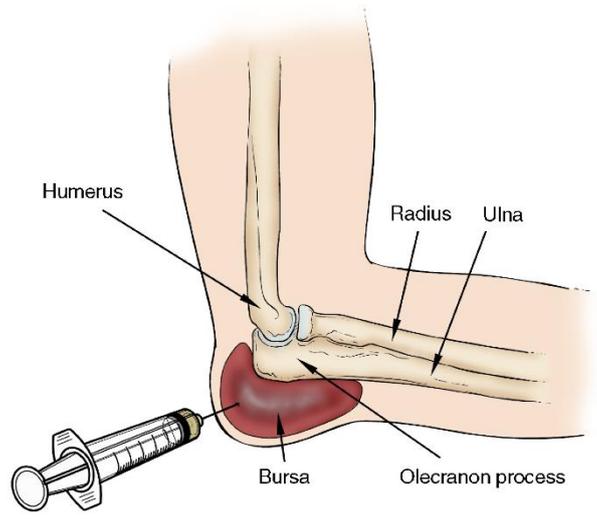

SELF-CARE INFORMATION ON OLECRANON BURSTITIS

Olecranon (elbow) bursitis is inflammation and swelling behind the elbow. It often clears on its own. Treatment may be needed in some cases to reduce the inflammation and reduce the swelling.



What is olecranon bursitis?

Bursitis means inflammation of a bursa. The bursa at the back of the elbow over the olecranon is the most common bursa to become inflamed. Inflammation causes swelling and extra fluid to be made.

What causes olecranon bursitis?

- *Mild but repeated injury* is thought to be the common cause. For example, people who lean on their elbows a lot of cause friction and repeated mild injury over the olecranon. (Fancy names have been given to this condition when the cause is clear. For example, 'student's elbow' when it occurs in people who study with their elbows leaning on a desk. Other names include 'miner's elbow', 'plumber's elbow', etc, when the job involves crawling a lot using elbows.)
- *One-off injury* such as a blow to the back of the elbow may set off inflammation.
- *Arthritis*. One or more bursae may become inflamed as part of a generalised arthritis. This is a relatively uncommon cause.
- *Infection* of a bursa. This may occur if there is a cut in the skin over a bursa, which allows in bacteria.
- *Other conditions* such as *bone spurs* or *kidney issues* may also be underlying.

Are investigations required?

Investigations are not usually required, but sometimes tests such as blood test and XR may be useful to rule out other causes of elbow swelling, such as infection (septic arthritis), gout or rheumatoid arthritis.

What is the treatment for olecranon bursitis?

- *No treatment* may be needed. A small painless thickening or swelling is common. It often clears by itself. If a small amount of fluid remains once the inflammation has gone then this can be left alone. However, a large collection of fluid may be unsightly.
- *RICE treatment*. You may find the swelling improves with (R)est, (I)ce packs, (C)ompression (wearing a bandage) and (E)levation (keeping the elbow in a raised position).
- *Anti-inflammatory* medication (such as ibuprofen, naproxen, diclofenac, etc) may be prescribed to reduce inflammation and swelling.
- *A steroid injection* into the bursa may be helpful in some instances to reduce the inflammation.
- *Aspiration* (draining the fluid) can be done with a needle and syringe if a lot of fluid builds up. However, the fluid tends to build up again after being drained. Therefore, you may be advised to wear a tight pressure bandage for a while after the fluid is drained to prevent it building up again.
- *Surgery* to remove the bursa is an option if the above do not work.
- *Antibiotics* are needed if the cause of the bursitis is an infection.

If you protect the elbow from excessive friction and rubbing it may prevent further bouts of bursitis. This may mean using elbow pads if you need to lean on your elbows whilst working.

When should I see my GP?

- If things are *not settling* with rest, ice, compression, elevation, and anti-inflammatory medication.
- If the elbow is *painful* and you think you may require stronger painkilling medication.
- If you want the elbow fluid to be *drained/aspirated*.
- If the elbow becomes *red or hot* and you are concerned, you might have infection.
- If you are *diabetic*, have *kidney disease* or are on *immunosuppressives* or *steroids*.
- If the problem is *recurrent*.

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

Call the ***practice*** on *01285 653184* or *01285 653122*

If you require ***urgent*** medical advice, call *111 (24 Hrs)*

In an ***emergency*** call ***999***