Dr Doron Sher
MB.BS. MBiomedE, FRACS(Orth)

Knee, Shoulder, Elbow Surgery

ORTHOSPORTS™

PATIENT NOTES – OLECRANON BURSITIS

A bursa is a fluid filled sack between skin and bone which allows the skin to move easily over the bone. There is a bursa outside the elbow called the olecranon bursa which can be felt around the hard bone of the point of the elbow only with the elbow straight. With the elbow fully bent a normal bursa cannot be felt. The bursa sometimes becomes enlarged as a result of pressure or friction.
The commonest cause of swelling within the bursa, not related to trauma, is gout. There may be a sizeable lump with calcium seen on x-ray. This can also happen in rheumatoid arthritis. Unfortunately it can be difficult to differentiate between an infected and a non infected olecranon bursa and about one in five cases of acute bursitis are, in fact, infected. In general:

- Gradual swelling indicates a chronic or long-lasting condition.
- Sudden swelling indicates a traumatic injury or an infection in the elbow.
- If the elbow was injured, the skin may be scraped or cut.
- Red, hot skin may indicate an infection.
- Pain and tenderness is variable.

Infected bursae are almost always painful whereas non infected bursitis is painful in less than 25 percent of cases. A swollen olecranon bursa is usually not painful unless it is associated with infection or a specific inflammatory process such as gout or rheumatoid arthritis. In most patients there is no problem with the arm straight, however, symptoms become evident when attempting to bend the elbow beyond 90 degrees or when leaning on the elbow.
Treatment depends on whether the bursa is infected or not. In non infected bursitis the simplest treatment is simply to stop the elbow moving and allow the fluid filled sac to rest. This often involves a resting splint, a compression bandage and ice packs.
In addition to these measures an infected bursitis will require antibiotic treatment (this may require admission to hospital or simply be in tablet form). In certain situations it may be appropriate to aspirate fluid out of the bursa or possibly to inject a corticosteroid into it. While this has been shown to reduce the recurrence of the bursa, it also increases the likelihood of infection. This injection should never be made into an infected olecranon bursa.
For the great majority of patients, simple symptomatic treatment such as using a padded elbow brace or resting the arm on a pillow will be sufficient. Some patients will require repeated periods of immobilisation and some patients will eventually come to surgical removal of the bursa. This procedure is usually extremely effective, however, in a small number of patients the wound does not heal properly for up to three months. A period of immobilisation of the elbow following the surgery is necessary and does not guarantee that the bursa will not recur.

In most patients, the swelling is simply a nuisance and as long as the bursa is not infected should not be interfered with.

160 Belmore Road, Randwick 2031 Phone 93995333 Fax 93988673
47-49 Burwood Road, Concord 2137 Phone 97442666 Fax 97443706
Level 3, Park House, 187 Macquarie St, Sydney Phone 92332883 Fax 92310103

www.doron.com.au