What is Olecranon Bursitis?
The olecranon is the bone you can feel just below the skin on the back of your elbow. It is the near end of the ulnar bone of your forearm.

A bursa is a thin lubricating bag between the skin and the bone below. You have them at various points in the body where the bone is close to the skin (the elbow, the knee, the side of your hip).

In this condition the bursa becomes inflamed and irritated. This can occur from local irritation (eg doing a job involving a lot of leaning or resting on the tip of the elbow), an injury (eg a cut or graze) or for no obvious reason. It can be related to an underlying joint problem (eg gout or pseudogout) although the bursa itself is not normally connected to the inside of the joint.

What problems does Olecranon Bursitis cause?
Inflammation of the olecranon bursa makes it swell and thicken and causes a soft lump to appear on the back of the elbow which is painful. The surrounding skin can also become inflamed and red. The bursa may also become infected increasing the pain and swelling. Sometimes the swelling will burst releasing the contents, often with some relief of the symptoms.

Are any investigations required to confirm the diagnosis?
Xrays are often taken to look at the underlying joint. Sometimes an extra prominence is seen on the tip of the olecranon in this condition (an olecranon spur). It is not clear if this increases the chance of inflammation occurring in the bursa or if it is an incidental finding. Certainly people who have never had olecranon bursitis can have an olecranon spur.

Blood tests might be useful if infection is suspected.
Drawing fluid off the swelling can be useful to relieve symptoms and provide a specimen to look for infection. This must be done in a sterile way to avoid introducing infection into the bursa which could make the situation worse.

What treatment is necessary for Olecranon Bursitis?
Mild cases can be relieved with rest, activity modification, painkillers and ice packs. Antibiotics should be reserved for cases where infection seems very likely.

If you become unwell, for instance with a high fever, hospital treatment with strong antibiotics into the veins might be necessary. If things don’t settle rapidly under those circumstances an operation might be necessary to drain the fluid out of the bursa and allow the antibiotics to clear up the surrounding infection. Often the bursa will be left open after the operation with a little ‘wick’ in place inside to allow the bursa to continue draining and avoid a further build up of fluid inside. This opening then gradually heals up with dressings over a few weeks.

Sometimes olecranon bursitis occurs repeatedly over several months and years and the bursa becomes bigger than usual even when it is not inflamed. Under these circumstances, if the swelling is a real nuisance, surgically excising the whole bursa can be considered. This is not without risks, particularly of wound healing in this delicate area. Your specialist can advise you further.