CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Baker's cyst

What you're feeling

A Baker's cyst is a pocket of fluid that builds up behind your knee. You will usually notice it as a lump or a feeling of fullness in the back of your knee, sometimes reaching down into your calf. It can feel tight, especially when you bend or straighten the knee fully.

The lump often becomes more noticeable after activity, and it may ache at night or when you first stand up. Deep squatting, kneeling, or walking downhill can make the discomfort worse. Some people find the swelling eases with rest and returns again after being on their feet.

In adults, this fluid build-up is almost never a problem on its own. It usually points to something happening inside the knee joint itself, most often a tear in the meniscus, which is the rubbery pad of cartilage between the bones. That underlying problem is often what drives the ache, not just the cyst.

Daily life can be affected in practical ways. Bending down to put on shoes and socks may be uncomfortable. Getting up from a low chair, crouching to lift something off the floor, or kneeling in the garden can all become awkward. If the cyst grows large, the pressure in your calf can make it hard to bend the knee fully or walk comfortably.

A cyst can sometimes leak or burst. If that happens, fluid spreads into the calf and can cause sudden swelling and pain that feels a bit like a cramp. If your calf becomes hot, very swollen, or painful out of proportion to anything you did, seek medical care promptly.

Most cysts behind the knee behave this way, but not every lump there is the same thing. Other causes exist, and scans are used to tell them apart. An MRI scan, which takes detailed pictures of the inside of the knee, is the usual choice because it shows both the cyst and any problem within the joint itself.

What's actually happening

Think of your knee joint as a sealed space lined with a thin, slippery film that makes fluid. That fluid keeps the joint gliding smoothly. When something inside the knee is irritated, such as a torn meniscus, the lining makes extra fluid. The joint has nowhere to put it all, so some of it squeezes out through a small natural gap at the back

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of the knee and collects in a little sac there. That sac swells up into the lump you can feel. It works like a one-way valve: fluid can push in, but it cannot easily push back out.

The sac itself is a normal part of your anatomy. Most of us have one behind the knee, tucked between two of the tendons that move the joint. It only becomes a problem when it fills up and stretches. So the cyst is really a messenger. It is telling you the joint inside is unhappy, and treating the lump alone usually does not settle things, because the valve stays open and the fluid keeps coming.

This is why the ache and tightness you feel are not just about the size of the lump. They come from the same source that fills it: the wear or tear inside the joint. When that underlying problem is sorted out, the cyst often shrinks or disappears on its own, without anyone touching it.

Children are a different story. In kids, these cysts are usually not linked to any problem inside the joint at all, and they almost always go away by themselves given time.

What we can do about it

Dr Kieran Hirpara, an orthopaedic surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your appointment we take a history, examine your knee, and arrange scans where they are needed to work out what is going on.

Because a Baker's cyst is usually a sign of a problem inside the joint, treatment starts there. We usually try non-operative care first. That means changing activities that stir the knee up, and physiotherapy, which works on the strength and movement in your knee and aims to settle the irritation that is filling the cyst. Give it a fair go over several weeks. Some cysts shrink once the joint underneath is settled, without anyone operating on them.

If simple measures have not done enough, the next step is keyhole surgery, called arthroscopy. The surgeon looks inside your knee through small cuts using a tiny camera, finds the problem that is feeding the cyst, and treats it. That might mean trimming a torn meniscus or smoothing damaged cartilage. The cyst itself can be drained or tidied up at the same time, often through a small extra opening at the back of the knee. When the joint problem is fixed this way, the cyst usually settles and rarely comes back. Compared with open surgery through a larger cut, keyhole treatment means smaller wounds, less bleeding, a shorter operation, and no need for a plaster.

Open surgery is kept for cysts that are large, sit deep in the back of the knee, or keep coming back despite keyhole treatment. The surgeon removes the cyst through a cut at the back or inner side of the knee. This approach is safe and straightforward, and it is done in a way that protects the nerves and blood vessels that run through that area.

We will talk through what we have found on your scans, what each option involves, and what we would recommend in your case. Surgery is a shared decision, and you do not have to decide on the day.

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What to expect

For most adults, a Baker's cyst does not go away on its own while the problem inside the joint keeps stirring it up. Non-operative care alone often falls short. The lump may shrink for a while and fill again, because the fluid keeps flowing in through that one-way valve. If the underlying joint problem is treated well, the cyst usually settles and rarely comes back.

If you have keyhole treatment, the aim is to fix what is feeding the cyst. When that is done, the cyst usually disappears or shrinks, and sometimes the leftover part of it simply gets absorbed by your body over time. The wound generally heals without trouble. Keyhole treatment is a relatively straightforward procedure, and people who have it report good comfort with the result and a low chance of the cyst returning.

Your surgeon will be honest with you about what surgery can and cannot do. Removing the cyst alone, without treating the joint, is not a lasting fix for most people. The lump tends to come back. That is why treatment focuses on the knee inside, not just the lump behind it.

There are trade-offs worth knowing about. Clearing out the cyst wall as well as draining it gives a better chance of the cyst resolving completely, but it takes a little longer and carries a somewhat higher chance of complications than draining alone. Your surgeon will weigh this up with you based on what your scans show.

One rare but serious thing to watch for: if a cyst bursts and you are taking blood-thinning medication, the fluid tracking into your calf can raise the pressure there and harm the muscle. If your calf becomes hot, very swollen, or painful out of proportion to anything you did, seek medical care promptly.

When to see someone

See your GP if you notice a lump behind your knee that keeps growing, or if you have ongoing swelling and discomfort that rest does not settle. Adults with a cyst behind the knee often have a problem inside the joint itself, such as a torn meniscus, so it is worth having the knee checked rather than just the lump.

Ask for a specialist review if simple measures have not helped after several weeks, or if scans are needed to work out what is going on. An MRI scan is the usual choice, because it shows both the cyst and any problem inside the joint.

Go to an emergency department if your calf becomes hot, very swollen, or painful out of proportion to anything you did, especially if you take blood-thinning medication. A burst cyst can raise the pressure in the calf and harm the muscle, and that needs same-day assessment.

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