Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · ORTHOPAEDICS

Bursitis of the elbow and knee
the question is whether it is infected

A bursa is a small fluid-filled cushion over a bony point. When it becomes inflamed it swells, sometimes dramatically — a golf-ball on the point of the elbow, or a soft bulge over the kneecap. Most settle on their own. The one thing that must be established is whether it is infected, because that changes everything.

Seek same-day assessment if the swelling is

- **hot, red and very painful**, rather than merely swollen
- accompanied by **fever, shivering or feeling unwell**
- **spreading redness** beyond the swelling itself
- associated with a **break in the skin, graze or wound**
- in someone with **diabetes, rheumatoid arthritis or a weakened immune system**
- so painful you **cannot bend the joint at all** — this suggests the joint itself, not the bursa

Around a third of olecranon bursitis cases are infected, usually following a graze. Septic bursitis needs antibiotics and often drainage. Inability to move the joint suggests septic arthritis, which is a surgical emergency. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The two common sites

- **Olecranon bursitis** — over the point of the elbow. Often called student's elbow. Caused by leaning on hard surfaces, a knock, or repeated pressure.
- **Prepatellar bursitis** — over the kneecap. Housemaid's knee, seen in carpet fitters, plumbers, tilers, gardeners and anyone who kneels for a living.
- Both present as a **soft, fluctuant swelling over the bone**, often surprisingly large and frequently painless at rest.

Infected or not?

Non-infected bursitis is usually **swollen but not especially hot, red or tender**, and you feel entirely well. Infected bursitis is **hot, red, markedly tender, and often follows a break in the skin**, sometimes with fever. The distinction is not always obvious, and where there is doubt the fluid is **aspirated and sent for analysis** — that settles it, relieves pressure, and guides whether antibiotics are needed. Guessing is how infected bursitis gets treated with rest and infected joints get missed.

Treatment if not infected

- **Remove the cause** — stop leaning on the elbow, stop kneeling, or use padding. Without this it simply returns.
- **Ice** for 15 minutes several times a day, and an **elbow or knee pad** for protection.
- **Anti-inflammatories**, oral or as a gel.
- **Compression** with a tubular bandage.
- Most settle over **several weeks**. A painless residual thickening can persist for months and is harmless.
- **Aspiration** relieves a large tense swelling but fluid often reaccumulates. **Steroid injection** can help resistant non-infected cases but is avoided if there is any suspicion of infection, and carries a small risk of skin thinning and introducing infection.

Treatment if infected

- **Aspiration** for microscopy and culture, then oral antibiotics covering skin organisms, usually for one to two weeks.
- Severe cases, or those not responding, may need intravenous antibiotics or surgical drainage.
- Improvement should be evident within 48 to 72 hours — if not, come back.
- Recurrent or chronically infected bursae occasionally need surgical excision.

Preventing recurrence

Do

- Wear knee pads for any kneeling work — and use them every time
- Use elbow padding or a desk pad if you lean while working
- Take breaks and change position regularly
- Clean and cover grazes over the elbow or knee promptly
- Treat gout or rheumatoid arthritis if present, both of which cause bursitis

Avoid

- Kneeling directly on hard floors
- Leaning on the elbow on a desk, car door or armrest
- Repeatedly draining it yourself, or squeezing it
- Assuming a hot red swelling will settle with rest
- Returning to the same activity without padding

Why come to us. The useful step is aspiration and analysis, which answers the infected-or-not question in one visit rather than a trial of rest followed by a trial of antibiotics. We can **aspirate in clinic under local anaesthetic**, send the fluid for microscopy and culture, use **ultrasound on site** where the swelling is deep or the joint needs assessing, and check for gout and inflammatory arthritis with bloods taken here. Seven days a week, no referral, published fees.

Aspirated and analysed in one visit

Ultrasound and bloods on site, published fees. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Orthopaedic** · **Minor Surgery** · **Ultrasound Scans** · **Musculoskeletal** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on olecranon and prepatellar bursitis. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.