Greater Newport Physicians
MemorialCare

Olecranon Bursitis

	Bursitis	**Bursitis with Erythema**	**Bursitis – Actively Draining** or Progressing despite ABx
Management	**NSAIDS** **Compression** wrap & **Elevation, Extension** **Elbow pad** for 1-2months (chronic/recurrent - consider xray to assess if olecranon osteophyte is causing recurrent irritation)	**Immobilization on board** in extension **Compression** wrap, **Elevation** at least 72 hrs PO **Antibiotic** (cephalexin, Bactrim or doxy – reassess in a few days)	If draining fluid straw colored without signs of infection: send fluid for culture, gram stain, crystals. Needs **PO** or **IV ABx** & **Compression/Immobilization/Elevation** **ER if severe or rapidly progressing**
Injection	AVOID steroid injections		
Aspiration	AVOID. High recurrence rate – can form persistent sinus tract if not performed proximally through triceps	Aspiration – only if high suspicion for infection and/or crystal disease (aspirate through triceps to minimize sinus tract formation) Needs to be sent for culture, gram stain, crystals, fluid analysis	
Consultation	Rarely needed – refer when considering bursectomy / fractured osteophyte identified	Not typically needed unless no improvement in 48 hours – then call Ortho / ER referral if more severe	Ortho/ER for possible expression vs formal washout / I&D for septic patients (ER may not be necessary if straw colored without signs of infection)

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P.O. Box 6270, Newport Beach, CA 92658