

Trochanteric Bursa Injection

Before the Procedure

1. Comprehensive Hip and Knee Exam

- a. Assess intra vs extra-articular fluid collections
- b. Assess the skin over insertion site
- c. Assessing for an acceptable target.
- d. Have the patient point to area of most pain
 - i. Typically this is your target for injection
 - ii. Palpate the bony prominence on the lateral part of the hip, this is the greater trochanter of the femur.
 - iii. Consider your patients body habitus and the amount of tissue to advance though to reach the bursa.
 - iv. Verify your location is a trochanteric bursa and not the gluteus medius bursa

2. Indications

- a. Symptom control with steroid injection
- b. Localized pain persists weeks after trial of NSAIDs
- c. Risks of NSAIDs outweighs risk of local corticosteroids.

3. Contraindications

- a. Cellulitis or broken skin over entry site
- b. Uncontrolled Anticoagulant/Diabetes
- c. Severe primary coagulopathy
- d. Infected effusion, bursa, or peri-articular structure
- e. **Allergies** to injected meds
- f. ≥ 3 previous injection in preceding 12 month period

4. Obtain Verbal or Written Informed Consent

- a. Risks, benefits, alternatives.

5. Equipment

- i. Non-sterile gloves
- ii. Povidone-iodine swab
- iii. Alcohol prep pad
- iv. Band-Aid
- v. 2-4 ml 1% Lidocaine without epi vial Multi-use
- vi. 40-80 mg or 1-2 ml Kenalog (40mg/ml)
- vii. 3-10 ml syringe
- viii. 22 gauge, 1.5" needle
- ix. Band-Aid

During The Procedure

1. "Time-out" protocol to verify patient, side, and site of injection.

2. **Attending present** during the procedure.

3. Prepare Equipment

- a. Put your gloves on
- b. Draw up the Lidocaine, then the Kenalog. SHAKE WELL
- c. Bandage opened and ready

4. Patient Positioning

- a. Patient lies on unaffected side with unaffected leg flexed at the hip and knee and affected leg slightly flexed(see photo on opposite page)

5. Marking entry site with marker or pen cap.

- a. Palpate the bony prominence on the lateral part of the hip, this is the greater trochanter of the femur.
- b. Typically your injection site will be the point of maximal tenderness over the greater trochanter.

6. Prep The Hip

- i. With Povidone-iodine stick –use circular motions from target outward.
- ii. Repeat process with alcohol pad

7. Approach

- i. Tell the patient when you will begin
- ii. Direct the needle perpendicular to the femur at the point of maximal tenderness, and insert until bone is felt.
 1. Withdraw the needle 2-3mm.
 2. Aspirate to verify you are not in a blood vessel, then inject.
 - a. If the injection is difficult, stop and confirm position
 - i. May need to advance a little further
 - ii. If on bone, pull back slowly.
 3. Remove needle and place bandage

After the Procedure

1. Aftercare Instructions for Patient

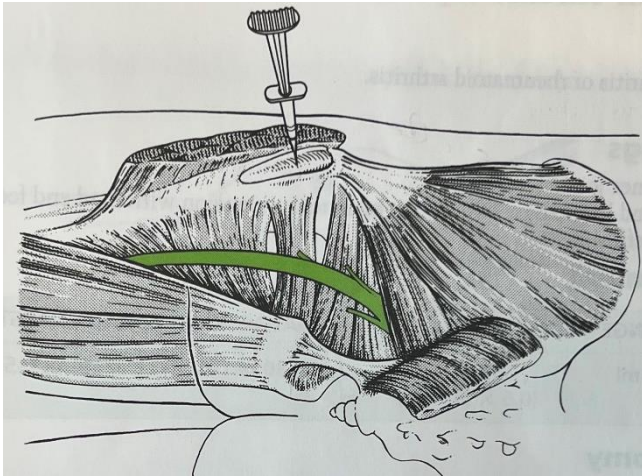
- a. Injections: Wrap up→Patient instructions:
Corticosteroid Joint Injection
 - i. .IMCINJECTIONPTINSTRUCTIONS

2. Place Order in EPIC

- a. Wrap up→Charge Capture: PR arthrocentesis
aspir&inj major jt/bursa w/o US (aka injection)
 - i. PR 20610

3. Document Procedure in EPIC

- a. .IMCINJECTION



Scan QR code with smart phone camera to access Dr. Vinay Kumar Singh's procedural video on trochanteric bursitis injection

Fowler, G. C. (2020). *Pfenninger & Fowler's procedures for Primary Care*. Elsevier.

Injection technique for trochanteric bursitis. YouTube. (2022, April 1). Retrieved February 9, 2023, from <https://youtu.be/4UjjxL73VMM>

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Saunders, S., & Cameron, G. (1997). *Injection techniques in orthopaedic and Sports Medicine*. W.B. Saunders Co.