

## About Knee Baker's Cyst Removal

### What is a Baker's Cyst?

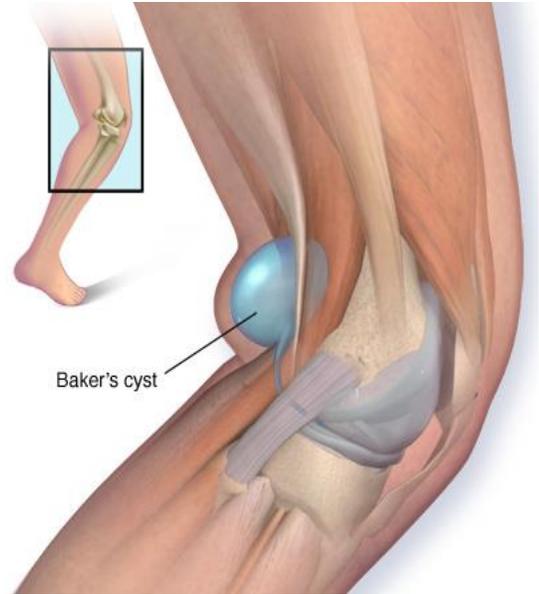
A Baker's cyst, also called a popliteal cyst, is a small collection of fluid in a cyst behind the knee joint. It's usually the result of a problem inside the knee joint, such as arthritis or a cartilage tear.

When the knee produces too much fluid, it can poosh out the back of the knee and cause a Baker's cyst to develop. The cyst causes a bulge and a feeling of tightness behind the knee. The pain can get worse when you fully flex or extend your knee or when you're active.

### When does the Baker's Cyst need to be removed?

In most patients, treating the underlying problem usually provides relief. There are some patients where the cyst is very large, or causing swelling further down the calf, and the cyst needs to be removed.

Removing the cyst requires an open incision on the back of the knee. It is usually performed along with an arthroscopic surgery to address what's damaged inside the knee itself.



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### Preparing for surgery

We'll have you stop certain medications before surgery, such as aspirin or anti-inflammatory medications (Ibuprofen, Naprosyn, Advil, Motrin, Celebrex, etc.) one week before surgery since they can cause bleeding.

We'll let you know which of your other medications you can take the morning of surgery with a sip of water, such as your blood pressure or heart pills. We may have you see your regular physician before surgery, just to make sure you are healthy for anesthesia. Depending on your age and medical history we may arrange for some blood tests and an EKG.

### What you can expect on the day of surgery

We'll have you arrive at the surgery center about one hour and a half before your surgery. The nurses will register you, shave and prep the surgery area, and place an IV. Most arthroscopies are done under general anesthesia, which means you will be completely asleep and then wake up comfortably after the procedure is completed. The anesthesia doctor will also talk to you before surgery.

After surgery is over, you'll remain at the surgery center for about an hour to wake up from anesthesia. A friend or family member will have to drive you home to be safe, and someone should plan to be with you for at least the first 24 hours.

### When you get home from surgery

We like patients to relax at home for two days, using crutches for support. You'll be able to get up a bit and go the kitchen or bathroom, but it's wise to rest and elevate the knee to decrease your swelling and pain. It's good to use ice packs, 20 minutes on and at least 20 minutes off, to avoid freezing the skin.

We'll give you a sheet of postoperative instructions about what to do right after surgery. We'll have you change your surgical dressing two days after surgery, and it will be okay to shower on that day (no bath/pool/hot tub for two weeks). You can start some gentle exercises at home, such as "Quad sets" to tighten your quadriceps muscles for ten seconds, then relax and do it again. You can pump your calf muscles by flexing your ankle up and down.

### **Recovery and Physical Therapy**

We usually have you come back to see us in the office one week after surgery. At that visit we'll make sure your incisions are healing well and take out the suture on the incision on the back of the knee. We'll check your flexibility and swelling. We'll usually have you come back and see us once a month for about two more months to make sure you're healing well.

We usually have patients undergo three to four weeks of supervised physical therapy after surgery, two times a week for about an hour. This helps return your flexibility, decrease your swelling, and regain your muscle strength. Once you've made good progress in physical therapy, you'll be able to do the exercises you learned in physical therapy on your own.

### **Getting back to work and exercise after Baker's Cyst removal**

With some rest, healing and simple knee exercises, you can take an active role in gradually returning to sports and fitness. Your time to recover and heal depends on many factors, such as the type of injury or damage you've had, your age and any early degeneration in the knee. For most patients it takes about eight weeks before you start to forget you had surgery.

In order to start driving, you'll need to be off the narcotic pain medications, and you have to be able to control a car safely. Getting back to work depends on the demands of your job. Sitting up for desk work can usually be started around a few days after surgery, especially if you can elevate the knee and use an ice pack at your desk. Before you can return to heavy work or standing all day long, it may be four to six weeks.

To be able to return to vigorous exercise, it's best to wait until you have a "quiet" knee, with minimal swelling, pain or stiffness. Within a few days after knee arthroscopy you can try some light abdominal and arm exercises, according to your pain. When you first get back to exercising, it's best to do non-impact exercise, like a stationary or recumbent bicycle. You can do the exercises that your physical therapist shows you on your own or at the gym.

For travel after surgery, it's good to wait at least four weeks after surgery before a long plane flight or car trip, just to decrease the chance of blood clots after sitting in one place for a prolonged time.

### **Long-term prognosis after Baker's Cyst removal**

How well your knee will do in the long term depends on many factors, especially if you have some cartilage degeneration in the knee. The risk of the Baker's cyst coming back is low, less than 5% of patients. There are good reasons to pursue a sane, lower impact exercise program for the long-term, especially if you have some significant cartilage degeneration. If you are overweight it's always wise to lose weight to help decrease the chance of further deterioration of your knee.

### **Possible risks and complications**

All surgery has risks of bleeding, infection, damage to nerves and arteries, stiffness, blood clots, and persistent knee pain. These complications are uncommon after knee arthroscopy, usually less than 5 percent of all patients. The artery and nerves of the back of the knee are right next to the Baker's cyst; we take care to avoid them while removing the cyst but they can be injured. The risk of severe complications from general anesthesia, such as death, heart attack or stroke, are very low, especially for patients with good general health.

### **Questions?**

If you have any questions, be sure to call us at 925-600-7020.