the body's healing process.

What do I need to do after I go home?

You will be able to return to your usual activities straight away and can return to work immediately. However we advise you not to undertake any strenuous, pain-provoking activity or high impact exercise for 48 hours following the procedure.

If you experience a sudden onset of pain to the area or any loss of function, please contact your GP or go to your nearest A&E department.

Will I have a follow-up appointment?

You will have a telephone appointment around 3 months after your final treatment. This will be automatically sent to you in the post. You will also receive a follow up questionnaire at 3 and 12 months after your treatment to assess the effectiveness of ESWT.