

## BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC85 Corticosteroid Injections for Pre-Patellar (in the front of the kneecap) and Olecranon (elbow) Bursitis
Date of BOB ICB Adoption	January 2024

Bursitis occurs when the bursa (a fluid-filled sac or sac-like cavity countering friction at a joint) becomes inflamed, causing increased fluid production and swelling of the bursal sac. Bursitis can be categorised into:

- Aseptic or non-septic bursitis (sterile inflammation of the bursa)
- Septic bursitis (infection of the bursal sac with micro-organisms)

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has considered the evidence for the clinical and cost effectiveness of corticosteroid injections in patients with pre patellar and olecranon bursitis.

Due to a lack of high-quality evidence, the difficulty in distinguishing between septic and non-septic bursitis and the risk of conversion from non-septic to septic bursitis corticosteroid injections for these indications **are not normally funded**.

### ICD10 codes

M70.2 Olecranon bursitis  
M70.4 Prepatellar bursitis

### OPCS code

T62.5 Injection into bursa

#### NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Version	Date	Reason for change
Version 1	November 2018	
Version 2	May 2022	National guidance and evidence reviewed. No change to policy.