Baker's Cyst

A baker's cyst is a swelling that forms in the back of the knee. It is a sack like structure. It is filled with the same fluid that is located in your knee. The fluid located in your knee is necessary because it lubricates the bones and cartilage. It allows them to move easier over each other.

CAUSES

When the knee becomes injured or has soreness *(inflammation*) present, more fluid forms in the knee. When this happens, the joint lining is pushed out behind the knee and forms the baker's cyst. This cyst may also be caused by inflammation from arthritic conditions and infections.

DIAGNOSIS

A baker's cyst is most often diagnosed with an *ultrasound*. This is a specialized picture (like an x-ray). It shows a picture by using sound waves. Sometimes a specialized x-ray called an MRI (*magnetic resonance imaging*) is used. This picks up other problems within a joint if an ultrasound alone cannot make the diagnosis. If the cyst came immediately following an injury, plain x-rays may be used to make a diagnosis.

TREATMENT

The treatment depends on the cause of the cyst. But most of these cysts are caused by an inflammation. Anti-inflammatory medications and rest often will get rid of the problem. If the cyst is caused by an infection, medications (*antibiotics*) will be prescribed to help this. Take the medications as directed. Refer to Home Care Instructions, below, for additional treatment suggestions.

HOME CARE INSTRUCTIONS

- If the cyst was caused by an injury, for the first 24 hours, while lying down, keep the injured extremity elevated on 2 pillows .
- For the first 24 hours while you are awake, apply ice bags (ice in a plastic bag with a towel around it to prevent frostbite to skin) about four times per day for 20 to 30 minutes to the injured area. Then do as directed by your caregiver.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

Persistent pain and inability to use the injured area for more than 2 to 3 days are warning signs indicating that you should see a caregiver for a follow-up visit as soon as possible. Initially, a hairline break *(fracture*) may not be evident on x-rays. Persistent pain and swelling indicate that further evaluation, non-weight bearing (use of crutches as instructed), and/or further x-rays are needed. X-rays may sometimes not show a small fracture until a week or ten days later. **Make a follow-up appointment with your own caregiver or one to whom we have referred you.** A specialist in reading x-rays *(radiologist*) will re-read your x-rays. **Make sure you know how you are to obtain your x-ray results. Do not assume everything is normal if you do not hear from us.**

If conservative measures (rest, medications and inactivity) do not help the problem get better, sometimes surgery for removal of the cyst is needed. Reasons for this may be that the cyst is pressing on nerves and/or vessels and causing problems which cannot wait for improvement with conservative treatment. If the problem is caused by injuries to the cartilage in the knee, surgery is often needed for treatment of that problem.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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