

Oxford Anticoagulation and Thrombosis Service

# Baker's Cyst

Information for patients



Your ultrasound today has confirmed that you have a Baker's cyst. This is named after the British surgeon who first described the condition, William Marrant Baker. It is also known as a popliteal cyst.

## What is a Baker's cyst?

The term Baker's cyst is used to describe a fluid-filled swelling behind the knee. A Baker's cyst usually develops when the knee is damaged, which causes excess joint fluid to be produced. The excess fluid leads to an increase in pressure. This causes a bulge in the lining of the joint, out into the back of the knee, forming a Baker's cyst.

## What causes it?

Common conditions such as rheumatoid arthritis and osteoarthritis are often associated with a Baker's cyst.

Other types of knee injury, such as tears to the cartilage, may also be responsible. However, sometimes no cause can be found.

## What are the symptoms?

The size and amount of swelling produced by a Baker's cyst varies. A small cyst may give no symptoms; large cysts usually produce more problems.

Symptoms include:

- discomfort or pain behind the knee
- tightness which increases when standing
- difficulty in bending the knee.

Occasionally the cyst will burst, causing pain and swelling behind the knee and down the calf muscle.

A Baker's cyst can sometimes be confused with a deep vein thrombosis (DVT) in the calf, but we can tell the difference by carrying out an ultrasound scan.

## What treatment is available?

Often the symptoms will get better without any treatment.

It is important to keep as mobile as possible. Elevating (raising) your leg may help to reduce the swelling. You can take a short course of over the counter anti-inflammatories to reduce pain and inflammation, but if a longer course is necessary this should be discussed with your GP. A support stocking may also help, which your GP can also advise you on.

If your symptoms do not improve it is important to see your GP.

If your symptoms are severe, a steroid injection into your knee may be recommended. You may also be referred to a rheumatologist or orthopaedic surgeon.

Surgery to remove the cyst is rarely necessary.

## Where can I get further information?

If you have any further questions, please speak to your GP.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

Author: Thrombosis Team  
March 2017  
Review: March 2020  
Oxford University Hospitals NHS Foundation Trust  
Oxford OX3 9DU  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

