



SURGERY

Olecranon Bursa Excision

What does this involve?

This involves removing the olecranon bursa from the back of the elbow (see 'Olecranon Bursitis'). This would only normally be done when the bursa has been repeatedly swollen and causing symptoms for many months. Surgery is performed when the bursa is not inflamed (red and hot). If the bursa has become thickened and enlarged removing it will involve lifting up the thin skin for some distance on either side of the swelling. After the swelling has been removed there will be a considerable 'dead space' left behind. This is the defect where the swelling used to be covered by the thin, stretched skin flaps that were lifted up to remove the bursa.

When is surgery needed?

Fortunately most people with olecranon bursitis never need an operation.

Surgery might be considered for someone who has significant symptoms interfering with their day-to-day life, which have been present for at least 6 months with no sign of resolving.

What are the main risks of this operation?

Fluid Collection in the dead space

The space where the bursa was tends to fill with blood and fluid after this operation. A firm bandage is applied after the operation to try and reduce the risk of this happening. These fluid collections will often gradually be re-absorbed by the body over several weeks. If there is a large collection it is sometimes possible to drain off the fluid using a syringe and needle in clinic. There is a small risk of introducing infection with this procedure and the fluid often re-accumulates to some extent.

Wound healing problems

The blood supply to the skin on the back of the elbow is poor. The flaps of skin elevated to remove the bursa are thin and often needed to be lifted up quite some distance to allow the bursa to be removed. All of these factors mean that the wound following this surgery frequently fails to heal, even without any sign of infection. This can be treated with repeated dressings, waiting for the skin to gradually heal from the edges (this can take many weeks) or further surgery.

Swelling, stiffness and scar pain

This can be reduced by keeping the arm elevated and moving all the free joints as soon as possible. In most people the general swelling reduces dramatically in the first week after the operation.

Local swelling around the surgical site can persist for several months. Local swelling can be helped by massaging the tissues and this may also improve any irritability in the surgical scar.

The elbow will be uncomfortable initially and this will require an exercise programme to be followed to regain full movement.

Occasionally patients are troubled by more swelling and stiffness than average. In this case complex regional pain syndrome (CRPS) is sometimes the cause (see relevant information sheet in 'Conditions we Treat'). Severe CRPS occurs in less than 1% of cases.

Infection

This is unusual (less than 1% of cases). Local wound infections can often be treated with antibiotics by mouth. Rarely deep seated infections may require re-admission to hospital, antibiotics into the vein and occasionally more surgery.

Nerve Damage

The nerves most at risk with these operations are the small skin branches supplying sensation around the scar. The lost patch of skin sensation from these injuries might be irritating but should not affect how your elbow works.

Type of Operation	Day case
Length of Procedure	30 mins
Anaesthesia	General Anaesthetic (asleep) or Regional Anaesthetic (arm numbed with local anaesthetic)



Post Operative Course

Day 1 - 14

- A sticky dressing and padded bandage is applied after the operation
- Keep the dressings clean and dry – instructions will be given on the day of surgery
- Keep the arm elevated in a sling or on pillows to reduce swelling
- Start moving the joints immediately to prevent stiffness, including the elbow as pain and the bandage allow
- Do not use the arm for any lifting activities heavier than a cup of tea.
- Take painkillers before the anaesthetic wears off and as necessary thereafter

2 Weeks

- A wound check and removal/trimming of stitches should occur between 10 and 14 days after your surgery. The details will be arranged on the day of your surgery.
- After this clinic check continue gradually increasing activities as comfort allows but avoid lifting heavy weights.
- Once the wound is completely sealed a daily session of 10 minutes massaging the scar with unscented hand cream is often useful to disperse swelling and desensitise the scar.

6 Weeks

- Most people are back to normal activities by this stage although scar massage may still be useful
- Loading of the elbow and strengthening can begin

3 Months

- It may take this long for residual discomfort in the scar and elbow to settle down.

Post Operative Difficulties

Contact your surgical centre at any stage if:

- Your fingers become more swollen, stiff or painful than you expect
 - You see any discharge, wetness or detect any unpleasant smells from below your dressing
- Outside normal working hours you may need to attend your local Accident and Emergency Department for help with these issues.

Driving

You may drive when you feel confident to control the car, even in an emergency.

For this surgery it is usually at least two weeks before you should consider driving again.

Time off Work

This will vary depending on the nature of your job.

Sick notes can be provided on the day of your operation, at your clinic visits and by your own GP.