

Neurolysis of the Sciatic Nerve With Removal of Suture at the Ischial Tuberosity

Rebecca Spenser Nicholas, Flora Gonzalez, Dylan T Lowe, Guillem Gonzalez-Lomas, Jacques Henri Hacquebord

This video provides an overview and reviews the case presentation of sciatic and posterior femoral cutaneous nerve neurolysis for intractable pain from excessive scar tissue. The indications and nonsurgical and surgical treatment options for sciatic and posterior femoral cutaneous nerve neurolysis are reviewed. The case presentation of a 51-year-old female marathon runner who previously ruptured her right proximal hamstring and underwent primary repair complicated by an infection is reviewed. The patient underwent two irrigation and débridement procedures, which resulted in extensive scarring about the sciatic and posterior femoral cutaneous nerve. Intractable pain developed, and the patient was unable to sit because of the neuritis caused by the scar tissue about the nerve. After failed nonsurgical treatment, the patient elected to proceed with right sciatic and posterior femoral cutaneous nerve neurolysis. Postoperative clinical outcomes showed drastic improvement of pain and discomfort about the right buttock, with full strength in the hamstring. The patient's preoperative symptoms were noticeably better immediately postoperatively and continued to improve during the postoperative period. This technique is an option if exposure of the sciatic nerve just distal to the greater sciatic notch is necessary. In this case presentation, neurolysis of the sciatic and posterior femoral cutaneous nerves was indicated because of scar-tissue–induced neuritis from multiple prior surgical procedures.