

Musculoskeletal Imaging and Intervention Section Imaging Procedures

Greater Trochanteric Bursa Injection

PREREQUISITES

- Obtain signed consent

TECHNIQUE – Flourosopic Guidance

1. Place patient prone and have affected side elevated 15-20° by a rolled-up towel. Mark over lateral aspect of the greater trochanter.
2. Prep with betadine and drape in routine sterile fashion. 3. Anesthetize with 25G 1½" needle.
4. Aim for the 'X' on the figure below. Advance the 3 ½" 22G spinal needle aiming for the lateral cortex of the greater trochanter. Once on the bone, walk it off laterally. Inject lidocaine. If there is no resistance, you should be in the trochanteric bursa. If not, withdraw while injecting lidocaine and when there is loss of resistance check with contrast.
5. Inject contrast under fluoro to confirm the proper location. Bursa is linear space paralleling the greater trochanter (Figure 1).



Fig 1: Greater trochanteric bursa injection.

6. Inject the bursa with 40 mg Kenalog and 2 cc of 0.5% Bupivacaine for a total of 3 cc.

NOTE: This procedure can also easily be performed with ultrasound guidance.