predictor. Complications have involved hematoma brought on by early postoperative use of nonsteroidal anti-inflammatory drugs with excessive postoperative activity. Concomitant pudendal and sciatic nerve complaints are often resolved; however, in 2 cases, the pudendal complaints worsened, most likely due to intrapelvic involvement.

Conclusion

Endoscopy of the deep gluteal space provides a standardized approach to sciatic nerve assessment and decompression. This endoscopic approach appears useful in detecting sciatic nerve pathology in addition to assessment and treatment of the ischiofemoral space and the proximal hamstring/ischial tunnel. By understanding the anatomy and biomechanics and applying clinical tests and diagnostic strategies, adequate treatment of all 4 layers can be obtained as a part of a comprehensive treatment plan and rehabilitation program.

Top Technical Pearls for the Procedure

1. Careful patient selection should include a preoperative psychological evaluation.
2. Proper portal placement is used to ensure adequate visualization.
3. The surgeon must have a thorough understanding of the deep gluteal space anatomy.
4. Carefully dissect around the sciatic nerve with a blunt probe and retract the nerve with a curved retractor.
5. Positive outcomes require a proper physical therapy protocol and patient compliance to physical therapy.

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