

# ***OLECRANON BURSITIS***

## **DESCRIPTION**

A bursa functions like a water balloon to reduce friction and wear of the soft tissues against bone. The olecranon bursa is a bursa between the back of the elbow (olecranon) and the overlying skin. This bursa allows the skin to glide easily and without friction over the back of the elbow. Olecranon bursitis is when there is inflammation and pain of this bursa.

## **FREQUENT SIGNS AND SYMPTOMS**

- Pain, tenderness, swelling, warmth and/or redness over the back of the elbow at the olecranon bursa.
- Limited movement in the affected area occasionally with radiation of pain into adjacent areas. Occasionally severe pain with movement of the affected elbow.
- Crepitation (a crackling sound) when the bursa is moved or touched
- Often painless swelling of the bursa.
- Fever (when infected).

## **CAUSES**

Usually due to sudden direct trauma or to repetitive pressure on the back of the elbow. Less commonly, due to overuse or strenuous, unaccustomed exercise of the elbow.

## **RISK INCREASES WITH**

- Sports that require bending or landing on the elbow, such as football, especially on artificial turf, or volleyball.
- Vigorous or repetitive athletic training or sudden increase or change in activity level (weekend warriors)
- Astro turf

## **PREVENTIVE MEASURES**

- Avoid injuries or overuse of muscles whenever possible
- Proper technique and protective equipment including elbow pads.

## **EXPECTED OUTCOME**

Usually curable within 2 weeks if treated appropriately with conservative treatment and resting the affected area.

## **POSSIBLE COMPLICATIONS**

- Healing time will be prolonged if not appropriately treated or if not given adequate time to heal
- Frequent recurrence of symptoms resulting in a chronic, repetitive problem.
- Joint stiffness with permanent limitation of the affected joint's mobility
- Infection of bursa
- Chronic inflammation or scarring of bursa

## **GENERAL TREATMENT CONSIDERATIONS**

Initial treatment occasionally consists of medication and ice to relieve the pain, stretching and strengthening exercises (particularly the biceps and triceps muscles) and modifying the activity which initially cause the problem to occur. Often times an elbow pad or brace may be recommended to protect the bursa and to reduce repeated irritation of the bursa while the inflammation settles down. These all can be carried out at home, though referral to a physical therapist or athletic trainer for further evaluation and treatment may be helpful. An elastic bandage may be used to help reduce swelling. If symptoms persist or recur, withdrawing fluid from the bursa, with or without injection of cortisone, may be needed. Bursae that persist in spite of conservative treatment, recurrent or are infected may require surgical excision (removal).

## **MEDICATION**

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take if surgery planned in 7 days or less), or other minor pain relievers, such as acetaminophen, are occasionally recommended. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Pain relievers are usually not prescribed for this condition. If your physician does prescribe pain medications, use only as directed and only as much as you need.
- Cortisone injections into the bursa reduce inflammation, and may be administered, though this is not usually recommended as a means to return to sports.
- Antibiotics if the bursa is infected or to prevent infection after surgery

## **HEAT AND COLD:**

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

## **NOTIFY OUR OFFICE IF**

- Symptoms get worse or do not improve in 2 weeks despite treatment
- If signs of infection develop, including fever to 101 F, increased pain, redness, warmth or purulent drainage from the bursa
- New, unexplained symptoms develop. Drugs used in treatment may produce side-effects.