

Baker's cyst

You have been diagnosed as having a Baker's cyst. This leaflet explains what that means and explains how your symptoms can be managed and/or treated.



What is a Baker's cyst?

A Baker's cyst, sometimes also called a popliteal cyst, is a fluid-filled swelling that can develop behind the knee. It is filled with synovial fluid which is the lubricating fluid inside the knee joint. It most commonly occurs if there is an underlying problem with your knee.

Baker's cysts can vary from very small to quite large several centimetres in size. Rarely, they can develop behind both knees at the same time.

Baker's cysts commonly occur in children aged 4 to 7 years and in adults aged 35 to 70 years. They are much more common in adults and often result from an underlying problem in the knee. This can include various types of arthritis, gout, infection and/or trauma such as a tear to the meniscus or ligaments.

When a Baker's cyst forms behind an otherwise healthy knee joint (usually in children and younger people), it is referred to as a primary Baker's cyst. When the Baker's cyst is formed as a result of an underlying problem, it is referred to as a secondary Baker's cyst.

A Baker's cyst often gets better and disappears by itself over time. However, there are various treatments that may help if you do have symptoms associated with it.

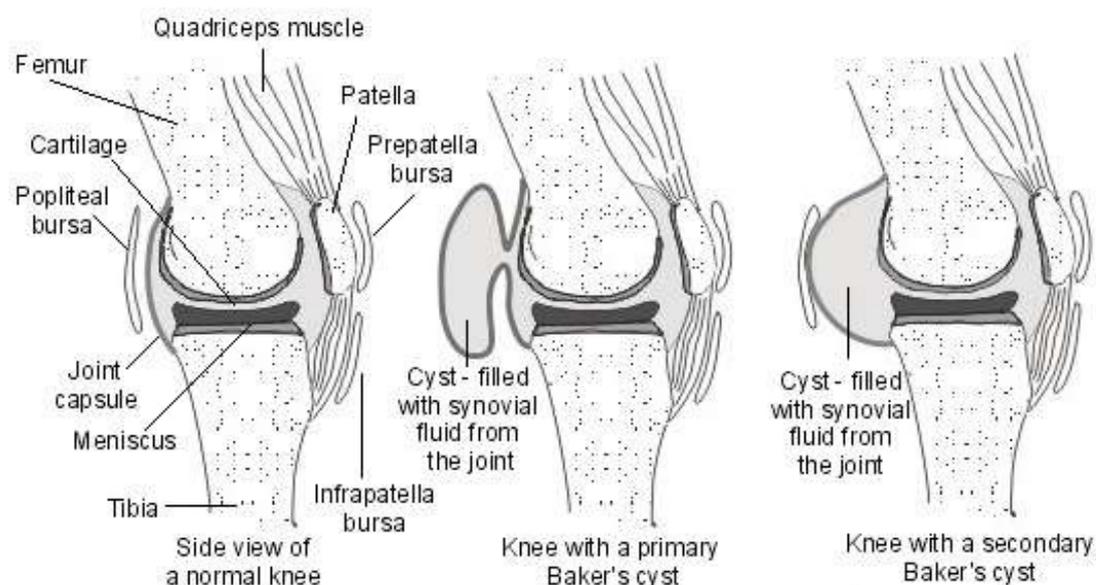


Diagram of a knee showing a normal knee versus knees with primary and secondary Baker's cysts. © Patient Platform Ltd

What symptoms can Baker's cysts cause?

Symptoms can include pain, swelling and tightness behind the knee. In general, the larger the Baker's cyst, the more likely it is to cause problems. You may be able to see or feel the swelling behind your knee. Sometimes you may also notice that the knee joint itself is swollen. Some people feel an ache around the knee area. It may be difficult to bend your knee if you have a large Baker's cyst and the area behind your knee may feel tight, especially when you are standing up. Less commonly, you may feel a sensation of clicking or locking of your knee. Rarely, a Baker's cyst can split open (rupture) and cause similar symptoms to a deep vein thrombosis (DVT). If this happens, the fluid from inside the cyst can leak out into your calf muscle, causing swelling. You may also develop itching and redness of the skin of your calf because of irritation caused by the fluid that leaks out from the cyst. About 1-2 in 20 Baker's cysts are thought to rupture.

If a Baker's cyst ruptures, it can be quite difficult to tell the difference between the ruptured cyst and a deep vein thrombosis (DVT) in the leg. A DVT is a blood clot that forms in a leg vein. In these cases, it is important that investigations are carried out to exclude a DVT because it can be a serious condition that needs treatment.

Treatment of any underlying knee problem

It is important that any underlying knee problem is treated if you have a Baker's cyst. This may help to reduce the size of a Baker's cyst and any swelling or pain that it causes. For example, if you have osteoarthritis, a steroid injection into the knee may help to relieve pain and inflammation. However, this does not always stop the cyst from coming back again.

If you have an injury to the knee such as a meniscal tear, treatment of this may help to treat the Baker's cyst as well.

Treatment to help relieve symptoms

If you have pain and discomfort because of your Baker's cyst, the following may be helpful:

- **Non-steroidal anti-inflammatory drugs (NSAIDs).** These can help to relieve pain and may also limit inflammation and swelling. There are many types and brands. You can buy Ibuprofen without a prescription at pharmacies and supermarkets. You need a prescription for the others. NSAIDs side-effects sometimes can include stomach pain and bleeding from the stomach, and some people with asthma, high blood pressure, kidney failure and heart failure may not be able to take NSAIDs. Check with your GP or pharmacist before taking them, to make sure they are suitable for you.
- **Stronger pain relief.** If the cyst ruptures, the fluid from inside the cyst may leak into the calf and cause worse pain. In this situation, stronger medication may be needed.
- **Ice** may also help to reduce swelling and pain. Make an ice pack by wrapping ice cubes in a plastic bag or tea towel. (Do not put ice directly next to skin, as it may cause ice-burn.) A bag of frozen peas is an alternative. Apply the ice pack for 10-30 minutes. Less than 10 minutes has little effect. More than 30 minutes may damage the skin.
- **Crutches.** It may be necessary to use crutches to get about until your symptoms ease. They help to take the weight off the affected leg while you are walking.

- **Physiotherapy.** Keeping your knee joint moving and using strengthening exercises to help the muscles around your knee may be helpful.

Other treatments

There are some other treatment options that are sometimes used:

- **Fluid drainage.** Sometimes a hospital doctor may use a needle to drain excess fluid from your knee joint to help to relieve your symptoms. However, it is common for the Baker's cyst to re-form over time.
- **Cortisone (steroid) injection.** This is sometimes used following fluid drainage, to reduce the pain and inflammation caused by the cyst. It does not prevent it from coming back.
- **Surgery to remove the cyst.** This is sometimes done if a cyst is very large or painful and/or other treatments have not worked. Sometimes a keyhole method is used to close off the connection between the Baker's cyst and the knee joint. The cyst is also sometimes removed using open surgery. Surgery may be carried out to treat an underlying problem at the same time – for example, repairing a meniscal tear.

References

Patient Platform Ltd <https://patient.info/bones-joints-muscles/knee-pain-patellofemoral-pain/bakers-cyst>

www.nhs.uk <https://www.nhs.uk/conditions/bakers-cyst/>

Contacting us

For telephone advice, contact the Venous Thrombosis Clinic, Monday to Friday (excluding bank holidays) 8.30am-3.30pm on 0118 322 7461.

To find out more about our Trust visit www.royalberkshire.nhs.uk

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Next review due: November 2023