

# Baker's cyst



## **Understanding your knee joint**

Your knee is a weight-bearing joint composed of the femur (upper leg) and tibia (lower leg) bones and the patella (knee cap).

Your knee joint is surrounded by a joint capsule, which is lined by synovium. This is a membrane that produces synovial fluid, providing lubrication and nutrition to the joint. Between your femur and tibia bones are two fluid filled discs (menisci). These are cartilage structures that act as shock absorbers and also help control the small amount of rotation that happens at the knee.

A number of tendons cross your knee joint. To allow these tendons to glide freely over the bony surfaces, bursae sit between the tendon and the bone. These bursae are sacks that can contain varying amounts of fluid.

## **What is a Baker's cyst?**

Baker's cysts were described by Dr William Baker in 1877. They are a fluid-filled swelling at the back of the knee. They are often also called 'popliteal cysts'. Most Baker's cysts arise directly from the back of the knee joint, where synovial fluid causes the joint capsule to bulge.

## **What causes it?**

Baker's cysts often occur as a result of inflammation (irritation) of the fluid filled sacs. Baker's cysts arising from the back of the knee joint are often caused by abnormal leakage of fluid, usually as a result of tears in the menisci. These tears may be the result of injury to your knee or due to osteoarthritis. They provide an abnormal channel that allows synovial fluid to pass into the space at the back of your knee.

## **What are the symptoms?**

Baker's cysts can vary in size from very small to very large. They can cause no problems but generally the larger the cyst, the more likely it is to produce symptoms. Large Baker's cysts can be seen or felt as a swelling behind the knee. Symptoms of a Baker's cyst include pain or tightness in the back of the knee and the upper calf as a result of the swelling.

Baker's cysts can be complicated by rupture. A ruptured Baker's cyst occurs when the cyst bursts and its contents escape and spread throughout the back of the knee and calf. A ruptured cyst can present with symptoms similar to a Deep Vein Thrombosis (DVT) with calf pain, redness, swelling and tightness.

### **How is it diagnosed?**

The diagnosis of a Baker's cyst is usually clear from clinical examination of the back of the knee alone. If the cyst is symptomless then no further investigation is needed. A Baker's cyst is found in 10-15% of patients who have an ultrasound scan performed to exclude a Deep Vein Thrombosis.

### **How is it treated?**

If your Baker's cyst is not causing any symptoms, you will not usually need any treatment. Ruptured Baker's cysts can have similar symptoms to a DVT (calf pain and swelling plus irritation of the skin, causing itching and redness). It is important that a DVT is ruled out in all cases. DVT can have serious consequences and therefore requires urgent assessment and treatment.

Once a DVT has been ruled out, a ruptured Baker's cyst usually requires no surgery. The fluid will reabsorb into your body over a few weeks. You may need supportive treatment such as painkillers and anti-inflammatories, and also to rest and elevate your leg to reduce the calf swelling.

### **Will I need any follow up?**

Once a Baker's cyst has been diagnosed, no routine follow up is needed. If symptoms persist or worsen, you should always contact your GP for review and ongoing management of your symptoms.

### **Any questions?**

If you have any questions or need any further information, please contact your GP for further advice or support.

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