

## Orthopaedic Connection

### **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.

#### **Bursas 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.

Bursas 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 friends by calling it the *olecranon bursa* which is its proper medical name.

#### **Gratiot County Herald Archive and Office Website**

[www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) is a great source of musculoskeletal information that you can use. In addition it is your entry to the Gratiot County Herald Archive of all articles I have written for GCH Orthopaedic Connection. They are all listed, most recent all the way back to the first. A couple of mouse clicks and the whole article appears!

The articles and website cover everything I treat in the office and hospital. Check it out.

Our goal is simple - To help people return to more pain free,  
functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush