

Argus Orthopaedic Zone

Elbow Bursitis

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Transforming patient information into patient understanding.

This is a common condition that you have probably seen even if you have not known what it was.

Lets Play Jeopardy.

A slippery sac that lies between the skin and the bone beneath. Its job is to act like a cushion between the skin and the bone.

What is - a bursa? Correct!

Bursas (or more medically correct bursae) are in many places around the body, but in this case we are referring to the tip of the elbow.

Bursae Hide

They are pretty shy and you don't even know the bursa is there until you bump your elbow or traumatize it in some way. Then it becomes swollen and squishy and probably has fluid and/or blood in it. It is not always painful. It can range from no symptoms to very painful.

Size – Large bean to the size of a baseball. That is a very big range, but it is true. They come in all sizes.

Bursitis

Banging the elbow on a hard surface or pressing on it too long causes the bursa to get upset. The lining cells of the sac put out lots of fluid which causes the sac to enlarge and become inflamed. Itis = inflammation.

Signs and Symptoms

Sudden swelling, over night for example is usually due to a blow to the elbow. If the skin was scraped or cut an infection can be developing which is serious. It will be painful and usually somewhat red and hot.

If the swelling is more gradual it is more likely due to pressure on the bursa.

Bursae that are not infected are tolerated by patients fairly well. They usually come to see me if the bursa gets too big and unsightly. The bursa may not stay like a fluid filled slippery sac. It can get thick and lumpy to the touch.

How I Treat It

- If the swelling is not large (or lumpy), rest, ice and an ace bandage. You will know if it is helping.
- Try to avoid pressure on it. Padded elbow sleeves are available.
- Anti-inflammatory medication such as Advil or Motrin might help.
- If the above does not work or it is hot, red and tender call the office.
- You need an exam and an x-ray.

What Else?

I will remove the fluid and if it looks infected, I will culture the fluid and start you on an antibiotic.

- If no sign of infection, a cortisone preparation can be injected.
- More wrapping and avoiding pressure.
- If the symptoms are chronic or recurring I will recommend surgical removal.

Now you are an expert on elbow bursitis! One more thought. Amaze your fiends by calling it the *olecranon bursa* which is its proper medical name.

Office Website and Argus Orthopaedic Zone Archive

Wow! Your window to the Orthopaedic and musculoskeletal world opens at www.orthopodsurgeon.com. It contains the Website Library of information, Your Orthopaedic Connection and Argus archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.

Be well.

Dr. Haverbush