Olecrenon Bursitis

**What is Olecranon bursitis?**

Olecranon bursitis is a condition characterised by **swelling and pain around the back of the elbow joint**, particularly when leaning on it or doing repetitive bending activities with the elbow. It is caused by inflammation and swelling of the bursa (fluid filled sac) which sits between the olecranon (bony part of your elbow) and the skin.

**How is it caused?**

It is usually caused by **repeated compression** such as leaning on your elbow, or an isolated **injury** such as a blow to the back of the elbow, both of which can set off **inflammation**. It can also occur spontaneously if there is **arthritis** in the elbow joint or **infection** (which will often be associated with a fever/high temperature).

**How is it diagnosed?**

A doctor or physiotherapist can usually diagnose this by questioning you about your symptoms, and looking at the joint. They may sometimes arrange other tests such as an xray and blood tests if they suspect another cause such as bony injury, arthritis or infection.

Sometimes it will be aspirated (drained) immediately if infection is suspected, to assess the fluid that is drained.

**What can I do?**

Activity adjustment:

Try to avoid activities that aggravate your symptoms, such as repetitive bending and leaning on the elbow (use a cushion or an elbow pad if it is unavoidable).Gentle supported bending and straightening of the elbow, little and often, is important to preserve joint mobility.

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Cold and compression therapy:

Ice for 10 minutes at a time every few hours (use a thin towel between the ice and skin for protection), and compression bandaging such as a tubigrip can be helpful.

Medication:

Over-the-counter analgesia, such as paracetamol or anti inflammatories such as ibuprofen may also help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

**How long will it last?**

Most cases resolve without complications within 2 months. During this time if your symptoms are worsening you should seek the advice of your GP for further assessment.

**What other options are there?**

Steroid injection/aspiration:

Referral for a steroid injection and/or aspiration is considered if your symptoms persist, the bursal swelling is large and it is significantly effecting your daily function.

Surgery:

In rare cases, surgery is considered to remove the bursae if all other measures have failed.