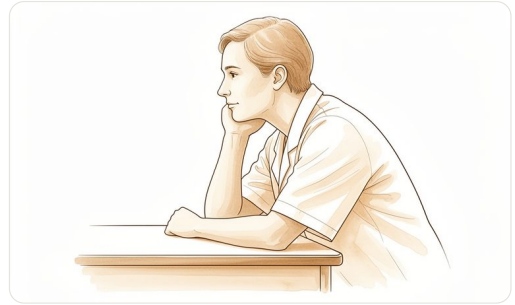


Olecranon Bursitis

Olecranon bursitis: the fluid-filled cushion (bursa) over the bony tip of the elbow swells, producing the characteristic 'goose egg' lump seen here.

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What you're feeling

You likely notice a swollen bump at the tip of your elbow. This swelling is caused by fluid buildup in the bursa, a small fluid-filled sac that cushions your bone. The area may feel tender to the touch. You might also feel pain, especially if the swelling is due to an infection or if the bone tissue has lost its blood supply. This combination of swelling and pain can make daily life uncomfortable.

Simple movements become difficult when your elbow is swollen. You may struggle to rest your elbow on a table or desk. Tasks that require bending your arm fully, like reaching behind your back to fasten a bra, can be painful. Even tucking in a shirt or lifting light objects may feel awkward or uncomfortable. The swelling can limit how much you can straighten or bend your arm.

The pain often flares up after you have been using your arms for a while. It may also be worse at night, making it hard to find a comfortable sleeping position. Lying on the affected side puts direct pressure on the swollen bursa, which can be quite painful. You might find that resting your arm helps reduce the discomfort, but prolonged inactivity does not always resolve the swelling. If the swelling persists for a long time, it may indicate a more complex issue that requires specific attention from your surgeon.

What's actually happening

Your elbow has a small, fluid-filled sac called the olecranon bursa. It sits right over the tip of your elbow bone. Think of it as a tiny water balloon that acts as a cushion. It lets your skin slide smoothly over the bone when you bend your arm.

When this sac gets irritated, it fills with too much fluid. This causes swelling and pain at the tip of your elbow. This condition is called olecranon bursitis. It can happen from a sudden hit, like falling on your elbow. It can also come from leaning on hard surfaces for long periods. Sometimes, an infection or other illness triggers it.

In some cases, the swelling does not go away on its own. The fluid may stay thick or turn into scar tissue. This is known as chronic bursitis. You might feel a hard lump under the skin. This is called an olecranon cord. It can make your elbow feel stiff or tight.

If the swelling is caused by an infection, it is called septic bursitis. Your surgeon needs to treat this quickly. Untreated infections can spread. In some cases, the body forms extra bone in the soft tissue around the elbow. This is called heterotopic ossification. It can limit how far you can bend your arm. Removing this extra bone early often helps you regain movement faster.

Your surgeon will look at what is causing the swelling. Most cases get better with rest, ice, and compression. You might not need surgery at all. If the swelling keeps coming back, your surgeon might drain the fluid. They may also use a needle to inject medicine to shrink the sac. This is called sclerotherapy.

In rare cases, surgery is needed. Your surgeon might remove the entire bursa sac. This is called a bursectomy. Modern techniques allow this to be done with small incisions. Recovery is usually quick. Most people return to normal activities soon after. However, about 11.5% of patients need another procedure after surgery. Some patients with scar tissue cords are less satisfied with the outcome. Your surgeon will discuss the best option for you based on your specific situation.

What we can do about it

We start with self-care and physiotherapy. You can rest your elbow and apply ice to reduce swelling. Your physiotherapist will guide you through gentle movements to keep the joint flexible. This approach avoids invasive procedures. Recent literature shows that noninvasive management is often the best initial step for nonseptic bursitis. It minimizes risks compared to injections or surgery. Most cases of uncomplicated septic bursitis resolve with empirical management alone. You should give this conservative care enough time to work before considering more aggressive options.

If pain persists, your surgeon may discuss medical management. For bacterial infections, antibiotics are the primary treatment. In some cases of recurrent bursitis that do not respond to standard care, your surgeon might suggest intrabursal doxycycline sclerotherapy. This involves injecting a solution into the bursa to shrink it. It is an effective alternative to surgery for stubborn cases. For chronic or recurrent noninfectious bursitis, hydrothermal ablation is another option. This uses heat between 50C and 52C to treat the area. It has fewer complications than open surgery and works just as well. While older studies supported injections for nonseptic bursitis, newer evidence highlights potential adverse effects. Therefore, we reserve injections for specific situations where they offer clear benefit.

Surgery is considered only when conservative care fails. If your bursitis recurs or does not improve with medication and rest, surgical excision may be indicated. This procedure completely removes the inflamed bursa. It is a reliable solution for recurrent cases. Outcomes after surgical excision are generally good for both function and appearance. In some selected cases of chronic traumatic bursitis, bursal suture repair is a viable alternative to removing the bursa entirely. This method combines functional and cosmetic benefits. Endoscopic debridement combined with compression suture is another minimally invasive option. It allows for rapid

recovery with minimal postoperative pain and a low recurrence rate. Your surgeon will choose the best approach based on your specific condition and history.

What to expect

Your outlook depends largely on the cause of the swelling and how you manage it. For most cases of uncomplicated septic bursitis, your surgeon can treat the infection with antibiotics alone. In these situations, no surgery is needed, and the condition typically settles with proper care. If your bursitis is not caused by an infection, recent evidence shows that noninvasive management is often safer and more effective than injections or surgery for initial treatment.

If you have recurrent bursitis that does not improve with conservative care, your surgeon may discuss procedural options. Some patients undergo a procedure called bursectomy, where the swollen bursa is removed. About 11.5% of patients require a second procedure after this surgery. If you have specific tissue changes known as olecranon cords, you may be less satisfied with the results of surgical excision compared to those without cords.

In some cases, the swelling may persist or return. If your bursitis comes back repeatedly, it may signal a more unusual cause, such as a specific type of bacterial infection. Your surgeon will likely take tissue samples to check for these less common causes. For chronic or recurrent cases, newer techniques like hydrothermal ablation (using heat between 50°C and 52°C) offer a safe alternative with fewer complications than open surgery. Another option is endoscopic debridement, which involves minimal invasiveness and rapid recovery with a low recurrence rate.

While older studies suggested that injections and surgery were standard resolutions for nonseptic bursitis, current data highlights potential adverse effects from these approaches. Therefore, your surgeon will likely prioritize simpler, noninvasive steps first. If surgery becomes necessary, modern methods like endoscopic bursectomy have shown no recurrences or wound-healing complications requiring a return to the operating room in studied groups. Your recovery will feel different depending on the path chosen, but the goal is always to resolve the swelling and restore comfort with the least invasive effective treatment.

When to see someone

See your GP if you have a swollen elbow that does not improve with rest. Seek a specialist review if the swelling lasts a long time, even if you are healthy. This could signal an unusual infection. Ask for help if you have recurrent swelling, as this may require special tests. It is hard to tell if the swelling is caused by infection or other issues. See your doctor if you develop open sores on the skin that look like an infection. Get checked if you feel sudden pain or weakness in the elbow. These signs need proper evaluation to find the right treatment.